

Potentializing Wellness to Overcome Generational Trauma

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Abstract

The Indian residential school (IRS) system is part of Canada's colonial history: Indigenous children who attended IRS suffered immensely at the hands of the school administrators, staff, and students. How Indigenous females cope with the intergenerational transmission of trauma was explored. Indigenous women in this classic grounded theory study aimed to resolve their main concern of *kakwatakih-nipowatisiw*, a Cree term used to identify learned colonial (sick) behaviours that weaken familial ties. Analysis resulted in a substantive theory of potentializing wellness, which explains the varied behaviours of how Indigenous women cope with the legacy of IRS. Discoveries suggest that effective strategies to deal with trauma can emerge when (w)holistic health is followed by, or accompanies reclaiming cultural norms grounded in community and spiritual life. With the generalizability of this substantive theory, this paper concludes with implications for future research.

Keywords: Indian residential schools, Intergenerational trauma, Indigenous women, classic grounded theory, and potentializing.

Introduction

In Canada, when settlers first arrived, it was part of the colonial governments agenda to clear the land of all Indigenous Peoples. Part of this agenda included development of different assimilation policies aimed to eliminate Indigenous Peoples' rights and Treaties, eliminate Indigenous governments, and cause Indigenous peoples "to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada" (TRC Summary of Final Report, 2015, p. 1). Given these on-going attacks, Indigenous Peoples have been dealing with compounding trauma at the hands of church and state for well over 150 years. When assimilation did not happen fast enough, Indian residential schools were mandated. Residential schools were part of Canada's assimilation policy intended to civilize and convert Indigenous children towards Eurocentric ideals (Milloy, 2006). As a result, the residential schools' grim realities and conditions of constant abuse, malnutrition, and neglect, coupled with the children's need to survive had many children conforming to the "might makes right" (Stirbys, 2016, p. 127) mentality that subconsciously was carried into their family and community life.

Underlying this study is the assumption that Indigenous peoples have an on-going unease regarding the intergenerational transmission of trauma. My interest to support Indigenous Peoples comes from my personal and professional life. I am a fourth generation descendant of three gen-

erations of Indian residential school survivors and I worked in Indigenous health where I regularly heard the (literal) cries of Indigenous Peoples wanting to address trauma from the residential school experience. Prior to starting my PhD, my mother and I attended a residential school survivors gathering in August, 2009 but we were not wholly prepared for the ways in which trauma could emerge as many felt a level of pain manifesting itself physically, emotionally, and/or spiritually.

That experience never left me. During the years leading up to my thesis proposal I began to learn more about what a grounded theory was; I also began questioning what it is that Indigenous women *do* to overcome the traumatic legacy of Indian residential schools. More specifically, I wanted to uncover Indigenous women's main concern regarding their experiences at IRS as a direct survivor or as a descendant of a survivor. A basic social process (BSP) conceptualized as potentializing wellness was discovered and explains the changing and evolving behaviours of what Indigenous women do to cope with intergenerational trauma. That is, Indigenous women focus on building personal competencies, moral compassing, and fostering the virtues. The three separate but interrelated phases of this social process have sub-processes and a typology that explains the motivation to move between these phases and is one of reaching beyond mere survival mode and finding the potential within themselves to live a quality life.

Methodology

Following a recommendation from my Ph.D. supervisory committee to learn grounded theory, I eventually chose the *classic* grounded theory (CGT) methodology to complete my doctoral degree from the University of Ottawa. CGT is a methodological process in which the discovery of theory is systematically obtained from and analyzed through social research (Glaser & Strauss, 1967). Utilizing the CGT method allows the researcher to uncover the participant's main concern and how they go about resolving it (Glaser & Strauss, 1967), which can be summed up by the discovery of the core variable (Christiansen, 2005a).

The core variable in this study was found to be potentializing wellness and begins to explain Indigenous women's main concern of *kakwatakih-nipowatisiw*, a Cree term used to explain learned colonial (sick) behaviors that has broken relational family bonds. Through constant comparative analysis, the emerging core variable is what guided further data collection, theoretical sampling, and analysis (Glaser & Holton, 2004).

When a novice grounded theorist embarks on new research, they should begin without preconceiving what they may discover. This is the rule, as a grounded theory should be free from assumptions or "forcing rhetorical arguments and demands of other fields" (Glaser, 1998, p. 94) otherwise, the researcher risks having an undeveloped theory due to the dilution of its "generative power" (Glaser, 1998, p. 94). Choosing a substantive topic without having prior knowledge or without "using a preconceiving procedure" (Glaser, 1998, p. 94) is best, to avoid preconception.

According to Glaser (2013), the researcher should not preconceive: 1) the general problem, 2) the specific participant's problem, 3) what theoretical perspective applies, 4) the interview questions, 5) what existing concepts in the literature will explain the current behaviour, and 6) what theoretical code will integrate the theory. But admittedly, with my previous graduate study, I studied the history of Canada and I knew about the legislation that created mandatory attendance of In-

Indigenous children attending Indian residential schools. My supervisory committee expressed concern that I already “knew too much” about my chosen area of study given that it was also part of my family’s history and I worked in Indigenous health. Consequently, there was some worry that I was putting my study at risk of preconceiving the general problem. My interest in pursuing a PhD stemmed from my work with Indigenous communities who had been calling for “culturally appropriate” models to deal with intergenerational traumas stemming from the IRS experience. A question came to mind, “What does ‘culturally appropriate’ mean and can that even be defined?” I was unaware of any models that “could be utilized by community members or administered without a clinician or a mental health practitioner” (Stirbys, 2016, p. 60). It was worth considering how I could halt any preconceptions, which I believe I successfully accomplished in this research study.

Along with the GT procedures of how to conduct a study, I followed Glaser’s guidelines so “I could begin to ‘see’ what I thought I knew about IRS . . . , but with a different focus” (Stirbys, 2016, p. 61). In the first step towards not preconceiving the general problem, I could take a strength-based focus as opposed to doing descriptive research that more often reports on the deficits of Indigenous people. In this way, I could neither preconceive a theoretical perspective nor develop pre-defined interview questions. Without an interview guide, this also meant that I could not predefine the participant’s specific problem; every interview would have their distinctive data. So, as a novice grounded theorist, there was no preconception in studying and learning the process.

Also, utilizing existing concepts taken from doing an extensive literature review must be avoided, as this would only influence how I conceptualized the data. However, in order to satisfy the university standards for writing up a thesis, a partial literature review must be completed. A second and final literature review was also completed, but only after the theory was discovered. According to Glaser (1998), a relevant literature review is done and integrated into the study to round out the emerging framework only when the researcher is about to embark the sorting and writing stage. The theory can then be compared to “conceptually related literature” (Christiansen, 2005a, p. 9).

Memo writing was another way of keeping my preconceptions at bay. At times when I found contradictions to what I thought I knew, I would memo my concerns. For example, feeling overwhelmed from time to time, also left me feeling uncertain how to conceptualize the behaviours emerging in the data. I felt fearful that I would inadvertently stereotype Indigenous women. But this is where I learned the whole purpose of grounded theory is not about telling the stories of the participants. Instead, discoveries in the substantive area are not about the people themselves but “about the patterns of behaviour in which people engage” (Breckenridge et al., 2012, p. 65) but might not even be aware (Glaser, 2001 as cited in Stillman, 2007).

After writing the memo, I would continue the process of coding, analyzing, and conceptualizing the data. What also brought me relief regarding my fears was following the process of GT: if my memo had relevance, it would be taken up in the data; and if no relevance were found, it would just fall away (Glaser & Strauss, 1967). Albeit there were many moments of frustration and confusion, a code would eventually emerge that would explain the behaviours emerging from the data. Viewing the data differently and coming up with conceptualizations was like a feedback loop. Taking on new ways of viewing the data helped develop new conceptualizations, which in turn helped me take on a new perspective yet again. Being open to new viewpoints, helped bound any preconcep-

tions.

Last, a researcher should never preconceive what theoretical code will integrate the theory. Since I was learning the method of grounded theory, I was also unaware of the numerous theoretical codes that could apply. Preconceptions could simply be put aside, when the goal was to find the patterns in the data and to constantly compare incidents and concepts that generate codes in search of the core category (Glaser, 1978).

Before coding begins however, a grounded theory starts with the researcher collecting data. Instead of following an interview guide, a grand tour question was asked of the participants. Depending on whether they were an Indian residential school survivor or a descendant (of an IRS survivor), I simply stated, "Tell me about your IRS experience" or I asked: "How did the IRS phenomena affect your life?" Following the interview, the iterative process of open coding incidents in the data, conceptualizing these incidents, and putting these concepts into categories continued. The goal with these processes is to discover the core category.

In tandem with the process of discovering the core category, *theoretical sampling* occurs as the researcher "jointly collects, codes and analyses the data and decides what data to collect next and where to find them" (Glaser, 1978, p. 36). The on-going task and general procedure of theoretical sampling is to "elicit codes from raw data" (Glaser, 1978, p. 36) and compare all data incident to incident. In parallel fashion, asking basic questions like, "What are these data telling me?" and "In what category does this incident fit?" (Gatin, 2009, p. 17) are guiding the researcher to enrich the concepts and take them to a deeper level. Initially, I ignored the raw data found in the first interview. The raw data were telling me what the main concern was of Indigenous women and yet I missed it until I saw the pattern in the fourth interview. The in vivo term "sick" was found in every interview that I somehow overlooked because of its simplicity. Going back over the data guided by the questions directed me to what was already in the data but was waiting to be revealed. It is with asking these questions that the researcher remains "*theoretically sensitive*" (Glaser & Holton, 2004, p. 13) to the data.

The Main Concern

Andy Lowe, a Grounded Theorist Fellow of the Grounded Theory Institute, had stated early into data analysis, that I had "an embarrassingly abundant amount of rich data to work with" (personal communication San Francisco, June, 2013), which also meant this study could go in any direction. He was so right! And in that overwhelm of rich data, my on-going challenge was how to relate the substantive codes. I kept asking, "what is it that Indigenous women do to overcome their main concern?" which was found to be "overcoming (colonial) sick behavior." I found it necessary to go further with conceptualizing as my thesis supervisor kept asking, "Why are Indigenous women pathologizing themselves?" This question was problematic because intuitively I knew that this was not what Indigenous women were doing but how could I further nuance what was already in the data? I decided to speak with my uncle and Elder Noel Starblanket as I believed the English language was limiting how I could explain the main concern. And, without his help, I could not simply attempt to translate from English into the Cree language.

Cree is part of the Algonquian verb-based language family (Redish, 2020). It is also polysynthetic, characterized by long words “containing affixes to express syntactic relationships and meanings” (“Polysynthetic,” 2021). English is considered fixed when the actor noun is identified by its position before the verb. In contrast, a grammatical feature of Cree is the free or unregulated word order (Wolfart & Carroll, 1981). Because of this feature, “a single word in Cree” (Wolfart & Carroll, 1981, p.86) would take many more words to convey in English--if conveyed at all.

Dorothy Thunder from Alberta, Canada who is a Cree language teacher, explains that words formed in Cree are a derivation of other words. For example, “the color green – ‘ehaskihtakwâk – is derived from the word ‘askiy’ or land – which has a connection to Mother Earth” and, “the colour blue, or ‘esîpikhwâk’ derives from the word ‘sîpiy’ for river” (Aboriginal Multi-media Society [AMMSA]. 2021, May 28, para. 9). *Nîhiyaw tâpisiinowin* (Cree worldview) is complex and is shown through the language as it also expresses the sacredness of Indigenous Peoples’ values, ceremonies and connections to their cosmology (Napolean, 2014).

According to Napolean (2014), a literature review would not help with translation of Cree ways of knowing and understanding, as there are no English equivalents and “no context for important nihiyawîwin terms” (p. 26). More importantly, the EuroChristian history and paradigm of research would likely reveal literature filled with “Christian missionary biases and misinterpretations” (Napolean, 2014, p. 31). For these reasons, the best option was to seek an original language speaker.

Understanding the connecting and holistic nature of the language, I believed that the main concern could better be nuanced and explained in our Cree language. After explaining my conundrum, my uncle quickly provided three Cree words. The hyphenated Cree term of *kakwatakih-nipowatsiw* is explained as a two-sided coin as it represents both the conditions of Indian residential school and the consequences of children having attended for years. One side cannot exist without the other as this codependency depicts the sickness behind the cycling of the conditions and then the consequences of the institutionalized environment. Elder Starblanket explained that “kakwatakih” goes beyond any psychological, physical or emotional abuse but in fact means “torture” with the eventuation and death of a healthy mind and spirit. Consequently, the harm of kakwatakih against Indigenous children burdened them with carrying “nipowatsiw” that is, they carried their own deadened spirit into their adult years. With this, the added consequence is that many children began to model the behaviours of former IRS staff or what Elder Starblanket called the *okakwatakihiwew* or the one who torments and/or tortures (Stirbys, 2016).

It should come as no surprise that initially I found Indigenous women were “moral compassing” to overcome their main concern of katwatakih-nipowatsiw and corresponding sick behaviours. Yet as I was writing up the theory, I found that Indigenous women were doing even more than moral compassing. While the core category of moral compassing did indeed capture many of the latent behavioural patterns of Indigenous women, it did not fit perfectly with the emerging typology. Perhaps as my CGT mentor suggested, “there could be several core categories” (Memo, March 7, 2014). I continued with the iterative process and through the constant comparative method, I aimed to lift the descriptive nature of data to a higher conceptualization. Eventually, a new core variable

emerged and seemed to have the *best fit* and met all the criteria for a grounded theory conceptualized as *potentializing wellness*.

Discovered Theoretical Codes

The two main building blocks of theory development in classic GT are substantive concepts (codes) and theoretical concepts (codes). The researcher always begins a study with substantive coding, which is comprised of both open coding and selective coding procedures (Holton, 2010). Substantive coding are the yet undiscovered latent patterns that “conceptualize the underlying meaning, uniformity and/or pattern” (Christiansen, 2005a, p.9) of behaviours emerging from the data. Glaser (1978) described open coding as “coding the data in every way possible” (p. 56). Open coding ends however, when selective coding begins and this is the point at which the researcher delimits the coding to focus on a particular variable (or problem) (Stirbys, 2016). More specifically, the researcher begins to “selectively code for a core variable” (Glaser, 1978 p. 61). Substantive coding (open and selective coding) is a process of conceptualizing the empirical data and is the focus at the start of any study while the researcher seeks to discover the core variable (Stirbys, 2016).

Once the core category is discovered however, it is time to take up theoretical coding, which conceptualize “how the substantive codes . . . relate to each other as hypotheses to be integrated into the theory” (Glaser, 1998, p. 55). For instance, I conceptualized several behaviours: volitional awareness, self-awareness, learning to emote, and self-esteem. These codes were substantive concepts found in the data. The concepts eventually “became properties of a higher conceptualization of building personal competencies” (Stirbys, 2016, p. 67). Theoretical codes are emergent and shows the relationship between the substantive concepts. I soon found that building personal competencies with the four (4) aforementioned behaviours was part of a larger basic social process directed by the core variable potentializing wellness. In addition to the basic social process, other theoretical codes also emerged through the constant comparative process: conditions and consequences and a typology of behaviours.

Structural Conditions

The (structural) conditions at IRS were conceptualized as regimenting, exerting force or power, and perpetuating harm. Regimenting refers to the numerous ways that school authorities used militant control and intimidation tactics in the educational environment and daily lives of Indigenous children. Exerting force or power is another structural condition that undergirded all relationships and rules to be obeyed. For example, the rule of “might makes right” (Stirbys, 2016, p. 127) justified the behaviours of school staff, authorities, and students who enacted the rule. As a result, children at IRS were abused, bullied, controlled, sexualized, endured violence, shamed, blamed or discarded after being killed on school property (many children were killed by school officials and yet not prosecuted for their crimes) (Annett, 2016). In concert with exerting force or power is perpetuating harm and conceptualizes how the conditions of IRS led to long-term consequences for the children born to female survivors of residential school. Perpetuating harm is broken into four properties and these additional behaviours, discussed in the next section, were carried into family life, weakening the familial bond affecting the next generation of females. Thus, structural conditions culminated in ‘no reality’ relationships (Stirbys, 2016).

Generational Consequences

The generational consequences of living with the structural conditions of perpetuating harm resulted in generational behaviours of the “no talk” rule, arresting development, cocooning, and denying the truth. These conceptualizations respectively speak to how mothers/grandmothers passed on the trauma through their own behaviours. The “no talk” rule was intended to keep the trauma at bay but it resulted in older Indigenous females having an inability to emotionally relate to their daughters and granddaughters. Arresting development speaks to how mothers and grandmothers remain emotionally repressed due to their trauma and were often, at times, unable to comfort their children (because they too needed to be comforted). Cocooning explains how mothers and grandmothers in their attempts to protect their daughters and granddaughters from predators, inadvertently continued to cause emotional harm. For example, when young teenage girls are getting excited to start dating, mothers and grandmothers are finding ways to keep their daughters locked indoors or find ways to keep their daughters from meeting teenage boys. Aligning with these properties is denying truth about the realities of home life, as it was difficult for mothers/grandmothers to accept and take responsibility for their aggressive behaviours that seemed to be fueled by fear. But for some, there was a degree of recognition. One mother stated that she and others like her, could not effectively parent without role models and as result, they were creating new conditions in the home that eventually caused maladaptive behaviours to emerge in their own children. The next generation of conditions-consequences began as daughters of survivors began exhibiting low self-worth to the point female family members believed they were unlovable.

Typology of Behaviours

The next theoretical code that emerged from the data was a typology of behaviours, which revealed how Indigenous women perceive the on-going generational effects of IRS differently (see Table 1). The typology explained the extreme nature of behaviours. Some behaviours were shown to be abusive, and others expressed as love and kindness. The three behavioural typologies emerging from the data were: living the norm, between the norm, and escaping the norm.

The “living the norm” type speaks to the belief that aggression and controlling behaviour are accepted as a part of normal family life especially between female members. While this behaviour became normalized, the “norm” is a paradoxical term since these behaviours are not traditionally part of the cultural life of Indigenous peoples but the legacy of IRS. Those whose behaviours fall under the living the norm type exhibit low self-awareness not recognizing how their own behaviours bring harm to others. Ironically, this type may also have feelings of helplessness and/or they may also lack the capacity within themselves to change their behaviour (but how could they without role models?). There are two sub-types within living the norm: the one who wants to control others and in so doing, benefits from this control and the other, who is controlled by and conforms to the controller out of fear. The ones being controlled are deprived of the opportunity to live an autonomous life. The controller and the controlled are both bound by their lowered emotional metre. Neither can express a fuller range of emotions and corresponding behaviours, thus they are unable to feel a real sense of freedom and worth.

Similarly, the “between the norm” type may also comply out of fear. The person in this typology finds ways to manage the norm, within themselves and from others, and so part of the time,

they are living autonomous lives. In this typology, individuals are open to learning new behaviours so they are moving away from living the norm. They have awareness of their own behaviours yet at the same time, they demonstrate restraint in showing emotion whether it is expressing anger or love. The challenge is maintaining healthy behaviours, and (re)learning how to be expressive with their emotions. As their self-worth increases, they are better able to draw the boundaries in order to keep those who are living the norm, at a distance.

Individuals who fall under the third typology of "escaping the norm," can sufficiently change their own behaviours that they have escaped living the norm behaviours. These individuals live without fear of either being controlled or attempting to control others. They have a high ability to emote, high volitional awareness and in their process of relearning Indigenous ways of being, they are also able to (re)create a loving family and develop strong kinship ties. The next theoretical code that showed how the higher conceptualizations related to the emerging framework was a basic social process.

Table 1

Behavioural Typologies (Stirbys, 2016)

	Living the norm	Between the norm	Escaping the norm
Behaviours	Aggressive	Sometimes aggressive but wants to be less so	Empathizes with those <i>living the norm</i>
	*Controlling	Sometimes controlling but wants to take more control of their life	Taking control of their life; achieving autonomy
	<i>Low emotional meter:</i> Inability to emote a range of behaviours	<i>Medium emotional meter:</i> Beginning to emote but cautiously	<i>High emotional meter:</i> High ability to emote; learning a range of emotions
	Cannot express love	Learning to express love	Feel love for themselves and others
	Low self-esteem	Increasing self-esteem	High self-esteem
	Low volitional and self-awareness (not able to take action)	Increasing volitional and self-awareness (ability to take action is increasing)	High volitional and self-awareness (takes action to create change)
*Note: As observed in this study, Indigenous women internalize the oppression and it manifests as either controlling behaviour or victim behaviour (e.g., being controlled by others).			

Note. Reprinted from *Potentializing Wellness through the Stories of Female Survivors and Descendants of Indian Residential School Survivors: A Grounded Theory Study* by C. Stirbys, 2016, (Doctoral thesis: University of Ottawa, ON). ©Cynthia Darlene Stirbys, Ottawa, Canada 2016.

Potentializing Wellness

It was the basic social process (BSP) of potentializing wellness that helped Indigenous women address: their main concern of *kakwatikih-nipowatisiw* (sick behaviour), along with the legacy of IRS's conditions and consequences, and the typology of behaviours that maintained controlling and aggressive ways between females. There are three dimensions within the BSP: building personal competencies, moral compassing, and fostering the virtues.

Building Personal Competencies

For Indigenous women, resolution of their main concern has a beginning point in the BSP. That beginning point is found in the dimension of building personal competencies. Substantive concepts that became properties of the higher-level conceptualization of building personal competencies were volitional awareness, self-awareness, learning to emote, and self-esteem. These four properties refer to the range of behaviours that Indigenous women engage in, albeit in differing degrees (as shown in the typologies above).

As part of building personal competencies, Indigenous women reach the point of escaping the norm type behaviours by first recognizing their own maladaptive behaviours through *volitional awareness* (emphasis by author). In tandem, Indigenous women strengthen their self-awareness of how they relate to others (females) and recognize that they may need support in (re)learning to emote since showing any kind of expression at IRS was disallowed. Indigenous women practice building their capacity to express emotion by saying, "I love you" or "I am upset." Increasingly, the process of building their self-esteem is possible through any phase of the substantive theory of potentializing wellness, which helps Indigenous women continually address the trauma that began in childhood.

Moral Compassing

One of the emerging core categories that came through the data was moral compassing. And, while it did not fully meet the criteria for a substantive theory to emerge, it had explanatory power of what Indigenous women do to address their main concern. Moral compassing is an important phase in the BSP and encompasses movement (i.e. positive changes) in the emotional, spiritual, physical, intellectual, and social dimensions that are then modelled by Indigenous women who are potentializing. Indigenous women may work on any dimension at any one time and often the women will work multiple dimensions simultaneously. For example, being physically outdoors on the land and engaging in spiritual activities such as building and participating in a sweat lodge automatically entails the intellectual (building the sweat lodge) and social dimensions (working with other Indigenous women) since this cultural activity is not a solitary one. The win-win game can be found in the gains that all Indigenous women have made emotionally via the act of participating together in this cultural activity. As Indigenous women make positive gains in one dimension, it follows that they are strengthening one or more of the other dimensions in the phase of moral compassing.

Throughout this study, and from the women's stories I heard, I learned that what was most important to the women was to have their freedom back to live a life of their choosing. Indigenous women are concerned with morality and "doing the right thing," because what they see in the world (in their communities and in larger society) is how people are being controlled. This control is being facilitated via sick behaviour intended to create distrust and fear of one another. Along with fear, shame, guilt, and violence are also being directed towards one another. Indigenous women recognize these patterns of behaviour and how they have been affected through their IRS experience. Through the process of moral compassing, Indigenous women can create boundaries against threats to their autonomy and sovereignty of being as they begin a new way of living.

Fostering the Virtues

The next dimension of the BSP is fostering the virtues. At this conceptual level, Indigenous women begin to model the virtues of respecting (respect oneself, showing consideration and deference to others), listening (supporting others' need to be heard), loving (practising self-love and helping others to feel safe), truth-telling (exposing the secrets of the perpetrators), trustworthiness (being accountable and changing one's own behaviours), and supporting others (supporting in all ways to build trusting relations) as they actively move through the other dimensions of the BSP. Where volitional awareness and self-awareness were the catalysts for change for Indigenous women when building their personal competencies, each of these virtues is shown to be continuously utilized and happens concurrently while working the other dimensions. It is in this third dimension of potentializing that Indigenous women learn and practise healthy behavioural patterns and releasing any behaviours that no longer serve them. Thus, potentializing becomes the process by which Indigenous women foster virtuous behaviours and (re)learn to focus their moral compass. In doing so, they simultaneously cultivate their personal competencies in order to resolve their main concern and create more meaningful and loving relationships within their families and communities.

Discussion

Conducting a final literature review is an opportunity to examine any new data that may be relevant for comparison to the concepts in the emerging theory (Glaser, 1998, Glaser & Strauss, 1967). Dr. Scott's (2007) study along with her mentorship was instrumental in further developing these typologies to explain what Indigenous women do to resolve their main concern. I had too much data and overlap, which Dr. Scott explained was an indicator of under-conceptualization (Stirbys, 2016). Lifting the description by moving to a higher conceptualization helped solve the problem by merging the concepts that came from the data. The results were the emergent three typologies. Indigenous women were then found to be moving along a continuum from living the norm to escaping the norm. Where violence and aggressive behaviours became normalized amongst Indigenous females (Stout & Peters, 2011), Indigenous women wanted to create a new normal in order to re-establish loving and trusting relationships.

Extant Literature

Review of the extant literature helped me make comparisons to the concepts found in the literature: finding a new normal; spirituality; ecological models, morality, and autonomy; virtues; gender; wellness motivation; and empowerment.

Revealed in my study was the notion of "finding a new normal" and it was also found in the literature (Atkins et al., 2012; Sandsund et al., 2013; Shannonhouse et al., 2014). Each of these studies developed theories related to "finding a new normal" following hospital rehabilitation. In one study, the effects of "pathologizing recovery" (Atkins et al., 2012, p. 138) meant that many families felt a societal pressure and norm of recovery that left them having difficulty discussing their experiences with anyone outside of their family. As a result, feelings of isolation emerged and impeded families' social and psychological recovery. Similarly, this result was also found in my study when feelings of isolation became one of the "crippling conditions" (Stirbys, 2016, p. 177) preventing many of the Indigenous women from finding their new normal. In contrast, another study found that having family support makes all the difference. Sandsun et al. (2013) found that family encourages recovery as the "individual confidently and systematically paces through the different phases of recovery" (cited in Stirbys, 2016, p. 177). Likewise, in the Shannonhouse et al. (2014) study, it revealed how group processes encouraged women despite their health crisis.

Therefore, when supports are offered via families and/or group processes, individuals experience a sense of empowerment and recovery from trauma. Yet, a level of caution and care should be taken to ensure that an individual's autonomy is not overtaken by societal expectations of recovery, as it could potentially hamper the recovery process. The contributions of the potentializing wellness study to the literature shows how the BSP of potentializing allows Indigenous women to choose how they create their new normal. Individually, they decide how to work the process of change in one or two phases and at a time, and at a pace, that is appropriate for them.

Many studies showed how culture was used to overcome systemic barriers, maintain cultural identity (Cameron, 2010), and by incorporating spirituality (Glenn, 2014; Shannonhouse et al., 2014; Kirlaw, 2012; Fleury, 1991), enhanced one's ability to learn coping strategies that strengthened resilience and healthy behavioural change. These studies in turn, support the discoveries of this research and how Indigenous women become change agents in their own lives by identifying their main concern and then setting out to resolve it.

Other studies were found that spoke of the importance of spirituality as it relates to social/human capital, guiding moral consciousness (Bainbridge, 2011), fostering self-determining behaviour by increasing one's skills and knowledge, which supports how individuals participate in change processes (Bainbridge, 2011; Fallot & Harris, 2002; Fallot et al., 2011). These studies support the dimension of building personal competencies that begins with volitional awareness and self-awareness that change begins with one. In this case, it is the Indigenous women who identified their own agency to create change and that they felt empowered by their own cultural knowledge and possibilities to catalyze that change.

Additionally, in the Shannonhouse et al. (2014) study, women reported that spiritual growth was the most salient factor in achieving wellness and from an Indigenous perspective, is viewed as an essential part of (w)holistic healing (Cameron, 2010; Kirlaw, 2012; Ren, 2012). Thus, spirituality becomes an important factor to reinforce a strong tribal identity through (re)learning Aboriginal culture (Cameron, 2010). Correspondingly, "strong Aboriginal identity, cultural reclamation, spiritual wellbeing, and purposeful living" (Gone, 2013a, p. 89) is what indicates overall wellness for Indigenous Peoples.

Five of the studies reviewed for the final literature review have a gender focus wherein women (including Indigenous women) learned new skills and attitudes to address their trauma as it relates to health, life, and trauma (Bainbridge, 2011; Fallot & Harris, 2002; Fallot et al., 2011; Kirlew, 2012; Ren, 2012; Stout & Peters, 2011). In the potentializing framework, learning new skills and attitudes parallels gender re-socializing as part of the social dimension found in the category of moral compassing (Stirbys, 2016).

In the psychology/psychiatry literature, the potentializing study corresponds with Ren's (2012) conclusion that psychotherapy is not the process that Indigenous women utilize to process their trauma. The colonial regime of IRS having been identified as the etiology of trauma in the lives of Indigenous people, suggests that another approach like culturally sensitive therapies (a strength-based approach), is what will support Indigenous people's recovery from historic trauma (Gone, 2013a). Finally, Elizondo-Schmelkes's (2011) study helped round out the dimension of moral compassing. Moral compassing is a main feature of the potentializing framework as it is book-ended by building personal competencies and fostering the virtues. These "book-end" dimensions strengthen the ability of Indigenous women to live by their moral ethic. Moral compassing is in large part, what Indigenous women do to overcome colonial socialization of "sick behaviour" and any Eurocentric model that stigmatizes, stereotypes, diminishes, diagnoses, and pathologizes Indigenous women would not be considered a culturally appropriate intervention.

Potentializing wellness theoretical framework promotes the idea that recovery is more than attaining a clinical intervention that entails merely coping with trauma (a Western approach) but that there are many more (w)holistic cultural processes that are more appropriate to deal with the effects of historic trauma. This grounded theoretical framework of potentializing wellness has a decolonizing lens that considers both the historical context and the cultural relevance to address ongoing colonial and intergenerational effects of the IRS phenomena. Thus, the multi-dimensional processes of building personal competencies, moral compassing and fostering the virtues provides Indigenous women a process to purge behaviours derived from the effects of a colonial agenda.

The net result of Indigenous women's intentional behavioural changes that come about by engaging in the different dimensions of the BSP of potentializing wellness is the ability to express empathy for others especially those who are still engaging living the norm behaviours. When Indigenous women (re)learn to emote and to empathize with those who have caused them harm, they have aptly demonstrated that they have made substantial behavioural changes and are moving closer to escaping the norm. Thus, being able to emote and express empathy becomes a marker of the notable changes wherein Indigenous women have released trauma and can also release their controlling behaviours. Indigenous women also learn to put up boundaries that thwart the controlling behaviours of others. Putting up boundaries may not always realize healthy connections:

If reconciling the norm never allows reconnection with certain family members, empathy allows one to mourn the losses. Empathy is also for oneself, (Davis, 2002) as it is recognized that one may contribute to behaviours of *kakwatakih-nipowatisiw* (sick) behaviour. Therefore, one must be open to learning how to release feelings of shame and inferiority. (Davis, 2002, cited in Stirbys, 2016, pp.161-162)

Indigenous women have quietly and more often independently worked the BSP of potentializing wellness. Yet evidence suggests that group interventions offering social support could greatly enhance the process of implementing new norms and behaviours (Atkins et al., 2012; Shannonhouse et al., 2014). Overall, these varied studies brought in new data that helped round out the overall framework and supports the many dimensions of potentializing wellness. From this study, I learned the value of not preconceiving the final theoretical framework. The potentializing framework would not have rounded out as well, had I not waited for the core variable to emerge before completing a final literature review.

The discoveries made in this research are useful in understanding why a cultural, decolonizing, (w)holistic, and self-determining approach is necessary for Indigenous women's recovery from intergenerational trauma. Indigenous women's cultural ways of knowing addresses all wellness levels via effective strategies aligned with reclaiming cultural norms grounded in community and spiritual health. By modifying their behaviour considers multiple dimensions of self in relation to others' well-being. Indigenizing a Western intervention is seen as insufficient. The potentializing framework provides explanatory power of how Indigenous women express and process their grief without clinical interventions and without use of a biomedical model (Stirbys, 2016).

Implications for Practice

A longitudinal study may be the focus of future research in order to track and assess overall changes in wellness and potentializing outcomes for residential school survivors or their descendants. A longitudinal study that would track the progress of participants may identify any gaps in the framework. By broadening the sample, an additional study could evaluate how men, youth, and Elders work the BSP. A new study may provide additional data to determine how the BSP of potentializing has created positive change (movement) for individuals as well as entire communities. It would also be worth exploring how the main concern of male survivors and their male descendants compares to Indigenous women's views of sick behaviour and the dual effects of kakwa-takih-nipowatisiw (Stirbys, 2016).

One of the strengths of a classic grounded theory is its generalizability across contexts (Glaser, 1978). For this reason, other studies may be possible based on the prospective transferability and the "readably modifiable" (Glaser, 1992, p.117) substantive theory based on new data. For example, stages in a BSP can account for behavioural change over time when different conditions and new data are presented thus; adjustments in behaviour are made by the accounting for new conditions or consequences (Glaser, 1978). This means that the BSP of potentializing wellness can be applied to other situations when conditions prohibit individuals from living life, as they always knew. For instance, a new study could emerge by asking, "How do everyday citizens potentialize their own wellness given the new conditions of COVID-19 protocols?" It is certainly a challenge to potentialize given that 76% of people who were polled online said their mental health has been affected and that "the pandemic had caused stress, anxiety and depression" (The Canadian Press, 2021). Moreover, many citizens are looking at everyday life very differently. According to a recent poll of 1,559 Canadians, the idea of returning to a normal life is likely out of reach when "one in five say that pre-COVID life is not coming back at all" (Angus Reid Institute, 2021). As this pandemic is

not only local but also global with a new wave said to be imminent, emergency measures likely will remain, new research may be warranted to study behavioural changes during a crisis.

A new study can assess average citizens' perceptions of gains and/or losses to potentialize their wellness given the new conditions brought on by the pandemic. It would also be informative to learn what new consequences arose given the new mental health concerns and what perceptions influenced what types of behaviours. What additional conditions and consequences may have influenced one's ability to potentialize and contributed to more permanent behavioural changes? Underlying these behavioural changes, what is the (new) main concern for average citizens?

In my original PhD research, I stated that the limitation and utility of this framework may only be restricted to those who attended IRS. However, in this new socio-cultural climate, I find the biggest contribution as a theoretical framework, is its' conceptualizations of behaviours allow a generalizability of the theory of potentializing across contexts (Stirbys, 2016). Without preconceiving, I am curious how new data will result in a new theory and perspectives of potentializing wellness.

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