



IMN PN AND BC NEIHR PRESENT

**2021 INDIGENOUS
GRADUATE STUDENT
RESEARCH SHOWCASE**

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CONTEXT

On January 1, 2021, the BC NEIHR and IMN PN collaboratively launched this interdisciplinary Indigenous Graduate Student Research Showcase of papers focused on Indigenous wellness. For this special showcase, we invited Indigenous Masters and Doctoral students from British Columbia universities to submit their work.

We received six submissions that moved on to peer review. Those included submissions from the University of British Columbia, Royal Roads University, and Simon Fraser University.

Working closely with our Editor, Robline Davey, who is an Indigenous Doctoral student from SFU, students received one-on-one mentoring about how to properly format a submission for a peer reviewed publication. Robline's position represents our practices of an Indigenous mentorship model, or cascading mentorship, in which she (a doctoral student) was provided the opportunity to gain experience as an Editor (with mentorship and support from the BC NEIHR operational team), as well as mentor more junior students in preparing manuscripts for publication.

The peer reviewers include six senior Indigenous doctoral students from BC as well as members of the Operational Team. Following an iterative process, the role of each reviewer was to provide comments and suggestions on the content as well as offer ways to strengthen written presentation of the work. Each submission was assessed by two reviewers.

This showcase provides a forum for BC Indigenous graduate researchers' work and was an opportunity for them to receive peer mentorship and strengthen their writing skills. As well, the Editor and peer reviewers were provided with mentorship on how to review manuscripts from a strength-based, Indigenous perspective.



ACKNOWLEDGEMENT

The 2021 Indigenous Graduate Student Showcase would not have been possible without contributions from the Canadian Institutes of Health Research (CIHR), and the collaboration efforts between the Network Coordinators, Operational Team and participants. We would like to extend our deepest gratitude to Dr. Charlotte Loppie – Principal Investigator of the IMN-PN and the BC NEIHR, Tara Erb – Network Coordinator of the BCNEIHR, Jess Barton – Network Coordinator of the IMN-PN, and Robbi Davey – Editor. We would also like to acknowledge the Indigenous students Jasmine Feather Dionne, Penina (Sarah-Lynn) Harding, Cheryl Inkster, Holly Reid, and Corrina Sparrow for their support as Peer Reviewers. Lastly, we would like to give a special thanks to the Indigenous students Amanda Bedard, Courtney Defriend, Kate Dunn, Dawn Marsden, Justin Turner, and Holly Vivier who shared their works to be published.

The BC NEIHR would like to acknowledge its three leading partners: First Nations Health Authority (FNHA), Métis Nation British Columbia (MNBC) and British Columbia Association of Aboriginal Friendship Centres (BCAAFC). We also acknowledge our Governing Council, which includes Elder Roberta Price, Elder Barb Hulme, Elder Gerry Oleman, Shannon McDonald (FNHA), Janene Erickson (FNHA), Tanya Daveron (MNBC), Leslie Varley (BCAAFC), Evan Adams (ISC), Roberta Stout (NCCIH), and Jonathan Boron (SFU). Finally, we acknowledge the work of our operations team and staff, working groups, partners and network members.

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STATEMENT FROM THE ARTIST

My name is Lajah Warren. On my father's paternal side, we are Ləkʷəŋən through the Albany and the Warren family. On my father's maternal side, I am mostly Cree, Metis, and Ojibwe. On my mother's side, I am mostly British, Icelandic, and French. My father is a Coast Salish artist, who I have watched making paintings and carvings all my life. My family has inspired me to create art that connects with culture, land, and healing. With a background in Indigenous Child and Youth Care, I am constantly exploring healing through art, and am constantly being a witness to the powers that art has to support others.

My artwork is expressive and imperfect. I never have a final image in mind for an art piece, as I let the spirit of the piece guide me. Every time I create a piece, I understand more about my connections to my spirit, the world around me, and my ancestors.

This piece came to me as I was in the middle of the ocean on my paddleboard a while back. I was looking down in the water and I saw a beautiful kelp forest below me. As I softened my gaze, I started to see myself in the water too. It felt so deeply spiritual- looking at myself surrounded by a dark blue and green. The longer I sat there staring at my reflection in the water, the longer I felt like I was seeing with one eye in the sea, and the other in the Skyworld. This piece honours the connection between Indigenous women, cosmetology, water, and origin stories.



LETTER FROM THE GUEST EDITOR

This collection of articles by Indigenous graduate students in BC is just one part of the mentorship that the British Columbia Network Environment for Indigenous Health Research (BC NEIHR) and Indigenous Mentorship Network of the Pacific Northwest (IMNPN) provides Indigenous graduate students. It was designed to provide an opportunity for Indigenous health researchers to participate in a peer-reviewed process towards a publication and to showcase their work. Indigenous graduate students in BC who are engaged in health and wellness research were asked to submit pieces. Six authors submitted their work towards Indigenous holistic health research touching on salient topics such as identity, wellness, health, collectivity, ceremony, and blending Indigenous and Western methodologies and ontologies to improve health outcomes.

Our health is interconnected and interdependent on the wellness and balance in all aspects of life. One of the authors, Courtney Defriend, describes this interconnectedness: “While Indigenous worldviews and beliefs are diverse, in general the First Nations’ perspective on health and wellness in British Columbia (BC) ties an individual’s mental, emotional, spiritual, and physical health to others in their family, community, and nation” (Defriend, this showcase) which are also linked to social and cultural systems, including connection to environment and economy (First Nations Health Authority [FNHA], 2020). Woven throughout each paper is the main theme that by including, reviving, revitalizing or integrating Indigenous perspectives in all facets of health research, health outcomes and policy may improve for Indigenous peoples.

Given that Indigenous worldviews include a holistic approach to health and wellness, submission topics varied, and the result is a rich interdisciplinary mix of articles in which most authors either used or referred to Elder Albert and Murdena Marshall’s Two-Eyed Seeing approach (Bartlett et al., 2012) to integrate Indigenous and Western methodologies and ontologies into their respective inquiries. As an Indigenous doctoral student myself with Métis and settler



roots, the this theme of Two-Eyed Seeing resonates with me as I work toward developing a blended feminist Métis approach for my own project that aims to connect post-secondary educational access through online delivery to wellness across a lifespan.

Various themes on health and wellness are present in each article. Jaskwaan Bedard's piece identifies the harms still being perpetrated in post-secondary institutions and ongoing colonial impact on students within institutions related to Indigenous identity. The paper includes a discussion of reclaiming language, voice, and ancestral names and is a reminder of the notion that the power holders in the academy are those who can define concepts of identity. This first work reminds us of the strength of Indigenous power, voice and stories to define Indigenous writing, and highlights the necessity of diversity and Indigenous worldviews at this level.

The next paper centers around COVID-19 pandemic and points out the parallels to previous restrictions placed on First Nations peoples. The author specifically focuses on the Potlatch ban, which adversely affected First Nation people's health status. The author, Courtney Defriend, outlines how this failure to connect previous government restrictions to current health restrictions could hamper recovery or impact First Nations peoples' responses. The author uses a strength-based approach to detail the importance of gathering and a shared identity, and then how First Peoples have recently used technology to continue to gather to forge and maintain much needed relationships and connections so integral to health and well-being.

Dawn Marsden's paper centers around a wholistic psychotherapeutic framework that can be used to support individuals and groups integrating Indigenous healing and current systemic therapy methods, despite the opposite ways that these methods have evolved. Using a case study method, Marsden describes how to weavethewisdom of Indigenous ways of being, knowing and doing into systemic therapeutic practice. Implications for this work are provisions for wrap-around supports and the integration of a dual approach, or a Two-Eyed Seeing (Bartlett et al., 2012) approach, in which the best of an Indigenous and Western paradigm can be blended. The author of the next paper also works towards developing an integrated model (IK-SEL) using both Indigenous and Western methods, but in the K-12 education setting. Holly Vivier details the ways that Indigenous knowledge and the modern Social-Emotional (SEL) model share characteristics. She integrates these perspectives into a model that can be utilized to create child-centered environments in the K-12 sector, which may have a decolonizing effect as well as support the cultural well-being of all students, but specifically Indigenous students.



Justin Turner's paper is a description of his methodological approach in which he intends to meaningfully integrate different cultural worldviews in his forthcoming research project investigating Dakelh communities' lived experiences of a recent wildfire season in their territory. To integrate the various worldviews of those stakeholders and participants in the project, Turner will use Métissage as a methodology to weave together Dakelh, Métis and Western paradigms and visualize this resulting ontological blend using traditional Métis flower beadwork.

Kate Dunn's paper is a discussion of a Two-Eyed Seeing approach used to create visual media that supports a culturally relevant message about wellness as it relates to liver health and Hepatitis C to positively impact primary healthcare delivery. She describes incorporating story and the value of using a Wisdom Seeking approach to materials development and in surfacing evidence through Indigenous Knowledge Holders to incorporate traditional perspectives to liver wellness.

In closing, these six authors bring insight and progressive integrated Indigenous perspectives to Indigenous health and wellness research, from education to clinical practice. It has been an honour to have played a role in supporting the authors through the editing process and while incorporating peer feedback into this graduate student collection.



**POST-SECONDARY EDUCATION AND CONTINUED COLONIAL
IMPACTS ON INDIGENOUS STUDENT WELLNESS:
UNCOVERING HARM AND REVEALING TRUTHS**

Jaskwaan Amanda Bedard, Simon Fraser University

Mentor: Dr. Dolores van der Wey

ABSTRACT

Indigenous students participating in Canadian post-secondary education are exposed to hidden racisms and subversive colonial narratives of Indigenous erasure. During the 2019-2020 academic year I participated as a PhD Student and Research Assistant in the Disrupting Colonialism through Teaching Seminar Series in fourteen 3-hour seminar sessions held over nine months. The intent of the seminar series was to support faculty from disciplines across the university in gaining knowledge of Canada's colonial policies and how they impacted and continue to impact Indigenous peoples. Further, the sessions were shaped to engage and facilitate non-Indigenous faculty in disrupting harmful colonial narratives about Indigenous peoples within their teaching practices, while simultaneously addressing any apprehensions or fears participants may have had about embracing such potentially disruptive, uncomfortable practices.

My experience participating in the Series at Simon Fraser University has given me opportunity to explore my own post-secondary educational experience and has offered a pathway to better understand and deconstruct harmful thought processes enforced by colonial education. Through careful analysis of the on-going and omnipotent presence of colonial impacts on Indigenous life in Canada, I came to identify these harms deliberately enacted upon Indigenous peoples. Returning to post-secondary education as a PhD student with the goal to continue my journey of strengthening the Haida language in my community of Old Massett, Haida Gwaii, I recognize the importance of identifying these harms and understanding their impacts and the implications for



other Indigenous students. Unlearning anti-Indigenous racism provides pathways for truth telling about Indigenous people. Many Indigenous people feel guilt and responsibility for not knowing how to speak their language. Western mis-education omits knowledge of federal policies and goals that outlawed our ancestors from speaking their language, instead we learn from Western teaching practices that Indigenous people somehow “lost” our languages. I believe the power inherent in identifying hidden and insidious colonial harms will provide Indigenous students avenues for healing inter-generational wounds inflicted by colonization and reinforced by post-secondary education.

Keywords: Post-Secondary Education; Indigenous Student Wellness; Colonial Impacts; Disrupting Colonialism; Indigenous Language Revitalization

LAND AND ACKNOWLEDGMENTS

I write this paper on my territory, Ɔaw Tlagée (ow tlah-GAY), Haida Gwaii. Haida Gwaii is the unceded territory of the Haida Nation. I would like to thank my Haida community for supporting me in my academic work; and my mentor, Dr. Dolores van der Wey, for guiding me through the Disrupting Colonialism Through Teaching Seminar Series.

POST-SECONDARY EDUCATION AND CONTINUED COLONIAL IMPACTS ON INDIGENOUS STUDENT WELLNESS: UNCOVERING HARM AND REVEALING TRUTHS

My name is Jaskwaan (jus-KW-un). I am from the Tsíits Gitanee (CHEETS git ah nay) Eagle Clan of Haida Gwaii. I am in my third year of PhD studies at Simon Fraser University by Special Arrangement, which includes the disciplines of First Nations Studies, Linguistics, and Education. In 2019-2020, I had the honour of participating in the Disrupting Colonialism through Teaching (DCT) Seminar Series. The DCT Seminar was held for three hours, bi-weekly, September 2019 to June 2020 with a target audience of non-Indigenous faculty. Facilitated by Dr. Dolores van der Wey, the series was offered through the Institute for the Study of Teaching and Learning though



the Disciplines (ISTLD) and provided faculty with tools to “develop the knowledge and skills necessary to both identify colonialism within their discipline and teaching as well as enact changes to decentre it.” (van der Wey, 2018). These changes can be enacted, for example, by correcting harmful narratives about Indigenous peoples within teaching practices and to work to uncover the truths of Canada’s on-going violent and oppressive colonialism against Indigenous peoples.

PATHWAYS TO *DISRUPTING COLONIALISM*

My participation in the DCT Seminar Series has facilitated an intense and complex reflection of my post-secondary educational experience as an Indigenous woman, student, mother, historian, and language teacher. In my work, I aim to strengthen Xaad Kíl (hawd KILL), the Massett dialect of the Haida language, through enacting successful immersion techniques crafted to the unique considerations of our dialect. One particular technique is the Mentor Apprentice method developed by Dr. Leanne Hinton and has been modified by the First Peoples Cultural Council to suit the needs of the Indigenous languages within British Columbia. My motivation to participate in the DCT Seminar Series was to gain a greater understanding of the effects of colonialism as it relates to language loss, and to find ways to incorporate these understandings into my practices of rebuilding Indigenous language and community health through teaching. My role in the seminar was as a Research Assistant and student participant.

Through deep and multi-layered reflection after my participation in the DCT Series, I have come to realize that my decision to be known by my Haida name Jaskwaan was made in response to my realization of the attempted erasure of my Indigenous identity within Canada and by extension Canadian post-secondary institutions. During my younger years, I was called my English name, Amanda, with few family members calling me by my Haida name, Jaskwaan. During my undergraduate study at the University of Victoria, I began to use Jaskwaan publicly. In the decades since attaining my undergraduate degree, I have moved from introducing myself with both my names Amanda and Jaskwaan, to only introducing myself as Jaskwaan. Before my PhD studies, I attained my BA (2002) and MA (2007) from the University of Victoria, and my teaching degree from Simon Fraser University (2017).

Due to my participation in the DCT seminar series, I understand more the on-going oppression and attempted erasure of Indigenous culture and people in Canada. I have come to understand that a reversal of truths, manufactured and distributed, is essential to the continuation of modern-day colonization in Canada (Manuel & Derrikson, 2015; Coulthard, 2014). There remains an



expectation of Indigenous people to simultaneously forget past injustices, take responsibility for current social inequities, and provide pathways forward for a Reconciliation that absolves Canadians of any guilt (Maracle, 2017). Indeed, Lowman and Barker (2015) as well as Weiss (2018) explain the Canadian practice of colonial denial when faced with evidence that contradicts their racist notions about Indigenous people. This is particularly evident in the denial of Indigenous human rights, especially in justice regarding land title and ownership. While examining the history of land title and ownership in this province especially, we see a legacy of stolen land, assumed ownership, and aggressive removal of any Indigenous presence (Manuel & Derrickson, 2015; Weiss, 2018). The result is a century-long battle for rights recognition by Indigenous leadership, with the “land question” hovering short of just resolution in perpetuity (Manuel & Derrickson, 2015; Council of the Haida Nation, 2012). It seems to be that so-called reconciliation manifests as a vast array of empty land acknowledgements and shallow meaningless consultation with Indigenous people by companies and governments alike.

The expectation put on Indigenous people to prepare their first-hand colonial experience into consumable pieces for others to easily digest represents a continuation of racist expectations placed on Indigenous peoples in academia and in Canada (Maracle, 2017). The cost of responding to racism continues to be the burden of Indigenous people, be it within commissions (Royal Commission on Aboriginal Peoples, 1996; Truth and Reconciliation Commission, 2015; Murdered and Missing Indigenous Women and Girls Report, 2019); or providing adequate Indigenous content for new curriculum expectations within British Columbia’s education system. This extends further to the necessity of Indigenous people to fight ongoing inequities perpetuated by the Canadian government, such as demanding equal funding for Indigenous children in care or children with special medical needs on-reserve (Blackstock, 2019). It is fundamentally unjust that the burden is predominantly carried by Indigenous people to craft a meaningful relationship with settler Canadians. Canadian educational institutions have perpetuated a protective repellent against any self or collective recognition of the culpability inherent in being non-Indigenous in Canada. Indigenous students are then positioned continuously as the truth tellers and solution finders. I believe that righting the continued injustice towards Indigenous people should be every Canadians’ responsibility.

THE STRENGTH OF INDIGENOUS WOMEN

As a result of my participation in the DCT Seminar Series, I have reflected on my upbringing to put into context my new thinking and understandings about my educational experience. I grew up



in the northwest coastal town of Prince Rupert, BC, across from my homeland of Haida Gwaii. The most powerful women in my life were and are Indigenous women. My paternal great-grandmother, Sáandlaanee (SAN-dlah-neigh), Emma Matthews, was the matriarch of our family, filled with knowledge, love, and leadership. Stories of her and my great-grandfather, Chief Wíah (WEE - aa), William Matthews, have shaped my awareness of what it means to be Haida. They taught by example how to carry oneself in this world, to take the high road and gently but firmly protect the strength passed down from our kuuníisii (kuu - KNEE - see), ancestors. My great-grandmother Sáandlaanee was K'ul jáad (KA - ule JAH - ud), boss woman. She guided the decisions of her husband and family, corrected where need be, and ensured that all the pieces fell into place: be it smoking fish, holding a dinner, or acknowledging others in correct Haida protocols. Women are in charge in Haida families. A single look from one of my aunties can stop any family member cold, hesitating until figuring out what behavior needs correcting.

Sáandlaanee and Wíah's daughters were each powerful Haida women in their own regard, including my grandmother, Phyllis Bedard, Skíl Jáadee (SKILL - JAH - day). Mother to ten children, Skíl Jáadee was a beautiful and formidable force, who was known for her activism fighting for shore worker's rights. My father Kwíiyaans (KWII-yawns), Ken Bedard, would tell me how his mother took on company bosses and fierce opposition, and faced racism and lateral violence to make meaningful change for her community. Skíl Jáadee also wrote for the "Native Voice," the newspaper created by the Indigenous rights organization, the Native Brotherhood. The stories of Skíl Jáadee's brave activism, along with my memories of my grandmothers, built in my mind an understanding of Indigenous women as powerful, in-charge, and possessing formidable strength.

My mother, Kathleen Bedard, is a white Canadian, and is also a woman held in high regard. She is a leader, highly educated, and also possesses a strength I admire and look up to. My mother is an educator: first a teacher, then school administrator, and eventually a superintendent of schools until she retired. In Prince Rupert, many of her contemporaries in education were Indigenous women. These women were truly change makers, as they pushed and fought for justice in education so that our Indigenous languages and realities are respected properly by the British Columbia educational curriculum and beyond. I would listen closely to stories of how these women would deal with any shade of racism, how they would "take on" other teachers, administrators, or whole ministries, always coming out on top with their sharp intelligence and remarkable strength.

My understanding and knowledge of Indigenous women took a dark turn during my post-secondary education. As I ventured to university away from my northwest coast upbringing, a new



understanding of Indigenous women emerged. With an interest in literature about the Haida Nation, I researched Haida history in the university library. I took Anthropology courses and searched out Indigenous content so I could relate to what I was studying. What I found was appalling: stories of prostitution, disease, death, submission, more death, and then more prostitution painting Indigenous women as silent, victims, submissive and disappearing. This was not and is not my reality. I became angry and sullen. I joined the Native Student Union and became political. I used my name Jaskwaan and struggled to put words to my anger, to my feeling of not belonging, of something not being right (Elliot, 2019).

During my younger years Indigenous women played a considerable role in my life and Indigenous women educators in my school experience were commonplace. During my post-secondary journey that has now spanned just over twenty years, I have had only two Indigenous women instructors or professors. With an undergraduate minor in Indigenous studies; a master's degree in Indigenous Governance; and my teaching degree in the Indigenous Perspectives module, this is a surprise. The lack of Indigenous women instructors and professors in Canadian post-secondary institutions is an indicator of the systematic racism as well as a de-valuing of Indigenous women and knowledge both in Canada and in academia.

POST-SECONDARY HARMS

Like many university students, I searched for belonging in my early university years. With a life-long interest in writing, I took a 100-level writing class during my second year of studies. The class had three parts: poetry, creative writing, and drama. I was excited about the creative writing portion. A story had been brewing in my mind for some time about my past summer on the west coast of Haida Gwaii, in a remote culture camp called Rediscovery located at T'áalan Stl'áng (TAH – lun still UNG). A former camp participant came out to T'áalan Stl'áng to help with set up, but he was unable to navigate his personal issues. His upbringing reflected an oppressive colonial reality steeped in addiction and violence. There was a disturbing incident at the camp. Eventually, the incident passed, and the young man returned safely to our village. However, the event impacted me greatly. At the time of my Writing 100 class, the event was fresh in my mind, and I thought that writing it down in a story would be healing.

In my story, I situated myself as the main character, and dramatized the events of the summer. The measure of pride I had in my story was short lived, as I received a draft back with a C written in red on my final page. I made an appointment with the instructor to find out how I could improve my writing and submit a better final draft. At that point I had rarely met with instructors



to discuss grades or course content. I admired this woman; she was well known in the Victoria writing scene, and her office demonstrated this with an accomplished bookcase and framed writing reviews on the wall. I asked about my grade. "Well," she began, looking uncomfortable. I suddenly felt uncomfortable as well. Was my grammar just awful? "I have read a lot of First Nations writers..." she trailed off. My skin began to crawl. "And this is just not First Nations writing." I began to sweat. I felt dizzy. I did not know what to say. She knew that I had based the story on my own experience. I do not recall what else she said in the meeting. I only remember feeling humiliated and voiceless. This woman did not see me as an authentic Indigenous person, so much so that she labeled my first-hand experience I fictionalized into a story as not First Nations writing. She undermined the very core of my identity and did so without a second thought.

As I came to the end of my participation in the DCT seminar Series, this incident at the University of Victoria surfaced in my mind and has stayed there, along with others that highlight racism in post-secondary institutions and beyond. It has taken me two decades to figure out what was so bothersome about the instructor's comment, and only recently did unpack and fully understand what angered me the most. In the story I fictionalized in that Writing 100 class, I was an observer of the pain and suffering another person felt that I had no part in nor experience with, and I conveyed empathy through my writing. In the eyes of my instructor, it was not my place as an Indigenous woman to use my voice to observe and analyze, or to come to conclusion. That is traditionally the "white" role (DiAngelo, 2011; Jones & Jenkins, 2008). Real "First Nations" (i.e. Indigenous peoples) are either the center of suffering, defined by that suffering, or simply silent. If we are anything else, like an observer or an analyst, we are not authentic and therefore discounted, just as I was sitting in that office across from a woman I once admired.

SPEAKING BACK

My undergraduate journey at the University of Victoria brought me to the History department, where I found I could use my academic voice to "speak back" in some way to the colonial narrative, specifically regarding the issue of Aboriginal Title. This was soon after the landmark Delgamukw decision (Delgamukw v. the Queen, 1997) and relatively close to the release of the much-awaited Royal Commission on Aboriginal Peoples (RCAP, 1996). It was what seemed to be a significant time for Aboriginal Rights and Title. I achieved a BA in History and a minor in Indigenous Studies, and I felt empowered to be knowledgeable about the history of Aboriginal Rights and Title in Canada, especially as it pertained to my own Haida Nation.



Increasingly, I had noticed meaningful space being made for Indigenous voices in the academic setting, and I felt I had been given tools to respond to the colonial system in those spaces. Three years after my Undergraduate degree, I continued at the University of Victoria to pursue a master's degree in Indigenous Governance. My cohort was composed of seven other Indigenous women. We discussed decolonization of the mind, of systems, and of our communities and families. I sharpened my academic focus to language revitalization and became secure in my academic surroundings. My classmates and I became familiar with notable Indigenous intellectuals that we have since re-visited in the DCT seminar: Maracle, Robinson, Erdrich, and Armstrong amongst others. Along with prominent scholars such as Freire, Deloria Jr., and Alfred, I became familiar with the powerful weight of Indigenous scholarship. In time, I developed skills to respond to the continued harmful systems of colonization in Canada, and also globally. I felt empowerment and a sense that times were changing: the academy was gaining an understanding of their harmful behavior as well as correcting dangerous teachings about Indigenous people that were up to that point shaping a racist Canada.

When, ten years after my master's degree in Indigenous governance, I returned to University (Simon Fraser University, 2017) to attain a teaching degree, I expected a decade of progression in how Indigenous people were represented in post-secondary school. However, this was not the case. The wheels of academia were turning when it came to Indigenous people and issues, and they were labeled Reconciliation. Although many gains exist as a result of activism by Indigenous scholars and activists, there remain many examples of stunted progress and adversely, the growth of harmful practices. The once revolutionary act of acknowledging un-ceded territory of the Indigenous people of the land, for example, became a dull script, a hollow notion that erased the original intent, delivered as a check mark with little or no meaningful action behind it. Canadian Universities continue to have a noticeable lack of Indigenous tenure track professors and seem to be scrambling to fill Truth and Reconciliation mandated Indigenous professors, often responding with inadequate hiring efforts and little succession and sustainable planning. The half measures and noticeable gaps of meaningful change became highlighted under the lens of *Reconciliation*.

CANADIAN AGENCY IN COLONIAL HARMS

I often wonder just how it is that Canadians continue to allow the debasement, displacement, and oppression of Indigenous people. Historically this has been true, and it is true to this day (RCAP, 1996; Maracle, 2017; TRC, 2015; Manuel & Derrikson, 2015; Blackstock, 2019; MMIWG Report, 2019). I have come to realize that by erasing our humanity within the education landscape,



spanning the disciplines of Anthropology, History, Education, and even in Writing, to name a few, allows the complex human reality of what it means to be an Indigenous person be reduced to simplistic stereotypes: a summation of statistical nightmares with every odd stacked against us. We are either "authentic" wisps of consumable culture, or a statistic personified; we are angry uncomfortable reminders of an injustice easily pushed to the margins. Racist conditioning of Canadians leaves little to no space for Indigenous people to exist outside the very narrow understanding of who we are as human beings.

In my view, the participants of the DCT seminar Series were exceptional to the usual academic standards Western institutions hold in regard to education about Indigenous issues. In my experience, DCT seminar participants were willing to engage in complex and often uncomfortable examinations of systemic racism that is normalized within Canadian academic institutions. Most participants agreed to an upheaval of comfort in an effort to search out ways they could be a part of solutions to address racism and harm against Indigenous people within the institution in which they work. Yet, there are so few doing the work required to undo basic untruths about Indigenous people. To meaningfully de-condition harmful stereotypes that result in the continued inhumane treatment of Indigenous people in Canadian society can take many years, and the more able one is to understand this, the more capable one is of doing the work. I feel the overall safety of Indigenous students is important and our well-being should be prioritized. It would be beneficial for all instructors and teachers in our Canadian education systems to be required to learn about disrupting colonialism through teaching practices.

This brings me back again to that Writing 100 instructor at UVic and her dismissal of my writing as non-First Nations. There was no space in her understanding of Indigenous people for my observations as central character who is an educated, privileged, Haida woman secure in my culture (Coulthard, 2014; St. Denis, 2007). I imagine the shades of this type of dehumanization that happens to Indigenous people across Canada daily. If this instructor were in a position of greater decision-making power, how would her harmful beliefs affect Indigenous people's lives? How many highly educated Canadians, who purport to be knowledgeable of Indigenous people, continue to hold racist and harmful beliefs about us, and how can these racist and harmful beliefs be changed?

THE HEALING POWER OF EDUCATION:

As a Haida woman connected to my culture and with a passion for strengthening my



Indigenous language, I must actively work to unlearn harmful teachings about my own identity because of my post-secondary education. I have great motivation, as not doing this work presents great challenges to my health and wellness, including a downward spiral into mental illness (Elliott, 2019). I must commit to an unlearning process, one that requires constant challenges to my thought patterns and continued effort to check my harmful beliefs and unpack my own internal racism as a result of my educational experience.

Participation in the DCT Seminar Series brought me through a journey of self-realization. I came to understand the subversive power of colonial education. Indigenous people have been the target of deliberate mis-education since the beginning of colonialism in what is now known as the Americas. Throughout my experience in post-secondary institutions, I have struggled to explain my discomfort with the ways in which Indigenous people, issues, and subject matter are discussed and treated. Understanding the constant need for Canadians to be taught about the continuing injustices and horrendous mistreatment of Indigenous people that continues to this day has made me re-think Western colonial education.

With the guidance of thoughtful seminar facilitation, exploring ways to teach about Indigenous issues has laid bare hidden racisms. This process has peeled away the layers of subversive text about Indigenous people in colonial post-secondary institutions and has also explained the resulting harm this has caused to me personally as a result of my educational journey. Having the opportunity to participate in an advanced Education seminar about Indigenous issues, I am better able to analyze how Indigenous people are viewed, understood, and reported on in Canada. In this context, I can understand more intently my own education, revealing the racist lens of post-secondary education that paints an often harmful and fictional picture of Indigenous people. I reflect that post-secondary institutions perpetuate these harms on all Indigenous students, and I call for the removal of racist teachings in the Canadian pedagogy.

There are subversive untruths about Indigenous people that are deeply engrained in Canadian society and comprehending this gives me greater insight into the many injustices that still exist for us. Understanding the truth of Canadian education unlocks pathways to healing harmful thought patterns for Indigenous students. I am thankful for the experience in the DCT seminar, as it has allowed me to reflect on issues of identity and greater systemic effects of colonial institutions and further, it has opened doors for personal healing and understanding as I am now able to identify the harms previously veiled and hidden. It is my hope that Indigenous students will soon be guaranteed a safe environment in their post-secondary educational journeys, and for that to be realized Canadians are required to do the work to disrupt colonialism



TABLE 1: GLOSSARY OF HAIDA WORDS
(IN ORDER OF APPEARANCE)

HAIDA WORD	PHOENETIC PRONUNCIATION	ENGLISH MEANING
GAW TLAGÉE	OW TLAH-GAY	MASSET AREA (LAND AROUND THE INLET)
JASKWAAN	JUS-KW-UN	HAIDA NAME OF AMANDA BEDARD
TSIITS GITANEE	CHEETS GIT AH NAY	NORTHERN EAGLE CLAN OF HAIDA GWAI
XAAD KÍL	HAWD KILL	MASSETT DIALECT OF THE HAIDA LANGUAGE
SÁANDLAANEE	SAN-DLAH-NEIGH	HAIDA NAME OF EMMA MATTHEWS
WÍAH	WEE – AA	HAIDA CHIEF NAME OF WILLIAM MATTHEWS
KUUNÍISII	KUU - KNEE – SEE	ANCESTORS
K'UL JÁAD	KA - ULE JAH – UD	BOSS WOMAN OR MATRIARCH
SKIL JÁADEE	SKILL - JAH - DAY	HAIDA NAME OF PHYLLIS BEDARD
KWÍIYAANS	KWII – YAWNS	HAIDA NAME OF KEN BEDARD
T'ÁALAN STL'ÁNG	TAH- LUN STLL UNG	HAIDA PLACE NAME OF LEPAS BAY



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**THE 2020 POTLATCH BAN:
HOW COVID-19 RESTRICTIONS ON GATHERING TRIGGER
COLONIAL WOUNDS**

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ABSTRACT

The Coronavirus disease 2019 (COVID-19) pandemic called for restrictions regarding social gatherings across the globe. These orders were in the best interest of public health. However, government-imposed suppression of gathering is not unfamiliar to First Nations people on Vancouver Island. The notorious Potlatch Ban on the North West Coast was prescribed by the Indian Act to prohibit the practice of cultural gatherings. The ban is one avenue of colonization that has negatively affected First Nation people's health status. Failure to recognize the intergenerational impacts that previous government restrictions have had can be a detriment to recovery from the COVID-19 pandemic. Synchronous mental health and substance use crises highlight some influences that gathering limitations have had. However, innovative responses driven by First Nations peoples note the resiliency and adaptability of Canada's First Peoples, who worked hard to abide by restrictions while remaining virtually connected.

Keywords: First Nations, COVID-19, Potlatch ban, gathering, collective trigger



THE 2020 POTLATCH BAN: HOW COVID-19 RESTRICTIONS ON GATHERING TRIGGER COLONIAL WOUNDS

My traditional name is Ti'yugtunat. My ancestry is Coast Salish from Stz'uminus First Nation on Vancouver Island as well as European from Scotland and Denmark. Currently, I reside on the unceded territory of the Snuneymuxw mustimuxw (Nanaimo people). As a woman of mixed ancestry, I have had the opportunity to walk in two worlds. Seemingly, the ability to gather as an instrumental part of individual and interpersonal health is not limited to Indigenous people. Bouchat, et al. (2019) described the broad spectrum of gatherings to include "religious rituals, funeral or wedding ceremonies, celebrations, commemorations, trials, festivals, rock or classical music concerts, theatre performances, film screenings, fan gatherings at sports events or citizens' gathering at political events" (p. 189). Within such opportunities to socialize, individuals develop life-long ways of living (Singh-Manoux & Marmot, 2005). Although in the best interest of the global population, directives prohibiting mass gatherings seem similar to Canada's shameful history during colonialization. One of many disruptions to First Nations peoples living on Turtle Island (known as North America) was the Canadian government's enforcement to prohibit gatherings; in the North West Coast (NWC) of Canada this is referred to as the Potlatch Ban, which lasted from 1884 until it was repealed in 1951 (Johnson, 2016).

The term Potlatch is Chinook jargon for gathering or celebrations including dancing and gift giving (Lutz, 1992). The term ceremony is better suited for the general context of this paper but will be used interchangeably based on respective literature. The Potlatch was used as a mechanism for many forms of socialization within Indigenous communities, deeply connecting individuals with their ecosystems. For First Nations peoples, the ban was one of many forms of colonial violence that contributed to adversities such as substance misuse disconnection from community, and systemic poverty, all of which are still relevant today (Johnson, 2016; Lutz, 1992). Because of the effects of historical bans on gatherings, those who have been personally or intergenerationally impacted by the ban may be at a higher risk of collective triggers during the social restrictions of the COVID-19 pandemic. Recognizing this issue can assist with culturally relevant community healing that is led by the resilience of the First Nations peoples.



INDIGENOUS PERSPECTIVE ON HEALTH AND WELLNESS

While Indigenous worldviews and beliefs are diverse, in general the First Nations' perspective on health and wellness in British Columbia (BC) ties an individual's mental, emotional, spiritual, and physical health to others in their family, community, and nation. These perspectives on health are also linked to social and cultural systems, including connection to environment and economy (First Nations Health Authority [FNHA], 2020). Absolon (2011) stated "Indigenous worldviews teach people to see themselves humbly within a larger web or circle of life" (p. 31). Maintaining one's health means that all aspects of the collective system are considered as interconnected and interdependent.

GATHERING

Every culture uses traditions to shape the identity of its people (Duran, 2019). Coming together is instrumental for spiritual, emotional, physical, and mental health (Bouchat et al., 2019; Duran, 2019). For First Nations people on Vancouver Island, the activities that occur within gatherings promote ancient wisdom as well as enforce how to behave within a community (Johnson, 2016). Moreover, by connecting with others, individuals are able to develop interpersonal skills that assist with community development as well as endurance during hardships (Hopkins & Reicher, 2021).

SIGNIFICANCE OF GATHERING

It is not the close proximity of people that creates connection, rather, the meaning that gatherings represent. Gatherings are a mechanism for individuals to define and promote their identity, whether it be through sport, hobbies, or ceremony (Hopkins & Reicher, 2021). A significant determinant of health and resilience is to have a secure sense of who we are and who we belong to (Lavelle & Poole, 2010; Brendtro et al., 1990). Hopkins and Reicher (2021) discussed the psycho-social advantages of connecting with one another at mass gatherings, wherein a strong sense of connection with others fosters happiness, innovation, and inspiration. Moreover, the general ability to compare self to others creates a canvas for who we are currently as well as who we would like to become (Hopkins & Reicher, 2021).

By nature, human beings need to connect with one another (Bouchat et al., 2019; Maté, 2008;



Perry & Szalavitz, 2006; Brendtro et al., 1990). Andahazy (2019) noted that when coming together, a sense of empathy is developed through mirror neurons, which blend our emotional, mental, and physical ways of connecting with one another. From an Indigenous perspective, the various ways of gathering assists with the connection to family members, community, the land, and the animals, which are foundational to life. Methot (2019) stated “Reconnecting with the natural world – recognizing that everything around you has a life force that is equal to your own – helps people develop empathy” (p. 227). Collaborative settings offer individuals an opportunity to consider themselves as part of something bigger, which can ignite a group-think mentality that is based on support and connectedness. “The relational intimacy associated with a shared identity can be manifested in increased trust and empathy” (Hopkins & Reicher, 2021. p. 127). Coming together can shift the cognitive function from stress into one that is innovative and transformative which can also increase self-esteem (Hopkins & Reicher, 2021; Bouchat et al., 2019). Moreover, coming together in synchronicities such as singing or dancing can have a variety of positive physical outcomes scaling from social cues, pain tolerance, and even recovery from trauma (Bouchat, et al., 2019; Perry & Szalavitz, 2006).

The gains of coming together have been held with high regard for centuries within First Nations communities. Societies were structured around the connectedness with the land, animals, and each other (Methot, 2019). In addition to empathy, Wilson (2008) noted relationality, reciprocity, and respect when coming together which promote learning and accountability. These attributes will change throughout time based on one’s readiness in their life. Therefore, ongoing connectedness fosters new learning as well as the opportunity to teach others (Wilson, 2008).

INDIGENOUS CEREMONY

In addition to the physical, mental, and emotional advantages of gathering, Indigenous scholars across North America link spirituality to coming together. Ceremony and gathering are tools to share culture; reminding us to walk with a collective worldview (Methot, 2019; Wilson & Hughes, 2019; Kimmerer, 2013; Absolon, 2011). The terms ceremony and gathering can be used interchangeably, because everything we do should be some form of ceremony; ensuring we have good intentions at all times: “Ceremonies transcend the boundaries of the individual and resonate beyond the human realm. The acts of reverence are powerfully pragmatic. These are ceremonies that magnify life” (Kimmerer, 2013. p. 249).

A common term in Indigenous communities is “doing it in a good way” (Methot, 2019, p. 224). Similarly, Wilson & Hughes (2019) described behavioural accountability as a component of



adhering to our teachings, we have an obligation to always conduct ourselves with respect and integrity, knowing that the community, the ancestors, and the creator observe everything we do. As a Coast Salish woman from Vancouver Island, I have been taught to refer to this as doing things with 'Uy' Shqwaluwun, meaning good thoughts or manners. However, this term consecutively refers to having a healthy mind. This speaks to aligning ourselves with traditional laws passed down from our ancestors, also known as Snowyulh (the teachings). My great-grandmother, Tsi'mi'thea, commonly noted that there was no English word for what she was trying to express, so best to use Hul'qum'inum, which is the language used in Stz'uminus as well as many other neighbouring Coast Salish communities. Using traditional language also awakens the land and spirit (Methot, 2019). I have not come across an appropriate English term that simultaneously emphasizes proper manners and a proper spirit in such a deep way. Being around people offers spoken and unspoken enforcements for behaving properly (Hopkins & Reicher, 2021; Wilson & Hughes, 2019). We are taught how to behave based on subtle and not so subtle cues while among others. Gathering exposes traditions that are foundational to life and have been passed through multiple generations (Redvers, 2019).

Like eating, drinking, or breathing, ceremony in First Nations cultures is foundational to life. Coming together is a reinforcement of how individual's achievements, sorrows, and milestones are shared with the entire community (Kimmerer, 2013). Ceremony is used for personal, community, and universal medicine. Belonging to a greater entity promotes reciprocity in every community member, building on social capital and contributing to meaningful change. When gathering, we are not just bringing ourselves, we bring fourteen generations; the seven before us, and the seven to come (Duran, 2019). Multiple generations are channeled in the form of spirit which is conveyed through what we say, how we show up, and how we treat others. The spirituality in gatherings is not limited to human spirits; bringing medicines or animals into ceremony conducts the spirit of different lands, species, and creation (Redvers, 2019; Kimmerer, 2013; Waldram, et al., 2007). Gathering implies health for individuals in every aspect of life and community. Indigenous worldviews stress the importance of connecting self to a greater collective in every circumstance. The ability to dance, sing, and talk together promotes a sense of identity and belonging that leads us to understand our responsibility to each other while consecutively fostering good holistic health (Bouchat et al., 2019). This is not only true for Indigenous people. Social gatherings are a fundamental part of a human being in which culture is shared and reinforced.



THE POTLATCH

The Potlatch (which is better referred to as work or ceremony in certain parts of Vancouver Island) is a mechanism for communities to conduct business, celebrate (e.g., births, marriages) and to undertake political negotiations. Johnsen (2016) theorized that the Potlatch was also traditionally used as a substitute for violence between nations. These events occur over days or weeks, wherein dances, sharing of food, gifting, and showcasing masks or art symbolize major milestones. While the ceremony is used as a mechanism to conduct business of all types within NWC communities, the meaning goes much deeper for First Nations peoples.

Gathering in ceremony is a conduit for reciprocity between an individual, their community, and the universe (Johnsen, 2016; Kimmerer, 2015). The concept of giving is held in high regard, wherein the more that a family is able to offer, the higher their social status. Recognizing that the creator gives us everything we need, ceremony is used to mirror the abundance and generosity received, and in turn, offered to others (Johnsen, 2016; Lutz 1992). In addition to the overwhelming costs associated with Potlatches, gifts have spiritual meaning and are representative of trust and relationality. Honouring previous generations, the gifts at Potlatches are laced with ancient ancestral teachings regarding proper harvesting seasons, locations, and protocols wherein each gift possesses every component of the giver and the generations before them (Redvers, 2019; Johnsen, 2016; Kimmerer, 2015; Lutz, 1992). Contrary to the beliefs of white settlers, the artifacts traditionally shared were not a simple resource or currency, but symbols that held sacred properties connecting one person to another. Ultimately, ceremony is used as a mechanism to take care of ourselves and maintain 'Uy' Shqwaluwun. Not limited to maintaining wellness, ailments were also honoured, using ceremony and medicine to understand what the body was trying to communicate during its illness (Duran, 2019; Methot, 2019; Redvers, 2019).

Ceremonies across Vancouver Island were commonly used to trade resources that contributed to the health of First Nations people. The Potlatch system was also used to identify traditional jurisdictions between the Kwak'waka'wakw, Nuu-Chah-Nulth, and Coast Salish people (Johnsen, 2016). The connection to land is an instrumental component of health for First Nations peoples: "Not only a source of food and medicines, but a symbolic connection with ancestors, and ties with the landscape, earth, soils, minerals, water, and air" (MacDonald & Steenbeek, 2015, p. 37). The land requires honouring, wherein ceremony was used as a form of negotiating currency and land title; a venue to share and exchange possessions and wealth in a good way (Methot, 2019; Johnsen, 2016). Although many elements of ceremony are alive today, we cannot dismiss the deep impact the Potlatch Ban has had.



From 1884 to 1951, Potlatch ceremonies were banned through an amendment to the infamous Indian Act, which remains as legislation over First Nations peoples in Canada today. This legislation ultimately limited the ability of Indigenous peoples to gather. What is known as the Potlatch Ban refers to the prohibition of ceremony, particularly on the NWC (Gadacz, 2019; Johnson, 2016). Although the Potlatch Ban refers primarily to the First Nations peoples on the NWC, the term can be used more broadly to refer to the overall banning of the right to gather in First Nations communities across Canada (Gadacz, 2019; Cairns, 1999). Bans were primarily rooted in complaints from white settlers who were bothered by these ‘unfamiliar’ Indigenous customs (Johnsen, 2016; Cairns, 1999). Waldram et al., (2007) noted that “Aboriginal healing traditions were often seen as primitive, fraudulent, and even harmful; the healers as charlatans; and the patients as superstitious and ignorant” (p. 127). It is important to note that during the dismantling of potlatches on the NWC, the colonial economy grew exponentially through forestry, furs, fisheries, and gold mining wherein the local peoples offered their skills for little compensation, highlighting the settler’s gains during the loss of the local people’s traditional forms of abundance.

Cairns (1999) stated “The attack on the potlatch sprang from authority, from those who saw themselves as nation builders or as active agents of Westernization” (p. 359). This impacted Indigenous health in its entirety, including spiritual and interpersonal components that are often dismissed in dominant systems (Duran, 2019; Redvers, 2019). The ban not only bankrupt communities’ health and wellness, it prevented them from participating in traditional ways of economic development, essentially “creating their own depression” (Lutz, 1992. p. 61). These offenses have manifested as personal and communal traumas for First Nations peoples.

TRAUMA

Considering the interconnectedness of individual and community health, the Potlatch Ban disrupted the ties of people, land, and the spirit world, which are imperative to First Nations’ health (FNHA, 2020; Duran, 2019; Redvers, 2019). The impacts of legally enforced disconnection were not limited to personal harm but became an affliction on entire communities and nations.

IMPACT ON SUSCEPTIBILITY TO ILLNESS

The Potlatch Ban is one of many hardships the Indian Act has inflicted on First Nations. Research has clearly shown that adversity impacts one’s ability to combat illness. Current and



historical hardships correlate with mental illness, addictions, auto-immunity, chronic pain, and early death, for which Indigenous people are disproportionately represented (Methot, 2019; Redvers, 2019; Richmond & Cook, 2016; Johnsen, 2016). Traumas can be passed intergenerationally, and more recently being explored, from one species to another. This highlights the interconnectedness one has with land and other creatures, which is honoured in Indigenous ceremonies (Redvers, 2019).

In addition to the emotional, spiritual, physical, and mental hardships that have accompanied the enforcement of Canadian settler legislation, social determinants of health for Indigenous people are seated in complex health system's inequities. Allan and Smylie (2015) noted that colonization in itself is a social determinant of health. The individual experiences of colonial wounds also bleed into family and community systems, wherein entire nations are at more risk than other Canadians. It is imperative to recognize that indicators such as healthy support networks, access to health care, socio-economic status, and access to adequate food and water are intertwined with the ability to combat disease and illness. These are some aspects of health and wellness impacted by the Potlatch Ban (Power et al., 2020; Methot, 2019; Johnsen, 2016; Lutz, 1992).

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LOSS OF IDENTITY AND POSSESSION

The loss of cultural values continues to be a detriment to the health for Indigenous peoples wherein the key to recovery lies within knowing who you are and where you come from. Sadly, disassociation from these things have been encouraged through colonization (MacDougall, 2018). Goodleaf and Gabriel (2009) stated "to conduct oneself with confidence requires a solid understanding of self, a connection to culture and language, a sense of belonging, and a belief in something greater than self; the connection of spirituality" (p. 20). The forced suppression of gathering in ceremony represent negative determinants of health for First Nations people in



SUBSTANCE MISUSE

A strong example of the harms associated with disconnection is the presence of substance misuse amongst First Nations people (Duran, 2019; Richmond & Cook, 2016). Some specialists have noted that the misuse of substances is related to the loss of control in one's life (Duran, 2019). During the time of the Potlach Ban, drinking alcohol was permitted by the Canadian Government and even used as a form of compensation for work or trading resources. Consequently, alcohol was consumed during negotiations and while participating in the changing economy (Waldram et al., 2007). Seemingly, the use of substances, particularly alcohol, was consumed in lieu of the ability to gather in ceremony, high-jacking the spiritual components of daily life. Perhaps alcohol was dually used as a medication for the depression and sorrow attached to the loss of sovereignty and spirituality. It is important to understand that traumas against the land and people have impacts at a soul level (Duran, 2019). Failure to recognize the impacts rooted in the loss of the ability to gather worsens oppression throughout generations (Methot, 2019).

COLLECTIVE WOUNDS

When harm is done to an entire nation, trauma is not limited to individuals; it manifests as a culture of wounded people (Methot, 2019; Duran, 2008). Audergon (2004) referred to this as collective trauma: "When whole communities suffer atrocity, the trauma stays in the fabric of family, community, and society for generations" (p. 20). Often times, the violence and oppression turn inward and is perpetuated not only by Western systems, but within Indigenous communities amongst relatives and neighbours (Methot, 2019; Allan & Smylie, 2015; Bombay et al., 2014).

A significant component of an individual's health is based on their ability to connect with one another and the land they belong to. For First Nations Canadians, colonization has gravely disrupted sacred instruments for holistic health. First Nations people identify with those whom they are connected; therefore, what happens to one person happens to an entire community and nation (Duran, 2008). The inability to gather not only prevented First Nations from maintaining a sense of identity, it crippled the sense community.



CORONAVIRUS DISEASE

In response to the COVID-19 global pandemic, social gatherings were prohibited by national and provincial governments. This became especially important for First Nations communities due to general health inequities that heightened their vulnerability to the virus and overall susceptibility to illness (FNHA, 2021b; Government of Canada, 2020; Power, et al., 2020; Redvers, 2019). Power et al. (2020) stated “during pandemics, Indigenous people suffer higher infection rates, and more severe symptoms and death than the general population because of the powerful forces of the social and cultural determinants of health and lack of political power” (p. 2737). The global pandemic has triggered other stresses to the health system, raising questions about whether these restrictions reduced harm to the health of Canadians. For Indigenous peoples, issues caused by isolation are similar to those faced in previous banning of gatherings.

MENTAL HEALTH AND SUBSTANCE USE

While promoting isolation during the pandemic is meant to serve the health of the population, the psycho-social impacts of solitude can be more concerning to individuals than the physical risks of gathering (Hopkins & Reacher, 2021). While restrictions were enforced to contain the spread of a potentially deadly virus, fears and anxieties surrounding the outbreak worsened mental health for many (Choi et al., 2020). As a result, short and long-term effects require additional psychiatric resources. In fact, mental health has been referred to as a “parallel epidemic” (Yao et al., 2020. p. e21). Recognizing connection as a resiliency factor, the restrictions created isolation for many, which has compounded the concerns for mental wellness.

During the pandemic lock downs, drug and alcohol use increased significantly in Canada (Vigo et al., 2020). A familiar means of coping with colonial trauma is the use of substances (Methot, 2019; Duran, 2019). Due to colonial-driven disparities, the Indigenous population is disproportionately susceptible to health crises such as these (Wendt et al., 2021). The existing opioid crisis worsened significantly when the pandemic hit Canada. For British Columbians, more people died in the year 2020 as a result of opioid overdoses than COVID-19; the overdose death rate increased by 75% from 2019 to 2020 (Provincial Health Services Authority [PHSA] & BC Centre for Disease Control [BCCDC], 2021; Government of British Columbia, 2021). Woefully, the opioid crisis hit the First Nations population especially hard, almost doubling the number of First Nations overdose deaths between January and May 2020 (FNHA, 2020). Duran (2019) referred to the current opioid crisis in Indigenous communities as a spiritual vacuum: “That vacuum is a



ource of pain, and the lost soul is literally being replaced by a trickster energy via the use of opiates” (p. 78). Notably, in addition to the rates of loss, the ability to conduct ceremonies around death was limited due to the gathering restrictions, preventing communities to mourn in a culturally relevant way (FNHA, 2021a).

SOCIAL DETERMINANTS OF HEALTH

Throughout the pandemic, loss of employment, food and housing instability, crashes in the economy, and additional family obligations increased individuals’ vulnerabilities (Vigo et al., 2020; Lalond, 1981). Many of these determinants of health are already inequitable for Indigenous people due to colonization (Allan & Smylie, 2015). Therefore, the virus heightened risk to the population (Wendt et al., 2021; Power et al., 2020). Government regulations over social issues can trigger historical traumas for many First Nations people. Social stresses enhanced by the COVID-19 virus also increased the dangers of domestic, sexual, and physical violence. Moreover, the community-based methods used to reduce harm in dangerous situations were difficult for families to access, which created more opportunity for compounded trauma and harmful coping mechanisms (Power et al., 2020).

The Indigenous population continues to experience barriers to wellness due to the intersections of inadequate health systems and susceptibility to illness (Turpel-Lafond, 2020; Allan & Smylie, 2015). The mainstream systems’ responses to health concerns are often irrelevant and outright racist, deterring many from accessing healthcare at all (Turpel-Lafond, 2020; Duran, 2019; Redvers, 2019; Allan & Smylie, 2015). Power et al. (2020) stated “a one-size-fits-all response to COVID-19 ignores the roles of privilege, affluence and racism in perpetuating inequities, and therefore the ability to provide culturally safe care” (p. 2737-2738). It is especially important to note that in BC, most First Nations peoples live off-reserve. During the global COVID-19 pandemic, despite the rate of 78% of First Nations living off reserve in BC—with a majority (75% average) of those individuals possessing Indian Status and therefore entitled to benefits from the federal government—75 million of the 685 million dollars were allocated for Indigenous organizations off-reserve in 2020, leaving the remaining 610 million to be distributed through the on-reserve First Nations (British Columbia, 2020; Turpel-Lafond, 2020; Government of Canada, 2020a; Statistics Canada, 2015). This creates curiosity about whether most of the First Nations people in BC will have an opportunity to access resources to assist with culturally relevant healing due to the narrow channels which funding has been distributed. The current methods to respond to First Nations’ social issues are not sufficient and the demands for trauma-informed, culturally relevant services have only heightened throughout the pandemic. This poses a concern about



whether the Indigenous population will recover to the extent that the dominant population will (Wendt et al., 2021; Turpel-Lafond, 2020; Duran, 2019; Allan & Smylie, 2015). Essential services suffered, which disrupted the care of many with pre-existing concerns and markedly caused more stress for care providers and essential service workers (Vigo et al., 2020). However, services considered essential during the COVID-19 global pandemic have prioritized the Western perspective on what is necessary for wellness. An Indigenous view of health and healing, which while increasingly receiving attention for its validity, continues to be considered inferior (Redvers, 2019). Although connection and relationality are imperative for the health of not just Indigenous people but all people, the public health restrictions were unable to accommodate the need to gather. The question lies within how the COVID-19 pandemic has influenced the health of communities.

IMPACT

The COVID-19 pandemic increased the health risks for First Nations people. Not limited to physical health, the restrictions reminded many First Nations of the traumas endured throughout history, which triggered complex fears, angers, and anxieties. Deathly illnesses as well as the disruption of culture in the past seem similar to the hardships that accompanied the global pandemic. Sadly, issues such as racism are a reminder of the complexity of determinants for Indigenous peoples' health (Duran, 2019). Nonetheless, we have proven to persevere through previous health hazards, highlighting adaptability as a strength for Indigenous peoples in Canada.

COLLECTIVE TRIGGERS

When an individual has experienced trauma, or multiple traumas, responses to stressors can unpredictably come from the primitive part of the brain that has been conditioned to respond. This trauma-based response to stress is known as a trigger (Perry & Szalavitz, 2006). Triggers are not limited to a single entity; a First Nations perspective on health reminds us that trauma affects many of the body's systems as well as future generations. This is now being endorsed by scientists through the study of epigenetics (Redvers, 2019; Maté, 2008). Audergon (2004) stated that "even when our focus is therapeutic, to support individuals' symptoms is inadequate. An orientation is required that is at once personal, communal, and political" (p. 16). Trauma can be passed through generations wherein it is possible for triggers to occur at a cellular level, often times with no logic attached to why one might respond as they do (Jawaid et al., 2018; Pember 2018). This creates significant complexity in how whole populations, who have been traumatized in the past, respond to new incidences of stress. Methot (2019) stated that:



an interruption or disruption in the present that connects to the past is often referred to as a ghost or a haunting. When this ghost/haunting becomes a collective experience—transferred from the realm of individual traumatic memory to collective traumatic memory—it creates what sociologists refer to as post-catastrophic memory (p. 23).

Hence, for those who have endured the Potlatch Ban within their lifetime, history might seem to have repeated itself during the COVID-19 pandemic.

It is important to recall that the smallpox epidemic, inflicted on the communities by settler officials, depleted almost 90% of the Canadian Indigenous population (Methot, 2019). Moreover, populations across the globe were hit by the 1918 Spanish Flu pandemic, wherein Indigenous peoples in Canada were eight times more likely to die from the flu than other Canadians (Power et al., 2020). More recently, the 2009 H1N1 influenza pandemic still put First Nations “three times more likely to be hospitalised, and six and a half times more likely to be admitted to an intensive care unit” (p. 2737). Acknowledging and honouring past experiences is integral for responding to current and future stresses (Duran, 2019). If this does not occur, not only is the past dismissed as unimportant, it can further marginalize individuals and whole communities when dominant systems dictate what is considered traumatic.

RACISM

Throughout European settlement, health policy in Canada has alluded to white superiority through its relative legislation, funding, and services delivery models (Reading, 2018; Allan & Smiley, 2015). With colonial structures as an overarch, disadvantageous determinants of health are especially prevalent for Canadian First Nations people. The risks associated with poor determinants of health indicated special care for First Nations communities during the pandemic. Although done to protect vulnerable populations (e.g., Elders and those with underlying health conditions), restrictions on some reserves prompted a negative response from other Canadian citizens (Kines, 2021; Power et al., 2020; Government of Canada, 2020b; Allan & Smylie, 2015). Andahazy (2019) noted that when individuals are in a state of threat, their capacity for tolerance and ability to respond rationally is limited. Consequently, fears, biases, and triggers are projected onto other individuals and even other cultures. Neurological components of this kind of countertransference manifest in physical contact as well, wherein micro-aggressions can appear through body language. As a result, whether it is verbalized or not, dominant populations can perpetuate power imbalances against marginalized people simply due to their inability to tolerate stress. This was evident during the pandemic when people and the systems they operated within



positioned their stress overload onto First Nations communities. In some cases, First Nations people experienced discrimination simply due to which reserve they were from. Participation in systemic and blatant individualized racism against some of the most vulnerable to the COVID-19 virus was noted on Vancouver Island, where members of First Nations experiencing an outbreak were blamed for spreading the virus and in some cases, refused essential services (Kines, 2021). As well, treatment of Indigenous people often occurs within culturally unsafe systems (Allan & Smylie, 2015). Western approaches to healthcare often dismiss Indigenous worldviews and perpetuate oppression against First Nations people. Grey (2007) highlighted the difficulty cultures can experience in trusting governments or institutions that have instilled harm onto them. She further noted:

When a traumatic experience is lost or repressed, its social impact clearly contributes to shifting the grounds of authority away from victim experiences, particularly those who have suffered under systematic political oppression. In these cases, the entire culture becomes heir to the grave of silence in which survivors bury accounts and, potentially, subsequent divisions (p. 199).

Ultimately, while First Nations people experienced high risks during the pandemic, further harm was done through larger health and social systems. Seemingly, this occurred with no means to heal in culturally relevant ways (Power et al., 2020).

RESILIENCE

The concept of epigenetics is not limited to traumatic experiences; our cells also remember the resilience and vibrancy of the generations before us. “Resilience is the innate human ability to rebound from adversity with even greater strength to meet future challenges” (Brendtro & Larson, 2006, p. 33). Connection to land, language, kin, and traditions assist us in remembering the secrets of our ancestors (Methot, 2019; Duran, 2019; MacDougall, 2018; Kimmerer, 2013).

Within the context of the Potlatch Ban, the decrease in ceremony implied to Indian agents that the ban was successfully dissolving the practices; however, the communities kept the tradition alive by practicing underground, or in rural communities off of Vancouver Island such as Kingcome Inlet (Johnsen, 2016). Powers et al. (2020) stated “Indigenous peoples are known to survive historical and contemporary adversities, demonstrating resourcefulness and resilience in adversity” (p. 2739). While all health systems worked hard to mitigate risk for all Canadians during the pandemic, First Nations showcased their resilience by conducting ceremony in other ways,



such as honouring ancestral teachings through virtual platforms. First Nations' leadership and organizations demonstrated a nimble response to support their people within the parameters of BC's public health restrictions. Perhaps the momentum within the Indigenous organizations and Nations can trigger appropriate and relevant responses to post-pandemic impacts as well.

If we fail to recognize the historical underpinnings pre-existing the COVID-19 pandemic, our approach to healing will have significant blind spots (Duran, 2019). By honoring what has happened in the past, our best efforts are put forward in preventing further harm to First Nations people. While the Western perspective of health and healing focuses on individuals' illness, Audergon (2004) stated "our most intimate experiences are also communal, and touch a chord in us that is deeper than the polarizations of our conflicts" (p. 17). Many Indigenous organizations demonstrated innovative ways to stay culturally connected by sharing teachings and medicines while maintaining physical distance. Furthermore, health services combatting concurrent crises have demonstrated creative approaches to accessing doctors and mental health professionals on virtual platforms as well as piloting innovative opioid agonist therapies (OAT) and harm reduction programs (FNHA, 2021a; Wendt et al., 2021; Bruneau et al., 2020; Powers et al., 2020).

A notable difference between past colonial traumas and the COVID-19 pandemic is the ability of First Nations communities and organizations such as Friendship Centres to drive their own response. This can only be done if the approach makes sense to the relevant population, which puts an Indigenous worldview at the forefront (Duran, 2019). Undoubtedly, there are advantages to post-modern sciences that inform our ability to stay well. Since the time of contact, it is not uncommon to use both traditional Indigenous and Western ways of healing. A combination of using two-eyed seeing, meaning upholding the gifts from both Indigenous and Western perspectives (Marshall et al., 2018), can be important. This is known as 'medical pluralism' (Redvers, 2019; Waldram et al., 2007). This approach can be beneficial if the patient or population of concern are the those choosing which treatments to use.

A component of resiliency is the ability to recognize past hardships and apply them to new experiences. Without acknowledging the history of colonization and its nuances within the pandemic, First Nations communities on Vancouver Island are at risk of further marginalization. Therefore, autonomy and choice within two-eyed seeing is paramount, otherwise we face yet another method of oppressive practice.



CONCLUSION

BC First Nations communities and organizations responded to the COVID-19 pandemic with innovative ways to share culture and take care of cultural obligations; a powerful demonstration of adaptability and survival (Power, et al., 2019). A First Nations perspective on health and wellness in BC encompasses the holism of each human being as well as their social and environmental ecology (FNHA, 2020). Wellness has a significant emphasis on relationships with the greater system. Colonial systems in Canada went to great lengths to destroy the cultures of First Nations people; one of many avenues was the prohibition of gatherings and conducting ceremony. In particular, the Potlatch Ban impacted traditional ways of maintaining social systems within First Nations communities on Vancouver Island. The depletion of ceremony harmed Indigenous people at an individual and community level by preventing the maintenance of identity, sovereignty, and social order. As a result, local people were left to manage their wellness in culturally irrelevant ways.

Restrictions on gathering during the COVID-19 pandemic can remind First Nations people of colonial wounds. Although a necessary response to a possibly deadly virus, it is imperative that the similarities of COVID-19 health regulations be acknowledged as potentially triggering for the First Nations population on Vancouver Island. If not recognized, the ability to recover from the current pandemic will lack cultural relevance. However, effective responses must be driven by First Nations communities and organizations. Efforts to date highlight the resilience of First Nations communities and their ability to adapt to unfamiliar circumstances as well as to heal and grow from past traumas.



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INCORPORATING STORY IN WISDOM SEEKING RESEARCH: PERSPECTIVES ON LIVER WELLNESS

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ABSTRACT

Hepatitis C is a chronic viral disease which causes damage to the liver and infects over 250,000 Canadians, 44% of whom are unaware of their infection. Treatment resulting in cure is readily available, but rates of infection among Indigenous Communities are rising. This Wisdom Seeking project looks to Indigenous Knowledge Holders in Alberta, spending time listening to story as an approach to look back on traditional perspectives of liver health. Taking these stories and perspective and moving forward to create culturally relevant visual media supporting a focus on wellness and culturally relevant Hepatitis C awareness messages. This research works within strength-based Indigenous methodologies highlighting the opportunity of Two-Eyed Seeing by including a Western approach to the virus of Hepatitis C while also focusing on the value of traditional health and liver wellness in a culturally relevant approach. Increasing awareness of Hepatitis C through creating and sharing culturally safe media messages increases treatment success within Indigenous Communities and ultimately saves lives. Combining cultural stories and perspectives on liver health supports wellness and provides opportunity to positively impact primary healthcare delivery across Canada.

Keywords: Hepatitis C; Wisdom Seeking; Knowledge Holders; story; Two-Eyed Seeing



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I would like to share gratefulness for my Grandmother, who inspired me to pursue advanced education, work hard even in the face of adversity, and give back to community, even though she only had the opportunity of three years schooling on the Mississauga reserve. Although I am Anishinaabe, and carry a family name from Ontario, I have traveled extensively across North America and enjoyed the privilege and opportunity of education. Through training as a registered nurse, I sought to help those with health challenges, but eventually grew frustrated with the Western model of healthcare and pursued a Masters in Public Health. This afforded opportunities to work within health education and prevention but also highlighted the need for strength-based health research and wellness approaches which inspired my journey toward a doctorate degree. This journey seeks to work with Indigenous community in answering a call for culturally relevant messages by combining my experience in healthcare alongside the experience and story of Indigenous Knowledge and Indigenous Knowledge Holders in a wellness approach.

I would like to take this opportunity to acknowledge the traditional territories of the people of the Treaty 7 region in Southern Alberta, which includes the Blackfoot Confederacy (comprising the Siksika, Piikani, and Kainai First Nations), as well as the Tsuut'ina First Nation, and the Stoney Nakoda (including the Chiniki, Bearspaw, and Wesley First Nations). The City of Calgary is also home to Métis Nation of Alberta, Region 3.

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INCORPORATING STORY IN WISDOM SEEKING RESEARCH: PERSPECTIVES ON LIVER WELLNESS

Story is an important part of life, although many in academia may think stories are a child's world; consider the power of story and the integration of story into current media, literature, learning methods, and even health messaging. When viewed from this perspective and looking back to Indigenous traditional ways of sharing knowledge, the influence of story presents a vital impact opportunity when included in respectful research moving forward for health equity.

CONTEXT

Hepatitis C (HCV) is a chronic viral liver infection transmitted through blood-to-blood contact potentially leading to cirrhosis (scarring of the liver) or Hepatocellular Carcinoma. Over 250,000 Canadians are infected with HCV, yet up to 44% of those infected are unaware of their infection, and many more are unaware that HCV is the leading cause of death among infectious diseases in Canada (Trubnikov et al., 2014). Although these are intimidating statistics, there is a cure for this disease and, since 2014 completion of a daily medication plan for a few months enables the liver to stop reproducing the virus and begin to heal or regenerate the damaged tissue. While this is encouraging news, HCV continues to disproportionately affect Indigenous peoples across all age groups, with infection rates up to five times higher than non-Indigenous populations due to disparities in awareness, prevention, and access to treatment (Fayed et al., 2018). Western scientific or medical approaches to care have not yielded exceptional results in treatment uptake, or awareness messaging within Indigenous communities (Pearce et al., 2019).

Statistics point to the necessity of removing perceived barriers, such as lack of awareness surrounding HCV transmission, access to laboratory services, racism within the healthcare system or transportation to medical appointments. But there also appears to be a disconnect within existing HCV care pathways evidenced by the poor uptake of treatment and achieving HCV cure. This Wisdom Seeking research is motivated by awareness that story is important to wellness from a cultural perspective and that this aspect is perhaps missing in current approaches (Makokis et al., 2020; Martin, 2012; Archibald, 2008). With a background in Nursing and Education in Public Health, alongside years working within the changing landscape of HCV care as a case manager and project coordinator in collaborative community HCV pathway projects working to increase access to care, it became apparent to me through community-raised concern and personal experience



that HCV treatment is missing an important component. This research proposes to work with Knowledge Holders to seek out the story surrounding liver health and wellness in a respectful way, and to move forward in developing a culturally relevant and effective approach incorporating wellness while increasing awareness of HCV (Martin, 2012; Riddell et al., 2017).

STORY IN RESEARCH

Colonization disrupted traditional patterns in place for generations supporting wellness and knowledge within Indigenous communities, instead replacing it with a disproportionate impact of harms, complicated medical procedures, impersonal pharmaceutical cures, and disconnection from the land, accompanied by patterns of abuse and substance misuse (Sylvestre et al., 2019; Tobias et al., 2013; Pearce et al., 2019). Acknowledging colonialism's impact alongside creating space within research respecting Indigenous voice, worldviews, Ways of Knowing and wellness practices supports decolonizing methodology (Rieger et al., 2020; Kilian et al., 2019). As Rieger et al states, story holds wholistic Knowledge and can relate a “culturally nuanced way of knowing and a legitimate form of understanding complex phenomenon related to health” (2020, page 3).

Insights from Fayed, Pearce and Martin highlight the underlying need for health care approaches that incorporate Indigenous Ways of Knowing on health issues, supporting creation of a pathway or story-based framework for a HCV journey toward healing and wellness (Fayed et al., 2018; Pearce et al., 2019; Martin, 2012). But where do we learn this part of the story?

Theoretically, Indigenous Ways of Knowing guide an Indigenous wellness perspective. However, for Indigenous peoples, the perspectives of health and wellness have become influenced or controlled by Western Science perspectives. This shift away from wholistic approaches, and the accompanying narrative surrounding wellness, has become unclear over the years of change. The ability to hear the story has been overpowered by the strength and control of scientific data, medical studies and procedures. The epistemology or Ways of Knowing surrounding health issues, health practice, and health research require a respectful Wisdom Seeking approach listening with all three ears: two ears and your heart (Archibald, 2008). This perspective values Traditional Knowledge and Knowledge Holders, while bringing an Indigenous voice into the process as well as the results; in a way this combines approaches in what has been styled by Mi'kmaq Elders Albert and Murdena Marshall as Two-Eyed Seeing (Iwama, et al., 2009), and providing an opportunity for the researcher to incorporate medical background and healthcare advances alongside Ways of Knowing into wellness and healing practices on specific issues such as HCV.



METHODOLOGY—LOOKING FOR THE STORY

Working within Indigenous Methodology provides opportunity to focus on meaning within context to gain the perspective of participant voice, emotions, and involvement of the human experience throughout the research or Wisdom Seeking process while using tools or methods reflecting appreciation for the meanings or ‘Ways of Knowing’ within gathered information (Merriam & Tisdell, 2016). Although qualitative approaches are inductive, the reliability and validity of this work is reliant on the ability of the researcher to incorporate their own experience in reflexive and reflective awareness throughout the process (Costly & Fulton, 2019; Merriam & Tisdell, 2016). Historically, disparity or disease focused research set the standard for Indigenous health research work (Hatala et al., 2016). In contrast, the Two-Eyed Seeing approach can weave Indigenous strength-based perspectives with Western science to change this imbalance (Iwama et al., 2009; Martin, 2012). By incorporating Ways of Knowing perspectives in building relationship-based knowledge, supporting wholistic and wellness framed approaches, and utilizing richly layered descriptive techniques we can share back the information gathered from Knowledge Holders (Merriam & Tisdell, 2016).

When we take Indigenous Methodologies and values and incorporate them into each stage of the research process they become the central axis, and work to disrupt the pejorative deficit-based data collection historically in place for Indigenous communities (Walter & Suina, 2019). This also requires a focus on ‘giving back’ instead of ‘taking’ data or knowledge, known as respectful reciprocity (Kurtz, 2013). Research or Wisdom Seeking work is a life changing ceremony when reflexivity is embraced, and research activities are performed with a ‘good heart’ being mindful of the intrinsic value of the knowledge shared (Makokis et al., 2020; Wilson, 2008). This process of reflexivity places the careful researcher at a crossroads between history, experience, written words or previous research on the topic, worldview, and personal experience while requiring careful self-critical approaches to the motive and actions for each step in the iterative process. While recognizing that research cannot be neutral because it is conducted through a human lens, this adds value if documented as part of the journey (Peltier, 2018), and adds validity in qualitative work (Kovach, 2009). Although reflexivity is integral to the research process it requires humility, awareness, and purposeful constant work to retain this mindset, especially when working with stigmatized issues such as HCV.

This Wisdom Seeking journey will include the values of respect, responsibility, relevance, reciprocity, and relationality at each phase of the process (McGregor et al., 2018). These qualities delineate an ethical approach to research (Riddell et al., 2017) reminding us how Indigenous



research is grounded in the lives of real people not just academic ideas, or professional advancement, and that these values will direct the goals and process of this research (Peltier, 2018). Impactful change in the health disparities impacting Indigenous communities will only happen with purposeful action to raise the voices of those living this experience within these communities, while fostering self-determination focused on wellness as the focal point for successful HCV treatment and long-term health outcomes (Pearce et al., 2019).

METHODS—FINDING THE STORYTELLERS AND LISTENING TO THE STORY

Methods facilitating a respectful and reciprocal approach include stories carrying teachings, practices, purpose, and ways of knowing (Kovach, 2009); stories are vital to the sustenance of culture, in fact orality and literacy can align to preserve tradition, language, and community, as well as highlight humor, values, relationships and contain the innate ability to foster healing (Archibald, 2008). Storytelling has been utilized as a research tool within several Western academic approaches, and becomes a decolonizing tool when incorporating Indigenous Knowledge in a conversational, relational and iterative approach (Kovach, 2009). It focuses on collaboration, reflexivity, and reciprocity and follows specific Indigenous protocol (Drawson et al., 2017). Another way to frame this concept is with narrative inquiry focusing on the four directions: Inward reveals the emotions, feelings and responses; Outward reflects the environment; Backward and Forward referring to the past, present and future (McGregor et al., 2018). To experience story as research it should be written while simultaneously asking questions reflecting on all four directions, because story telling creates a space outside of coloniality where connection and relationship are fostered (McGregor et al., 2018). Incorporating story and narrative into HCV research may seem incongruent, but in fact utilizing this approach may lead to providing the missing piece of effective health prevention messaging, by stating values supporting liver health and encouraging wellness.

The method of Two-Eyed Seeing is described as a perspective for each eye to 'see' the world without preferring one eye or world context over the other but using both eyes to see the whole picture (Iwama et al., 2009; Martin, 2012). This process of incorporating Two-Eyed Seeing facilitates a space for this Wisdom Seeking work to discover answers by way of story, conversation, and discussion while working to gather information or data incorporating the participants perspective. This process creates a circle of knowledge where new data is added to further stimulate understanding, and the researcher can say alongside community members and



Knowledge Holders, 'I see with you', creating a web of ideas together in a shared process (Hovey et al., 2017). The Two-Eyed Seeing perspective encourages reflexivity and reiterates the importance of continual self-questioning and inclusivity of new perspectives and input especially those shared by Knowledge Holders in a co-learning attitude while respecting the proven healing methods utilized for generations by Indigenous Communities, and valuing traditions, philosophies and practices alongside Western medical or scientific options (Martin, 2012). Two-Eyed Seeing creates a frame for looking at the challenges, as well as the benefits, of Indigenous and Western approaches to health and healthcare while incorporating collaborative storytelling as a method respecting wholistic balance. As a researcher, I am well placed for this Wisdom Seeking work and the Two-Eyed Seeing approach due to my medical training as a registered nurse with years of community health and healthcare experience, alongside my identification as a First Nations member and my journey of self-rediscovery within my traditional culture and Ways of Knowing. Incorporating ceremony and protocol into the research process acknowledges that the work of a researcher is fed by the spirit and motivated by good intentions. Following tobacco protocols, placing self in a position to learn from the Elders, and recognizing that research is ceremony (Wilson, 2008) creates a wholistic mindset fostering respectful and authentic work.

Preliminary formative research interviews were conducted with six Indigenous healthcare colleagues to garner perspectives and suggested direction in shaping the proposed Wisdom Seeking journey. This experience resulted in affirmation for the proposed approach and suggestions to limit the interviews and connect with a male and female Knowledge Holder representing each of the three Treaty areas in Alberta, namely Treaty's 6, 7, and 8.

Pending ethics approval from the researchers' academic home potential participants will be referred by the project's advising Indigenous Elder or word of mouth among Indigenous Community Leaders. Interested potential participants partners will be introduced to the researcher, and a relationship building meeting set up to explain the project background and ascertain their interest in being involved or discuss any questions they may have. Informed consent documents will be reviewed and appropriate consenting protocol followed (signed consent form, verbal consent, tobacco gifted, honorariums, etc.). Conversational interviews are a traditional way of passing on knowledge, and this format will be adapted with these 6-9 Knowledge Holders (Starblanket et al., 2019). The conversational interviews will be recorded with consent and will feature semi-structured, open-ended, non-invasive questions creating space for storying and relationship (Auger, 2016; Kovach, 2010).

A preliminary thematic relational narrative analysis will be conducted using manual coding and purposeful inclusion of participants' perspective, context, and subjective awareness. This data will



be analyzed using the Collective Consensual Data Analytic Process (CCDAP) process in a group session with the participant partners and cultural consultant, which decreases the domination of the researchers' interpretation and incorporates partner/participant voice throughout the data analysis stage (Simonds & Christopher, 2013; Starblanket et al., 2019). This relational group process also acknowledges careful consideration of the relation to stories within a greater narrative context, reducing the potential damage to a wholistic perspective when pieces are dissected or removed for thematic coding (Lavallee, 2009).

A transdisciplinary or wholistic approach to this health issue may also bring synthesis between multiple modes of thinking or professional transdisciplinary approach to wellness and, in this case, the disease of HCV (Choi & Pak, 2006). Incorporating traditional wisdom from Knowledge Holders, and perspectives on the nuances and meanings of HCV and liver health, assists to inform how the current approaches can be altered to respectfully foster liver health in a culturally relevant manner within Indigenous communities. In this way, Indigenous ideologies, as outlined by Kovach (2009), may provide opportunity for Traditional Knowledge and Ways of Knowing to be incorporated into positive change impacting health status by increasing awareness and treatment uptake in a culturally relevant approach using the ceremony of story focusing on wellness.

KNOWLEDGE MOBILIZATION—SHARING THE STORY

Knowledge shared by Indigenous Knowledge Holders is a gift and deserves respect, reciprocity, and accountability to those who have shared story (Drawson, et al., 2017). Traditional teachings also inspire an action plan of reciprocity; when one has the opportunity to obtain further education, it is to be used in a positive way and there is accountability to share learnings and experience back to others within community. In following these teachings, the stories gathered will be respectfully and reflexively analysed for overall themes followed by group meeting with the participating Knowledge Holders to support inclusion and co-analysis supporting the integrity and desired intent of the story (Starblanket et al., 2019). This approach known as Collective Consensual Data Analytic Process (CCDAP) provides opportunity for co-analysis of the content and the shaping or co-design of the culturally relevant visual media to facilitate awareness and motivate action toward changing the story around HCV (Starblanket et al., 2019). It is the researcher's responsibility to create opportunities for sharing back knowledge gathered while honoring those who participated: this includes verifying with participants the content, context, and obtaining mutual agreement on the message or media before widely sharing or publishing and working toward dissemination facilitating positive change that impacts current health disparities



(Kovach, 2009; Lavalee, 2009; Smith, 2002; Cooper, 2018). Creative Analytic Practice Methods provide opportunity to creatively portray results through media messages that participant partners have co-created which is vital in reshaping strength-based research (Cooper, 2018). Important considerations include easy access by community members, ability to access without literacy skills, strength-based message, and acknowledging participant partners as co-creators in the project (Cooper, 2018).

The oral tradition of storytelling has disseminated powerful knowledge for centuries encompassing values of truth and respect for ancient ways inspiring curiosity and action. Digital storytelling can be an effective tool that enhances health promotion and intergenerational knowledge exchange within communities with traditional roots in oral traditions (Freeman et al., 2020). Today technology has created enhanced options for participation through digital storytelling that can co-construct meaning through collaboration and production of stories as engagement and awareness strategies (Lenette et al., 2019; Borum Chattoo & Feldman, 2017). The creation of a DocuStory film incorporating Knowledge Holder's story from the Wisdom Seeking conversations, HCV lived experience story from Indigenous community members, and traditional wellness approaches will be recorded, edited, translated into local Indigenous languages. This labor intensive process will incorporate professional and community stakeholders and funders as well as Indigenous story and culture consultants to guide the co-creation process. Wide distribution or sharing of this DocuStory for community use aims to increase awareness of wholistic approaches around HCV treatment and liver wellness. This deliverable creates a visual and oral story with culturally relevant messaging decreasing HCV stigma while encouraging conversations to increase awareness and treatment uptake toward saving lives.

The Wisdom Seeking work in this project seeks to highlight Traditional Knowledge and traditional health practices impacting liver health and wellness which will guide co-creation and development of culturally relevant media and information tools, as well as HCV treatment pathway insights that will be shared with interested or relevant provincial programs, health leadership, zone health leadership and applicable HCV-related programming.



CONCLUSION

Although there are many Indigenous health disparities, the goal of this Wisdom Seeking research seeks to respectfully build relationship and foster involvement of Indigenous Knowledge Holders and Indigenous community members in the process of identifying opportunities to change this historical narrative and facilitate collaborative integration of wholistic approaches to health in the context of HCV, as well as honor reciprocity by sharing back information in a usable form to support positive change impact and culturally relevant approaches to health and wellness. Co-creation of this audio-visual story not only increases HCV awareness through a culturally relevant and safe media but provides opportunity to improve pathways within primary healthcare. It is an honor and an iterative and reflective challenge to be involved in the work of looking back and receiving guidance from Knowledge Holders in directing a culturally relevant and effective approach to wellness moving forward.



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INTEGRATING SYSTEMIC THERAPY & INDIGENOUS HEALING: A WHOLISTIC PSYCHOTHERAPEUTIC FRAMEWORK FOR WORKING WITH INDIVIDUALS AND GROUPS

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ABSTRACT

This paper was designed to fulfill a counselling theories course requirement, and to explore, compare and consider the potential relationships between Systemic Therapy and Indigenous Healing Practices. This includes consideration of origins, developments, evidence, potential beneficiaries, roles, ethics, evaluation, guiding concepts, therapeutic processes and potential integrations. These ideas are further explored by applying them to a hypothetical therapeutic situation.

Keywords: Systems; therapy; Indigenous; healing; theory

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I'd like to acknowledge that I am living and working in the territories of the Musqueam, Tsleil Watuth, Squamish and Kwikwetlam First Nations; I am a long-time visitor and express my gratitude to the host Nations for caring for the lands, waters and living beings; I aspire to walk and live carefully among them. I'd also like to acknowledge the Mississaugas of Scugog Island First Nation for their support of my lifelong learning, along with my academic supervisor, family, friends and colleagues for sharing their journeys and lending their strengths.



**INTEGRATING SYSTEMIC THERAPY & INDIGENOUS
HEALING:
A WHOLISTIC PSYCHOTHERAPEUTIC FRAMEWORK FOR
WORKING WITH INDIVIDUALS AND GROUPS**

Greetings, Aanin! I would like to start this paper in a good way by introducing who I am and how this work came to be. I am an off-reserve Anishinaabe-French member of the Mississaugas of Scugog Island First Nation now living in Kwikwetlem territory. I was a child of older parents and grandparents born in the early 1900s, so I have a longer view of the world than some. My father was raised by his grandmother, a traditional midwife from Mnjikaning First Nation, ON. My maternal grandmother was taught to be a seer by her grandmother, who was a traditional midwife from the reserve at Eau Claire, WI. My walks with my father in the natural world, his love of natural healing, and stories of his childhood, and my grandmother's lessons in tea leaf reading, communicating with spirits, and supernatural dos and don'ts, inspired me to experience the natural world, and to know my relations and traditional practices better. My early childhood memories are of staying at a rustic cabin in Opaskwayuk territory, where my extended family would hunt, fish, pick berries, sew and knit, and where us kids would annoy the bears (and then run) and spend our days swimming, chasing snakes and frogs, picking wild strawberries, swatting biting flies, having staring contests with deer, and watching respectfully as giant moose walked by. I didn't realize I was learning a wholistic worldview. In my adult years, while studying public health, anthropology, environmental studies, and education, I participated and helped with Anishinaabe and other Indigenous Nation's feasts, gatherings, Full Moon ceremonies, Potlatches, medicine picking, Medicine Wheel gatherings, Sweat lodges, Pipe ceremonies, powwows, Yuwipi ceremonies, Midewiwin ceremonies, and often helped in Elder's tents where I was gifted many stories of the time before contact. I don't know much, but what I've experienced has inspired my passion, showed me amazing phenomena, healed my terminal cancer and given me glimpses of how everything is interconnected. The strongest teaching I've taken to heart is that Indigenous knowledge is not only still relevant, but may also provide a way back for individuals, communities and the natural world to greater health and wellbeing. During my first degrees, I gathered Indigenous perspectives on the environment, explored the challenges and gifts of being of mixed ancestry, and studied Indigenous wholism as a theory and how Indigenous healing practices were or could be supported in Vancouver. In the last 15 years, I've worked for Indigenous agencies and communities, to interview Indigenous people about what the challenges were, and how to improve Indigenous health and education experiences and outcomes. As described in the Royal Commission on Aboriginal Peoples (Doer, 2015) and the Truth and Reconciliation Commission (TRC, 2015), Indigenous people continue to embrace and assert the wisdom of Indigenous ways of



being, knowing and doing, which are all part of Indigenous healing practices. This paper is part of a continuing effort to learn, explore, support and promote the revitalization and reintegration of Indigenous healing practices within contemporary society.

This paper represents an effort to integrate two different schools of thought into a working framework for wholistic wellbeing and transformative change. The first school of thought is Systemic Therapy (ST), which has its roots in General Systems Theory; the second school of thought is Indigenous Healing Practices (IHP), which has its roots in Indigenous knowledge systems. Western science and Indigenous knowledge systems have often been considered incompatible, because of the different worldviews they arose from. The western or colonizing worldview arose from early, repeated, and long-term intergenerational assaults upon the earth-based, egalitarian peoples of Europe and the Middle East, by horse-dominating Kurgans (~8000 to 6000 years ago) and their empire-building successors (Boulter, 2009; Eisler, 1988; Gimbutas, 1985). On the other hand, many Indigenous Nations have only recently been colonized—in the last 50 to 500 years (Thomas, 2007)—and in many ways have remained rooted in collectivism, wholism, relationships with the natural world, and more egalitarian social organization. While opposite in origin (reductionistic colonial science and wholistic Indigenous science), systemic therapy and Indigenous healing practices have many points of compatibility. This paper is designed to examine and apply these points of divergence and compatibility, using a case study about a boy named Brandon (Dudgeon et al, 2014), which has been adapted to the Canadian context.

CASE STUDY

Brandon is a 14-year-old First Nation adolescent from a small remote community. Brandon had disturbed sleep and often walked around the house at night. He was seen talking to himself, sometimes shouting abuse and isolating himself in his room. When he arrived at counselling with his grandmother, he was quiet and guarded, mostly staring at the floor. He ignored most questions but at times would look around the room suspiciously and stated on several occasions he wanted to go home. He admitted to hearing the voice of his deceased grandfather calling his name. He was worried he was going to be punished at night when he was asleep but couldn't say what he had done wrong. These symptoms had been getting worse over a six-month period and he had used marijuana to try and 'chill out' but it appeared to make things worse. He had thought about hanging himself but had not acted on these thoughts.

Brandon was born with a low birth weight, and delayed language and learning difficulties. He was exposed to alcoholism and domestic violence over many years. As Brandon struggled at



school, he misbehaved and was repeatedly suspended for disruptive behaviour. He mostly wandered around the community with a small group of boys often getting into trouble for vandalism. Brandon and his three younger sisters had been placed with his maternal grandmother six years ago due to the violence at home. Brandon's family had also suffered the loss of many relatives during his life. Brandon's father was in jail for drug related offences and his mother lived in a nearby community. Brandon's grandmother struggled to contain his behaviour (Dudgeon et al, 2014).

Brandon's situation will be discussed at the end of each section as an example of how Systemic Therapy and Indigenous Healing theories, methodologies and methods might be contextualized, and appropriately applied.

THEORETICAL ORIGINS OF SYSTEMIC THERAPY AND INDIGENOUS HEALING PRACTICES

Systemic therapy is based on the convergence of General Systems Theory, and an increasing understanding of the importance of context within existing psychotherapeutic approaches, from the early 1900s to present day. In systems theory, reality is portrayed as being filled with systems and subsystems that are interconnected, interacting through permeable boundaries, self-maintaining and operating at multiple levels of proximity and complexity. The emergent properties of systems enable functioning at more complex levels than the sum of the system's parts (Wedding & Corsini, 2019).

Systemic Therapy (ST) has followed a path like many major psychotherapeutic approaches: from origins in objectifying, reductionist, scientific, modernistic and mechanistic orientations; through challenges to the inequitable, homogenizing, racist, classist, homophobic, and sexist status quo; to the more equitable postmodern approaches we see today: expanded, diversified, contextualized, client-centered, and evidence based. The works of Freud's students, Adler and Sullivan, are particularly noteworthy with their observations of the influence of family context on the development and personality, and that people were the product of patterns of recurrent interpersonal situations (respectively); these concepts led some psychotherapists to focus on the family as the locus of control and as the frame of reference for both symptoms and their alleviation (Wedding & Corsini, 2019).



FIGURE 1

Relationships between direct experience of the environment, personal worldview, and shared culture^a



^a This diagram was first published in Marsden, 2005.

Indigenous healing practices arose from the knowledge systems of Indigenous people living in direct relationships with the natural world (Absolon, 2020). Through dependence upon the environment and each other for survival, individual experiences resulted in independent knowledge systems, beliefs and values about the world. When stories of these experiences, knowledge, beliefs and values were shared among family members, they would try out, discard or modify what they'd learned, over millennia. From this knowledge base, key principles and practices emerged for living in respectful, responsible and reciprocal relationships with each other, other beings and local lands and waters (Cajete, 1999). When these principles and practices became common knowledge across the community—often called traditions—they were integrated into individual worldviews. Collectively, these ways of being, knowing and doing are called culture today, but have many names in the languages of diverse Indigenous populations; for example, in Anishinaabek traditions, teachings and traditions around wholistic health and wellbeing has been called *minobimaadsiwin*, meaning “a good life” (Absolon, 2020). Figure 1 portrays this relational view of Indigenous knowledge systems.

CONSIDERATIONS FOR INTEGRATION AND WORK WITH BRANDON

Systemic Therapy arose out of a coincident and convergent development of systems theory and psychotherapy. Indigenous Healing Practices arose out of many millennia of direct experimentation and modification within changing environments and situations. Both adaptations were influenced by the awareness of external influences and contexts upon the subjects of interest. This central focus on context and external influences by both systemic therapy and Indigenous healing is particularly appropriate for working with Brandon because it would include consideration of his First Nation ancestry, traditional territory, his intergenerational and extended family situation as a frame of reference for understanding dynamics, and consideration of the influence of Indigenous or bicultural worldviews, principles, practices, beliefs and values upon his experience.

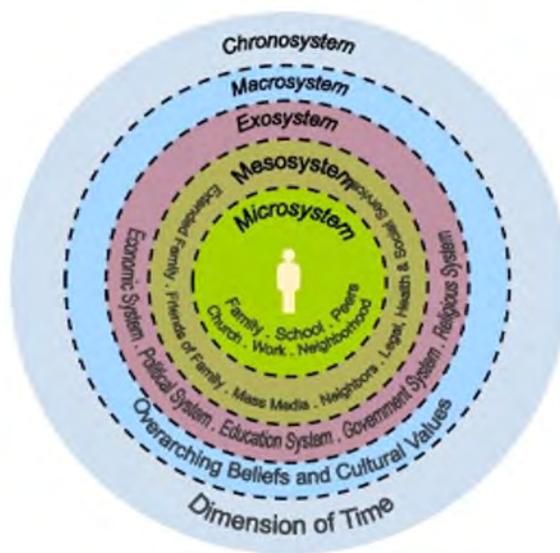
DEVELOPMENT OF SYSTEMIC THERAPY AND INDIGENOUS HEALING PRACTICES

As systemic-thinking was embraced by psychotherapists, systemic therapy began to move further out of the major psychotherapeutic schools, towards establishment as a standalone field, with more allegiance to General Systems Theory and focus on human systems, than to any one therapeutic approach (Retzlaff et al., 2013). Even so, as a system of psychotherapy, it remained permeable and open to exchanges of systemic-based information, energy and resources with surrounding systems. In 1961, Bell developed family group therapy by applying social psychology theories that small groups provide a greater opportunity for powerful and longer-lasting system change (Wedding & Corsini, 2019). In 1960, Bowen reported observing whole families for months at a time and began to emphasize reciprocal functioning in family emotional systems (Wedding & Corsini, 2019). Soon after this, in 1967, Salvador Minuchin and colleagues developed several brief, action-oriented therapeutic procedures in a residential setting aimed at helping to reorganize unstable family structures for delinquent boys from poor under-organized, fatherless homes; the results were encouraging and led to positive benefits among family members (Wedding & Corsini, 2019).



FIGURE 2

Bronfenbrenner's Ecological Systems Model^a



^a Figure borrowed from Kalamazoo, 2020

During this growing importance of context in psychotherapy, and under the influences of Vygotsky's social learning theory, psychotherapists began to consider the complex influences of both proximal and distal factors upon their client situations. Bronfenbrenner's work was particularly instrumental in delineating the relation spheres of influence (Figure 2). In later work, Bronfenbrenner added biology and the importance of proximity of influences and renamed his model the Bioecological Systems Model (Wedding & Corsini, 2019).

The importance of context in Indigenous healing practices arises from wholistic worldviews, the lived experience and adaptations of Indigenous peoples through the challenges of the time: severe weather, drought, natural disasters, predators, inter-nation conflicts and fire (Absolon, 2019; Cajete, 1999; Johnson, 1995). Since colonization began in the 1600s, Indigenous healing practices faced new challenges with the strategic shift from Treaty making to the establishment of reserves, and the control and restriction of Indigenous movements and lifeways through RCMP-enforced legislation, like the Indian Act of 1876. While systems thinking and systemic therapy was emerging in North American society, Indigenous healing practices and practitioners had gone underground

to avoid persecution under cultural suppression and assimilation laws and policies. These oppressions included pass card systems, which controlled the ability to visit, have meetings, participate in ceremonies, to farm, hunt, fish, and gather; restrictions upon sale or trade of Indigenous products; the Indian Residential School System, which included the theft, experimentation, abuse, brainwashing and murder of Indigenous children; raids on ceremonies; segregation from Western businesses and services; and imprisonment of Indigenous people for resisting oppression or continuing to practicing their life ways (Doerr, 2015; TRC, 2020).

Despite the oppression, Indigenous people and allies fought against injustices and for the right to practice Indigenous traditions. The ongoing theme within Indigenous activism was a call for the time, space, control, and resources to heal and revitalize Indigenous ways, for the good of future generations. Some of most significant events towards the acceptance and revitalization of Indigenous healing practices in Canada are outlined in Table 1.



TABLE 1

Events Impacting Indigenous Healing Practices (IHP) in Canada^a

EVENT	DATE	RELEVANCE
Indigenous Suffrage	1949-1969	Right to vote
Potlatch Ban & Revival	1951-1980s	Right to practice IHP
Declaration for Indian Control of Indian Education	1972	Right to integrate IHP
Canadian Constitution Act	1982	Protection of Indigenous rights, title & life ways
Royal Commission on Aboriginal People	1991-1996	Adoption of IHP
Indian Residential School Survivor Society	1994	Discussions of IHP
Closure of Gordon Residential School	1996	End of a major source of trauma
Aboriginal Healing Foundation	1998-2014	Provision of IHP
UN Declaration on the Rights of Indigenous People	2007	Right to IHP
Federal Apology to Residential School Survivors	2008	Acknowledgement of residential school trauma
Truth & Reconciliation Commission	2009-2015	Right to IHP
National Public Inquiry on Missing & Murdered Indigenous Women & Girls	2015-2019	Support for IHP

^a (Leslie/Canadian Encyclopedia, 2016); (Lutz, 1992); (AFN, 2010); (Doerr, 2015), (IRSSS, 2020), (AHF, 2020), (United Nations, 2020), (TRC, 2015), (MMIWG | The Canadian Encyclopedia, 2020) (Glover/The Canadian Encyclopedia, 2020)

As a result, there's been a growing awareness of Indigenous rights and consequent resurgence of Indigenous healing practices-- first as guarded practices among Indigenous people, then as activities within Indigenous agencies and departments, then as activities within non-Indigenous agencies, including rooms for practice in hospitals and clinics, and more recently, as supported practices within public schools and private businesses.

CONSIDERATIONS FOR INTEGRATION AND WORK WITH BRANDON

Both systemic therapy and Indigenous healing practices recognize the important role of history or chronology (chronosystem), beliefs and cultural values (macrosystem), societal institutions (exosystem), local extended family supports, resources and media (mesosystem), and direct influences like inner thoughts, close family, school peers and staff, work peers and biology (microsystem). For Brandon, understanding his family's historical experience of colonization, racism, neocolonial oppressions, and related traumas may be particularly important. His mesosystem considerations--self, grandma, siblings and parents, domestic abuse, resources, media, school peers, staff, and alcohol related learning disorder--would be important considerations for creating a more balanced family situation.

Where systemic therapy may fall short, depending on how the therapist is applying systemic thinking, is around Indigenous lands, spirituality, and practices. Indigenous healing practices would include considerations of the local ecosystem, the lands, waters and other species, as a potential influence upon Brandon's wellbeing. In addition, Indigenous healing practices would work wholistically and consider more than Brandon's beliefs, values, and religion; they would expand these to work with his spiritual orientation, physical activities, and Indigenous practices (if appropriate), especially around the issue of hearing his grandfather call his name at night.

EVIDENCE FOR SYSTEMIC THERAPIES AND INDIGENOUS HEALING PRACTICES

Before we go any deeper into the guiding concepts, relationships, therapeutic process, and techniques, it may be of use to hear about the efficacy, potential beneficiaries, ethics and evaluation methods of systemic therapies and Indigenous healing practices. The applicability of systemic therapy techniques is affirmed by their use in research studies with diverse human groups or systems, with various psychological problems. In a survey of seven meta-analyses representing 196 random control trials that tested the efficacy of ST-type therapies, 82 percent



demonstrated significant efficacy, and confirmed the conclusions in the surveyed literature, that Systemic Therapy is effective for working cross-culturally, with diverse groups, and with various disorders. Table 2 provides a list of these ST-type therapies, and the types of mental health issues positively treated by diverse types of Systemic Therapy.

TABLE 2

Types of Human Trials and Mental Health Issues Positively Treated by Systemic Therapy^a

STUDY FOCUS (Treatment Type, Positive ^b /Total Trials ^c , Groups, Ethnicities)	MENTAL HEALTH FOCUS
MST; N=4/6 trials: boys (12-18), parents, peers: Dutch, Moroccan, Surinamese	Externalizing Behaviour, Hostile Attributions, Parenting Competence
MST, BSFT, SET, FFT, EBFT, MDFT, Other; N=42/47 trials: children & adolescents, (0-17), families, group, multifamily, individual: Anglo, Hispanic, Chinese, German	ADHD, Conduct Disorders, Delinquency, Substance Disorder
ST, BSFT, MST, MDFT, FFT; N=43/56 trials: children & adolescents (5-18), families, Anglo, 44% Ethnic	Externalizing Behaviour, Anxiety/Depression, Autism, Substance Disorder, Eating Disorder, Mixed
ST, MST, N=33/38 trials: children, adolescents & families; Anglo, German, Korean, Mandarin, Spanish	Mood Disorders, Eating Disorders, Somatic, Anxiety, Asperger Disorder, Suicide, Abuse, Mixed
MFT, N=19/19 trials: families: Angle, Multi-Ethnic, American Indian, Latino	Somatic Issues, Education & Social Exclusion, Family Relationship Issues
Strategic, Contract/Exchange, Parent Mgt, N=12/18 trials: children, adolescents, adults, couples, families, extrafamily; N/A	General Conduct & Aggression Disorders, Education, Phobias, Schizophrenia, Psychiatric Symptoms, Global, Communication/Problem Solving
ST, N=8/12; adult, couple, family, multiple couple, multiple family: N/A	Alcoholism

^a Data extracted from Cook-Darzens et al., 2018; Edwards & Steinglass, 1995; Mertens et al., 2017; Retzlaff et al., 2013; Riedinger et al., 2017; Shadish et al., 1993; Sydow et al., 2013.

^b “Positive” means the effect size was significant @ p<.05 to p<.001

^c Total Positive/Total ST-type Trials = 161/196 = 82%

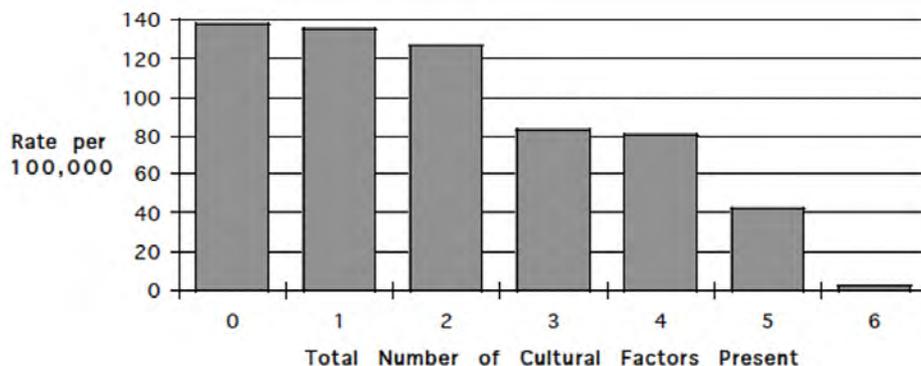


The efficacy of systemic therapies is also demonstrated by studies showing the same or better results as other established approaches, especially in comparison with Cognitive Behaviour Therapy (CBT), which has been extensively studied. Some studies have also demonstrated obtaining these results in half the number of treatments as CBT cohorts. This is explained by the ability of systemic therapies to make changes in whole systems, rather than one person at a time. This effect is also demonstrated by the continuance of beneficial effects for longer durations than study cohorts (Cook-Darzens et al., 2018; Edwards & Steinglass, 1995; Green, 2008; Mertens et al., 2017; Paritsis, 2010; Retzlaff et al., 2013; Riedinger et al., 2017; Shadish et al., 1993; Stanton & Welsh, 2012; Sydow et al., 2013).

On the challenging side, systemic therapy depends upon the participation of key members of the systems, and consequently the drop-out rate is higher than other approaches. With issues around standardization and differentiation, it is also difficult to place full confidence in the efficacy study conclusions (Cook-Darzens et al., 2018; Edwards & Steinglass, 1995; Green, 2008; Mertens et al., 2017; Paritsis, 2010; Retzlaff et al., 2013; Riedinger et al., 2017; Shadish et al., 1993; Stanton & Welsh, 2012; Sydow et al., 2013).

FIGURE 3

Youth Suicide Rates by Number of Factors Present in the Community^a



^a This table was borrowed from Chandler & Lalonde, 1998.



As a historically stigmatized practice, protected sacred practice, and more recently accepted system of psychotherapy, the evidence for the efficacy of Indigenous healing practices is limited and embedded primarily within literature, agency reports and qualitative studies (Blignault et al, 2019); randomized control trials were not available for Indigenous healing practices. However, there is one body of research, studying cultural continuity, that has clearly correlated the protective factors of Indigenous control over lands, education, self-government, Police/Fire, Health and cultural facilities, with rates of Indigenous suicide (Figure 3). This study provides strong evidence that when Indigenous people have control over their institutions, their communities have lower youth suicide rates (Chandler & Lalonde, 1998). Hypothetically, this greater control, or self-determination, includes a reduction of cross-cultural clashes, greater ability to support each other, and to live life in culturally appropriate ways. For those without any of these protective factors, the average suicide rates 140 per 100,000 people (Chandler & Lalonde, 2008). A later study of Indigenous Elders and youth who had learned and still practiced Indigenous healing practices were found to have lower suicide rates than study cohorts without these practices; Indigenous Elders who still practiced their traditions were found to have the lowest suicide rates, not just among Indigenous people, but among all people of all nationalities (AHF, 2007).

CONSIDERATIONS FOR INTEGRATION AND WORK WITH BRANDON

The efficacy of systemic therapy has been proven through meta-analyses of randomized control trials. However, as a family dependent therapy, the efficacy may be reduced if key family members do not participate.

Although the efficacy of Indigenous healing practices has not been proven through randomized control trials - yet - but it has been proven by continued use in Indigenous communities over tens of thousands of years, by calls for more Indigenous healing practices by tens of thousands of people across Canada (RCAP, 1994; TRC, 2015; Doerr, 2015), and by evidence that it may be a protective factor in the prevention of suicide (Chandler & Lalonde, 2008; Aboriginal Healing Foundation, 2007).

The proven efficacy of both systemic therapy and Indigenous healing practices makes them good candidates for an integrated approach to psychotherapy. Where systemic therapy may be disadvantaged by dropouts, Indigenous healing practices may increase participation and augment efficacy by increasing attention to some of the wholistic practices that systemic therapy lacks, for example, working with family spirituality, Indigenous teachings and land-based healing.



Considering Brandon's First Nation context, his experience of domestic violence, substance abuse, low self-esteem, paranoia, insomnia and suicidal ideation, he may be at high risk for suicide. The available evidence suggests that his suicide risk may be alleviated by participation in Indigenous healing practices.

POTENTIAL BENEFICIARIES, ROLES AND ETHICS

While Table 2 lists many types of mental health challenges to which diverse types of systemic therapy have been applied, there are many other ones that are missing, such as DSM-5 disorders like PTSD, acute stress, gambling, panic, agoraphobia, personality, hoarding, excoriation, trichotillomania and intermittent explosive disorders. Perhaps some of these disorders were included within the "externalizing behaviour" or "psychiatric" categories, or perhaps those disorders have not yet been studied regarding ST efficacy. It may be case that further research into the efficacy and the potential beneficiaries of ST is needed.

Systemic therapists have the potential to work with people from diverse cultures, histories, genders, sexual orientations, socio-economic groups, and more, because systemic therapy focuses on people within their specific contexts - paying attention to addressing dysfunctional patterns and balancing relationships in a way that creates dynamic homeostasis across systems.

Indigenous healing practices have predominantly been used with Indigenous people; however, non-Indigenous people have also been welcomed to use these services by some practitioners. In my experience, while there is always the risk of cultural appropriation and improper use of Indigenous healing practices, many Indigenous practitioners are open to doing healing work with anyone in need and open to such services; others are more protective and choose to work only with Indigenous people. Some practices, like talking circles, have been introduced and are now in mainstream use, while some of the more sacred and complex practices (e.g., plant medicines, Sundance, Sweat lodge, Shaking Tent, initiation ceremonies, Pipe Ceremonies) that take years of training and experience, remain under practitioner control. In my experience, there is also a history of a few non-Indigenous practitioners being taught Indigenous healing practices, under the guidance of their mentors, especially in urban settings, but this is still controversial, especially if monetary remuneration is requested for services. Many practitioners and agencies are trying to rationalize financial compensation of Indigenous healing practitioners by describing salaries not as a fee for their service, but as a contemporary way to provide living and expense support for practitioners (instead of labour and trade goods) so they are able to travel to acquire the supplies they need for practice and are free from other labours so they can teach and practice (Marsden, 2005).



In any case, it is important that a practitioner demonstrate a genealogy of acquired Indigenous healing knowledge (Absolon, 2019; Marsden, 2005), and potential clients approach practitioners in culturally appropriate ways. Approaching Indigenous healing practitioners is usually facilitated by “helpers” that can often be found in or referred by Indigenous agencies; helpers are essentially practitioners in training who are working with established practitioners. Therapists may undergo training in Indigenous healing practices or create working relationships with Indigenous healing practitioners. With these avenues in place, Indigenous healing practices could be beneficial to anyone who is interested or open minded enough to participate in them.

CONSIDERATIONS FOR INTEGRATION AND WORK WITH BRANDON

The gaps in research around PTSD, anxiety, panic and personality disorders is a concern because these conditions may be particularly relevant to Brandon and other members of his family, because of his family experience with domestic violence, potential experiences with racism and historical precursors events like forced migration, suppression of language and cultural traditions, or attendance at residential schools. However, the efficacy of systemic therapy for the applications studied lends some confidence that this approach would be efficacious with PTSD, anxiety, panic and personality disorders. Both systemic therapy and Indigenous healing practices have a wholistic approach to diverse challenges and provide experience where each system may be lacking; this suggests that combining these practices, through therapist and practitioner collaboration, or ideally with a therapist-practitioner, would provide the most beneficial approach for Brandon and his family, if they are open to it.

EVALUATING SUCCESS

As a practice based in Euro-American origins, the success of systemic therapy is evaluated within or across practices, by assessing the goals and outcomes, and may include number of clients, presenting issues, demographics, treatments used, duration of therapy, reduction, remission, or complete cessation of symptoms. Another approach for assessment of systemic therapy might be the use of impact or follow up surveys with clients, to capture the lived experience of systemic therapy, its limitations and impacts. The data from these approaches could be analyzed statistically or qualitatively, or ideally, both, to provide a clearer picture of the impact of systemic therapy.

The success of Indigenous healing practices is currently found in the lived experience, stories \



and feedback from individuals. It is often said that Indigenous healing is not about being cured, like in the Western focus on disease, but about lifelong efforts to find balance or make peace with yourself and others amidst your challenges. With this in mind, a more strengths-based, culturally appropriate, and creative approach may be more meaningful: for example, through stories, theatre, songs, artwork, ceremonies (e.g., rites of passage), and feasts.

If a systemic therapist is collaborating with an Indigenous healing practitioner, these evaluation strategies could be used side by side, to provide a wholistic understanding of success.

CONSIDERATIONS FOR INTEGRATION AND WORK WITH BRANDON

In the case of Brandon and his family, the therapist could invite them to participate in Western methods of evaluating success, for discussion, or for anonymous contribution to the field of mental health, and/or could invite them to participate in more strength-based, culturally appropriate or creative ways to provide feedback. These opportunities could also provide a secondary therapeutic effect for the family and extended connections, as they worked together to acknowledge their challenges, celebrate their successes, and find closure for the process.

GUIDING CONCEPTS FOR SYSTEMIC THERAPY AND INDIGENOUS HEALING PRACTICES

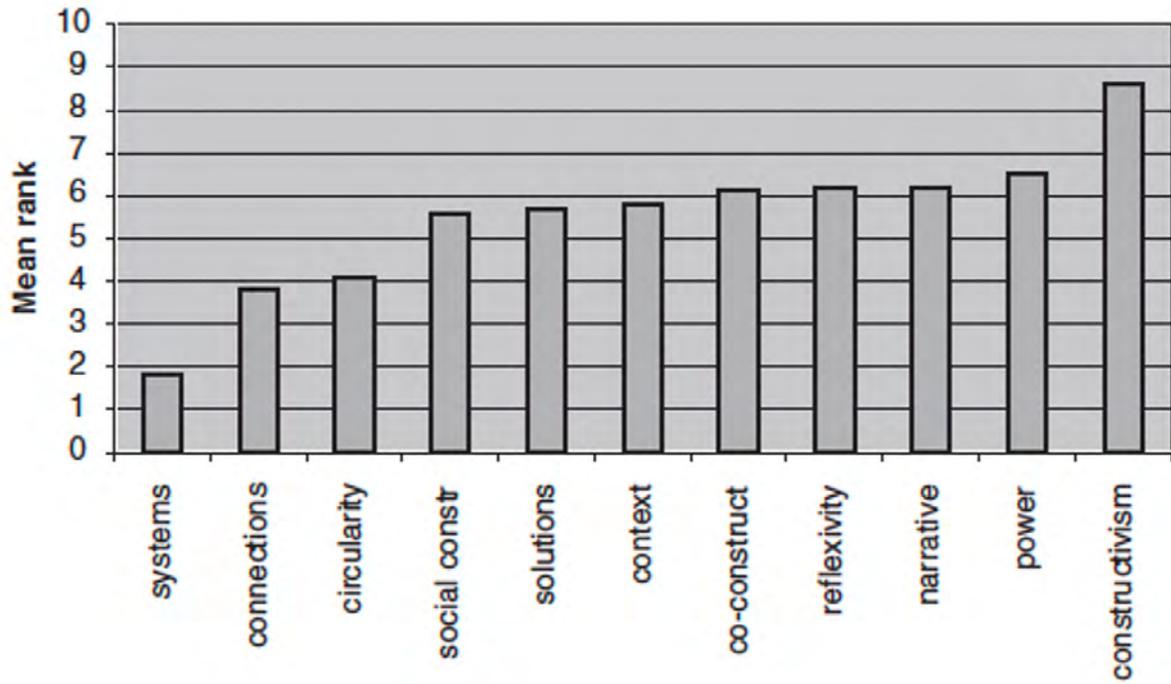
During a 2003 study of systemic family practice, guiding concepts were ranked according to their influence on therapeutic practice. Figure 4 demonstrates this ranking. In addition to these concepts, systemic therapy also includes considerations of alliances (spousal, siblings, parent-child), paradigm shifts, reciprocity, interdependence, and dynamic homeostasis or equilibrium (Stanton & Welsh, 2012).

In a text called *Current Psychotherapies* (Wedding & Corsini, 2019), similar guiding concepts were described; Table 3 provides a compilation of these concepts. The guiding concepts for Indigenous healing practices are as diverse as the Indigenous populations from which they arose; however, there are some commonalities in practice across Indigenous Nations in Canada. Table 4 provides a list of some of the more common guiding concepts used within Indigenous healing practices, gleaned from both literature and my life experience (teachings and experience) as an Anishinaabe woman.



FIGURE 4

Rating of the Influence of Theoretical Guiding Principles in Their Systemic Family Practice^a



^a Graph taken from Pote et al., 2003 (p. 245).

TABLE 3

Guiding Concepts for Systemic Therapies^a

- | | |
|---|--|
| 1. Be solutions focused to assist goal identification | 8. Explore alternative stories and assumptions ^a |
| 2. Use circular questioning to examine group beliefs | 9. Reframe, relabel, and externalize problematic patterns |
| 3. Explore transactional patterns between system members, e.g., double-bind communication, pseudomutuality, pseudohostility, scapegoating and mystification | 10. Socially construct understanding of the dynamics |
| 4. Explore boundaries (rigid/disengaged to wide open or enmeshed), | 11. Use paradoxical interventions to explore relationships and demonstrate agency, e.g., through enactment or role playing, family sculpting or genogram |
| 5. Explore how negative and positive feedback loops maintain transactional patterns | 12. Provide broad, coordinated interventions for maximum effectiveness, e.g., working with extended family, specialized groups, local agencies, school, religion, and other important institutions |
| 6. Explore histories and intergenerational narratives | |
| 7. Explore interpersonal roles, rules, alliances, and relationships | |

^a This table was derived from Wedding & Corsini, 2019.

TABLE 4

Common Guiding Concepts Among Indigenous Healing Practices in Canada^a

1. **Indigenous healing practices focus on healing multiple aspects of being and are linked to land, language, culture, and spirituality.** Indigenous healing practices are wholistic, strengths-based, community centred, transformative, psycho-educational and collaborative. These include traditional foods, singing and drumming, rituals and ceremonies, traditional games and athletics, and the gathering of foods, medicines, and materials from the natural world. The following statements are examples of this approach
 2. **Everything has a spirit and is part of Creation;** humans are on spiritual journeys alongside other beings, including living beings and spiritual beings (including ancestors)
 3. **Everything is interconnected by spirit, and by the web of life;** what we do and say affects others and vis a versa so we must be responsible; an understanding of interconnectedness leads to a wholistic worldview
 4. **To live a good life, we must seek to live in balance** with everything in our life, including our minds, bodies, emotions, spirits, family, friends, work, hobbies, other beings, and the natural world; if we neglect parts of our experience, we may fall out of balance; direct experience with these aspects helps to restore and maintain balance
 5. **The Earth is our mother and provides everything for us to live in cycles of life and death,** including the plants, animals, earth, Sun, and waters that provide us the food, energy, water, and medicines that create and maintain our bodies, and the shelter, clothes and tools that make our lives easier. Mother Earth also regulates the stability, movement and protection of the earth, the cycles of water, the flow of air and exchanges of energy; we must become aware and respectful of these things
 6. **Everyone needs nurturing of their gifts** to be self-determining contributors to their community. This means identifying and nurturing a person's gifts or interests, directly or under apprenticeships, until they are competent, and their gifts are publicly acknowledged and become part of the community or local trade practices; this is important for self-esteem
 7. **Everyone should know how to live off the land and be given opportunities to do so, alongside opportunities to explore one's strengths, weaknesses, and callings in life;** this provides an experiential awareness of interconnectedness, the value of community, respect for everyone's contributions and strengthens



- the self-determination and resilience of both individuals and communities
8. **Self-determination is a right and obligation to speak and act as one believes appropriate for the wellbeing of self and others, without causing harm or damage.** Respect for a person's self-determination – including the sacredness of a person's body, and respect for autonomous decision making - is critical for wellbeing
 9. **Communication and representation are most effective when everyone potentially impacted is present, so that issues and decisions can be resolved equitably with consideration of all perspectives.** Talking circles are an effective way of ensuring all perspectives are heard. Wholistic storytelling is an important part of communication. Restorative justice means communicating in this way to ensure equitable resolutions to imbalances, provision of reparations to injured people, supervision and guidance of unbalanced people, and public acknowledgement of affected members as they return to balance or health
 10. **Indigenous healing requires the understanding and decolonization of historical and intergenerational influences** on one's family (root causes of trauma), and the breaking of dysfunctional cycles for the wellbeing of the self, family, and community
 11. **Communal activities are important for the maintenance of good relationships and transmission of knowledge,**

including listening to Elder's stories, learning new traditions, public rites of passage: birth, illness, rebirth, adulthood, accomplishment, marriage, celebrations, and death.

^a These notes were compiled from Absolon, 2019; Cajete, 1999; Johnson, 1995; Marsden, 2005; Brown et al, 2012; and personal lived experience as an Anishinaabe woman.



CONSIDERATIONS FOR INTEGRATION AND WORK WITH BRANDON

There are many similarities and compatibilities when considering the integration of guiding concepts for systemic therapy and Indigenous healing practices. The most obvious points of agreement are the systemic therapy focus on families, intergenerational narratives, circular questioning, relationships, coordinated interventions, and the goal of dynamic homeostasis; these are compatible with an Indigenous healing focus on families, intergenerational knowledge, stories, talking circles, relationships, inclusive problem solving, attention to histories, and the goal of balancing different aspects of life. Again, unless the therapist is flexible, the missing guiding concepts for systemic therapy seem to be consideration of the importance of spirituality and the role of the natural world in fostering wellbeing. A few other important gaps in systemic therapy seem to be the importance of fostering self-determination, self-knowledge, self-sufficiency, and the nurturing of self-determined gifts. While these could be fostered under the systemic therapy consideration of power relations, it would be easier and more culturally appropriate to use Indigenous healing practices, where these concepts are already integrated and established.

How these guiding concepts might apply to Brandon would depend on the therapist's ability to simultaneously apply systemic therapy while working with an Indigenous healing practitioner to understand Brandon's contexts and relationships with his siblings, his grandmother, his parents, his extended family, his friends, the professionals already working with him, and his interest in Indigenous healing practices. The therapist would also need to discover the availability and appropriateness of Indigenous healing practitioners, supportive resources, and address the support needs of his grandmother, siblings, parents, and other significant people, while remaining open to learning new skills.

**THERAPEUTIC PROCESSES IN SYSTEMIC THERAPIES AND
INDIGENOUS HEALING PRACTICES**

When considering the integration of systemic therapies and Indigenous healing practices, we also must consider the actual processes being applied. In systemic therapy, the therapist guides the individual, couple, family, or group through a process of exploration and understanding of family strengths, challenges, and patterns, followed by an identification, externalization and prioritization of issues, reframing of issues, circular and miracle questioning towards findings healthier patterns and solutions to challenges. A useful procedural model of systemic therapy is provided in Table 5.



When considering the integration of systemic therapies and Indigenous healing practices, we also must consider the actual processes being applied. In systemic therapy, the therapist guides the individual, couple, family, or group through a process of exploration and understanding of family strengths, challenges, and patterns, followed by an identification, externalization and prioritization of issues, reframing of issues, circular and miracle questioning towards findings healthier patterns and solutions to challenges. A useful procedural model of systemic therapy is provided in Table 5.

With Indigenous healing practices, the initial work would focus on trying to build a good relationship with the client and family or group members in a comfortable and informal setting,

TABLE 5

Summary of Changing Focus Across Therapy^a

	Beginning	Middle	End
Intentions	<ul style="list-style-type: none"> • Eliciting family information • Hearing the family’s view of the difficulties • Exploration of beliefs 	<ul style="list-style-type: none"> • Eliciting family information • Hearing the family’s views about the difficulties • Continuing to explore beliefs • Eliciting information about the wider system • Eliciting information about family patterns of decision-making and interaction • Reframing difficulties 	<ul style="list-style-type: none"> • Exploring beliefs • Successes and solutions
Central Intervention	<ul style="list-style-type: none"> • Linear questions 	<ul style="list-style-type: none"> • Circular questions • Linear questions • Statements • Difficulties • Views about therapy • Successes and solutions 	<ul style="list-style-type: none"> • Circular questions • Linear questions • Statements • Difficulties • Relationships
Family’s focus	<ul style="list-style-type: none"> • Difficulties • Sharing information about their family 		

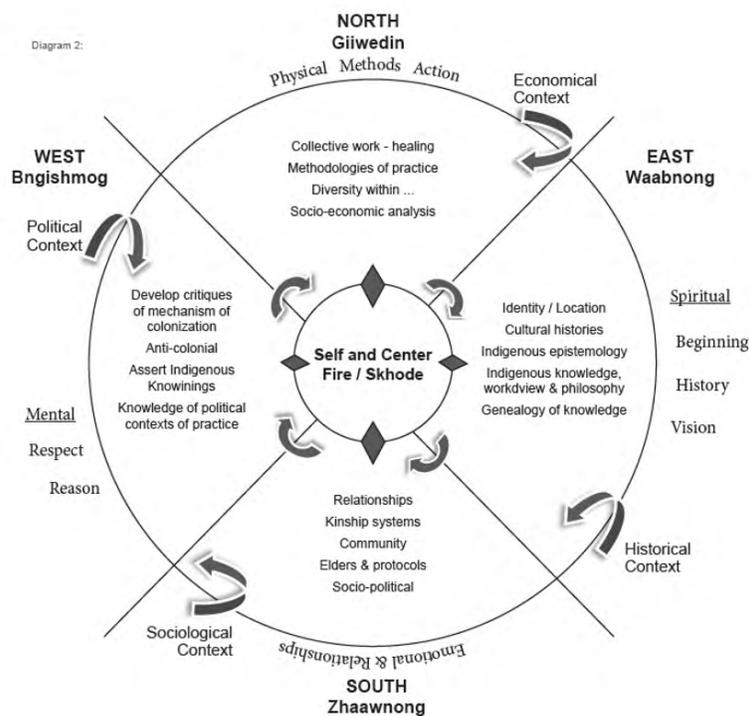
^a This table was derived from Wedding & Corsini, 2019.



then if open to it and if appropriate to their Nation, inviting the family or group to participate in a culturally appropriate ceremony to explore and understand the challenges they are having, how they would like things to be, and how interested or open they are to participate in Indigenous healing practices. Once this is established, the therapist would work with Indigenous healing practitioners to identify the most appropriate people, activities, locations, and agencies that could support this work, then working collaboratively to ensure the client and their family or group are well supported throughout the whole process. Figure 6 provides an Anishinabek example of how these processes might move through spiritual, emotional, mental, and physical realms in cycles of inspiring, emoting, thinking, and doing. Consequently, the process activates wholistic processes like building good relationships and interconnectedness within and between each member of the family or group, and among supporting individuals, extended connections, agencies, and both physical and spiritual beings within the larger environment.

FIGURE 6

Factors that Warrant Consideration in Indigenous-Based Practice^a



^a This diagram was borrowed from Absolon, 2019.



The process of systemic therapy is based in an ecological model that looks very compatible with Indigenous healing practices, primarily because of its nested circles of influence, circular questioning, consideration of feedback loops and consideration of larger contexts. However, this circularity does not seem to be continued into the therapeutic process; as described in Table 5, there is a beginning, middle and end. Even circular questioning seems to be conducted as a series of linear back and forth questions between the therapist and group members. In addition, each contextual factor is prioritized by proximity to the client: for example, in the chronosystem, where history resides, it would be considered more distant and less influential than say a family member or friend.

CONSIDERATIONS FOR INTEGRATION AND WORK WITH BRANDON

From an Indigenous healing perspective, wholistic process means we can consider diverse influences, but they cannot be ranked, they are all affecting a person, more-or-less, at the same time; depending on the situation and how balanced they are at that moment. For example, the influence of history is immediate in how one experiences the world, whether emotionally, spiritually, physically, or intellectually; First Nations people like Brandon and his family may feel oppressed directly by history, because the world has been ordered through time to oppress Indigenous peoples and ensure white privilege (which is unearned power and privilege acquired by being light-skinned and identifying as being racially white). Conversely, understanding and healing these influences in integrated emotional, physical, mental, or physical ways may help people to grieve and release intergenerational pain.

For Brandon and his family, exploration of systemic therapy concepts in linear processes may or may not be acceptable or effective. Integrating systemic therapy concepts with Indigenous healing practices may provide an enhanced opportunity for the wholistic healing of everyone involved in Brandon's family; besides resolution of Brandon's presenting challenges, his grandmother's difficulty coping and reconnection with alienated family members may be addressed.

INTEGRATING SYSTEMIC THERAPY TECHNIQUES AND INDIGENOUS HEALING PRACTICES

From an Indigenous healing perspective, wholistic process means we can consider diverse



members of the family or group system. As family or group members describe the issues from their perspective, the therapist takes note of the emerging dysfunctional patterns, feedback loops, roles, alliances, strengths, deficiencies, and external influences. The therapist then works with system members to become aware of and externalize the patterns, mentor inclusive communication, reframe issues as potential sources of solutions, identify group goals, prioritize what issues are to be addressed first, then provide some options and supports for doing so. In Indigenous healing practices, the therapist would facilitate a meeting with an appropriate practitioner, and in a culturally appropriate way, ask for guidance and help with the people needing assistance. Identified concerns and options for healing practices would be discussed and relayed to the members of the therapy group. If there seemed to be a good fit between the clients' needs and the practitioner's options, then the therapist could introduce, support, and ideally participate in the healing practices with the client family or group.

CONSIDERATIONS FOR INTEGRATED WORK WITH BRANDON

In the case of Brandon and his family, the presenting issues are Brandon's suicide ideation, disruptive behaviors, insomnia, grandfather's calling, delayed language and learning difficulties, and the grandmother's difficulty coping. The whole family is also probably suffering PTSD from past domestic violence, alienation from the parents, and grief at the loss of so many family members. The therapist could work with Brandon, the three sisters, and Grandmother separately at first, to build a sense of safety, trust, and rapport, as well as to better understand their experiences, strengths, challenges, and needs. Within those meetings, they could create a plan for meeting together in a talking circle or through circular questioning to discuss the patterns and possible goals. Talking circles or circular questioning are appropriate because it gives each person an opportunity to speak, in culturally relevant and wholistically safe spaces. At the same time, the therapist could be looking at possible resources or referrals, including taking care of basic needs, connecting with school supports, setting up language and learning supports, respite for the grandmother, supervised visits, counselling, and psychoeducational skills for the parents, and identifying Indigenous healing practitioners to work with the family, if the family is open to the idea.

While the therapist works on building the personal, interpersonal, and external supports for Brandon's family, the practitioner would be working to provide a culturally based, experiential pathway to health and wellbeing for the whole family. This may include Elder teachings, working on the land, river baths or other forms of cleansing, learning to sing, drum or dance, learning the



members of the family or group system. As family or group members describe the issues from their perspective, the therapist takes note of the emerging dysfunctional patterns, feedback loops, roles, alliances, strengths, deficiencies, and external influences. The therapist then works with system members to become aware of and externalize the patterns, mentor inclusive communication, reframe issues as potential sources of solutions, identify group goals, prioritize what issues are to be addressed first, then provide some options and supports for doing so. In Indigenous healing practices, the therapist would facilitate a meeting with an appropriate practitioner, and in a culturally appropriate way, ask for guidance and help with the people needing assistance. Identified concerns and options for healing practices would be discussed and relayed to the members of the therapy group. If there seemed to be a good fit between the clients' needs and the practitioner's options, then the therapist could introduce, support, and ideally participate in the healing practices with the client family or group.

CONCLUSION

While opposite in origins, systemic therapy and Indigenous healing practices have many points of compatibility and complementarity, especially where each have limitations in practice. For example, both approaches include a strong focus on contexts, important relationships and wholistic transformation in patterns of relating. Indigenous healing practices involve wholistic skills that foster self-determination, self-sufficiency, nurturing gifts, spirituality, and connections with the natural world, but may not always be appropriate for working with non-Indigenous people. Efficacy has been demonstrated for both approaches and quantitative, qualitative, and creative processes can be used to evaluate success. In practice, systemic therapy and talking circles can provide a foundation for bringing family or group members together, for collaboration on their combined wellbeing. Therapists can connect with diverse agencies to provide wrap-around supports for the family or group and can partner with Indigenous healing practitioners to integrate culturally appropriate approaches and activities, towards the wellbeing of the family or group and connections with larger systems.

This integrated approach requires more knowledge, skill development and experience to carefully develop partnerships, to apply, and to research for improved efficacy, reduction of suffering, and increased wholistic wellbeing. Even so, both systemic therapy and Indigenous healing practices seem ideally suited for integration and practice, for the benefit of diverse people with diverse challenges in diverse settings.



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**METHODOLOGICAL FLOWERS: APPLYING MÉTISSAGE TO
INTEGRATE INDIGENOUS AND WESTERN RESEARCH
METHODS**

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Land acknowledgements: Justin Turner works at the Pulmonary Rehabilitation Research Laboratory, situated in St. Paul's Hospital, Vancouver on the unceded territories of the xʷməθkʷəyəm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), and Selílwitlh (Tseil-Waututh) Nations. He also collaborates closely with individuals who work at the Prince George office of Carrier Sekani Family Services, situated on the traditional territory of the Lheidli T'enneh, part of the Dakelh (Carrier) First Nations.

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ABSTRACT

Researchers are influenced in their work by their cultural worldviews. To respectfully conduct research in intercultural settings, researchers must honour all engaged communities' cultures—which can be a challenging endeavour. Métissage is a research methodology that strives for meaningful integration of different cultural worldviews. As a PhD student of Red River Métis and European descent, I am using a métissage methodology to integrate Dakelh, Red River Métis, and Western science methods as I collaborate with the First Nations-led health and research organization Carrier Sekani Family Services to investigate Dakelh communities' lived experiences of the severe 2018 wildfire season in their territory (north central BC). I plan to visualize my métissage by creating a piece of Métis flower beadwork art, with three flowers in the piece representing three ontologies influencing my research: 1) Fireweed (*Chamaenerion latifolium*): Dakelh culture; 2) Saskatoon (*Amelanchier alnifolia*): Métis culture; and 3) Applause™ blue rose (*Rosa hybrida*): Western science. The other co-authors of this manuscript are collaborators in my doctoral research journey, providing the knowledge, mentorship, and tools for me to enact métissage. This manifestation of métissage contributes to a growing use of the methodology—particularly (but not exclusively) among researchers who are Métis.

Keywords: Métissage, Indigenous methodologies, Métis culture, wildfires, emergency planning



METHODOLOGICAL FLOWERS: APPLYING MÉTISSAGE TO INTEGRATE INDIGENOUS AND WESTERN RESEARCH METHODS

Although some Western academics purport to objectively search for knowledge, post-positivists argue that objectivity is a myth because all humans receive ontological influence from their cultures (Carpenter & Suto, 2008). Instead of searching for a universal truth, researchers should thus identify their ontology, as all components of their culture (e.g., beliefs, language, land) provide frameworks for their methodology. For research occurring in intercultural contexts with Indigenous Peoples—such as my work as a doctoral student with mixed Red River Métis and European ancestry collaborating with Dakelh First Nations people in northern BC to understand wildfire disaster experiences—decolonizing the methodology requires integrating engaged communities' cultural worldviews (Smith, 2012). This paper describes how I am using *métissage* methodology (Burke & Robinson, 2019) to honour three cultures influencing my doctoral work: Dakelh, Métis, and Western science.

Métissage, as a methodology, entails deliberately integrating different worldviews into all the research process (Lowan-Trudeau, 2015). It is a creative and idiosyncratic concept, meaning the exact meaning of *métissage* varies between people. However, *métissage* researchers tend to share: 1) careful consideration of the cultures involved, 2) mindful integration of methods and theories from those cultures, 3) positioning of the researcher into the *métissage*, and 4) creative representation of the *métissage*.

The word *métissage* originates from the Latin *mixtus* meaning 'mixed' (Donald, 2012). It has shared linguistic origins and characteristics with the Métis Nation (Lowan-Trudeau, 2015), whose 18th century ethnogenesis in the Red River Region involved mixed-race inter-marriage resulting in a hybrid of First Nations and European cultural practices, which have been passed on for generations to people like me (e.g., Red River Jig—incorporating music and dance from Cree, French, and other cultures) (Adams et al., 2013; Quick, 2008). However, the origins of *métissage* as an academic tradition are distinct from Métis culture, with early descriptions coming from Afro-Caribbean poet Edouard Glissant, who wrote creatively in the mid-20th century about his home region's multicultural milieu (Glissant, 1999). *Métissage* later expanded from a literary to research framework, with many Indigenous and non-Indigenous scholars using the methodology in recent years (Bishop et al., 2019; Burke & Robinson, 2019; Donald, 2012; Lowan-Trudeau, 2015).



MÉTISSAGE IN MY PHD

North central BC's 2018 wildfires devastated Dakelh First Nations Peoples' territories (e.g., entire communities evacuated for weeks) (Sharp & Krebs, 2018; Wang & Strong, 2019). Meanwhile, regional leaders have identified problems in the local fire response and a need to create better emergency policies (First Nations Leadership Council, 2018). The aims of my mixed-method research are to: 1) explore lived experiences of north central BC's 2018 wildfire season among First Nations people and associated emergency service providers and 2) develop improved fire response policies using these data (Turner et al., 2020).

I am conducting this PhD project in partnership with the research lab of my supervisor at UBC Dr. Pat Camp and the Dakelh First Nations-led healthcare and research organization Carrier Sekani Family Services (CSFS). CSFS serves First Nations people in north central BC (Mann & Adam, 2016) and employs one of my thesis committee members Dr. Travis Holyk (CSFS Executive Director of Health Services) and an important cultural advisor to my project Ms. Benna Rathburn. My work contributes to a Canadian Institutes of Health Research (CIHR) project grant held jointly by Camp and Holyk entitled "*Wildfire Smoke and Emergency Planning for First Nations People Living with Lung Disease in Remote and Rural BC*" (CIHR, 2019). I was inspired to join this research grant by firsthand experiences of north central BC's 2018 wildfires as a resident of Prince George from 2017-2020, as well as having family members who were volunteer firefighters in Fort McMurray, AB during the Horse River Wildfire in 2016 (McGee, 2019).

CSFS provided ethical approval for this research and will use the data to improve their emergency policies. The qualitative portion of the work has three components: 1) semi-structured interviews with CSFS employees, 2) semi-structured interviews with First Nations Band employees, and 3) community sharing circles (Tachine et al., 2016) with First Nations Elders and community members. The quantitative methods include using the geospatial software ArcGIS (Ormsby et al., 2004) to map the 2018 wildfires and associated air quality by concentration of fine particulate matter (PM_{2.5})—which is harmful to human health (Reid & Maestas, 2019)

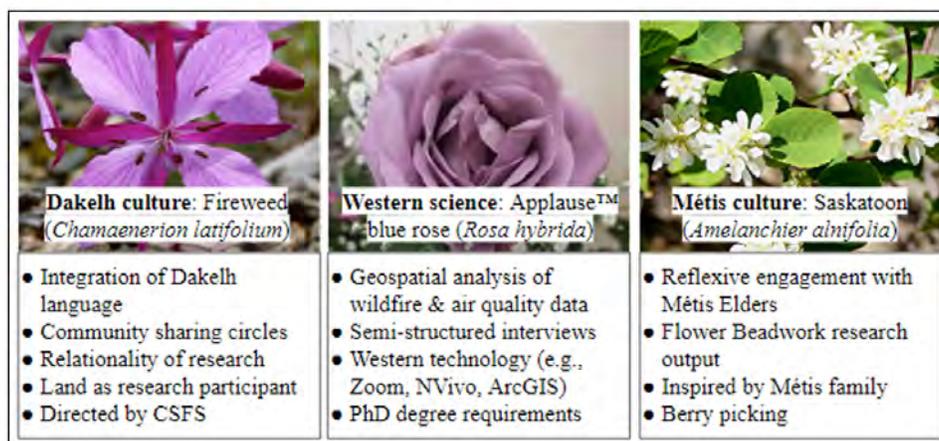
Métissage is an appropriate framework for this research project because it underpins the relational nature of the work and cultures of its key players (Wilson, 2008). I draw upon the traditions of Dakelh culture (e.g., reciprocity [Mann & Adam, 2016]), Métis culture (e.g., flower beadwork [Racette, 2011]), and Western science (e.g., geospatial analysis [Ormsby et al., 2004]). Figure 1 visualizes my métissage using three flowers and a non-exhaustive list of my research methods, each significant to their respective culture. I chose flowers based on the significance of



the flower beadwork artistic style in Métis culture (Racette, 2011). Métis flower beadwork—so distinctive that some other Indigenous communities call us the Flower Beadwork People—developed from French, Cree, Ojibwe, and other cultural traditions, and adorns our clothing and artwork. I plan to create a flower beadwork piece as an output of my PhD, which will include the flowers of Figure 1 beaded in the style of Figure 2. I created the untitled flower beadwork piece pictured in Figure 2 with guidance from Métis visual artist Lynette La Fontaine, who was born and raised in Dakelh Territory (La Fontaine, 2019).

FIGURE 1

Flowers Representing the Cultural Worldviews of my Métissage Methodology



Note. Under each flower are specific research methods drawn from the corresponding culture. This figure includes three adapted images licensed under Creative Commons Public Domain CC0 1.0 (<https://creativecommons.org/publicdomain/zero/1.0/deed.en>). Image attribution details (left to right): “Dwarf Fireweed (*Chamerion latifolium*)” by National Park Service & J. Mills (2014); “Blue Rose APPLAUSE” by Blue Rose Man (2011); “*Amelanchier alnifolia*, Saskatoon serviceberry” by United States Department of Agriculture, Natural Resources Conservation Service (2004). Full attribution details in References.

FIGURE 2

Style of Flower Beadwork which I Will Use to Illustrate my Métissage



Note. I beaded this untitled project in Prince George, BC during the early part of 2019, a few months after experiencing firsthand the 2018 north central BC wildfires.



CULTURAL AND PERSONAL SIGNIFICANCE OF MÉTISSAGE FLOWERS

FIREWEED (CHAMAENERION LATIFOLIUM)

The Dakelh culture is represented by fireweed, an important plant in Dakelh communities with a wide variety of medicinal uses that also thrives after wildfires (Mann & Adam, 2016). The Dakelh culture is the most important influence on this study because the research takes place on Dakelh Peoples' lands and is oriented towards tangibly improving their wellbeing. Reciprocity is a key value in Dakelh culture—demonstrated in community feasts called Bah'lats (Mann & Adam, 2016)—and this project continues a reciprocal relationship between UBC's Pulmonary Rehabilitation Research Laboratory and CSFS (Camp, 2018; Camp et al., 2019; Turner et al., 2020). I plan to collect qualitative data for this study via Dakelh-protocol sharing circles with community members, with an intent to further include the Dakelh lens during data analysis through member checking and both research advisement and oversight from CSFS. I also plan to use (with permission) words from Dakelh languages in written outputs of the research, such as Nuneetsi'iyh—which Benna Rathburn shared is a Carrier word for 'wildfire' (B. Rathburn, personal communication, March 29, 2021). Additionally, I hope to visit and photograph some of the territory burned in 2018 while guided by community members, with an intent to include pictures in written outputs from this research that highlight how the wildfires altered the land.

SASKATOON (AMELANCHIER ALNIFOLIA)

Saskatoon berries are a significant source of nutrition for Métis people, which is the culture of my maternal ancestors, and are an ingredient in pemmican, which the Métis sold during the fur trade (Adams et al., 2013). Saskatoons remind me of my mother Corey Favell, a Métis woman who taught me how to pick the berries along the Red Deer River in southern Alberta when I was a child. Additionally, I was living in Prince George during the 2018 wildfire season—which corresponded with saskatoon-picking season—and experienced firsthand how the region's severe wildfire smoke rendered everyday activities, including picking saskatoons, very challenging. These experiences inspired me to become involved in the UBC and CSFS wildfire project. When it comes time to analyze interview transcripts, I will engage in berry picking as a reflective technique to connect with the land and situate my research in the real world. I will also connect regularly with my Métis Elders throughout my PhD in order to receive guidance through this stressful time period and to ensure I am following proper cultural teachings for both doing flower beadwork and working with other Indigenous communities.



APPLAUSE™ BLUE ROSE (ROSA HYBRIDA)

I chose this flower to represent the Western science worldview in honour of UBC's Rose Garden (Hodgson, 1986) and the invention of the Applause™ blue rose via genetic engineering (Nakamura et al., 2010)—both of which pay homage to this research project fulfilling academic requirements for a PhD at UBC. This rose also signifies the paternal side of my family, with my father James Turner descended from scholarly-oriented people of Western European descent. For example, my great-grandmother Shirley Baker worked for 30 years at the University of Victoria where a student housing building now bears her name (University of Victoria, n.d.). Western science contributes to this project through its use of technology, such as geospatial analysis to map northern BC's 2018 wildfires and associated air quality. I am also conducting semi-structured interviews based on methods described in Hay (2016), with this qualitative data then to be analyzed using the software NVivo.

THEORETICAL CONTRIBUTIONS

Being a culturally respectful research partner and contributing to improved wildfire policies for Dakelh communities are the most important goals for my métissage. The word research carries negative connotations for many Indigenous people (Smith, 2012), which stems from historical and contemporary colonial injustices enacted in the name of research. Indigenous methodologies like métissage can heal some of the damage caused by extractive approaches (Gaudry, 2011) by incorporating the expertise and worldviews of all research partners. This contrasts with colonial research paradigms, such as when Western university-affiliated academics parachute (literally or figuratively) into an Indigenous community, conduct research there using an exclusively Western lens, and then leave forever without sharing their findings with the community—often building a successful career sharing inaccurate information with the world. Métissage offers researchers a framework to meaningful engagement with diverse cultural groups, which can enact insurgent research.

Métis academic Lowan-Trudeau has used métissage to guide his education research with Indigenous and non-Indigenous participants, suggesting it as an answer to the question, “How might we authentically and respectfully combine Indigenous, Western and other culturally rooted traditions of science and technology to address contemporary socio-ecological and educational issues?” (2015, pp. 2-3). This professor also illustrated his métissage using the Métis infinity



symbol, while the Métis sash has been used by researchers like Burke and Robinson (2019) and Donald (2012) to represent their métissage. I hope my adoption of the methodology—with Métis flower beadwork as its creative output—provides an example to other researchers aspiring toward insurgent work (Gaudry, 2011) and honours the Dakelh participants and my Métis and non-Indigenous ancestors.

CONCLUSION

Métissage provides a rigorous and creative framework for researchers to honour the individuals and communities involved in their work. Although finding a single universal truth may be an unattainable goal, intercultural research contributes greatly to humans' understandings of the world by integrating diverse worldviews.

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INFUSING INDIGENOUS KNOWLEDGE AND SOCIAL-EMOTIONAL LEARNING

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ABSTRACT

Indigenous knowledge and modern Social-Emotional Learning (SEL) have similar perspectives on the heart-mind connection. It is important that Indigenous knowledge and SEL be included in teaching and learning of all students to create environments in which children have the opportunity to develop belonging, mastery, independence, and generosity. This work seeks to develop a social-emotional learning framework that infuses both Indigenous knowledge and SEL to address the needs of all students in schools. It will contribute to the decolonization of practices and recognizes that there are many paths to social-emotional and cultural wellbeing. It is essential that the path to Indigenous knowledge informed social-emotional learning (IK-SEL) be promoted via safe educational practices, and dynamically and carefully planned content. By embracing IK-SEL we can Through a literature review and lived experience in my own teaching practice, examples of safe educational practices are explored and compared.

Keywords: Systems; Social-emotional learning, Indigenous ways of knowing and doing, trauma-informed practice, cultural wellbeing



INFUSING INDIGENOUS KNOWLEDGE AND SOCIAL- EMOTIONAL LEARNING POSITIONALITY

I am a woman of Métis and European descent. I grew up in the Red River region of Manitoba. I have never considered that I grew up in a traditional way because I lived in a town, in a house, with a normative Canadian small-town lifestyle. However, as I have aged and matured into the woman I am today, I have developed a great gratitude and understanding of the gifts that have been passed on to me from my Elders. Most notably I raise my hands in gratitude to my Grandparents. My Grandfather who brought me into his garden and taught me the beauty and connectedness of the living things that share our world. To my grandmothers who through story and guidance taught me to understand how to nurture and care for myself those around me. I also raise my hands to my parents who allowed me to develop discipline without enforcing harsh corrective consequences upon me (most of the time). It is because of these Elders in my life that I have come to understand the concept of Mino-Pimitisiwin or walking in a good way (Katz, 2018) toward being the individual I was meant to be. The lessons learned in my formative years have had a direct effect on who I have become not only as a person, a parent, but also as a teacher.

Much of my time in the education system has been spent supporting students who face behavioural, emotional, and mental health regulation challenges. It is from this perspective that I create this framework to address the needs of at-risk students in schools. I work closely with teachers from across the grade spectrum in my role as the District Resource Teacher for Social-emotional Learning (DRT-SEL). I have referred to my colleagues for their wealth of experience and input in the development of an inclusive framework that is accessible to all educators regardless of Indigenous ancestry.

Finally, in the creation of this framework, I refer to my own lived experience as an Indigenous person. I do not mean to infer that all indigenous peoples have a universal experience and acknowledge with respect that there are many nations across Turtle Island with unique and distinct cultures that differ from my own.



RATIONALE

While Indigenous children are among one of the fastest growing segments of Canada's population, they continue to have some of the most concerning statistics in terms of social, educational, physical, mental, and economic wellbeing (Katz, 2018). These living conditions have contributed to enduring struggles with positive identity and social-emotional development. To serve this vulnerable segment of our population it has been recommended that educational programming reflect Indigenous values. However, very few opportunities for inclusion of Indigenous values exist in any educational setting (Tremblay et al., 2013).

The Truth and Reconciliation Commission of Canada has made several Calls to Action for reconciliation to all Canadians (TRC, 2012, 2015). Important for educators and students are the those specific to education. These emphasize the importance of incorporating Indigenous content and recognizing not only the history and ramifications of the Residential School system but also the importance and validity of traditional Indigenous ways of knowing and being. These Calls to Action in the classroom (TRC, 2012) include #63: We call upon the Council of Ministers of Education, Canada to maintain an annual commitment to Aboriginal education issues, including:

- Developing and implementing Kindergarten to Grade Twelve curriculum and learning resources on Aboriginal peoples in Canadian history, and the history and legacy of residential schools.
- Sharing information and best practices on teaching curriculum related to residential schools and Aboriginal history.
- Building student capacity for intercultural understanding, empathy, and mutual respect.
- Identifying teacher-training needs relating to the above.

As we move towards reconciliation and decolonization in the education system, it is essential that all parts of the education system reflect our commitment to incorporate different ways of knowing and being in curriculum and instruction. The creation of a social-emotional learning framework is an excellent step in honouring this commitment towards building understanding, empathy, respect and inclusion for all students.

Indigenous teachings highlight that there are many paths to understanding and knowledge. As such, this framework is not targeted solely at students of Indigenous heritage. This framework references traditional teachings to include the perspectives of students of all nations. Currently, many youth experience disengagement and isolation from their elders and peers (Brendtro et al., 2002). It is the goal of this framework to bring them back into the circle of connectedness and caring school communities.



SEL IS ESSENTIAL FOR POSITIVE STUDENT OUTCOMES

The Collaborative for Academic and Social Emotional Learning (CASEL) defines SEL as the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (CASEL, n.d.) (www.casel.org).

CASEL has designated and defined five domains of Social and Emotional Learning (SEL).

- **Self-awareness:** The ability to correctly identify one's emotions as well as recognize one's strengths and limitations.
- **Self-management:** The ability to manage strong emotions capably. The ability to set and achieve goals. People who demonstrate strong self-management skills are often resilient and can persevere through a challenge.
- **Social Awareness:** An individual's ability to show empathy and take the perspective of others from diverse backgrounds. Understanding social and ethical norms.
- **Relationship Skills:** Establishing and maintaining healthy relationships with many individuals from diverse groups. Includes active listening, cooperating, resisting inappropriate social pressures and offering/seeking help as needed.
- **Responsible Decision Making:** The ability to make constructive and responsible choices about one's personal behaviour as well as towards others. Responsible decision making involves critical thinking and problem-solving skills that consider social norms, safety, and evaluation of consequences.

CASEL collaborative partner research has shown that students not only require academic training to succeed but also need to be given opportunity to develop social and emotional skills (SEL) for life and learning. The effects of SEL are significant. SEL instruction with fidelity in the classroom can have positive benefits for months and even years on the lives of children (Taylor et al., July 2017). SEL instruction has been shown to improve academic performance, increase SEL skills such as conflict resolution, friendship skills, and emotional literacy. It also contributes to increased positive attitudes and behaviours school wide. Additionally, SEL instruction has also been shown to result in fewer conduct issues, less emotional distress in the classroom and have positive effects on the reduction of substance use and at-risk behaviour in adolescents (Taylor et al., July 2017).

In the long term, studies that have followed students from kindergarten to early adulthood have



demonstrated that students with strong SEL skills typically have been shown to have more positive life outcomes (CASEL, n.d.). These students were more likely to graduate from high school, complete secondary studies, and obtain stable employment in early adulthood. Students were also less likely to be living in public housing, receive public assistance, be involved with the police or be detained in a correctional facility (Jones et al., 2015).

Teachers also benefit from the development SEL Skills. Teachers are more likely to stay in the classroom longer and find enjoyment in teaching when they have well developed social-emotional skills. In addition, teachers with high SEL skills are more likely to establish and maintain positive relationships with colleagues and students, more effectively manage student behaviour, regulate their own emotions, as well as serve as positive behavioural role models for their students (Jennings & Greenberg, 2009).

IMPLEMENTATION OF INDIGENOUS KNOWLEDGE AS VALID AND IMPORTANT WAYS OF KNOWING AND BEING

In *Decolonizing Education*, Marie Battiste asks us to consider that: for more than a century, Indigenous students have been a part of a forced assimilation plan. That their heritage and traditional knowledge has been rejected and ignored by the education system. This rejection of traditional knowledge has led to devastating impacts on the education and rearing of Indigenous children (2013, p. 23).

Battiste calls for the decolonization of the education system along with the re-inhabitation of traditional Indigenous educational and child rearing practices. Indigenous child rearing practices have traditionally focused on the development of the character and the wellbeing of the child. These practices directly challenge current colonial-centered practices and educational pedagogy. The crux of these practices focused on the concept of positive discipline. In essence, children were not disciplined but rather taught to have and show discipline in all their actions and words. For example, traditional practices recognize and honour children's positive contributions to the community and allow for natural consequences that help children to learn from their actions. A approach of non-interference also enabled children to develop resilience and self-control (Bigfoot, 1989). This philosophy of child rearing honoured children and was centered on their education and empowerment (Brendtro et al., 2002).

Traditional Indigenous educational practices focused on what Stanley Coopersmith defined as the universal needs for self-esteem: significance, competence, power, and virtue (Coopersmith,



1990). These concepts have been elaborated on in the creation of the Circle of Courage by Brendtro, Brokenleg, and Van Bockern in their 2002 book *Reclaiming Youth at Risk*:

- Significance was nurtured in cultural practices of inclusion and **belonging**.
- Competence was promoted by providing opportunities for **mastery**.
- Power was encouraged by creating opportunities and space for children to show **independence**.
- Virtue was taught via the encouragement and modelling of the very important cultural concept of **generosity**. (Brendtro et al., 2002)

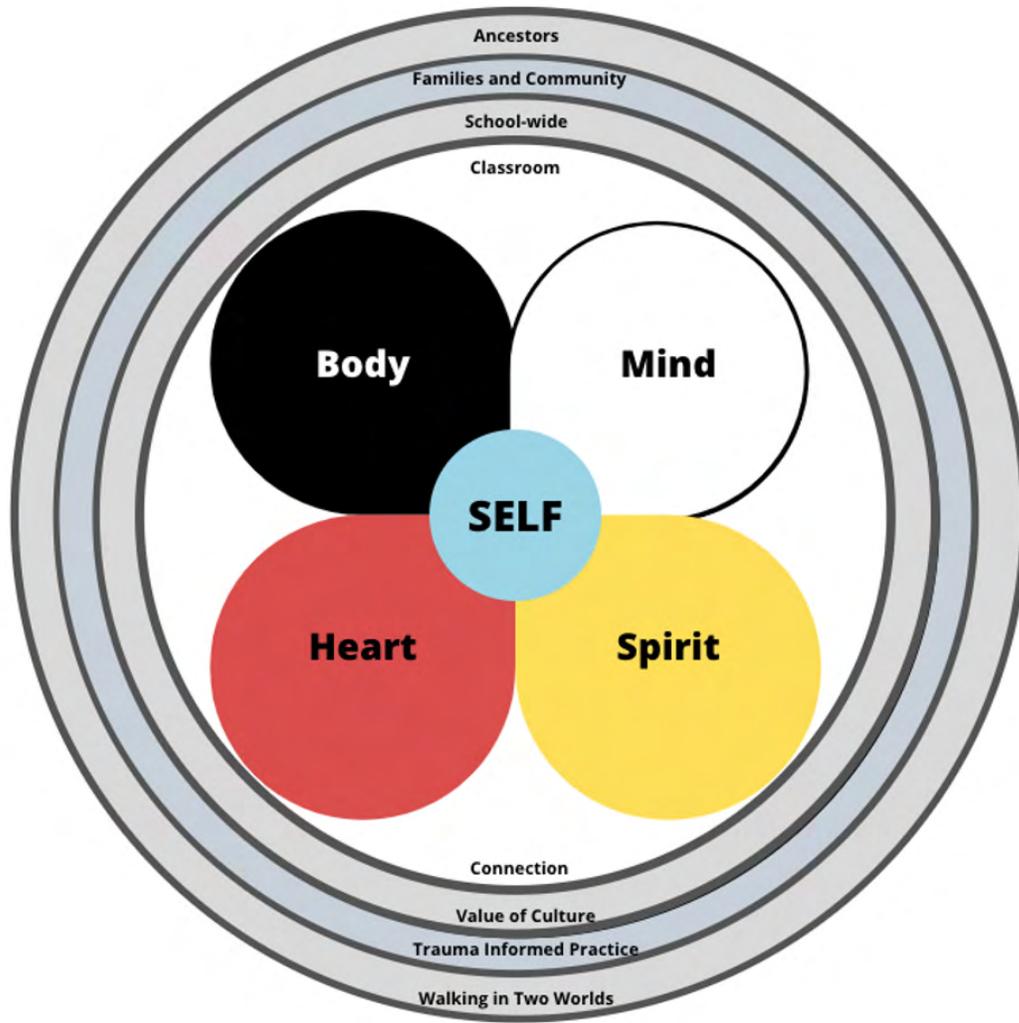
INDIGENOUS KNOWLEDGE AND SEL ARE CONNECTED

Indigenous knowledge and SEL have similar perspectives on the heart-mind connection. While separate entities, they can be seen as complimentary to one another in bridging the gap between the new and the traditional. Modern SEL has arrived at the importance of this mind-body connection through research and practice while Indigenous peoples have come to recognize the concept over many generations of raising and teaching their children (Wallace, 2016). It is important that Indigenous knowledge and SEL be included in teaching and learning of all students. This method of teaching decolonizes practice and recognizes the many paths to social-emotional and cultural wellbeing. It is essential that the path to Indigenous knowledge informed social-emotional learning (IK-SEL) be promoted via safe educational practices, and dynamically and carefully planned content (KASIS, 2016). Indigenous knowledge pedagogies refer to the use of traditional ways of transferring knowledge. For example, visits from Elders, storytelling, learning that occurs on the land do not necessarily require a separate formal SEL curriculum from what is currently available.



FIGURE 1

IK-SEL Framework: Embracing the Medicine Wheel as the Heart of the Framework



Note: This model is adapted from CASEL Framework (CASEL, n.d.) demonstrating the way in which the Medicine Wheel or Four Directions can be used to visualize IK-SEL.



THE IK-SEL FRAMEWORK: EMBRACING THE MEDICINE WHEEL AS THE HEART OF THE FRAMEWORK

Many Plains Peoples' cultures and knowledge systems view life as a holistic process. That is, all events, decisions, teaching, and decision making is contemplated from this perspective (Toulouse, 2011). This holistic perspective can be represented by the Medicine Wheel. The Medicine Wheel is a symbol of connection and unity and is representative of many aspects of Indigenous belief and culture. Before continuing, it is important to note that not all Indigenous peoples use the this as a guide, and it would be an error to assume that it is universal to all First Nations, Inuit, and Métis peoples. There is diversity in culture and traditions unique to each nation. It is recommended to explore the traditions and cultures of the First Peoples in your area as you begin to do this type of work. The purpose of the Medicine Wheel as central to this framework is one way to provide structure and an understanding of the ways in which the SEL model overlays with Indigenous knowledges and frameworks.

The circle teaches us that everything is connected, and that balance is an important part of *Mino-Pimisiwin* (Cree living in a good way). It is important to note that not all wheels look the same, the wheel may be represented by hoops or a sacred circle. Additionally, not all nations use the same colours in the same order, nor are the values and teachings attributed to them the same. It would be incorrect to make sweeping generalizations that all wheels have the same meaning (ATA, 2006). However, the wheels have the power of the number four in common. Four represents the many cyclical aspects of our natural world including but not limited to:

- The directions: east, west, north, and south
- The seasons: spring, summer, fall, winter (Some Indigenous cultures recognize more than four seasons. For example, the Woodland Cree recognize 6 seasons).
- Stages of life: birth, childhood, adulthood and old age
- Sacred plants: cedar, sage, tobacco, sweetgrass
- Aspects of the self: physical, mental, emotional and spiritual

It is these aspects of the self that are key to the development of the IK-SEL framework. In discussing the physical, the mental, the emotional and spiritual aspects of the self, I will focus on them in the context of their application to teaching and development of SEL skills. It is critically important that there is a balance between these aspects of wellness and that all are nurtured and developed together (FNHA, 2015).



THE DOMAINS OF THE SELF

THE PHYSICAL SELF

The physical self relates to the necessities for living in a healthy, happy body. These basics include food, shelter, exercise, proper clothing, and access to proper medical care (Coopersmith, 1990). A key component to the physical domain is a body that is thriving. In addition to this, the physical self also relates to ways of behaving and interacting with others in one's school community. These ways of being and doing are key to the development of SEL skills for students. In the classroom, the physical self can be engaged and encouraged to flourish through activities that are *interactive* and *collaborative*. SEL lessons that encourage *problem solving*, *small and large group work*, and *active listening* all promote development of the physical aspect of the self (Toulouse, 2011). Key to the development of the physical domain in an IK-SEL is the need for students to demonstrate the spirit of **mastery**. The *Circle of Courage* (2002) defines mastery as a feeling of competence that fuels a student's self-concept and builds self-esteem (Brown, K., n.d.). When a child's need for mastery is fulfilled the motivation towards further learning and achievement is enhanced. Traditionally in Indigenous cultures, much of learning for mastery was done through the practice of oral story and teachings. Children were taught by observing and listening to their elders. Story was not only a form of entertainment but also an important way of transmitting information and teachings to children (Brendtro et al., 2002). Stories were told many times as the repetition was important not only to develop the listening skills of youth, as well it passed on important history and culture (Lawrence et al. 2016). Games and play were also used to develop social and practical skills of children.

Many students who do not feel masterful may seek out alternative and less positive methods of mastery such as criminal behaviour (Brendtro et al., 2002). Alternatively, youth may retreat from any challenges resulting in feeling of futility and frustration. To avoid this outcome, it is important to create environments that provide opportunities for enrichment and authentic involvement in meaningful SEL activities that allow students to practice and cement positive ways of being and doing with others in the community.

Physical Wellness Promotes :

- Mastery
- Creativity,
- Motivation,
- Problem-solving
- Persistence
- Competence

THE EMOTIONAL SELF

The emotional self relates to the social connections and emotions we experience. This domain is expressed by our relationships with and understanding of others as well as our abilities to understand our own emotional state. A key tenet of this domain is our ability to accept and see value in the diversity of others, to be reflective in our thinking, and show a willingness to participate in and accept others in the school community (Toulouse, 2011).

Essential to the emotional domain is the spirit of **belonging**. In the *Circle of Courage*, belonging is defined as the need for a person to feel that they are a significant member of a community (Brown, n.d.). In this belonging, an individual is accepted and cared for by the other members. Their welfare is the concern of others, and the welfare of others is equally as concerning to them.

Traditionally kinship was not defined by blood but rather by behaviour. You belonged not because you shared a last name or bloodline, you belonged because you acted like you belonged (Brendtro et al., 2002) or conditions existed in which you felt you belonged. Treating others as having important social value was essential for children to thrive as well as for youth to grow into happy, healthy adults. Balance in relationships was reflected in the balance of a person's wellbeing.

Students who struggle with belonging or are unable to identify significant adults in their life that they can turn to for support are at great risk for un-belonging. If a young person is not responsive to adult or peer influence in the classroom, it is a signal that the child does not see themselves as belonging to the group.

These students often seek out alternative opportunities for belonging and may attach themselves to unsafe or dysfunctional groups of people and can find themselves emotionally and or physically at risk (Brendtro et al., 2002). Others who experience un-belonging may completely disengage from the school community and actively distance themselves from all adults, who they see as untrustworthy. To promote belonging in the school community it is important to provide activities, games, resources and classroom management techniques that develop relationship and social skills that promote belonging for all students.

Emotional Wellness Creates:

- Belonging
- Attachment, Relationship
- Cooperation
- Trust
- Intimacy



THE INTELLECTUAL SELF

The intellectual self can be defined as the mental activities we engage in during our day to day lives. This domain includes learning from experiences as we meet others and move throughout our world. The intellectual self is the inquisitive domain of the self and can occur in a variety of environments. A key feature of the intellectual self is the understanding that learning is a lifelong process (Toulouse, 2011).

An important facet of the intellectual self is the spirit of **independence** in one's thinking, being and doing. The *Circle of Courage* defines independence as a sense of power and self-determination (Brown, n.d.). Those who experience a sense of independence feel secure and have control over their thoughts, feelings and actions (Brendtro et al., 2002).

Autonomy was a very important aspect in traditional Indigenous child rearing. This was not an autonomy that was free and unregulated. A child's autonomy was gradually granted through opportunities to learn from and develop respect for Elders who taught them the desired behaviours through respectful interaction. Children were not disciplined but rather guided to develop discipline (Brendtro et al., 2002). Indigenous childrearing is reminiscent of Nel Noddling's (2013) ethics of care in that it was strongly influenced through the principal of guidance without interference (BigFoot, 1989).

Those persons without a sense of autonomy are in danger of developing a sense of learned helplessness and may see themselves as pawns for others who enforce their will upon them.

This sense of helplessness and lack of confidence in the self can lead to students who lack internal motivation to learn and to develop personally.

To promote independence in students is it important to give students authentic opportunities to take part in the learning process, to have a say in how their classroom/school communities engage, and to have their demonstrations of learning and voice celebrated in the classroom.

Mental Wellness Creates:

- Independence
- Autonomy, Responsibility,
- Self-discipline
- Leadership
- Assertiveness
- Confidence



THE SPIRITUAL SELF

While the other domains of the self are recognized in the heart-mind connections made in current SEL frameworks and curriculums, the spiritual self is a domain that is not generally considered in modern SEL thinking and is unique to IK-SEL. The spiritual self is comprised of all the thoughts, feelings, activities, traditions, and rituals that deeply connect us to the earth and all our relations. The key tenet of the spiritual self is the belief that we have a purpose greater than just our day-to-day existence (Toulouse, 2011).

Generosity is an essential part of the spiritual self. The *Circle of Courage* defines generosity as the unconditional sharing of time, caring, space, things and ideas (Brown, n.d.). Those who demonstrate generosity often have the characteristics of being altruistic, empathic, supportive, and demonstrate prosocial ways of considering others in their decision making.

For some Indigenous peoples, the concept of generosity is central to their cultural identity. One only need to look towards Coastal peoples and their tradition of the Potlatch to see generosity in action. The potlatch is a ceremony of gift giving often held to celebrate significant events in a family or community's life. At a potlatch, gifts are given to all attendees who are also fed and entertained. This ceremony is an integral part of coastal peoples' culture. An example can be found at the following website: (<https://umistapotlatch.ca/>). Generosity is closely linked with respect and reciprocity. Making connections that other people have the rights to the same freedoms and social resources and sharing them accordingly is fundamental to respectful behaviour. Providing opportunities for students to treat each other with generosity allows for the development of their own self-worth and contributes to the wellbeing of everyone (Brown, n.d.).

When youth are not provided with opportunities to receive, learn and practice generosity, they are at risk of not developing into caring adults. They may only seek out self-serving exploits or can become involved in relationships that lock them into servitude with an uncaring other.

To promote generosity and develop the spiritual self, it is important to provide students with opportunities to engage in service with and for others. Brendtro et al. (2002) note that service learning helps youth at risk to increase their self-

Spiritual Wellness Creates

- Generosity
- Empathy
- Altruism
- Connectedness
- Self-care
- Support



THE OUTER CIRCLES

The outer circles of the framework represent the contexts in which IK-SEL occurs as well as important aspects that must be considered in its implementation.

IK-SEL REQUIRES SUPPORT AT MULTIPLE LEVELS

As with conventional SEL, the emotional and educational goals of IK-SEL are more likely to be achieved when wide reaching and collaborative approaches are used across the educational context. Meaning that teaching IK-SEL is not only a subject or curriculum to be taught during a specific time during the week, but rather is meant to become a part of the culture and community of the classroom. IK-SEL is a practice rather than a subject. For IK-SEL to be true to practice, the classroom community it must encompass more than just what is contained in the four walls of the classroom. It should welcome and encourage the involvement and experiences of the school at large, parents and families, and honour the teachings and cultures of all our ancestors and relations.

IN THE CLASSROOM

Students develop SEL skills through explicit instruction of SEL lessons using culturally safe curriculums. IK-SEL instruction in the classroom should also take place in a variety of instructional practices and be incorporated across the curriculum. IK-SEL plays an essential role in the development of classroom climate.

SCHOOLWIDE AND DISTRICT

Research done by CASEL indicates that SEL skills develop and are integrated more quickly when all adults and leadership in the school community model good practices. Also important is the investment of time and money into providing culturally appropriate training and resources for staff. School-wide language, policy and procedures are also important and promote the importance of SEL to all members of the school community and to ensure its enactment across the school community.



To promote IK-SEL at the district level, it is essential that districts provide supports for strategic planning and funding for the training, resources, and implementation of IK-SEL. District support helps to foster positive climates throughout all schools for IK-SEL to thrive.

FAMILIES AND COMMUNITY

Parents and families are critical partners in the development of SEL skills. As with all learning, SEL starts at home. Families can model the skills and language used at school to help students master IK-SEL skills and concepts. Community partners are also an important piece of integrating IK-SEL skills. Afterschool programs and other extra-curricular activities are also excellent avenues for students to practice and develop the knowledge and skills of IK-SEL.

ANCESTORS AND PLACE-BASED CONSIDERATIONS

It is important that local peoples' traditions and ways of knowing and being are considered when implementing an IK-SEL framework. What will be implemented in a Pacific Northwest community will look vastly different from an IK-SEL framework implemented in Southern Manitoba. It is recommended that staff contact members of local Nations and/or collaborate with Indigenous education departments with questions regarding protocol and traditional teachings and understandings specific to the area.



IMPORTANT CONSIDERATIONS WHEN IMPLEMENTING IK-SEL

FIGURE 2

Essential Components of IK-SEL



Note. This figure is adapted from Wallace, 2016 and represents a way to visualize pathways to incorporating Indigenous knowledge with Social Emotional Learning.

IK-SEL CONSIDERATIONS

In their report, *Keeping Aboriginal Students in School (KASIS)*, SD #57 recommends that in keeping with Indigenous tradition, that there be a recognition of the many paths to the teaching and learning of SEL Skills. While this report focuses on Indigenous students in particular, the recommendations can be, and are important for all students in the school community. Schools across the province have very diverse populations and community members hold different understandings of what social and emotional well-being look like. In considering these different but valid ways of knowing, educators can be mindful of addressing the needs of all learners.

IK-SEL is an important part of reconciliation, decolonization and healing. Educators should

expect that some students and families will embrace it while other may reject it. Factors to consider when students, teachers and families reject IK-SEL are readiness of the student/family/community, the strength or content of the programming, or educator capabilities to teach. Rejection of the IK-SEL may also be a result of acculturation or internalized oppression felt by students or their families (Wallace, 2016). Additionally, if IK-SEL processes are not transparent and communication clear, some families may view the implementation of IK-SEL as a threat to their own cultural beliefs.

CONNECTEDNESS

As the late, great Rita Pierson said in her TED talk, “Every child needs a champion, an adult who will never give up on them, who understands the power of connection and insists they become the best they can possibly be” (Pierson, 2013). In an IK-SEL framework, connection is essential. Indigenous values see connection not only as the relationship between people, but as the relationship between ourselves and all our relations upon this earth including people, animals, plants and these lands on which we live. For many Indigenous peoples, the severing of connection to family and culture was a tool used by the government and other organizations to assimilate them into society. This has caused great harm and loss of rich knowledge and culture. Connectedness is a protective factor, and for student who have experienced reoccurring social disconnections, it is a healing and stabilizing force, and repairs bonds that have been lost because of decolonizing practices (Wallace, 2016).

Data from the Middle Years Developmental Instrument (MDI) developed by the Human Early Learning Project at the University of British Columbia shows that connectedness has a significant effect on students’ happiness and wellbeing (MDI, 2017). Supportive relationships with adults at home and school are the most important aspects related to children’s satisfaction with life. These strong and supportive relationships can also help to minimize other social risks for youth as they get older.

TRAUMA-INFORMED

Trauma is defined a response to a negative external event which surpasses a child’s normal coping skills. Indigenous peoples have a long history of trauma, abuse and erasure of traditional practices that has resulted in cultural genocide at the hands of the Canadian government. KASIS



describes this trauma as a soul wound (Wallace, 2016). This historical trauma is a cluster of traumatic events that have resulted in a collective response of maladaptive social and behavioural patterns that have been passed on from generation to generation. In addition, there has been a collective forgetting of traditional practices and values (Wallace, 2016). There is also research that suggests that this trauma be passed on at the epigenetic level to subsequent generations. (Katz, 2018).

In implementing an IK-SEL framework, it is essential to consider trauma informed practices. It is not the responsibility of teachers to provide mental health supports in regard to trauma but rather to be mindful of the individuals in their classroom communities, to plan lessons that are sensitive to trauma to the needs of traumatized learners, and to help students and families to connect with supports if necessary (i.e. counsellors, district mental health staff).

INDIGENOUS VALUES

Essential to incorporation of an IK-SEL framework is the valuing and incorporation of local peoples' ways of teaching and learning as valid and relevant ways of educating all children. Valuing culture and tradition as important removes the focus from the status quo of colonial practices that do not serve to teach many learners. Also important to the teaching of Indigenous values and teachings is reaching out to members of the community and elders to provide guidance and leadership. This may also serve to lessen the fears of teachers who have some reluctance to implement IK-SEL teaching in their own classrooms due to fears over appropriation and lack of knowledge of Indigenous understandings. This support should be offered at the school wide and district level to pre-emptively provide teachers support and relationships with knowledge keepers. This support can also help teachers to develop their own positionality around teaching Indigenous content and to work towards a deeper awareness of that acknowledges how nation diversity impacts their value systems (Wallace, 2016).

WALKING IN TWO WORLDS

Many children live in households that hold different cultural values than that of the world outside their front door. For Indigenous students this is known as walking in two worlds. This means that a person moves between two distinct cultures as a part of their daily life (Wallace, 2016). In one world, a student may be immersed in rich cultural traditions and interactions with



family and community members that promote the collective wellbeing and importance of community and family. Once they leave their front door, they often enter a world in which these values are not understood, and the individual must adapt to fit the societal norm (Wallace 2016). CASEL emphasizes the importance of the development of an accurate self-perception and identity as an important contributor to the development of SEL skills (CASEL, n.d.).

CONCLUSION

To conclude, Richard Wagamese describes the importance of unity and finding connections with one another in his book of meditations *Embers*:

Unity cannot exist when exclusion is allowed to occur. I was graced with this teaching years ago, when I was working as a traditional elder's helper. The teaching was given in the context of the sacred pipe, but its intention was to help me understand community. What brings us together cannot exist in the same time and place that keeps us apart. You. Me. Everyone. My Choice is to be aware of our similarities: our yearning for truth, peace, love belonging, welcome, grace, mercy, a god of our own understanding and at least one moment of real contact every day. Seeing that, I am made more, included, extended and in harmony (Wagamese, 2016, p. 40).

This framework is meant as a guide to help teachers and schools to promote social-emotional learning that responds to the needs of not only Indigenous learners, but to the needs of all students in the classroom. Using the guiding principles of this framework, it is my hope that educators can help students and families of all backgrounds to engage and participate in the reconciliation and decolonization process. There are beautiful and valuable teachings to be learned from traditional Indigenous teachings and methods of child rearing. Using these practices is an excellent step in the decolonization of our education system. Moving away from a system that relies on the discipline and isolation of children resulting in futility, lack of belonging, powerlessness and lack of caring is essential. By embracing IK-SEL we can create environments where we teach children to have discipline resulting in youth and adults who experience belonging, mastery, independence, and generosity.



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PROFILES

JASKWAAN AMANDA BEDARD
TSIITS GIT'ANEE CLAN, ĠAW TLAGEE, HAIDA GWAI



Jaskwaan Bedard is a mother, singer, Haida language learner and teacher from Ġaw Tlagee (Old Massett) Haida Gwaii. She is in her third year of the Individualized Interdisciplinary PhD program at Simon Fraser University with a focus on Indigenous language revitalization. Jaskwaan is the “Team Lead” for the *ħaad Kíl Née*, Haida Language office in Ġaw Tlagee, and works to strengthen the dialect of ħaad Kil through programming and resource development. She is also the Haida Language and Culture Curriculum Implementation Teacher for School District #50, and is in her final term as Director on the Board of the First Peoples Cultural Council (FPCC). With her M.A. in Indigenous Governance, her B.A in History from the University of Victoria; and her teaching degree from SFU, Jaskwaan considers her greatest education the completion of FPCC’s three- year Mentor Apprentice Program, learning Xa ad Kil from the late Primrose Adams.



COURTNEY DEFRIEND

TI'YUQTUNAT, COAST SALISH FROM STZ'UMINUS FIRST NATION
AS WELL AS EUROPEAN FROM SCOTLAND AND DENMARK



Courtney Defriend is a member of the Stz'uminus (Chemainus) First Nation and is also of Danish and Scottish descent. She shares her traditional name, Ti'yuqtunat, with her Grandmother on her mother's side. The name she carries relates to the meaning of someone who uses the guidance of ancestors to serve the community. Courtney is currently pursuing her Doctoral of Social Sciences at Royal Roads University with a focus on accessibility to health services for First Nations people living off-reserve. Prior to her current studies, Courtney has worked in Indigenous communities with children, youth, and families with a Bachelor of Arts in Child and Youth Care with a First Nations specialization and more recently in community development through her Master of Arts in Leadership. Courtney also holds a certificate in Family Mediation and has a passion for working for the betterment of Indigenous families and communities. Courtney lives on the Snuneymuxw (Nanaimo) territory with her young family and currently works at First Nations Health Authority.



KATE DUNN



DAWN MARSDEN



In my academic work, there's been a continuing theme, of applying Indigenous knowledge to environmental sustainability, public health & wellbeing, education, research and space sciences. I have diplomas or degrees in environmental health, anthropology, environmental science, education, nutritional therapy and am working on applied astronautics and counselling psychology. I've worked as a health inspector, academic advisor, assistant professor, and until the corona pandemic, I ran a small contract research business (Good Relations Research & Consulting) sleuthing out what was going on in various Indigenous community, health, government, or educational agencies, which kept me grounded, kept me connected and gave me continuous research practice. I've become particularly adept at digesting large volumes of in-house documents, listening to what people have to

say, and converting what's been shared into reports, presentations, or strategic plans. My next direction? If you're interested in researching applications of Indigenous knowledge to eco-social health, community counselling, space science, or developing Indigenous space science camps, let me know!



My perspectives and worldview have been influenced by my Anishinaabe and French ancestry, my off-reserve locations, my connections to my First Nation (Mississaugas of Scugog Island), my military brat upbringing, my large extended family, my friends, my journeys, the many stories shared with me by Indigenous Elders and knowledge keepers, and my spiritual life. Everything I know was learned from someone; Gitche Miigwetch!

JUSTIN TURNER

RED RIVER MÉTIS AND EUROPEAN DESCENT



Justin is a PhD student and registered occupational therapist (OT, Reg. BC), currently undertaking his doctoral degree in Rehabilitation Sciences at UBC. He previously completed a Master of Occupational Therapy at UBC, an Honours BA in Psychology at the University of Lethbridge, and an Associate of Arts in Psychology at Selkirk College. Born in Lethbridge, AB (Treaty 7 territory), Justin now rents an apartment near Kitsilano Beach, located on the unceded territories of the Sḵwxwú7mesh (Squamish), Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) and xʷməθkʷəyəm (Musqueam) Nations. Justin is a Métis Nation of BC citizen with mixed European settler and Red River Métis ancestry.



HOLLY VIVIER

Holly Vivier is a District Resource teacher for Social Emotional Learning at the Vancouver school Board. She has been in education for 17 years and has worked extensively with children in behaviour and social-emotional programs throughout the district during her career. In her current role, Holly manages , provides support and in-service to teachers for the VSB's Social Emotional Learning Centre (SEL). The SELC program provides SEL training and support to primary students in grades 1-3. Holly's masters studies focuses on the intersections of Social Emotional Learning, Indigenous knowledge and child rearing practices. She is a mum to a 19 year old son, avid hiker, and currently resides in Vancouver, BC.

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