

Places of Tradition, Places of Research:
the evaluation of traditional medicine workshops using
culturally and locally relevant methods

by

Lynn Barwin

A thesis submitted to
Professor Eric Crighton
Professor Brian Ray
Professor Brenda Macdougall
and Professor Luisa Veronis
of the Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of
the requirements of the degree of

Master of Arts

Department of Geography

University of Ottawa

Ottawa, Ontario

23 May 2012

© Lynn Barwin, Ottawa, Canada, 2012

ABSTRACT

This thesis examines how traditional medicine workshops offered by an Aboriginal health centre contribute to capacity re-building through self-care in two local communities in Manitoulin Island, Ontario. Health disparities that exist between Aboriginal people and the rest of the population have prompted a need to better understand health determinants that are of relevance in these communities including the importance of culture, tradition, and self-determination. A variety of qualitative methods were employed in this work including in-depth interviews, focus groups and “art voice.” The use of art voice on Manitoulin Island advances decolonizing methodologies by emphasizing how the incorporation of locally and culturally relevant methods or “methods-in-place,” is an effective way to engage communities in the research process. Results show the need to approach traditional teachings, health programs, and research from an Aboriginal worldview and indicate that more frequent workshops are required to empower youth and adults to practice and share traditional knowledge. Furthermore, a continuum exists in which the interest in language, culture, and tradition increases with age. Capacity can therefore be re-built over time within communities promoting autonomy and self-determination through self-care. Findings can be expected to further inform the traditional programming in participating communities, enhance existing Aboriginal determinants of health models by including traditional medicine as an element of self-care, and can act as a springboard for the inclusion of unique place-based methods into community-based research projects in the future.

RÉSUMÉ

Cette thèse examine de quelles façons les ateliers de la médecine traditionnelle qui sont offerts par un centre de santé autochtone, contribuent à la capacité de reconstruction à travers la méthode d'auto-soins dans deux collectivités locales de l'île Manitoulin, en Ontario. Les disparités en santé qui existent entre les peuples autochtones et le reste de la population ont provoqué le besoin de mieux comprendre les déterminants de santé qui présentent un intérêt dans ces communautés, incluant l'importance de la culture, la tradition et l'autodétermination. Une variété de méthodes qualitatives ont été employées dans ce travail, y compris des entrevues en profondeur, des groupes de discussion et la «voix artistique." L'utilisation de la voix artistique dans l'île Manitoulin avance des méthodologies de décolonisation en soulignant l'importance d'incorporer à l'échelle locale des outils culturellement pertinents ou "méthodes en place ". Ceux-ci sont un outil efficace pour engager les communautés dans le processus de recherche. Les résultats montrent le besoin d'aborder les enseignements traditionnels, les programmes de santé et de recherche à partir d'une vision du monde autochtone. Ils indiquent aussi que des ateliers plus fréquents sont nécessaires pour autonomiser les jeunes et les adultes et les inciter à pratiquer et à partager les enseignements traditionnels. En outre, un continuum existe, dans lequel il y a une augmentation avec l'âge de l'intérêt envers la langue, la culture et la tradition. La capacité peut donc être reconstruite au fil du temps, au sein des communautés, en stimulant l'autonomie et l'autodétermination à travers l'auto-soin. On peut s'attendre à des résultats qui révèlent une information plus complète sur la programmation traditionnelle dans les communautés participantes. Ces résultats développent davantage des modèles déterminants de santé des autochtones, ainsi que la médecine traditionnelle comme un élément d'auto-soin. Cela pourra agir comme

tremplin pour l'inclusion de méthodes basées sur 'le lieu unique' dans des projets de recherche communautaire.

ACKNOWLEDGMENTS AND DEDICATION

So many people have contributed to this project. I would like to thank the staff of the University of Ottawa, Department of Geography who have been welcoming and helpful from the start. To my colleagues and friends in the Health and Environment Lab (HEALab) – it has been such a pleasure sharing scholarly inspirations, baking, gossip, and laughter. A special thanks to Jing Feng for her skillful map-making and invaluable computer advice.

I have been blessed with a stellar line-up for my thesis committee: Thanks to Brian Ray who has helped me to critically unravel qualitative methodologies and embrace human geography; and to Dawn Smith of the Faculty of Nursing for responding to my panicked emails from Manitoulin Island and for finding the time for me, always offering sound advice. I am grateful to Brenda Macdougall for jumping on board at the eleventh hour and for her insightful suggestions and advice. Thanks to co-supervisor Luisa Veronis for her meticulous editing, brilliant insights, undying enthusiasm, sensitivity, and constant warmth. My utmost gratitude goes to co-supervisor Eric Crighton for believing in me from the start, for his wacky sense of humour, attention to detail, time and availability – and for seamlessly switching between supervisor and friend, and never having to compromise on either.

Miigwetch to the communities of Zhiibaahaasing and Aundeck Omni Kaning for receiving me with kindness, to Pamela Williamson and the Noojmowin Teg Health Centre for letting this project happen and for the use of the facilities and technical support. Thanks to Art Facilitator Mark Seabrook for encouraging the kids to draw and

for making it fun, as well to the Naandwegamik Health Centre for use of the boardroom, access to the staff, and for welcoming me. I would especially like to thank Debbie King who was invaluable in the last-minute recruiting of young people and who made me feel as though I was not an ‘outsider’. Thanks to Diane Abotassaway at Endaang Tourism for the beautiful place to stay (and for not calling the police when I climbed through the window).

The biggest Chi Miigwetch of all to project collaborator Marjory Shawande to whom I am eternally grateful for her ideas, guidance, insight, and vision – and for taking a chance on that first email. Her wisdom has enlightened and inspired.

I am grateful for my supportive community of friends in the Gatineau Hills, who have kept me sane and have nourished me with friendship.

I am indebted to my omnipotent parents for their limitless love, generosity, and for standing by me regardless of the paths I’ve chosen over the years.

And finally to my boys Calem, Orin and Kieran who continue to motivate, encourage and fill me with pride. Though I may have finished a little sooner if it weren’t for all the driving and cooking and homework and outings, I do not regret a moment of time spent with them.

For my husband and best friend
Erik
who makes my space
a place

TABLE OF CONTENTS

ABSTRACT	II
RÉSUMÉ	III
ACKNOWLEDGMENTS AND DEDICATION	V
TABLE OF CONTENTS	VII
PREFACE	IX
CHAPTER 1	1
Introduction	1
1.1 Objectives	3
1.2 Background and Literature Review	5
1.2.1 Aboriginal Health in Canada	5
1.2.2 Social Determinants of Health and Conceptual Framework	6
1.2.3 Aboriginal Determinants of Health	7
1.2.3.1 Self-care	9
1.2.3.2 Traditional Medicine	10
1.2.3.3 Self-determination and self-governance	12
1.2.3.4 Colonization and Residential Schools	13
1.3 Case Study: Manitoulin Island	15
1.3.1 Noojmowin Teg Health Centre and Traditional Medicine Program	17
1.4 Methodological Considerations	18
1.4.1 Decolonizing Methods and Working with Youth	19
1.4.2 Ethics – MARRC and OCAP	21
1.5 Organization of the Thesis	23
CHAPTER 2: Methods-in-place	26
Abstract	26
2.1 Introduction	27
2.2 Background	29
2.2.1 Community Context	29
2.2.2 Research Context – Aboriginal Health on Manitoulin Island	31
2.2.3 Decolonizing Methods	33
2.2.4 Place	35
2.2.5 Art Culture and History on Manitoulin Island	36
2.3 Methodology: the development of a method	38
2.3.1 Art voice as a method-in-place on Manitoulin Island	41
2.3.2 The places of the project	48
2.4 Conclusion	54
Endnotes	56
References	58
CHAPTER 3: Teachings around self-care and medicine gathering	65
Abstract	65
3.1 Introduction	66
3.2 Background	68
3.2.1 Aboriginal Health: Determinants, Traditional Medicine, and Capacity	68
3.2.1.1 Aboriginal Determinants of Health	69

3.2.1.2 Self-care	70
3.2.1.3 Capacity re-building	71
3.2.1.4 Tradition and traditional healing	72
3.2.1.5 Self-determination	74
3.2.1.6 Aboriginal Relationships to the Land	76
3.2.2 Youth	77
3.3 Methodology	78
3.4 Results and Discussion	82
3.4.1 Repetition	83
3.4.1.1 Sharing	86
3.4.2 The Transformation from Youth into Adulthood	88
3.4.3 Culture, Language and the Relationship with the Land	91
3.4.4 Relationships with the Land	96
3.4.5 Self-Determination and Self-care in Re-building Capacity and Health	99
3.4.6 The Need to Incorporate an Aboriginal Worldview into Healthcare	101
3.5 Conclusion	105
References	108
CHAPTER 4	117
Summary and Conclusions	117
4.1 Review of the Research Results	117
4.1.1 Summary of findings	119
4.1.1.1 Objective 1: Self-care, and capacity re-building	119
4.1.1.2 Objective 2: Protecting the environment	119
4.1.1.3 Objective 3: Language, tradition, and culture	120
4.1.1.4 Objective 4: Reflecting on the research process	120
4.2 Contributions of the Study	121
4.2.1 Theoretical contributions	121
4.2.2 Methodological Contributions	122
4.2.3 Substantive contributions	123
4.3 Limitations and Challenges	125
4.4 Directions for Future Research	128
REFERENCES	131
APPENDIX 1: Interview Guide for Key Informants	148
APPENDIX 2: NVivo8 Key Themes and frequencies	152
APPENDIX 3: Summary of Visits to Manitoulin Island	156

PREFACE

Engaging in research involving Aboriginal people as a non-Aboriginal person

I would like to preface this thesis with a brief discussion about research and intention – what Cree researcher Shawn Wilson calls “checking your heart” (Wilson, 2008:60) – about the challenges I’ve faced in trying to understand and embrace two different worldviews or research paradigms while attempting to be true to both. This study started as a simple academic pursuit with the hope that I would find an Aboriginal group who would benefit from my Master’s research. The deeper I delved into the research and the more people I spoke to in the study communities and beyond, the fuzzier the objectives became.

I started to ask with increasing frequency: How does one try to understand an Indigenous worldview as a non-Aboriginal person? How do we apply an Aboriginal worldview to academia when there are inherent contradictions? How can we exercise academic rigor while still maintaining ethical integrity? Who is research really for and how does one satisfy the demands and timeframe of the academy while honouring and respecting the needs of a community? There is a growing number of academics attempting to answer these questions and to find a place to work between the dichotomy, where communities can become more involved in research or indeed take it over completely, and where researchers are a conduit for channeling and informing research so it most benefits communities. Yet when framed in the context of an academic paradigm, we fall short of answering these questions.

Even the choice of a *methodology* or identification of a *paradigm* reflects underpinnings in a Western academic framework. The best attempt I could make to

overcome this drawback was to acknowledge my position as a non-Native academic, consult with Marjory Shawande, my collaborator on this project who is Anishnabe, and to enter into the dialogue with respect, an open mind and an open heart. Even though I *conducted* interviews and focus groups, I was also very much a part of the conversation, allowing my own cultural identity and opinions to weave their way into the data. Although this is surely frowned upon in the scientific quest for knowledge and objectivity, I make no apologies as it is precisely this subjectivity which I believe allows for open and honest discussion and optimizes useful and meaningful results.

Given the limited timeline allotted for a Master's thesis and an understandable and continued mistrust by Aboriginal communities towards academic research which 'studies' them, I do not pretend that this project has found that middle ground, the "ethical space" (Ermine, 2007) in which to conduct research. However, I do believe that because I have entered this process with openness and good intention and having been acutely aware of my position in this research (as a white, 42-year-old mother of three of Jewish heritage), I am hopeful that the words which follow reflect integrity and do justice to the people for whom this work is ultimately intended. Who we are as researchers (and the role we fill in a given place) has everything to do with how we see things, how we go about our routines, how we ask questions and how we interpret results. We are people doing research – interacting, interfacing, exchanging ideas with other people – and though there is no way to empirically measure the impact of this position, we must acknowledge it and be guided by it as we move about our spaces.

I have been inspired by Willie Ermine's (2007) ideas on "ethical space" throughout the research process: I looked at a picture of this simple model (figure 1) every time I sat

down at my desk in the HEALab of the Department of Geography. Ermine's model represents the neutral place where mutually respectful discourse can occur. As researchers we can strive to "work the hyphens" (Fine, 1994:70), to shed the confines of self/other, the colonizer/indigene dichotomy. I have worked as much as possible to situate myself in the middle of the two worldviews, in this "ethical space of engagement" (Ermine, 2007: 193) and I sincerely hope that others may be equally inspired upon reading this thesis to do so as well.

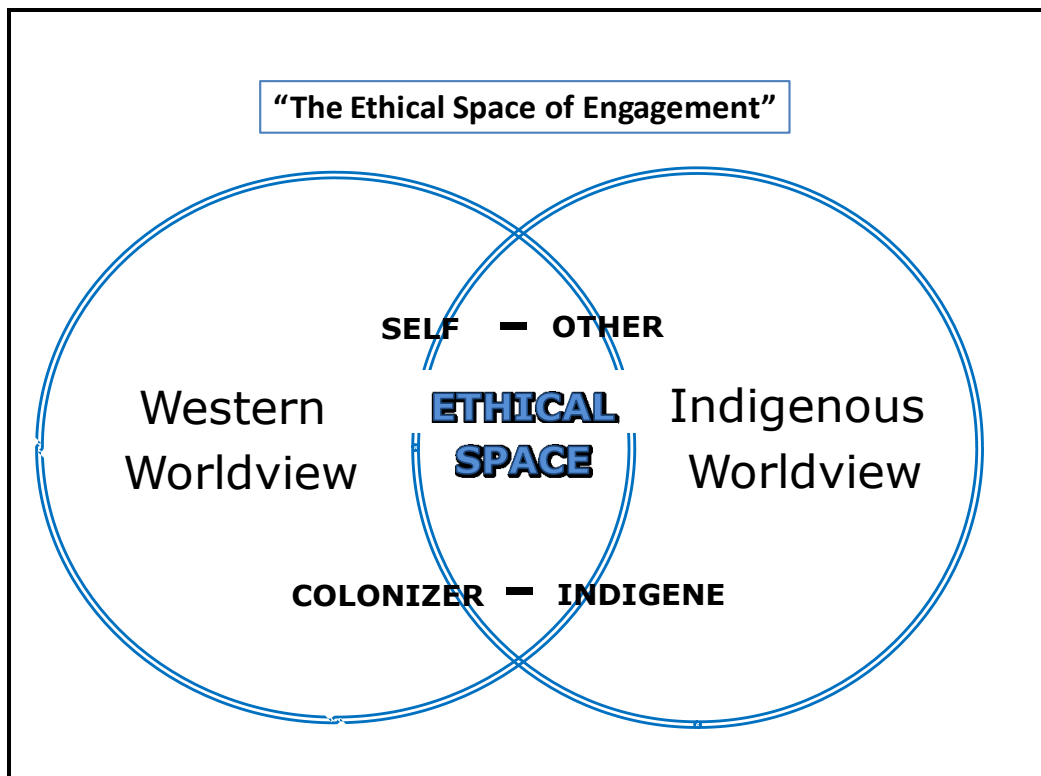


Figure 1. The Ethical Space of Engagement (adapted from Ermine, 2007)

This thesis is organized according to an article format and consists of two research papers in preparation for submission to the *International Journal of Qualitative Methods*

(Chapter 2) and *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* (Chapter 3). The objectives of the research project, a literature review, and how the two articles relate to each other are described in the Introduction of the thesis. The two chapters that follow are formatted as articles according to the requirements of the peer-reviewed journals to which they have been submitted. The research papers included in the thesis are:

Chapter Two:

Barwin, L., Shawande, M., Crighton, E.J., and Veronis, L. Methods-in-place: “art voice” as a locally and culturally relevant method to study traditional medicine programs on Manitoulin Island, Ontario. *International Journal of Qualitative Methods*, (in preparation).

Chapter Three:

Barwin, L., Shawande, M., Crighton, E.J., and Veronis, L. Teachings around self-care and medicine gathering on Manitoulin Island, Ontario: re-building capacity begins with youth. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, (in preparation).

The first author, Principal Investigator (PI) and Master’s candidate was responsible for the research throughout the process including the proposal, fieldwork, data collection, transcription of data, qualitative analysis, and manuscript writing. Second author Marjory Shawande, Traditional Coordinator at Noojmowin Teg Health Centre, worked collaboratively with the PI to formulate research questions, objectives, and methods, facilitated the introduction to the two participating communities, conducted traditional medicine teachings as part of research workshops, and reviewed final manuscripts. Dr. Eric Crighton and Dr. Luisa Veronis, co-supervisors to the PI, provided guidance on the conceptualization of the project, editing of the research proposal, contributed to the design of the methodology, and extensively edited the final papers.

CHAPTER 1

Introduction

Aboriginal peoples are engaged in an ongoing process of re-articulating themselves in the modern world in ways that honour their ancestors, maintain links with crucial values, and creatively respond to the exigencies of a world simultaneously woven together by electronic media and driven apart by conflicts of culture and value. (Kirmayer et al., 2003:S19)

Awareness about the circumstances in Aboriginal communities tends to ebb and flow among Canadians. Periodically, the media highlight issues around poor living conditions, widespread addiction, and high rates of youth suicide, homelessness, environmental problems, or corruption in band councils. The public often responds to these crises with outcry, shocked that the government could let this happen, and briefly pushes for change. However, attention soon dissipates and many dire issues in urban and remote communities alike often go unnoticed and unaddressed. The most recent of these notable flare-ups occurred in the community of Attawapiskat, Ontario, where inadequate housing and alleged mismanagement of government funds have caused the media, public, and government to react, offering aid and promising a commitment to mitigating such problems in the future. Attempts have been made to better understand the complex problems that exist in contemporary Aboriginal communities and to develop solutions (Penner Report, 1983; RCAP, 1996). Prime Minister Steven Harper's public apology for the atrocities committed at residential schools at the National Day of Reconciliation for Canada's First Nations on June 11, 2008 and the formation of the Truth and Reconciliation Commission to allow survivors to tell their stories (TRC, 2012), are positive steps towards understanding and healing. The foundation of the Inuit territory of Nunavut in 1999 was also an endorsement

towards increased political control in Aboriginal communities (Nunavut, 2012). Most recently the Crown-First Nations Gathering in Ottawa January 24, 2012 (Canada, 2012) opened new discussions around housing, economics, and education in Aboriginal communities.

Many Aboriginal leaders and scholars, however, feel that the root of socioeconomic problems is not being addressed. Some believe the focus should be on the maintenance of language and culture, and on the fundamental relationship with the land via an Aboriginal worldview (Alfred, 2009; Alfred and Corntassel, 2005; Cardinal, 2001; Martin Hill, 2009; Wilson, 2000; Richmond, 2009). Others think that Aboriginal people in this country must focus on economic success and education, moving forward in the contemporary context for communities to thrive and flourish, which has been likened to assimilation (Anderson, et al., 2006; Anderson, 2002; Manny Jules in Flanagan, 2010). Despite these different viewpoints, the two perspectives agree that Aboriginal people lost control of land, governance, housing, and healthcare upon the arrival of Europeans over 400 years ago (Miller, 2010). Many of the problems faced in communities today are attributed to disempowerment of consecutive generations via residential schools and widespread foster care, and it is argued that when Aboriginal people are in full control of all aspects of their lives, including governance, housing, health, economics, land management, and research, true change will ensue (RCAP, 1996).

This thesis investigates one aspect of the broader goal to regain control: how Aboriginal people might rebuild capacity in communities by practicing self-care via traditional medicine gathering and by participating in the research process. Current Aboriginal health projects have made use of innovative and culturally relevant decolonizing

methods such as photovoice (Castleden et al., 2008), talking circles (Becker, 2006), and digital storytelling (Gubrium, 2009) to better understand the health disparities between Aboriginal people and other Canadians. Some findings point to the trauma experienced in residential schools as the underlying cause of poor health (Czyzewski, 2011; Martin Hill, 2009; Richmond, 2005). Other studies have looked to self-determination, tradition, culture, language, and the relationship to the land as distinct determinants of health in these populations (Adelson, 2000; Healey and Meadows, 2008; Richmond and Ross, 2009; Wilson and Rosenberg, 2002). Still other research has investigated how integrating traditional medicine in clinical settings may allow Aboriginal people to bridge the gap between two worldviews, benefitting from both (Maar et al., 2009; Maar and Shawande, 2010; Robbins and Dewar, 2011; Walker et al., 2010). These works have vastly improved our understanding of Aboriginal health in this country and have helped to determine which approaches to research may best support the people it represents. Our project takes these ideas one step further by investigating the relationships between traditional medicine teachings, self-care, the environment, and capacity re-building using a locally and culturally relevant methodology.

1.1 Objectives

Previous studies have determined that the further investigation of integrative approaches to traditional programming at the Noojmowin Teg Health Centre (NTHC) on Manitoulin Island was required (Maar and Shawande, 2010; Manitowabi, 2009). Based on this need and in collaboration with Marjory Shawande, the Traditional Coordinator at NTHC

I set out to answer questions around traditional medicine workshops self-care. The specific aim of this thesis is to better understand the role of traditional medicine as an element of self-care, and how these determinants may contribute to the re-building of capacity and associated self-determination in two Aboriginal communities. This project has four specific research objectives:

- (1) to understand how traditional medicine workshops offered through Noojmowin Teg contribute to capacity re-building through self-care among youth in two First Nations communities on Manitoulin Island;
- (2) to investigate how learning about medicines retrieved from the land contributes to a greater awareness of local habitat and subsequent interest in protecting the environment;
- (3) to examine the role of language, tradition, and culture as determinants of health in First Nations communities, particularly for youth; and,
- (4) to evaluate best methodological practices for local community-based health research.

The first two of these objectives, pertaining directly to the role of traditional workshops at the health centre, were tailored to a specific location and health service context. However, we also understood that broader objectives ought to be considered, the results of which might be applied in other First Nations communities. Therefore the third objective is concerned with Aboriginal determinants of health. As the project further evolved to address methodological considerations, the fourth objective which focuses on culturally and locally relevant research, was subsequently added.

1.2 Background and Literature Review

1.2.1 Aboriginal Health in Canada

Life expectancy, rates of employment and education among First Nations, Métis, and Inuit in Canada continue to be lower than among the rest of the population reflected by higher suicide rates, higher levels of obesity, diabetes, and some cancers, higher HIV risk factors, and elevated rates of renal and cardiovascular diseases (Adelson, 2005; Cooke *et al.*, 2004; Health Canada, 2009; Healey and Meadows, 2008; Kirmayer *et al.*, 2003; Loppie Reading and Wien, 2009; Waldram *et al.*, 2006; Wilson and Young, 2008). The indicators of health among Aboriginal youth are even more troubling, with rates of suicide five to six times higher than non-Aboriginal youth, as well as significantly higher rates of diabetes, obesity, alcohol and drug abuse, and sexually transmitted diseases (Ball, 2005; Critchley *et al.*, 2006; Kirmayer *et al.*, 2003; Sayt K'üülm Goot, 2006; Willows, 2005). Since demographically the Aboriginal population in Canada is growing twice as fast as the rest of the population, with one-third under 15 years of age and the mean age approximately 10 years younger (Ball, 2005; Kirmayer *et al.*, 2003), it is even more crucial to understand the underlying causes of ill-health among youth. While it is difficult to obtain statistics for individual communities, the health status of Anishnabek on Manitoulin Island is thought to be comparable to the national Aboriginal situation. Inhabitants of the Sudbury and District Health Unit (SDHU), of which Manitoulin Island is a part, experience cancer rates higher than the rest of Ontario; 19% of adults are obese, and 42% are overweight. Among youth in this region, rates of drug and alcohol use and abuse are significantly higher than in other regions (SDHU, 2007). Health workers at Noojmowin Teg in Manitoulin have observed

comparable issues and health disparities on the Island including substance abuse, mental illness and high rates of suicide particularly among youth. Aboriginal health has been among the higher priorities in federal government health research initiatives.

In the 1983 Penner Report, the Special Committee on Indian Self-Government suggested that a more holistic approach which focuses on prevention and integration of traditional healing within a conventional biomedical model is required to reform Aboriginal healthcare in Canada (Penner, 1983). There have been sizeable financial investments towards a separate administrative body for First Nations health (the First Nations and Inuit Health Branch or 'FNIHB' falls under the umbrella of Health Canada) as well as movement towards community control of healthcare via provincial transfer payments as recommended by the Romanow Report (2002). However, there are still large health disparities that may be the result of social determinants such as poverty and poor education as opposed to access to health services within communities (Adelson, 2005; Obomsawin, 2007).

1.2.2 Social Determinants of Health and Conceptual Framework

Health is determined by more than physiological factors such as genetic predisposition (Evans and Stoddart, 1990; Lalonde, 1974). Social factors including education, housing, social capital and economic status are now universally understood as contributing to health and including these factors creates a more holistic definition of health and its determinants (Dyck, 2010; NAHO, 2008; Public Health, 2009). The World Health Organization regards the determinants of health as “personal, social, economic, and/or environmental factors that determine the health status of individuals or populations” (2008). Furthermore, more complex understandings of these social and environmental determinants are beginning to

surface, including the causal (or distal) factors such as structural and social inequities (Czyzewski, 2011). Indigenous peoples throughout the world are unique in experiencing the negative health impacts associated with colonization (Czyzewski, 2011; Loppie-Reading and Wien, 2009), the root cause of these inequities in many countries.

1.2.3 Aboriginal Determinants of Health

Studies have identified tradition, culture, self-determination and the relationship to the land as factors that play particularly important roles in determining the overall health and well-being of Aboriginal populations (Adelson, 2000; Dyck, 2010; Ferreira and Lang, 2006; Healey and Meadows, 2008; NAHO, 2008; Minore and Katt, 2007; Richmond and Ross, 2009; Wilson, 2003). Existing Aboriginal Determinants of Health models take into account relevant determinants including self-determination, self-governance, capacity re-building, colonization, social capital, culture, language, and tradition, and the relationship to the land (Dyck, 2010; Hankivsky and Christoffersen, 2008; Waldram et al., 2006; Loppie Reading and Wien, 2009; Wilson, 2002). Below I propose a framework (figure 2) that builds on prior models, paying particular attention to traditional plant medicine as an element of self-care, capacity re-building, self-determination, and culture, language, and tradition since they are most relevant to this project. Concentric circles represent how determinants impact health at different scales from the micro level of self-care and the individual, to the macro-level of community self-determination and associated population health. Outside the circles lie spiritual or cosmological influences which will be highlighted in this thesis as being of vast importance to many Aboriginal communities. Finally, the need to approach healthcare and research from an Aboriginal worldview is an underlying theme that emerged from this

project and is included at the bottom right of the diagram. Throughout this thesis, I consider the relationship between these determinants and traditional medicine teachings on Manitoulin Island within the context of an Aboriginal worldview.

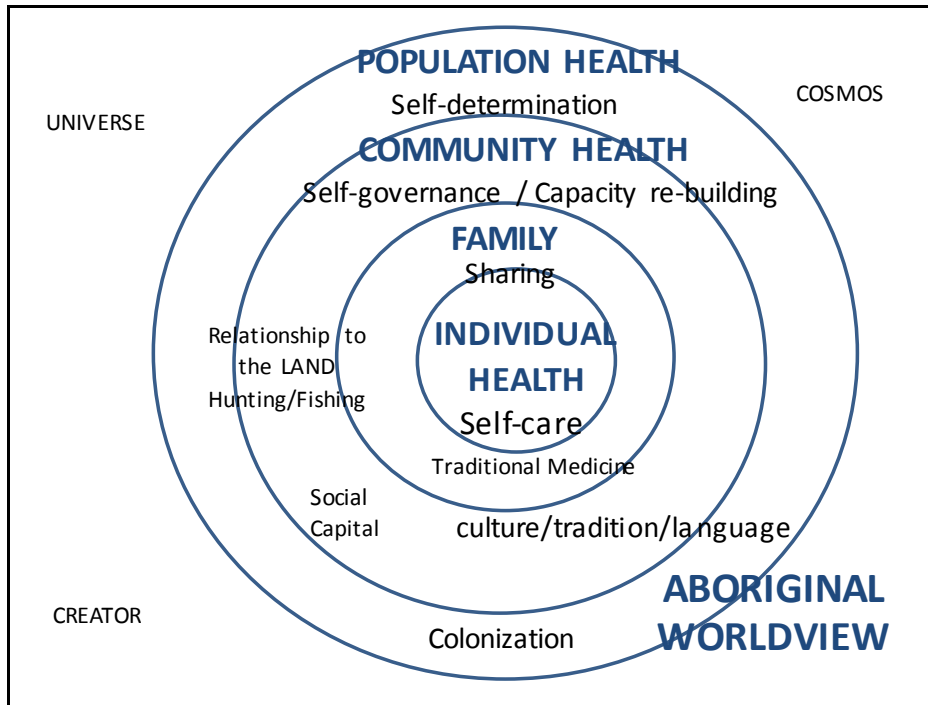


Figure 2. Aboriginal Determinants of Health

Identifying these determinants has helped to better understand Aboriginal health disparities and has warranted a push for more effective culturally relevant healthcare in Aboriginal communities. Yet there is a gap in research that investigates the role of traditional medicine utilizing community-based methodologies (Wilson and Young, 2008). Having assessed the traditional programming at NTHC on Manitoulin Island, traditional coordinator Marjory Shawande and researcher Marion Maar (2010) established that “[f]urther research is necessary to improve [the] understanding of client experiences with this integrated approach and the impact on wholistic health and well-being” (18). This thesis

seeks to fill these gaps both by examining integrated approaches to traditional medicine as a form of self-care and by using community-based culturally relevant methods.

1.2.3.1 Self-care

In collaboration with Marjory Shawande, we identified self-care as being an important focus for the Life Skills Program at the Noojmowin Teg Health Centre on Manitoulin Island; traditional medicine gathering workshops are part of the this larger program (Noojmowin Teg, 2011). In the broader healthcare literature it has been shown that self-care refers to personal health maintenance and includes any activity intended to improve or restore health, or to treat or prevent disease, incorporating all health decisions people make for themselves and for their families to get and stay physically and mentally fit (Ganz, 1990; Kemper et al., 1992; Kickbusch, 1989). Combining ideas around conventional self-care such as compliance to a drug treatment regime, with alternative or traditional methods, contributes to an integrative approach to medicine. This allows for “collaborat[ion] across different knowledge systems” (Maar and Shawande, 2010), which is essential to Aboriginal communities.

Although self-care has been regarded as “the primary health resource in the health care system” (Kickbusch, 1989), it has not been well-examined through research which considers alternative, complementary, or traditional medicine. In this project, an investigation of how self-care through the gathering of traditional medicines might build individual, family, and community capacity, was conducted. Beyond the physiological benefits of the plants themselves, there are benefits associated with being out on the land and taking responsibility for one’s own health or the health of one’s family. This type of self-care

can instill a sense of pride and self-worth. The choice to search for medicines and gather them may be health-giving through the benefits of self-care and associated self-determination (Borré, 1994; Ingold, 2000). An additional benefit is that Traditional Environmental Knowledge (TEK), which is generally transmitted orally from Elders to youth, may be protected through the promotion of traditional medicine teachings. Further, caring for oneself and being out on the land could translate to care for the environment. As youth learn about the values of the natural world and the role it can play in health and well-being, it is anticipated that they may be more likely to take action to protect it. Thus the benefits of self-care may contribute directly to self-determination in Aboriginal communities, in this case, in the form of environmental stewardship.

1.2.3.2 Traditional Medicine

Despite the historical and continued practice of traditional healing, it has only recently begun to be integrated into clinical settings (Maar et al., 2009). Traditional knowledge as a broader category is now believed to directly contribute to health and well-being of Aboriginal people and thus it has recently been included in health service and program design. For example, the National Aboriginal Health Organization's (NAHO, 2008) "Overview of Traditional Knowledge and Medicine and Public Health in Canada" outlines various case studies demonstrating how Aboriginal people have taken an active role in shaping healthcare programs by way of culturally sensitive and culturally relevant medical centres which are run by the communities. These initiatives have gained momentum in part as a reaction to loss of traditional knowledge and loss of culture experienced by Aboriginal groups. With

colonization, much traditional knowledge was actively suppressed via residential schools, missionization, the legislated banning of ceremonies such as the Potlatch and Sundance ceremonies, as well as through intermarriage, migration to urban centres, and other assimilation processes (Adelson, 2005; Richmond *et al.*, 2005; Robbins and Dewar, 2011; Waldram *et al.*, 2006). Despite the strength of these colonizing forces, a great deal of traditional knowledge was retained, perhaps because of some communities' physical isolation or efforts to keep the practices underground (Robbins and Dewar, 2011; Waldram *et al.*, 2006). Aboriginal groups in Canada have exercised a degree of agency by preserving or reinventing elements of traditional culture over time. One of our objectives is to investigate if incorporating traditional medicine into a modern medical paradigm could contribute to self-determination in Aboriginal communities.

The fact that traditional medicine is widely used today in conjunction with conventional medicine in many Aboriginal communities (NAHO, 2008; Waldram *et al.*, 2006; Wilson and Young, 2008) is a testament to the resiliency of the people. Yet it has been suggested that most Aboriginal people who make use of traditional medicines do not tell their physicians that they do so (Cook, 2005). Bridging the disconnect between biomedical and traditional medicine systems may allow for a more integrative model of healthcare, a model that is increasingly being implemented through Aboriginal Health Access Centres (such as Noojmowin Teg) throughout Ontario and other provinces. Kirmayer *et al.* (2003) concur that "[r]ecuperating these traditions therefore reconnects contemporary Aboriginal peoples to their historical traditions and mobilises rituals and practices that may promote community solidarity" (S16). In this research we are interested in how the sharing of

traditional medicine with family and friends may be an aspect of self-care which might lead to capacity re-building and self-determination in communities through their regaining of control over health.

1.2.3.3 Self-determination and self-governance

Aboriginal communities have been fighting for their right to freely choose their own political, cultural, economic, and social futures, since the 1970s. Colonialism resulted in a significant loss of self-determination which today is recognized as being a critical factor in determining health within Aboriginal communities. The loss of land, autonomy, and the associated social, economic, cultural and political disenfranchisement Aboriginal people faced, are believed play a role in the widespread illness in Aboriginal communities today (Adelson, 2005; Riecken et al. 2006). It is thought that greater autonomy and control via self-determination will positively impact the health status of these populations. Minore and Katt (2007) suggest that while self-determination in itself will not alter social factors such as poverty, poor housing, and lifestyle choices that impact Aboriginal health, they argue that if specific cultural needs are addressed, this could have an immediate impact on the status of Aboriginal health in Canada.

Self-governance is considered a key component of self-determination (Smith et al., 2008). However some Aboriginal scholars feel that the current approach to self-governance – which is structured according to colonial models, themselves mired in bureaucracy, are ineffective and must be approached from an Indigenous point-of-view (Alfred, 2009; Brant Castellano, 1993). Self-government is often equated with the injection of money into First Nations communities to settle longstanding land claims or to provide social assistance where

suffering is believed to be the result of disempowerment, particularly through the legacy of residential schools. While it is crucial that the Canadian Government attempts to address the legacy of colonization, it is evident that money in itself will not heal the damage done to communities. Financial security contributes to the path to health through self-determination, but Aboriginal communities are autonomous only when they are in full control of that money. Mohawk activist and scholar Taiaiake Alfred (2009) believes that when Aboriginal peoples continue to depend on handouts from the “colonizer,” – and the laws, structures, and organizations of supposedly self-governing communities continue to be controlled by national governments, the healing of Aboriginal peoples will never commence.

1.2.3.4 Colonization and the Legacy of Residential Schools as Determinants of Health

It is beyond the scope of this thesis to outline this history of colonization in Canada in any depth, although systemic factors that continue to contribute to loss of control and disempowerment among First Nations need to be highlighted (Czyzewski, 2011; Kirmayer et al., 2003). Early European contact with Aboriginal peoples in Canada (1500s to 1700s) established commercially based trade agreements, small European settlements, and rudimentary treaties (Kirmayer et al., 2003; Miller, 2000). As of the 1830s, the Crown’s “Civilization Program” encouraged self-sufficiency through agricultural settlements, missionization, education programs and the provision of reserve land set aside for First Nations (Miller, 2000). The Indian Act of 1876 was put in place to govern most aspects of life on reserve including land management and governance across the newly created Dominion of Canada. It acted to solidify complete government control over Aboriginal land

and peoples, and is today still widely believed to be an oppressive legislation (Abele, 2007; Bartlett, 1991; Lyon, 1984; Miller, 2000).

When the Indian Act was originally implemented, government representatives thought that state-sanctioned day schools were ineffective tools to assimilate and educate “Indian” children since parents still had a significant influence when children were at home (Miller, 2000). Thus residential schools were established in the 1870s in Canada: over 130 schools were created by Christian organizations across the country with over 150,000 First Nations, Inuit, and Métis students having attended by the time of their closing in the mid-1990s. Children were taken by “Indian Agents” and RCMP to places where schools were constructed, kept from their families, stripped of their language, traditions, and punished if they practiced their culture (Miller, 2000). While not all accounts of residential school survivors are negative, there are thousands which relate the horrors of physical, emotional, and sexual abuse. The consequences of this systematic de-culturalization on residential school students themselves, their parents, and subsequently on their children and following generations of Aboriginal people, are far-reaching and are being played out today via mental, spiritual, cultural, and social health crises (Czyzewski, 2011; Kirmayer and Valaskakis, 2009; Miller, 2000).

Following the recommendations made by the Royal Commission on Aboriginal Peoples (RCAP, 1996), the Truth and Reconciliation Commission (TRC) was established in 2008 to hear the stories of residential school survivors, share them with the rest of Canada, hold national meetings, and provide compensation for the damage done. There are many survivors of residential schools living on Manitoulin Island today, some of whom have been involved with programs supported by the TRC to help heal from the lasting effects of

assimilation and displacement (TRC, 2011). Many current First Nations on Manitoulin Island attended ‘day schools’ that had a similar assimilationist agenda. Although students were not taken from their parents, these schools may have been equally as harmful to the health of those who attended and to future generations.

1.3 Case Study: Manitoulin Island

Manitoulin Island is located at the northern tip of Lake Huron, Ontario. It is the largest freshwater island in the world and contains the most lakes. Its northern shore forms one side of the North Channel of the Great Lakes while its east coast, together with the Bruce Peninsula, forms the area known as Georgian Bay (see Figure 4). This island is remarkable for its physical and human geographies. Of Manitoulin Island’s over 12 000 year-round inhabitants, nearly half are First Nations (Manitoulin Tourism, 2010) with the majority being Anishnabe (Ojibwe). There were already Anishnabe, Odawa and Potawatomi people living on Manitoulin Island in the 1830s but many among the Aboriginal people who live on the Island today are descendants of those who were relocated at that time from communities surrounding Manitoulin. Sir Francis Bond Head, then lieutenant-governor of Ontario, secured as much land as he could from these surrounding areas and assuming the population was destined for extinction, he moved them to the Island to “live out their remaining days” (Miller, 2000:131). Despite this trying history, the Aboriginal residents of Manitoulin Island have forged a culturally rich and economically viable existence for themselves and they now play a proactive role in mitigating the poor health outcomes which have plagued this recent history (Maar et al., 2005).

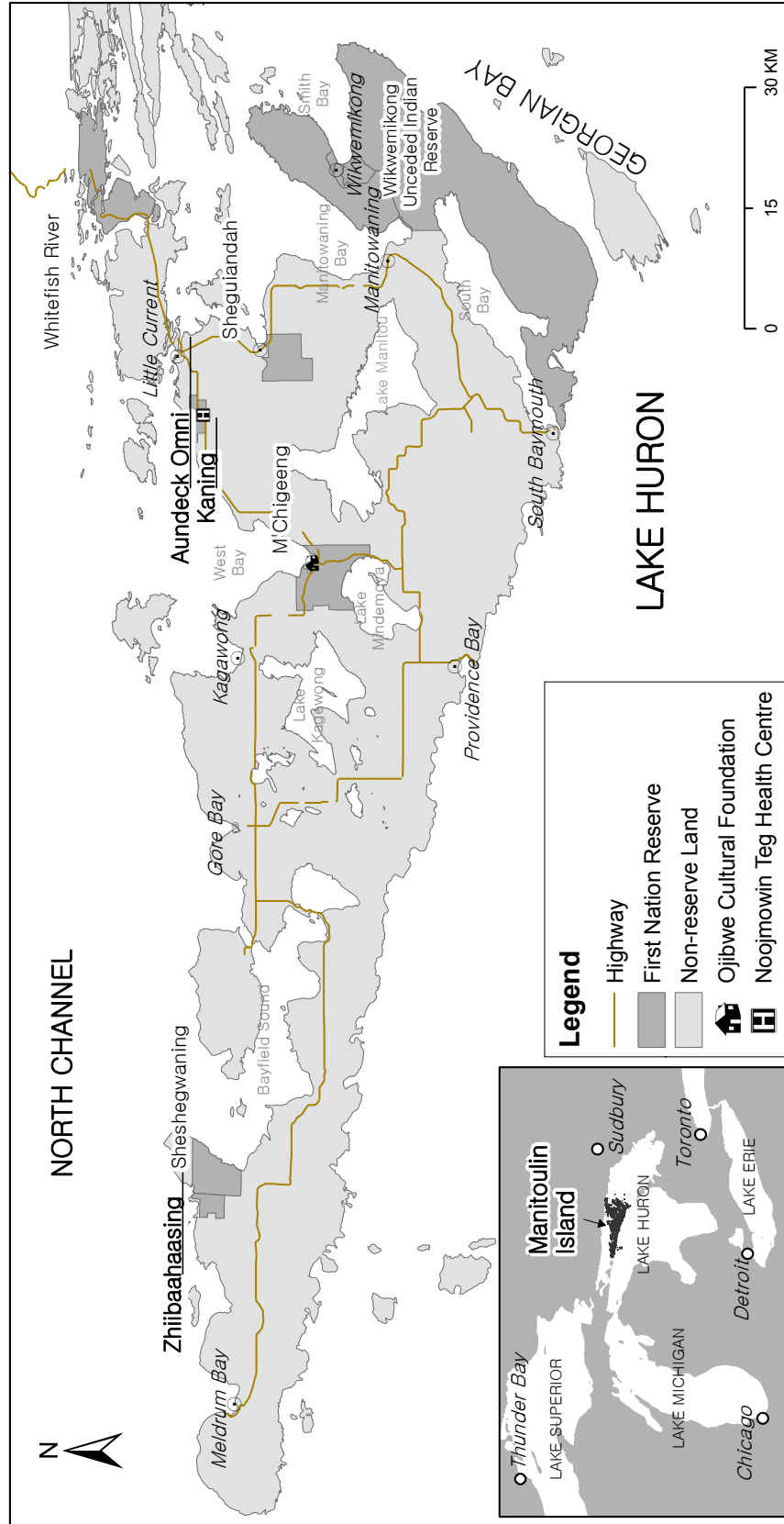


Figure 4: Map of Manitoulin Island and location of participating First Nations communities, Zhiibaahaasing and Aundeck Omni Kaning (Map created with J. Feng, Department of Geography, University of Ottawa)

1.3.1 Noojmowin Teg Health Centre and Traditional Medicine Program

This research is a collaborative project with the Noojmowin Teg Health Access Centre located in the community of Aundeck Omni Kaning First Nation (formerly Sucker Creek) (Figure 4). This band has over 600 members with about half living on reserve. Noojmowin Teg provides care to all seven reserves on the island. While each band on Manitoulin is distinct and politically autonomous from each other, the band councils work together towards some common goals including healthcare provision. Zhiibaahaasing, the second study site located on the northwestern end of the island, is the smallest of the bands with only 55 members on reserve and 85 off reserve and is more geographically isolated than the other reserves. Both Zhiibaahaasing and Aundeck Omni Kaning regularly make use of the traditional services offered by Noojmowin Teg and have an established relationship with coordinator Marjory Shawande.

Including Noojmowin Teg, there are ten Aboriginal Health Access Centres (AHACs) throughout Ontario which have been funded by the Aboriginal Healing and Wellness Strategy since 1994. The centres allow for community-based and culturally-specific treatment, spiritual rooms in healthcare facilities, community wellness workers, consultation in Aboriginal languages, health outreach, healing lodges, crisis intervention teams, and a host of other services which cater to Aboriginal people. Noojmowin Teg features a successful Traditional Healing Services program which offers teachings and workshops on different aspects of individual and family healthcare such as pre- and postnatal care, parenting, child and adolescent health, adult life skills, Elder care, and holistic health promotion. Group workshops or individual consultation with traditional teachers are made available by request

(Noojmowin, 2010). Much of the funding for the Traditional Program comes from the Aboriginal Healing Foundation (AHF), a body set up as a result of recommendations made by RCAP to address the health consequences that resulted from residential schools. AHF funding, however, is temporary and only been renewed until September 2012 (Aboriginal Healing Foundation website; Minore and Katt, 2007; Waldram et al., 2006). This tenuous funding could directly impact traditional programming at Aboriginal Health Access Centres (Robbins and Dewar, 2011), including workshops offered by Noojmowin Teg Health Centre on Manitoulin Island.

1.4 Methodological Considerations

Aboriginal Health research has recently taken on a life of its own which diverges from the simple identification of a health ‘problem’ and the conducting of research to find an ‘answer.’ Control and self-determination are now understood to be social determinants of health (Healey and Meadows, 2009; Loppie Reading and Wien, 2009) and they have also become key methodological components of research involving Aboriginal people. The movement towards decolonizing methodologies, where research is collaborative and participatory and attempts to include Aboriginal people at all stages of health research, has been front and centre of many projects (Castleden et al, 2008; Christopher et al., 2008; Jacklin, 2009; Lavallée, 2009; Lightfoot et al., 2008). Questions around the research process are increasingly being asked: What constitutes research? Who is it for? Who benefits from it? From what knowledge system do we approach it? Can researchers ever truly be objective and do they need to be?

Keeping these questions in mind, I sought to do research that would benefit the communities with whom I worked, hoping that they would dictate research needs and contribute to the research process. Marjory Shawande outlined what areas of the Noojmowin Teg's Traditional program should be further explored as she had worked with the Centre on previous community-based academic projects (Maar et al., 2009; Maar and Shawande, 2010; Manitowabi, 2009). Marjory's insights as an Anishnabe Elder and traditional teacher were invaluable to this project due to her knowledge of cultural protocol, customs, Aboriginal perspectives, ways of knowing and worldviews. It was important that Marjory read and commented on drafts of proposals, interview guides, findings, and articles to ensure that the interests of the community were reflected and respected.

1.4.1 Decolonizing Methods and Working with Youth

The growing movement in global Indigenous research to embrace methodologies that take control away from the 'colonizers' and give it back to Aboriginal people, has prompted discussions around decolonizing methodologies, which are prevalent in social science literature. This movement has largely been spearheaded by Māori academic Linda Tuhiwai Smith whose book *Decolonizing Methodologies* (1999) is cited by virtually all academics trying to change the course of research with Indigenous people. The main problems she identifies in studies 'on' Aboriginal peoples are: (1) the fundamental structural and power imbalances between researcher and 'subject' whereby the researcher is seen as the 'expert' even though it is the local community that provides the knowledge; and, (2) researchers come in and extract knowledge and go off ('parachute' in and out), and interpret it within an academic framework often only advancing their careers and not giving anything back to the

community. A third issue often cited in Aboriginal Health literature is the fact that communities have been ‘researched to death’ and consequently they have been systematically pulling out of (academically-initiated) research projects as they do not trust researchers to represent their needs (Jacklin, 2008; Kovach, 2009; Smith, 1999).

Community-based participatory research (CBPR) is a decolonizing method which aims to include the community involved in the research project at every step of the way. I attempted to adhere to as many of Israel et al.’s (2005) nine “Principles of CBPR” as possible with particular emphasis on: the facilitation of collaborative, equitable partnerships in all phases of research; fostering co-learning and capacity building among all partners; focusing on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health; and disseminating the results to all partners and involving them in the wider dissemination of results (Israel et al., 2005: 7-9). However, the extent to which CBPR principles were applied was restricted by the degree of engagement in the project given its limited timeframe and scope. More details on CBPR and our methodology are discussed in Chapter 2. The challenges around this methodological framework are addressed in detail in the Conclusion of the thesis (Chapter 4).

Community-based projects are also effective for engaging young people in the research process. It is important to use methods that will interest youth in the research project and that are relevant to their lives. Riecken et al. (2006) employed participatory research to identify issues around health and wellness that are of significance to Aboriginal youth in Victoria, British Columbia. Students produced films based on their choice of health topic which they then presented to their communities. Castleden et al. (2008) used photovoice whereby participants in Huu-ay-aht First Nation in British Columbia were given a camera to

document their perceptions of environmental risks in their community. Photos were analyzed during interviews with the participants and University of Victoria researchers in an attempt to explain the issues from the perspective of community members. This method is being used more frequently in community-based health research as a “catalyst to engage participants (those typically with less power) in group dialogue for social change” (Castleden et al., 2008: 1395) and thus influence policy makers. These examples are only a few of the many possible progressive methods that can be used with youth to engage them in research projects. We made use of “art voice,” a variation on photovoice where participants draw pictures to answer questions as a way to engage young people in a culturally and locally relevant way.

1.4.2 Ethics – MARRC and OCAP

Given the issues discussed above regarding over-researching in Aboriginal communities, the uneven power relations, paternalistic intentions, and feelings of mistrust, many communities have backed away from academic and government-led research projects (Castleden et al., 2008; Jacklin and Kinoshameg, 2008; Maar et al., 2005; Minor and Katt, 2007). Today, health research projects are increasingly initiated, run, and managed by communities in partnership with researchers. The OCAP (Ownership, Control, Access, and Possession) guidelines published by the National Aboriginal Health Organization (NAHO) have become the gold standard to guarantee health research is conducted collaboratively and respectfully, and that First Nations communities have access and intellectual property to any information which comes out of research projects involving them (First Nations, 2007). According to the Assembly of First Nations (2007):

The original research focus of OCAP was to provide a framework related to data ownership, collection, analysis and dissemination for the RHS [Regional Health Survey] as well as to provide a political response to counteract the harm done to First Nations research by research that failed to recognize the importance of understanding the First Nations' way of knowing and treating First Nations as specimens without any rights to data or information regarding them.

(NAHO, 2007: 4)

The Manitoulin Anishnabek Research Review Committee (MARRC) was established in collaboration with local community health centres. This committee consulted with community members and community leaders and researchers to form Guidelines for Ethical Aboriginal Research (GEAR). This screening tool helps communities decide if a research project is ethical and culturally appropriate. The Manitoulin Island Ethics review application is unique in that it encompasses Tri-Council Policy for Research Involving Humans and also considers First Nations cultures and values, and in particular OCAP as a guiding principle (Maar et al., 2005). Questions on the application pertain directly to community involvement, participation, capacity-building, and self-determination, elements which are key features of CBPR. Before conducting the proposed research on Manitoulin Island, our project was approved by both the University of Ottawa Research Ethics Review Board (REB) and the MAARC. Beyond the ethical obligation to adhere to these principles, I was philosophically and morally committed to do so as well.

After summarizing themes and analyzing results in the fall of 2010 and winter of 2011, it was important to check back with research participants to ensure they were in

agreement with my assessment of themes and perception of results. This ‘member checking’ is a way to determine if themes are ‘trustworthy.’ However, it has been suggested that breaking apart interviews into discreet themes may not be consistent with an Indigenous approach to research as it fractures the ‘stories’ told by participants and their meaning may be lost (Lavallée, 2009:34). Nevertheless, offering interview transcripts for review to key informants, a presentation to the Noojmowin Teg Traditional Advisory Committee, and consultation with individual community members in November 2011, ensured that participants were comfortable with the analysis and also with the write-up of research findings. Further consultation with community leaders and research participants will occur before the completion of this project including a final community presentation in the summer of 2012.

1.5 Organization of the Thesis

Building on the literature review, the following two chapters are comprised of two articles, one methodological and one based on the research findings. Versions of these chapters have been submitted to peer-reviewed journals. In Chapter 2, submitted to *International Journal of Qualitative Methods*, we argue that the choice of research methodology can be intrinsically connected to the place where research is conducted. This reflects a new wave of culturally relevant and community-based research which is open to alternative worldviews or paradigms.

Chapter 3, which discusses findings from our research on Manitoulin Island, submitted to the Aboriginal Health journal *Pimatisiwin: A Journal of Aboriginal and*

Indigenous Community Health. Data were obtained through place-based methods and reflect alternative paradigms or worldviews. Chapter 3 demonstrates the connections between traditional medicine workshops, self-care, and capacity re-building and concludes that well-being in Aboriginal communities might only be achieved when communities re-connect with an Indigenous way of knowing the world.

The two articles are related in that the first aims to unpack methodologies that frame research from an Indigenous perspective and the second reiterates the need for both healthcare and research to take on this same framework. Many Aboriginal scholars are also coming to the conclusion that Indigenous perspectives should be incorporated into research and healthcare (Alfred, 2009; Augustine, 1997; Kovach, 2009; McGregor, 2004; Martin Hill, 2009; Steinhauer, 2002).

Finally, the Conclusion (Chapter 4) summarizes the thesis findings and discusses how this work contributes to the greater body of related literature methodologically, substantively, and theoretically. This final chapter also outlines some limitations and challenges experienced during the research project and suggestions for future research directions. When this project was conceived, we set out to answer questions about how self-care and self-determination may be determinants of individual and community health. As we searched for appropriate ways to answer these questions, it became clear that the use of novel culturally relevant methods would be most effective. We thus added new objectives which reflect on the possible choices of methods for different local contexts.

This thesis provides results that encourage continued traditional programming at Noojmowin Teg. Such an approach facilitates the transitioning from communities relying on health centres as keepers of traditional knowledge to looking for knowledge keepers within

their own communities, guiding them towards increased self-care, and consequently to well-being through self-determination. It is also my hope that this work will contribute to the framing of future studies from a worldview that is in line with the people whom it represents.

CHAPTER 2

Methods-in-place: “art voice” as a locally and culturally relevant method to study traditional medicine programs in Manitoulin Island, Ontario

L.Barwin^a, M. Shawande^b, E. Crighton^a, L. Veronis^a

^a*Department of Geography, University of Ottawa, Simard Hall*

^b*Noojmowin Teg Health Centre, Aundeck Omni Kaning, Manitoulin Island, Ontario, Canada*

Submitted to: *International Journal of Qualitative Methods*

Abstract

A collaborative research project with Noojmowin Teg Health Centre on Manitoulin Island, Ontario, examined the impacts of traditional medicine workshops on participants' perceptions of culture, health, and the environment. Methods used in this research turned out to be as revealing as the results themselves. This article examines how geography and the social, physical, and spiritual elements of place inform research methodology and challenges the idea that qualitative methods can be applied generically irrespective of context. We discuss how “art voice” was a highly appropriate method in a community that has a rich history and contemporary culture of visual art. This research contributes to the growing movement towards seeking culturally relevant, community-based and decolonizing methods, particularly in the context of Aboriginal health research.

Keywords: art voice, culturally relevant research, Indigenous worldview, place-based methods, decolonizing methods, Manitoulin School of Art

2.1 Introduction

Efforts are made in the social sciences to unravel decades of research methodology rooted in Western and colonial worldviews and paradigms. Critical human geographers now consider that the researcher has an impact on the outcome of research results; to presume that research can occur in a vacuum and that total objectivity is possible has largely been discredited, at least in the realm of qualitative methodology (Fuller and Kitchin, 2004; Pain, 2004; Peet, 2000). These ideas were in part advanced by postmodern, postcolonial, and feminist epistemologies. Today researchers acknowledge their positionality, understand that knowledge is situated, that intersections of identity impact both researcher and subject and thus that the social and cultural implications of ‘place’ influence research findings (Anderson et al., 2010; Cannella and Manuelito, 2008; Fine, 1994; Lavallée, 2009; Sin, 2003; Valentine, 2007). Yet while these works have acted to symbolically situate the researcher and participant (e.g., insider/outsider, colonizer/indigene, self/other), few studies have considered the physical “where of methods” (Anderson et al. 2010: 590). According to Anderson and Jones (2009), “[w]hen it comes to research approaches, geographers have largely failed to take the difference that place makes to methodology seriously” (292). We believe that there is even less reflection in current research on how place and context, both physical and social, may influence the choice of research methods. We argue that not only does the place of research impact results, but place of research should also determine the methodologies used.

The paper is based on a broader project investigating the role that self-care through traditional medicine gathering plays in determining health and well-being, particularly

among youth. Our goal was to examine how traditional teaching workshops offered by Noojmowin Teg Health Centre on Manitoulin Island can contribute to individual and community health via self-care, and in turn to the re-building of capacity in these and other communities. We also investigated how the act of being out on the land gathering medicines leads to a greater connection to (and care for) Mother Earth. While conducting research, the success of our unique choice of methods, particularly art voice, prompted us to take a reflexive look at the methodology and subsequently to ask key informants how they felt about the research process itself. Our aim in this instance was to gather ideas that could reflect alternative research paradigms or worldviews that may be more culturally relevant for Aboriginal youth, with the ultimate intention of drawing out meaningful and practically applicable results.

This article argues that tailoring research methods according to the place of research is a culturally and locally relevant way to attain meaningful results. Our case study will help to unpack how geography and the social, physical, and spiritual elements of place inform research methodology and actively contribute to the growing trend towards decolonizing methods. To do this, we begin by describing the community, research and methodological context of this project, including a discussion of trends in decolonizing methodologies and geographical and anthropological interpretations of place and place-based methods. We propose that incorporating these approaches into research methodology facilitates culturally and locally relevant research. After a presentation of our case study, we discuss two sets of findings regarding the role of place. First we demonstrate how the use of art voice reflects the way place influences methods and how place-specific methods can be adopted to better

represent Indigenous worldviews in culturally relevant ways. Second, we examine how the various ‘places’ of this project may have influenced researcher and participants, and consequently the data. Finally, we reflect on how our findings regarding methods-in-place may contribute to the choosing of innovative research methods in the future.

2.2 Background

2.2.1 Community Context

In this article we stress the significance of the place of research to methodology. It is therefore necessary to provide a comprehensive understanding of what makes the place of our case study so unique. Manitoulin Island is the largest freshwater island in the world located at the northern tip of Lake Huron in north-central Ontario, Canada (Figure 1). Of the over 12 000 permanent residents on the island, 38% are Aboriginal – primarily Annishnabe¹ – from seven different First Nations spread across the island. The two communities which participated in this research, Aundeck Omni Kaning and Zhiibaahaasing First Nations, are located at opposite ends of the island and have 666 and 140 members respectively (United Chiefs and Councils, 2011). Both communities make use of traditional medicine programs offered by the Noojmowin Teg Health Centre which was central to our project, but each offer a different perspective as a result of their different physical locations and particular local contexts.

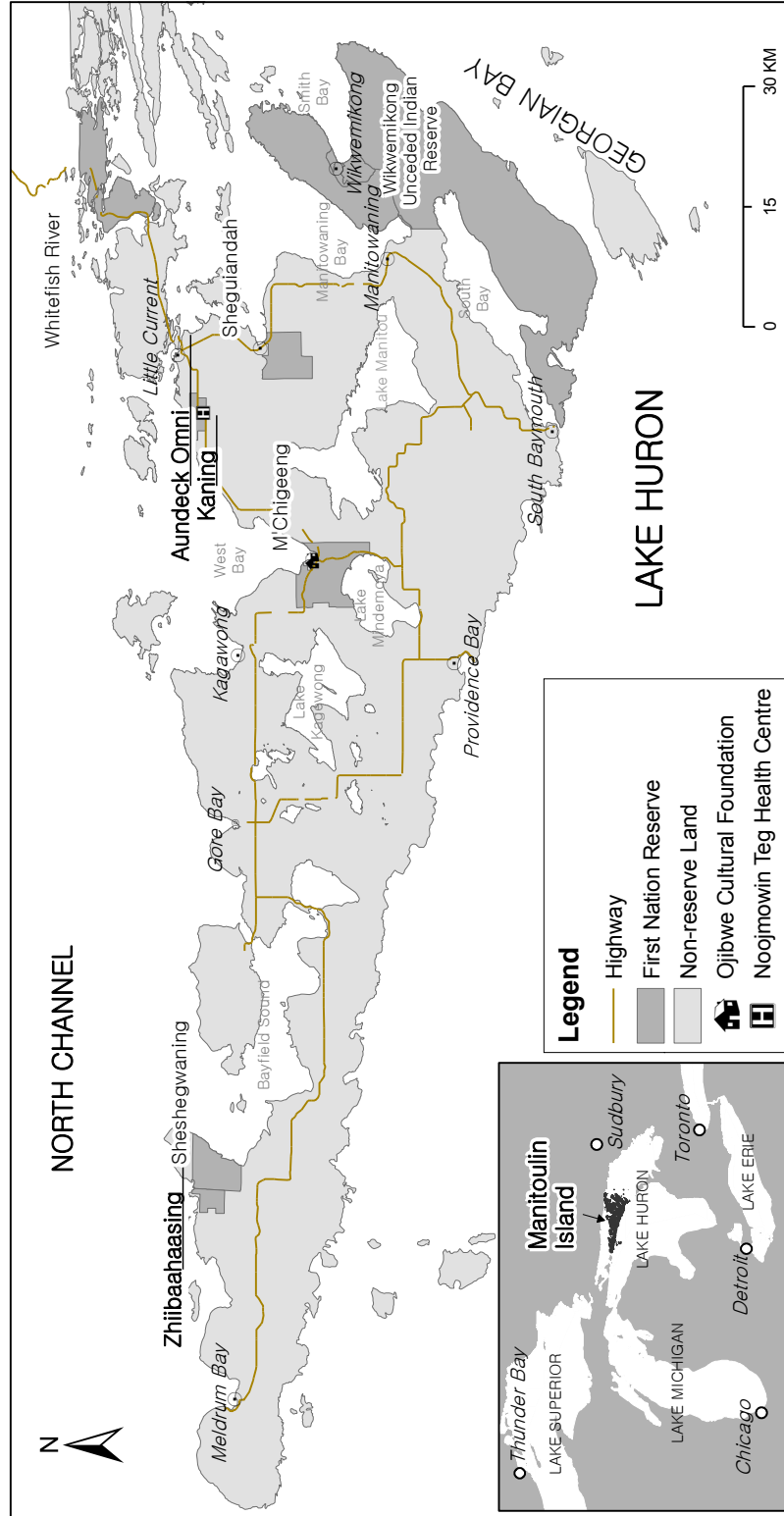


Figure 1: Map of Manitoulin Island and location of participating First Nations communities, Zhiibaahaasing and Aundeck Omni Kaning (Map created with J. Feng, Department of Geography, University of Ottawa)

Noojmowin Teg Health Centre, located in Aundeck Omni Kaning, provides services for all seven First Nations on Manitoulin Island. This provincially funded health facility offers primary health care including nurse practitioners, dietitians, nutritionists, psychologists, as well as programs in child nutrition, fetal alcohol syndrome treatment, and traditional medical services (Aundeck Omni Kaning, 2011; Manitowabi, 2009). As the traditional coordinator, Marjory Shawande oversees the traditional services offered through Noojmowin Teg Health centre. These services include collaboration with other primary health programs to offer integrative care, facilitation of community cultural events and workshops, overseeing and provision of healers and traditional teachers for individual clients, Indian residential schools² support services, and gathering and preparing of traditional medicines (Manitowabi, 2009). Traditional workshops are offered by the centre on request from special interest groups such as youth, parents, or Elders groups, or are provided as outreach through lifeskills teachings such as self-care (Noojmowin Teg, 2011). It is this last aspect of the program that our research project was designed to examine.

2.2.2 Research Context – Aboriginal Health on Manitoulin Island

Aboriginal health is a research priority in academia and government health programs in Canada due to the significant health inequity that exists between First Nations, Métis, and Inuit populations, and Canada as a whole (Adelson, 2005; Archeson, 1995; Cooke *et al.*, 2004; Health Canada, 2009; Healey and Meadows, 2008; Minore and Katt, 2007; Richmond *et al.* 2005; Waldram *et al.*, 2005; Wilson and Young, 2008; Young, 2003). There is a 5-7 year lower life expectancy among First Nations in comparison to the rest of the population and a majority of what are considered the unhealthiest communities in Canada, are

Aboriginal (Loppie Reading and Wien, 2009). Rates of suicide among Aboriginal youth in Canada, are believed to be five to six times higher than among non-Aboriginal youth (Sayt K'üülm Goot, 2006) as are rates of alcohol and drug abuse, and sexually transmitted diseases (Ball, 2005; Critchley et al., 2006; Willows, 2005). Moreover, rates of obesity and diabetes have been on the rise across the board in both the urban and on-reserve Aboriginal populations; by the time they reach their 30s, 5% of Aboriginal people have developed non-insulin dependent diabetes mellitus (Adelson, 2005). While detailed health data is not publically available at the community level from Manitoulin, based on our experience at the Noojmowin Teg Health Centre, many of the First Nations on the island are said to be plagued with the same health problems that face many of the other Aboriginal populations in Canada. Inhabitants of the Sudbury and District Health Unit catchment area, of which Manitoulin is a part, experience cancer rates higher than the rest of Ontario and rates of obesity, drug and alcohol use and abuse also surpass the provincial average (SDHU, 2007). The local health challenges here are well recognized by local communities as was illustrated at the Noojmowin Teg Annual General Meeting held in Whitefish River First Nation in June 2011. At the event, Chief Franklin Paibomsai put forth an urgent call to improve the health and well-being of youth as the future of the communities is in their hands. Our observations reflect these sentiments and suggest that epidemiological data does not give the full picture in understanding the distinctive wellness needs of these communities. Finding meaningful and relevant ways to conduct research that addresses these gaps presents a significant challenge to researchers.

2.2.3 Decolonizing Methods

Health data are not typically gathered using epistemological approaches that represent Aboriginal worldviews (Kovach, 2009; Wilson, 2008). Many geographers and social scientists are beginning to scrutinize the research *process* itself. To this end, there is a growing movement in global Indigenous research to embrace methodologies which take control away from where it has historically been placed in academia – i.e., in the hands of the ‘colonizers’ – and give it back to Indigenous peoples (Denzin et al., 2008; Kovach, 2009; Lavallée, 2009; Smith, 1999). In other words this means incorporating Indigenous knowledge into the research (Lavallée, 2009:23) throughout the whole process. Engaging and empowering the community in an inclusive way means recognizing that the community is not homogenous or culturally fixed and thus different worldviews will co-exist. Choosing methods that are specific to given places ensures that the beliefs, values, and cultural practices of a given Indigenous worldview are taken into account.

One example of such a methodology is community-based participatory research (CBPR). CBPR is a methodological approach or orientation to research whereby projects are conducted as collaborations between researchers and communities in a mutually respectful and transparent fashion (see Israel et. al., 2005 for details). Ideally, the entire project is controlled by the community beginning with the development of research questions, as well as data collection, interpretation, and dissemination of the results. CBPR is now frequently employed in healthcare and health promotion fields as a culturally sensitive means of working with Aboriginal communities for addressing health needs and supporting well-being (Smith et al., 2004; Wilson and Young, 2008).

Another community-driven decolonizing methodology is known as problem-based learning communities (PbLCs). These “are dialogue-based networks that support people by responding to their needs, developing a capacity to generate their own research projects, and creating supportive relationships with other researchers to co-produce locally relevant knowledge” (Anderson et al., 2011: 43). While philosophically and methodologically similar to CBPR, PbLCs diverge in the explicit reference to place-based differences in knowledge and may consequently be better equipped to directly address each community’s particular needs. Here, Traditional Knowledge is valued and researchers recognize not only that methods should be culture and place-specific but also that interpretation and transmission of this knowledge needs to be done in a culturally *and* locally relevant way.

There are a growing number of Aboriginal researchers who are finding ways to bridge the epistemological gap between Indigenous and Western worldviews (Ermine, 2007; Lavallée, 2009; Manitowabi, 2009; Martin Hill, 2009; Obomsawin, 2007; Peters, 2004; Richmond, 2009; Smith, 1999; Zolner, 2003). An example of this is the work of Anishnabe researcher Lynn Lavallée (2009) who looked at the physical, emotional, mental, and spiritual impacts of a martial arts program at a Native Canadian Centre in Toronto. She made use of two Indigenous methods including “sharing circles” and “symbol-based reflection.” The sharing circle is similar to a focus group but makes use of culturally specific traditions such as smudging, passing the eagle feather, and allowing for issues of a spiritual nature to be included in discussion. “Symbol-based reflection”, an art-based method, encourages participants to infuse art objects which they create, with symbolic meaning as a form of expression. Both methods demonstrate how Aboriginal worldviews and cultural context can

be incorporated into the research process. Lavallée's work demonstrates decolonizing methodologies in action and illustrates how the fabric of the research community is changing as Indigenous research is finding ways to break down conventional academic power structures by ensuring communities are more involved in research implementation. According to Kovach (2009), "the more structured the method, the more control the researcher maintains" (125). Flexible methods chosen according to place of research contribute to the breaking down of power dynamics experienced in conventional research paradigms. This agenda is further supported by the notion that researchers must consider local context and the multiple ways people experience a given place, as we will argue below.

2.2.4 Place

The importance of 'place' as a factor that may impact research results is becoming better understood (Anderson and Jones, 2009; Sin, 2003). However, there has been little discussion on how methods can be catered to suit people who reside in particular places. Some of the earlier writings on place come from Edward Relph (1976) and John Agnew (1987) who broke down the concept of place according to physical setting, activities, and meanings, and location, locale, and sense-of-place, respectively. Place as *location* is the physical, tangible place or coordinates on a map, while *locale* encompasses the social aspects of place and provides a given location with context or meaning. It is understood that a particular locale is associated with certain behaviours and power structures within a built environment, such as teacher/student interactions in the locale of a classroom. *Sense-of-place* is a subjective view of place, how places make us feel, how we connect with them; it is often associated with the places we were born, where we grew up, or currently live (Creswell, 2004). Spiritual

connections to place are likened to sense-of-place, and have been explored in depth in literature related to Aboriginal ties to place (Davidson-Hunt and O'Flaherty, 2007; Grim, 2001; Hay, 1998; Richmond et al., 2005; Richmond and Ross, 2009; Wilson, 2000; Wilson, 2003). Place has also been divided according to *self*, *environment*, and *others* which are akin to the spiritual, physical, and social aspects of place (Gustafson, 2001). People attribute both different meanings *and* different degrees of meaning (sometimes no meaning) to specific places – and these meanings are not fixed (Gustafson, 2001). While most research tends to focus on one aspect of place, it is important to consider all three dimensions of place, no matter what we name them, to provide a holistic understanding of how a given place is experienced and perceived. It is from this angle that we now turn to the specific context of place in our case study, Manitoulin Island.

2.2.5 Art Culture and History on Manitoulin Island

The following is a brief overview of the history and culture of art on Manitoulin Island to contextualize the significance of art for local Aboriginal people, and thus the choice of our research methods. The historical context of symbolism in Anishnabe culture depicts expressions through art. Literature suggests that much the earliest 'art' came in the form of sketches etched onto bark scrolls using stone tools or bone, the primary purpose being to tell stories, leave messages, or relate everyday experiences (Devine, 2009). Specific patterns of forms, dots, and lines communicated particular meanings and significance and carried with them serious sacred responsibilities. These scrolls were believed to inspire famous Anishnabe artist Norval Morrisseau, in terms of spiritual themes and content that he brought into his work but also through the aesthetics of their lines and form. Morrisseau also saw his

paintings as a way to preserve and pass down traditional knowledge that may otherwise have been lost (Cinader, 1987; Morrisseau, 1965).

Local pictographs demonstrate that the ancestors of the people of Manitoulin Island utilized this method of communication (Figure 2). Pictographs were used for spiritual purposes to transfer religious experiences such as dream images and for non-spiritual functions to transmit information such as maps, messages, or storytelling, intended to be seen by all.

“Originally pictography assisted in the transfer of power (...) The Ojibwe image maker is a specially skilled teacher, a link between the past and the present, between the elders and his own community” (McLuhan, 1978:20). This link between past and present is still evident today in the contemporary Anishnabe art created on the Island.



Figure 2. Pictograph of mythical Thunderbird taken on Manitoulin Island.
(used with permission from Marjory Shawande)

Manitoulin Island also has a rich current culture of fine art. In 1966 the Manitoulin Arts Foundation was founded, inspired by a movement where young Aboriginal people in Canada were looking to embrace their cultural identity and reject colonialism. It received funding in 1971 to recruit 40 young Native art students from across Ontario to learn with established Native artists such as Daphne Odjig and Norval Morrisseau. Some of the students from this school including as Blaire and Blake Debassige, Shirley Cheechoo, and Leland Bell are prominent artists today. In 1974, the founding of the Ojibwe Cultural Foundation (OCF) in M'Chigeeng First Nation (see figure 1), which is still a thriving hub of Native art, culture, and traditional teachings today, solidified the view of Manitoulin Island as a place of artists. The “Manitoulin School” has often been lumped into the Woodland School of Art, but Alan Corbiere, past executive director of the OCF, contends that artists of the Manitoulin School of Art have a unique style that is ever-evolving and not fixed in time (Little, 2009). According to Leland Bell, a Wikwemikong artist whose distinctive style is known worldwide, the Anishnabe “come from a long line of creativity; our civilization goes way back. What we practice is creativity; it’s in our tradition” (Little, 2009:28). Art is an integral part of Anishnabe culture on Manitoulin Island and choosing research methods that incorporate this form of expression was a natural fit.

2.3 Methodology: the development of a method

Above we discussed Manitoulin’s unique features in terms of art culture and history. Yet in the design phase of the project we initially looked to the conventional methodological toolkit for ways to gather data about this distinct place. Once the project was underway we realized

that the proposed methods did not adequately speak to the community or capture ideas about traditional medicine workshops as effectively as place-specific methods could. While this research started as a relatively simple project to better understand traditional medicine programs on Manitoulin Island, in the process we learned to incorporate ideas on how considering place in the construction of research methods is a culturally and locally relevant way to proceed. In what follows, we describe the processes of our research with the aim to challenge readers to consider questions such as: What are culturally relevant methods-in-place? How might we best choose methods to suit each particular place? How might place influence the process and outcome of research?

In the first stage of our project, we conducted two workshops in Aundeck Omni Kaning and one in Zhiibaahaasing over a three-day period. A recruitment poster was provided to Band Offices and was posted in a local newsletter. It invited prior youth participants of traditional programming at Noojmowin Teg to attend a 2-3 hour-long information gathering workshop. However, because recruitment from the poster alone proved difficult, participants were also directly invited by a health worker to attend. Participants were comprised of adults (n=7) and youth (n=8) (aged 4 years old to 17 years old). The research workshops included a traditional teaching with healer Marjory Shawande, an art voice session with an art facilitator and a focus group. The format of the workshop was developed based on a "healing through art" program that has been offered at Noojmowin Teg to address the lasting and inter-generational damage done by Indian residential schools.³ An art facilitator from this program agreed to assist us in our data collection by doing a "gathering of information" session utilizing art as responses to research questions. Four questions related to self-care, traditional

medicine workshops, sharing and the environment, were asked of participants both in the art component, where they were invited to draw pictures as their answers, and in focus groups, where they had the opportunity to elaborate verbally about their pictures. Over 50 drawings were gathered and analyzed. Focus groups were recorded and transcribed verbatim for analysis.

The second stage of the project, which was conducted two months later, included eight in-depth personal interviews with key informants among available Band Council members from both communities as well as with health workers from Noojmowin Teg and Naandwegamik² Health Centres. After completing the first stage, we decided that the art voice method was an ideal choice to use with youth on Manitoulin Island and consequently we began to reflect on locally and culturally relevant research methods. The purpose of the second stage then was to discuss the four questions addressed in earlier focus groups as well as to inquire about thoughts on the academic research process. Interview sessions ranged from thirty minutes to two hours in duration and interviews were recorded and later transcribed verbatim. Data from both stages were then analyzed using NVIVO8, a qualitative research software (QSR International Pty Ltd., Version 8, 2008). A number of themes emerged relating to workshops, self-care, and regarding key informants' feelings about the research process.

Multiple qualitative research methods contributed to building the trust essential in a community-based project and tapped into opinions that may not have been expressed through one data-gathering tool alone. Darbyshire et al. (2005) concluded that using multiple methods with children provided more than just a duplication of data but rather allowed for

the expression of a variety of insights. In our project, conducting workshops which included art voice and focus groups, as well as conducting one-on-one in-depth interviews contributed to the triangulation of data and the potential for a more thorough analysis (Denzin and Lincoln, 2005). Multiple methods therefore facilitated a greater level of legitimacy in presenting a more balanced picture of traditional workshops at Noojmowin Teg Health Centre.

Given the importance of art in the community and the community interest in using art as a healing tool, art voice was a valuable method-in-place for our study site. The following discussion outlines how ‘place’ informed our research project. First, we explain and illustrate art voice as a place-based method and why it was an ideal choice to work with youth on Manitoulin Island. Second, we unpack how the different aspects of place directly influenced our research outcomes in the context of the multiple power dynamics that may exist between the researcher and the participants.

2.3.1 Art voice as a method-in-place on Manitoulin Island

Art voice is loosely based on the better known method, photovoice, in which research participants take photos on a theme and then discuss their choices of photos in interviews (Castelden et al., 2008). More information is made available when combining photos, pictures, or artistic expressions with an oral explanation. While each photo or art piece is useful on its own in terms of understanding the phenomena being studied, together with an explanation, they provide a more in-depth view of the participants’ ideas and therefore enable a deeper understanding of the issues at hand.

Interpretation of art voice results can be informed by the art therapy literature (Edwards, 2004; Ferara, 2004). Junge and Linesch (1993) argued that art therapy tools are well aligned for qualitative inquiry but that art therapists were initially leery of entering into research since therapists emphasize the human experience while empirical research has traditionally emphasized objectivity. Art therapy works in part because the act of creating the art is therapeutic and further healing can occur when patients discuss their art pieces with therapists (Ferara, 2004). As the research participants draw the ‘answer’ to research questions, when they are *in* the activity, they think further on their feelings and when given the opportunity to explain their drawing, a deeper level of understanding can be gleaned. Cognitive and environmental psychologists have made connections between art and embodiment or how the body enacts thoughts as it connects cognitive and motor systems. Art is useful for therapy and for research because patients can translate the psychological expressions through their bodies using art (Koch and Fuchs, 2011). These ideas are in line with some Aboriginal spiritual worldviews which propose that objects can be infused with the spirit of those that created them and therefore, that artistic works can reflect symbolic meaning beyond words (Lavallée, 2009).

Art voice as a research tool may also be informed by literature on Arts-Based Research (ABR), a diverse and evolving methodology that uses various form of artistic expression including poetry, creative writing, photography, painting, theatre, film, dance, music, etc. to collect data or perform analysis (Canhmann-Taylor & Siegesmund, 2008; Leavy, 2009). ABR is practiced today in education research and beyond, and includes new methods such as poetry-based research where data collected is transformed into original poetry, and

ethnodrama, where ethnography and theatre are combined (Leavy, 2009). Our research supports these bodies of work by incorporating ideas around methods-in-place, that place of research can play a significant role in the choices of methods and subsequently in research results. In the case of Manitoulin Island, using art as a tool for qualitative inquiry was supported by its cultural and historical context.

Art voice was an appropriate tool for gathering data for this project since Aboriginal art culture is prevalent on Manitoulin and making art is a non-exceptional activity for young Anishnabek. They therefore may have a different relationship with using this form of expression in comparison to non-Aboriginal people (Devine, 2009; Little, 2009). Nadia (2004), an art therapist who has worked with and written extensively about her Cree patients in northern Québec explains that while her Euro-Canadian patients are uncomfortable expressing themselves using art, her Cree patients do not differentiate this activity from other forms of expression and do not see it as something that only ‘experts’ or talented individuals do. The ability to engage in the process of making art rather than towards an outcome may allow Anishnabek to benefit from research that uses art for expression. Ingold (2000) suggests that it is the act of doing, staying in touch with the non-human environment (even if nothing concrete is gained from the excursion), that enables Inuit to know the environment. The creation of art is just another way of moving about in the environment and learning from it, and there is no pressure to create a ‘product.’ Art voice was a particularly effective method on Manitoulin and could have potential in other Aboriginal places where art is also a strong part of the culture.

Some of our research participants were already comfortable with expressing their feelings using art given their recent experience with the Indian residential schools (IRS) healing-through-art program⁴. Many well-established Manitoulin artists see how their struggles to make sense of the suffering they and their families experienced as a result of residential schools has led them on a journey through which they discovered art to reconnect with their Anishnabe identity. Through art they can express themselves and reconcile their feelings of trauma and loss (Little, 2009). Using art for therapy and research is ideal in helping to understand individual and community health and can act as a conduit towards healing. One adult participant, Mike, had also been part of one of the IRS healing-through-art programs and commented on the benefits of using art to reconcile issues from the past:

Have I utilized this information for my self-care? ...this was from the art therapy – and I put a life line – it’s very helpful in seeing how life has gone for you so far. It’s pretty much that way you know, how you could change your life line in the past [and] in the future....and then the one you’re doing now – who do I share it with? I share it with all people that need help...(Mike, adult focus group participant)⁵.

Having expressed himself using art in the past, (specifically having learned how to create a “life line” in art therapy sessions), Mike was already comfortable answering questions using art to describe his thoughts about traditional knowledge. Another reason why using art voice is relevant in Anishnabe communities is that art-based research can tap into significance and meanings that are “beyond words.” The essence of participants’ opinions, their connection to the land, their feelings about spirituality and the Creator, cannot be described by words alone

and art-based research is a step towards capturing this essence (Lavallée, 2009; Wilson, 2000). The ‘art space’ itself interacts with physical, mental and social spaces. In the physical space, the art is created in an environment of trust using concrete material (e.g., paper, paints). The mental ‘art space’ encompasses the imaginative and emotional processes involved in creating art, and the social space is the conversational nature of the therapeutic or art voice process. When the art therapist or researcher speaks with the ‘artist’ about his/her art piece, s/he is engaging in the social practice of dialogue and interpretation by both parties. Art therapy is doubly effective as a result of the therapeutic experience of creating art and subsequently the value to the patient of the ‘epiphany’ moment in which they talk about it and better understand it themselves (Ferrara, 2004). So too can art voice have a dual effect as participants answer questions and understand their feelings on multiple levels, through the creation of art and via discussion about it. There were moments during the art voice sessions when participants were silently drawing or colouring, immersed in the process. Allowing for reflection during research enables elements of *process* itself to impact research findings.

Below is the art voice account (Figure 3) that one adult participant, Tanya, drew to answer the question: “How does gathering medicine make you think of protecting and being in harmony with Mother Earth?”

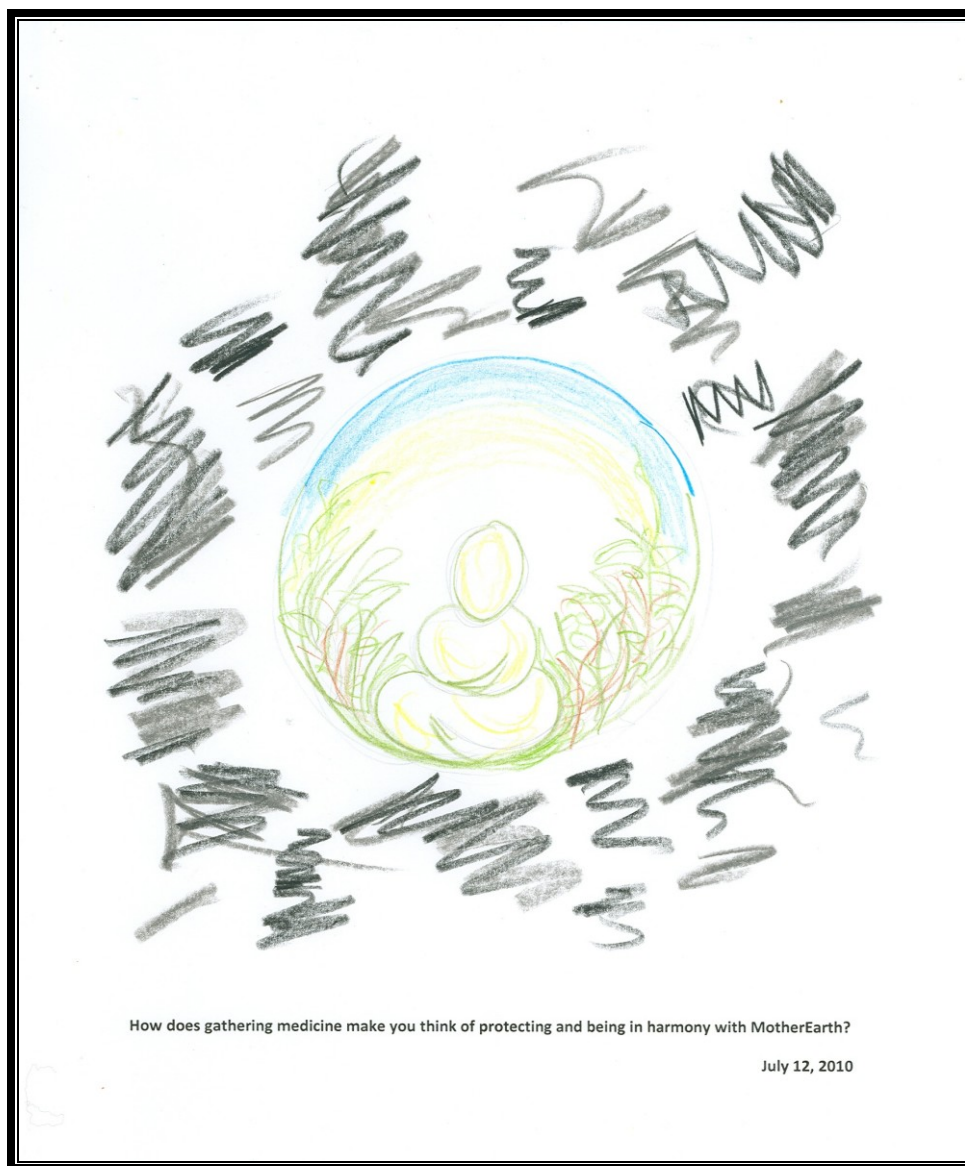


Figure 3. Tanya’s art voice answer to question: “How does gathering medicine make you think of protecting and being in harmony with Mother Earth?”

When asked to further explain the picture during the focus group component of the workshop, Tanya responded:

I put that bubble there to show that [Mother Earth is] fragile, that there’s all these forces that can contaminate [Mother Earth] so easily and break [her].
...it’s not even just the garbage that we see...but it’s even how we change the

environment ourselves. You know like we'll drain swamps... I was thinking that even where I went for that [plant], it's supposed to grow in certain areas and now these areas are being destroyed... we're actually destroying some of our medicine areas, or building them up... there's so much influence that can cost...that fragile bubble. (Tanya, adult focus group participant)

Tanya was able to work through her ideas while she drew, representing them pictorially before offering an oral response. From this example, we can see how the degree of meaning is augmented by the use of art to answer the question. Tanya makes explicit links between the well-being of the environment, gathering medicine, and her community's well-being. Data analysis from this project revealed that art voice enabled some participants to express themselves with drawings in a way they could not have through conventional qualitative methods. This was especially noticeable with children who participated in the workshops; some were too shy to speak more than a sentence or two, but were comfortable drawing pictures to answer research questions. The following quotation illustrates how one young art voice participant, 11-year-old Becky (through her mother who was also participating), drew a picture to answer the question: "What have I learned from past herbal workshops?"

Becky's Mom: [Do] you want me to read yours?

PI: It's up to you. (Becky agrees shyly and whispers to her mom)

Becky's Mom: She drew a tea kettle and a tea cup and it says 'I learned how to make teas...and it smells good.' (Becky and her mom, focus group participants)

While Becky was comfortable drawing a picture, when it came time to explain her picture in the focus group, she was too shy but her mother was able to step in. It is difficult to know whether Becky would have spoken at all had her mother not been present or had she not been part of a focus group with so many others present. This example expresses the usefulness of art voice when working with young children. Its utility as a method is further revealed in the context of Manitoulin Island, a place with a highly visible culture of art.

In this project, art voice was a method that could tie together the physical, social, and spiritual places that are Manitoulin Island. Coupled with the history and culture of art with which most participants were familiar through their lived experiences, the process of doing art voice is an experiential, sensory activity. This method could tie into culture through its tactile nature and into memory including the collective memory of the people. This process helped to answer our research questions but it has the potential to accomplish much more. Through its sensory nature, using art to answer research questions may allow Anishnabek to connect to both historical expressions of art such as pictographs and to the current culture of art. From this research we learned to be flexible and open to choosing new methods according to local context. By considering the complex nature of the places where research is conducted, researchers can be better equipped to answer questions in a culturally and locally relevant way.

2.3.2 The places of the project

The places or sites where research is conducted also play a role and we now show that there are culturally more appropriate places to carry out some types of data collection than others

depending on the participating group or community. We consider the importance of being sensitive to the complex nature of place and how it combines with methods in an effort to unpack issues regarding subjectivity, positionality, and power relations in research pursuits. As researchers we are influenced by the places of research and can learn from the perspectives of participants as they interact with their environment. A given place is comprised of multiple layers of physical, spiritual, and social spaces, and encompasses the gamut of scales from the micro-environment of the self to the macro-environment of the universe. This research was conducted in two different First Nations communities, in various different settings, including a boardroom, outdoors, participants' offices, a tipi, and people's homes. Each place may affect results based on social dynamics, physical constraints, and comfort level of both researchers and respondents. The physical, spiritual, and social places of research might impact our choice of methods, while researcher and participant subjectivity contributes to the construction of the reality and consequently to the results we observe. Below we examine some of these tensions with an account of our experience in conducting research/collecting data in different types of places.

It is difficult to understand when the impact of a place is a result of its physical nature or of its locale or social influences. The Manitoulin Island landscape is unique and affects different people in different ways. To what extent people shape the landscape, and subsequently our relationship to it, has been debated a great deal in the discipline of geography (Greider and Garkovich, 1994; Harvey, 1996; Sack, 1997; Wilson, 2000). Each art voice session, interview, and focus group took place within participants' home community and contributed to their level of comfort. Had participants been in a different

location where they had no relationship or history, they may have responded differently. We cannot easily separate the ways that the concrete material spaces contributed to responses, from how participants might have been influenced by their prior relationship to each place. Art voice sessions that took place in ‘the boardroom’ were perhaps less relaxed given the formality of the room. Young people may have viewed this place as an ‘adult space’ and may therefore have been less comfortable answering questions. Workshops in the community centre felt more comfortable, as children were running around and food was being shared. Once sessions moved outside and plants were looked at *in situ*, participants were freer to explore and appeared more comfortable answering questions.

Structural and social considerations also impact interactions in places as was the case between the researcher(s) and other adults participating in the project. In some cases we were on equal footing, as parents of young children, interested in issues around Aboriginal health, of a similar demographic, similarly placed socioeconomically. In other ways we were divided by different backgrounds and from different places both geographically and culturally. It can be expected that this influenced both positively and negatively how and what we communicated, and the extent to which we shared ideas, perceptions and feelings. One example of this occurred during a key informant interview where the principal investigator and the respondent were discussing various issues in a conversational way. Both parties were of a similar age and had similar aged children; we were able to relate to each other on many levels. However, while discussing issues around cultural protocol with Elders, the participant realized that the PI was not First Nations as she had assumed. An awkward moment followed as both women apologized for the misunderstanding and it took some time

before they settled into easy conversation again, needing to re-frame their position within the interview.

Interviews inside the tipi were perhaps more neutral, where interviewer and interviewee were not in their 'own' space. In the words of Anderson and Jones (2009), this unfamiliar space had the effect of “destabiliz(ing) the authority of the researcher” (296) leaving her less at ease. For the participant, while not in his/her own space, it is a space s/he was very familiar with and therefore relatively comfortable. Interviews at the home of participants were the most casual; the researcher was 'out of place' and the participant was 'in place' and comfortable and in control of their domain. Finally, interviews in the private offices of interviewees were more formal due to the social context of the constructed environment. The impact of each of these physical places is reflected in the results; tone and even subject may have been different had interviews and focus groups taken place elsewhere. While these places are all physical locations, the influence of place as locale and the impact of sense-of-place (or spiritual connections to place) must also be considered.

Spiritual places are somewhat harder to identify; where one person may have a strong sense-of-place, another may not relate to or feel connected to it. The tipi as an interview site may not be spiritual in the research context but in a different context, such as during a ceremony, it may transcend physical and social limitations and be very spiritual. While conducting an interview in the tipi, loud drumming was occurring just outside. This made it exceedingly difficult to listen to the recorded interview and later made transcribing difficult. It did, however, contribute to the feel of the interview and the mood of the place. For the researcher,

this made the interview feel ‘other-worldly’ as the drone of the drums took over the space, not at all like previous meetings, and seemed to capture a sense-of-place which might have influenced the results. We cannot speak for the participants but, presumably this location, including its sensory influences, may have altered how participants answered questions about traditional medicine programs. Spiritual places do not have to be places that are always spiritual by nature. Discussions that took place with young people and adults while we were learning about medicines may have been meaningful or even transformative for some, perhaps influenced by smell, taste, or other sensory characteristics. Tapping into the sensory nature of places when doing research *in situ* will certainly influence participants’ perception of their surroundings and thus how they answer research questions. Compared to talking about gathering medicine in the boardroom, being outdoors, in the field, can lead to a much richer experience and sharing of knowledge as participants live through the experience and can share it ‘live’ with the researcher. Anderson and Jones (2009) speak about the sensory experiences of “sitting on damp grass...getting muddy, smelling petrol fumes” (299). Furthermore, the *act* of producing art is a sensory, tactile and arguably a spiritual experience. When participants are in the place of art voice, these “moments of creation,” they are demonstrating the experiential nature of methods-in-place (Anderson and Jones, 2003:291).

Places of research are particularly important when working with youth, a circumstance which poses challenges due to the perceived power relations between adults and children. Research conducted by a non-Aboriginal adult researcher with Aboriginal youth is inevitably affected by a complex web of intersecting identities (Valentine, 2007). Cultural considerations complicate this further when Elders are present since specific protocol exist that the

researcher may or may not be aware of. In our project, there were a number of times when a group of young people was asked questions in the company of three or more adults. Their answers (whether verbal or through their art) may have been different had adults not been present, or had this ratio been different. They may also have responded differently when their parents were present, which was periodically the case as we saw with Becky.

The need to empower youth in the two communities in a culturally relevant way was one of the themes explored in this paper. Art voice may be an effective way to overcome the challenges of working with young people and finding ways to accurately represent children's voices and to include them in the research process. Similarly, the choice of place can help to break down conventional power relations between adults and youth and gain more meaningful results (Anderson and Jones, 2009; Andersson and Ledogar, 2008; Critchley et al., 2006). Not only can the physical place in which research is conducted help break down these barriers, so too can the fact of constructing new methods according to the physical, social, historical, cultural, and spiritual places. In our case, art voice was an ideal method for accomplishing this because the intimidating nature of being research 'subjects' was minimized, as was the power imbalance that can exist between children and adults. This method allowed them to just draw alongside the adults and there was no pressure to speak about their pictures or share them if they did not want to. It has been demonstrated that one of the most critical factors impacting well-being and health is control; this is true for adults and for youth (Adelson and Lipinski, 2008; Riecken et al., 2006). Children reflect the environment from which they come and they actively contribute to creating it. Thus when children are directly involved in the research "production" process and are in control, they

are empowered (Barker and Weller, 2003). In our project on Manitoulin Island, it was difficult to recruit young people in advance to partake in the design stage. Given their input, insight and enthusiasm once they attended workshops, we believe that the research would have benefited from earlier involvement of youth and they in turn may have been empowered by being part of the project design. Prior youth involvement may have enabled trust to be developed earlier and methods to more accurately reflect the unique intersection of identities that only an Anishnabek young person from Manitoulin Island could convey.

2.4 Conclusion

Our examination of culturally relevant place-based methods aims to inspire ideas that could be applied to future research. This said, there are challenges in negotiating collaborations between academic researchers and Aboriginal community partners. While we try to minimize these challenges through building trust, acknowledging who we are and where we come from (situating and emplacing ourselves), and striving to use community-based, culturally sensitive and relevant methods, it is impossible to avoid insider/outsider tensions or the need to navigate the spaces between epistemologies (Fine, 1994; Jones and Kuni, 2008). A new wave of young Aboriginal researchers are bridging this gap, doing work in their own communities, speaking the language not just in a linguistic sense, but also the language of participants, such as that of youth culture. While the use of the decolonizing methods discussed in this paper is not enough to adequately capture the essence of a community, they are useful methods for creating dialogue and mutual respect in collaborative research projects. We are left, however, with the challenge of reconciling an

attempt to tap into an Indigenous framework or to decolonize methods with the fact that we are in academia; we write things down in order to most effectively disseminate ideas. We need to continue to ask ourselves how best to do this writing in a culturally relevant way, how to make research ‘ceremony’ (Wilson, 2008), how to be flexible with our methods while still satisfying ethics boards and funding bodies.

Allowing place to guide the methods we choose is a good launching point. We have learned from this research that the place of research can impact methods and results. The two First Nations with which we worked are located on opposite sides of an island, one more remote and smaller than the other. Some data were collected in a boardroom and other data were gathered outdoors, the physical location affecting how we moved forward. Working in different locales impacted the process at a localized and personal level; it affected how and when questions were asked. Also, social spaces created by children differ from those created by adults, in terms of the volume of conversations, the mood, and the degree of participation. Finally, sense-of-place impacts research results including how participants identify with places and move about in them. Comfort in their communities differed between participants, some being life-long residents, some moving back after leaving for education and some being newcomers. Nor are researchers impervious to the differences that place makes. In this case each site of our research had a unique feel and offered varying degrees of comfort. Acknowledging this subjectivity of place in the research process, being reflexive about the role of location, locale, and sense-of-place, can only increase our depth of understanding of the unique places in which we work and their influence.

Viewing alternative research methods as decolonizing may be difficult when they are being integrated into academic research pursuits. This potential conflict may be minimized by allowing for frequent reflection, reevaluation, and consultation with the community during the research process. By using context-based methods, researchers may be able to foster the trust with participants required to acquire relevant results. Choosing methods-in-place such as art voice can empower Aboriginal people – young and old – to be interested in and in control of research which is significant to them. But relevant methods will differ from one community to the next, within Manitoulin Island, and within First Nations, Inuit, or Métis communities in general. Place-specific culture, language, and history should be incorporated into methodology whenever possible. This work could act as a springboard for future Aboriginal health research to consider place in its methodological design, thereby contributing to the growing body of decolonizing community-based methods. As researchers, we need to get creative in our choice of methods, engage communities in the process, ask individuals how we could best appreciate local knowledge, find ways to uncover new methods-in-place.

Endnotes

1. *Anishnabe* or *Ojibwe* refers to the larger First Nations group to which all seven First Nations communities on Manitoulin Island belong. *Anishnabe* has numerous variations in spelling including *Anishnawbe* and *Annishnabe*. *Anishinaabemowin* also known as *Ojibway* refers to the traditional language spoken and *Anishnabek* is the plural form meaning “First Peoples” (Wilson, 2003).

2. Noojmowin Teg and Naandwegamik Health Centres are both located on Aundeck Omni Kaning First Nation but Naandwegamik services only the local First Nation while Noojmowin Teg is an access centre for all seven First Nations on the Island.
3. “Indian residential schools” (IRS) were established in the 1870s in Canada in an attempt to educate Aboriginal youth in European culture and values. There were over 130 schools established by Christian organizations across Canada with over 150 000 First Nations, Inuit, and Métis students attending in total until the closing of the last residential school in the mid-1990s. It is believed that the implications of taking Aboriginal young people away from their families and communities for residential school students themselves, their parents, and subsequently their children, are far-reaching and still being felt today in terms of mental, spiritual, cultural, and social health. Following the recommendations made by the Royal Commission on Aboriginal Peoples (RCAP, 1996), the Truth and Reconciliation Commission (TRC) was established in 2008 to hear the stories of residential school survivors, share them with the rest of Canada, hold national meetings, and compensate them for the damage done. There are many survivors of residential schools living on Manitoulin Island today, some of whom have been involved with programs supported by the TRC to help heal from the lasting effects of assimilation and displacement (TRC, 2011). Participants our research informed us that although they did not attend a residential school, many attended ‘day schools’ which had a similar agenda and were equally as harmful.

4. A healing through art program was offered through the Traditional Medicine Program at Noojmowin Teg Health Centre as part of their Indian residential school Support Services (Annual Report, 2010-2011).
5. In order to protect their identity, the names of all focus group participants and key informants are pseudonyms.

References

- Aboriginal Healing Foundation. Retrieved March 5, 2010 from <http://www.ahf.ca/publications/residential-school-resources>
- Anderson, J. Adey, P., and Bevan, P. (2010). Positioning place: polylogic approaches to research methodology. *Qualitative Research*, 10(5), 589-604.
- Anderson, J. and Jones, K. (2009). The difference that place makes to methodology: uncovering the 'lived space' of young people's spatial practices. *Children's Geographies*, 7(3), 291-303.
- Anderson, J. F., Pakula, B., Smye, V. Peters, V. and Schroeder, L. (2011). Strengthening Aboriginal Health Through a Place-Based Learning Community. *Journal of Aboriginal Health*, March, 42-53.
- Andersson, N. and Ledogar, R.J. (2008). The CIET Aboriginal Youth Resilience Studies: 14 Years of Capacity Building and Methods Development in Canada. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6(2), 65-88.
- Aundeck Omni Kaning First Nation Website (2011). Retrieved May 5, 2011, from <http://aundeckomnikaningfn.com/>
- Barker, J. and Weller, S. (2003). 'Never work with children?': the geography of

- methodological issues in research with children. *Qualitative Research*, 3(2), 207-227.
- Barwin, L., Shawande, M., Crighton, E.J., and Veronis, L. Teachings around self-care and medicine gathering on Manitoulin Island, Ontario: re-building capacity begins with youth. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, (in preparation).
- Browne, A. J., Smye, V.L. and Varcoe, C. (2005). The Relevance of Postcolonial Theoretical Perspectives to Research in Aboriginal Health. *Canadian Journal of Nursing Review (CJNR)*, 37(4), 16-37.
- Cannella, G. S. and. Maneulito, K.D. (2008). Feminisms from unthought locations: Indigenous worldviews, marginalized feminisms, and revisioning and anticolonial social science. In N. K. Denzin, Lincoln, Y.S. and Tuhiwai Smith, L. (Eds), *Handbook of Critical Indigenous Methodologies* (45-59). Los Angeles, CA: Sage.
- Casey, E. (2001). Between geography and philosophy: What does it mean to be in the place-world? *Annals of the Association of American Geographers*, 91(4), 683–693.
- Castelden, H.,Gavin, T. and Huu-ay-aht First Nation. (2008). Modifying Photovoice for community-based participatory research. *Social Science and Medicine*, 66, 1393-1405.
- Cinader, B. (1987). *Manitoulin Island - The Third Layer*. Thunder Bay, ON: Thunder Bay Art Gallery.
- Cresswell, T. (2004). *Place: a short introduction*. Malden, MA: Blackwell Publishing.
- Critchley, K., Walton, F., Timmons, V., Bryanton, J., McCarthy, M.J., and Taylor, J. (2006). Personal health practices around physical activity as perceived by the Aboriginal children of Prince Edward Island. *Journal of Aboriginal Health*, September, 26-33.

- Darbyshire, P., Macdougall, C and Schiller, W. (2005). Multiple methods in qualitative research with children: more insight or just more? *Qualitative Methods*, 5(4), 417-436.
- Davidson-Hunt, I. J. and. O'Flaherty, R.M. (2007). Researchers, Indigenous Peoples, and Place-Based Learning Communities. *Society and Natural Resources*, 20, 291-305.
- Denzin, N. K., Lincoln, Y.S. and Tuhiwai Smith, L. (Eds). (2008). *Handbook of Critical Indigenous Methodologies*. Los Angeles, CA: Sage Publications, Inc.
- Devine, B. (2009). Selected Proceedings of Witness A Symposium on the Woodland School of Painters Sudbury Ontario, October 12, 13, 14, 2007. Canada Council for the Arts, Toronto, ON: Aboriginal Curatorial Collective and Ontario Council for the Arts.
- Dillard, C. B. (2008). When the Ground is Black, the ground is fertile: Exploring endarkened feminist epistemology and healing methodologies in the spirit. In N. K. Denzin, Lincoln, Y.S. and Tuhiwai Smith, L. (Eds.), *Handbook of Critical Indigenous Methodologies*, (pp. 277-292). Los Angeles, CA: Sage.
- Ermine, W. (2007). The Ethical Space of Engagement. *Indigenous Law Journal*, 6(1), 193-203.
- Ferrara, N. (2004). *Healing through Art: Ritualized Space and Cree Identity*. Montreal, QC: McGill-Queens University Press.
- Fine, M. (1994). Working the Hyphens - Reinventing Self and Other in Qualitative Research. In N. K. Denzin, Lincoln, Y.S. and Tuhiwai Smith, L. (Eds.), *Handbook of Qualitative Research* (pp. 70-82). Thousand Oaks, CA: Sage.
- First Nations Information Governance Centre (FNIGC) (2006). Regional Health Survey. Retrieved September 12, 2011, from <http://www.rhs-ers.ca/>

- Fuller, D. and Kitchin, R. (2004). Radical theory/critical praxis: academic geography beyond the academy. In Fuller, D. and Kitchin, R., (Eds.), *Radical theory, critical praxis: making a difference beyond the academy*. ACME e-book series, 1-20.
- Greider, T. and Garkovich, L. (1994). Landscapes: The Social Construction of Nature and the Environment. *Rural Sociology*, 59(1), 1-24.
- Grim, John A. (2001). Cosmology and native north American mystical traditions. *Théologiques*, 9(1), 113-142.
- Gustafson, P. (2001). Meanings of place: everyday experience and theoretical conceptualizations. *Journal of Environmental Psychology*, 21, 5-16.
- Harvey, D.(1996). *Justice, Nature, and the Geography of Difference*. Blackwell Publishers, Cambridge, MA.
- Hay, R. (1998). A rooted sense of place in cross-cultural perspective. *The Canadian Geographer*, 42(3), 245-266.
- Ingold, T. (2000). *The Perception of the Environment: Essays in Livelihood, Dwelling, and Skill*. London: Routledge.
- Israel, B.A., Eng, E., Schulz, A.J. and Parker, E.A. (2005). Introduction to methods in community-based participatory research for health, in *Methods in Community-Based Participatory Research for Health*, John Wiley and Sons, San Francisco, pp.3-26.
- Jones, A. and Jenkins, K. (2008). Rethinking Collaborations: working the Indigene - Colonizer Hyphen. In N. K. Denzin, Lincoln, Y.S. and Tuhiwai Smith, L. (Ed.), *Critical Handbook of Indigenous Methodologies*, (pp. 471-486). Los Angeles, CA: Sage.
- Junge, M.B. and Linesch, D. (1993). Our own voices: new paradigms for art therapy

- research. *The Arts in Psychotherapy*, 20, 61-67.
- Knowles, J. G. & Cole, A. L. (Eds.) (2008). *Handbook of the arts in qualitative research*. Thousand Oaks, CA: Sage.
- Koch, S.C. and Fuchs, T. (2011). Embodied arts therapies. *The Arts in Psychotherapy*. 38, 276-280.
- Kovach, M. (2009). *Indigenous Methodologies: Characteristics, Conversations, and Contexts*. Toronto: University of Toronto Press.
- Lavallée, L. F. (2009). Practical Application of an Indigenous Research Framework and Two Qualitative Indigenous Research Methods: Sharing Circles and Anishnaabe Symbol-Based Reflections. *International Journal of Qualitative Methods*, 8(1), 21-40.
- Leavy, P. (2009). *Method meets art: Arts-based research practice*. New York, NY: The Guilford Press.
- Little, M. (2009). *Portraits of Spirit Island: The Manitoulin School of Art Comes of Age*. Gore Bay, ON: Lady Luck Enterprises.
- Loppie Reading, C.L. and Wien, F. (2009). Health inequalities and social determinants of Aboriginal Peoples' Health. National Collaborating Centre for Aboriginal Health, Prince George, B.C.
- McLuhan, E. (1978). The secularization of ojibwe imagery and the emergence of the image makers. In *Contemporary Native Art of Canada - Manitoulin Island* (pp. 19-25). Toronto: Royal Ontario Museum.
- Minkler, M. (2004). Ethical challenges for the "Outside" Researcher in Community-Based Participatory Research. *Health Education and Behaviour*, 31(6), 684-697.
- Manitoulin '78 (1978). Unknown author. *The Native Perspective*, 3(2), 47-48.

- Noojmowin Teg Health Centre (2010-2011). Annual Report, Aundeck Omni Kaning, Manitoulin Island, Ontario.
- Pain, R. (2004). Social geography: participatory research. *Progress in Human Geography*, 28(5), 652- 663.
- Peet, R. 2000: Commentary: thirty years of radical geography. *Environment and Planning A* 32, 951–53.
- Richmond, C. and Ross, N. (2009). The determinants of First Nations and Inuit health: a critical population health approach. *Health and Place* 15, 403-411.
- Richmond, C., Elliott, S.J., Matthews, R. and Elliott, B. (2005). “The political ecology of health: perceptions of environment, economy, health and well-being among ‘Namgis First Nation’” *Health and Place*, 11, 349-365.
- Riecken, T., Scott, T., and Tanaka, M.T. (2006). Community and Culture as Foundations for Resilience: Participatory Health research with First Nations Student Filmmakers. *Journal of Aboriginal Health*, September, 7-14.
- Royal Commission on Aboriginal Peoples (RCAP) (1996). *Report on the Royal Commission Round Table on Aboriginal Peoples*, Volumes 1, 2, and 5. Supply and Services Canada, Ottawa, ON.
- Sack, R. (1997). *Homo Geographicus*. John Hopkins University Press, Baltimore.
- Sin, C. H. (2003). Interviewing in 'place': the socio-spatial construction of interview data. *Area*, 35(3), 305-312.
- Smith, L. T. (1999). *Decolonizing methodologies: Reserach and indigenous peoples*. London, UK: Zed Books.

- Sudbury & District Health Unit (2007). A Snapshot of Cancer Rates in the Sudbury & District. Health Unit Area. Retrieved October 3, 2011 from <http://www.sdh.u.com/uploads/content/listings/SnapshotCancerSDHU2007Final.pdf>
- Truth and Reconciliation Commission of Canada (TRC) (2011). Retrieved September 21, 2011 from <http://www.trc.ca/websites/trcinstitution/index.php?p=3>
- Tuan, Y.-F. (1991). Language and the Making of Place: A Narrative-Description Approach. *Annals of the Association of American Geographers*, 8(14), 684-696.
- United Chiefs and Councils Manitoulin. (2011). Retrieved: Jan 9, 2011 from <http://www.uccm.ca/index.php>
- Valentine, Gill. (2007). Theorizing and researching intersectionality: a challenge for feminist geography. *The Professional Geographer*, 59(1), 10-21.
- Wilson, K. (2003). Therapeutic Landscapes and First Nations peoples: an exploration of culture, health and place. *Health and Place*, 9, 83-93.
- Wilson, K. (2000). *The role of Mother Earth in shaping the health of Anishinabek: a geographical exploration of culture, health and place*. Unpublished PhD thesis, Queen's University, Kingston., Queen's, Kingston, ON.
- Wilson, Shawn. (2008). *Research is Ceremony: Indigenous research methods*. Halifax, NS: Fernwood Publishers.

CHAPTER 3

TEACHINGS AROUND SELF-CARE AND MEDICINE GATHERING IN MANITOULIN ISLAND, ONTARIO: RE-BUILDING CAPACITY BEGINS WITH YOUTH

L. Barwin^{1,} MA Geography, University of Ottawa*

*M. Shawande, Traditional Coordinator, Noojmowin Teg
Health Access Centre, Aundeck Omni Kaning, ON*

*E. Crighton, PhD, Associate Professor,
Department of Geography, University of Ottawa*

*L. Veronis, PhD, Assistant Professor, Department of Geography,
University of Ottawa¹*

*Address correspondence to: Lynn Barwin, MA Candidate, Department of Geography,
University of Ottawa, Room 036, Simard Hall, 60 University, Ottawa, ON, K1N 6N5,
613 562 5800 x1284

Submitted to: *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*

ABSTRACT

In recent years, Aboriginal community leaders and health researchers in Canada have looked to self-determination, self-governance, and capacity building as a solution to reducing the gap in health disparities particularly among Aboriginal youth. Yet little research has investigated how the promotion of autonomy and self-determination through self-care could directly contribute to improved health and well-being. This paper

examines how traditional workshops offered by an Aboriginal health centre on Manitoulin Island contribute to individual and community health via self-care, and in turn to the re-building of capacity. We investigated how traditional teachings may support individual, community, and environmental health for youth in two Anishnabe communities using a variety of qualitative methods. Our findings suggest that there is a need for repetition of traditional workshops to foster confidence and sharing, and that there is a transformation that occurs between youth and adulthood regarding a connection with Aboriginal identity. It was also found that history, language, culture, and relationship with the land play a vital role in community health. Finally, results determined that there is a need for traditional workshops to continue to facilitate the transition towards self-care and capacity re-building. Based on these findings, we propose that health may be improved in Aboriginal communities over time via the incorporation of an Aboriginal worldview into all aspects of community life including healthcare programming.

Keywords: Aboriginal health, traditional medicine, self-care, capacity (re)building, Indigenous worldview, decolonizing methodology, self-determination

3.1 Introduction

Our vision for improved health revolves around a First Nations controlled and sustainable health system that builds effective capacity and asserts First Nations jurisdiction in health, aligned with a holistic and culturally appropriate approach... The role of research in further informing First Nations' united efforts to improve the health and well-being of our peoples cannot be underestimated.

(Phil Fontaine, former Grand Chief of the Assembly of First Nations, 2005:S6).

Aboriginal health research in Canada has reached a critical turning point in recent years. With dismal health conditions in many First Nations, Inuit, and Métis¹ communities now well documented (Adelson, 2005; Loppie Reading and Wien, 2009; Waldram et al., 2006), there has been a push by government, academia, and communities themselves to better understand what factors contribute to health disparities. As suggested above by former AFN leader Phil Fontaine, one of the significant findings that has come from the existing research is that self-determination and capacity may be among the most important determinants contributing to good health in Aboriginal peoples (Healey and Meadows, 2008; Minore and Katt, 2007; Loppie Reading and Wien, 2009; Smith et al., 2008).

Recent research has addressed how self-determination and capacity-building impacts population health in Aboriginal communities (Healey and Meadows, 2008; Maar and Shawande, 2010; Minore and Katt, 2007; Mottola et al., 2011), but the practicing of traditional medicine as a form of self-care and its subsequent impact on community health is not well understood. This research attempts to fill this gap by exploring whether traditional medicine workshops offered by an Aboriginal Health Centre on Manitoulin Island, Ontario, contribute to self-care and to the re-building of capacity in two First Nations communities.

¹ First Nations, Métis and Inuit are the descendants of the original inhabitants of North America and comprise three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs. The Canadian Constitution collectively recognizes these distinct groups as Aboriginal People (Indian and Northern, 2010)

3.2 Background

3.2.1 Aboriginal Health: Determinants, Traditional Medicine, and Capacity Re-building

Aboriginal people in Canada are among the unhealthiest in the country according to common indicators of health such as income, education, housing, and life expectancy (Loppie Reading and Wien, 2009). Life expectancy of the Aboriginal population is 5-7 years lower than the population at large and rates of suicide among Aboriginal youth are five to six times higher than in non-Aboriginal youth (Adelson, 2005; Health Canada, 2009). In its chapter on Health and Healing, the Royal Commission Report on Aboriginal Peoples (RCAP, 1996) states that the term ‘crisis’ is no exaggeration (Volume 3: 119). Since demographically the Aboriginal population in Canada is growing twice as fast as the rest of the population and the mean age approximately 10 years younger than the Canadian national average (Ball, 2005; Kirmayer et al., 2003), it is crucial to understand the underlying causes of ill-health among Aboriginal youth.

Detailed data are lacking but it appears that the health status of Anishnabek² on Manitoulin Island mirrors the national average for Aboriginal peoples. Health workers have observed comparable problems in Manitoulin, including substance abuse, mental illness and high rates of suicide particularly among youth. In this region, rates of drug and alcohol use and abuse in this group are significantly higher than the national average (SDHU, 2007). Determining the underlying factors that contribute to poor health and ways to promote good health have been the subject of numerous research projects on the island in recent years (Jacklin and

²-*Anishnabek* is the plural form of Anishnabe meaning “First Peoples” (Wilson, 2003). Anishnabek/Anishnabe *Anishnabe* or *Ojibwe* refers to the larger First Nations group to which all seven First Nations communities on Manitoulin Island belong. *Anishnabe* has numerous variations in spelling including *Anishnawbe* and *Annishnabe*. *Anishinaabemowin* also known as *Ojibway* refers to the traditional language spoken.

Kinoshameg, 2008, Jacklin, 2009; Maar, 2004; Maar et al., 2005; Maar et al., 2007; Maar et al., 2009; Maar and Shawande, 2010; Manitowabi, 2009; Wilson, 2000). Our study adds to this body of research by demonstrating how determinants of health such as tradition, culture and a distinctive worldview are significant in Aboriginal communities and must be considered in traditional health programming.

3.2.1.1 Aboriginal Determinants of Health

It is widely accepted that health is determined by more than just physiological factors such as genetic predisposition (Evans and Stoddart, 1994; Lalonde, 1974, Loppie Reading and Wien, 2009). Socioeconomic determinants such as income, social status and support, education, employment, gender, and culture are now universally understood as contributing to a more holistic definition of health and have thus become the focus of public health agendas (Public Health, 2001). Poor health among First Nations youth and adults has been linked to social determinants including education, housing, infrastructure, employment, social capital and economic status (Adelson, 2005; Dyck, 2009; NAHO, 2008), and in many cases are believed to relate to issues around structure, community breakdown, and the loss of control associated with colonial histories and residential schools experiences³ (Adelson, 2005; Czyzewski,

³ Indian residential schools were established in the 1870s in Canada in an attempt to educate Aboriginal youth in European culture and values. There were over 130 schools established by Christian organizations across Canada with over 150 000 First Nations, Inuit, and Métis students attending in total until the closing of the last residential school in the mid-1990s. It is believed that the implications of taking Aboriginal young people away from their families and communities for residential school students themselves, their parents, and subsequently their children, are far-reaching and still being felt today in terms of mental, spiritual, cultural, and social health. Following the recommendations made by the Royal Commission on Aboriginal Peoples (RCAP, 1996), the Truth and Reconciliation Commission (TRC) was established in 2008 to hear the stories of residential school survivors, share them with the rest of Canada, hold national meetings, and compensate them for the damage done. There are many survivors of residential schools living on Manitoulin Island today, some of whom have been involved with programs supported by the TRC to help heal from the lasting effects of assimilation and displacement (TRC, 2011). Some participants in our research informed us that although they did not attend a residential school, many attended 'day schools' which had a similar agenda and which were equally as harmful.

2011; Jacklin and Kinoshameg, 2008; Richmond and Ross, 2009). As such, disempowerment itself is viewed as an influential social determinant of health. Thus, the struggle for self-determination and control may be the underlying cause of poor health in many Aboriginal communities in Canada and internationally (Kirmayer et al., 2003; Mignone and O'Neil, 2005; Obomsawin, 2007; Waldram et al., 2006). Broad social determinants are relevant in all populations, however, there may be some determinants such as discrete culture and traditions, connection to the land, self-care and self-determination, agency, and language that are particularly important to Aboriginal people in Canada.

3.2.1.2 Self-care

In clinical terms, self-care typically refers to personal health maintenance through activities such as eating well, self-medicating, practicing good hygiene, avoiding health hazards such as smoking, preventing ill health, and taking care of minor ailments or long term conditions after discharge from a secondary and tertiary health care (Ganz, 1990; Kemper et al., 1992; Kickbusch, 1989). Self-care in the context of traditional services offered at Noojmowin Teg Health Centre includes life skills such as traditional medicine gathering. There are physical, emotional, and spiritual benefits associated with being out in the natural environment gathering medicine as well as with the positive health benefits of having control over one's own health (Noojmowin Teg, 2012). In its section on Health and Healing, the RCAP identified how traditional medicine represents a form of self-care:

The values of traditional medicine encourage self-care and personal responsibility for health and well-being. This contribution is particularly important at a time when

Aboriginal people are emphasizing the need to find their own solutions for persistent personal and social problems (RCAP, 1996 volume 3: 351).

In this excerpt, the need for Aboriginal people to determine for themselves their own path in terms of health and well-being has been acknowledged. Yet over fifteen years later, these “personal and social problems” and the related negative health consequences are still prevalent in many First Nations communities. Self-determination has been touted as the solution to these problems, but how to realize this goal and what it entails is complex. The loss of traditional medicines upon colonization resulted in disempowerment and subsequently had an influence on the well-being of Aboriginal people (Maar and Shawande, 2010; Robbins and Dewar, 2011). The re-integration of traditional medicines as a form of self-care in a contemporary context must be included in discussions around Aboriginal determinants of health.

3.2.1.3 Capacity re-building

Capacity building is defined by the National Aboriginal Health Organization (NAHO) as “increasing the ability of individuals, communities and nations to learn and to do. Capacity building in health planning can involve developing and applying governance models, making informed decisions, strategic planning, identifying and setting priorities, evaluating, managing human and fiscal resources, and assuming responsibility for success and failure of health programs and interventions (NAHO, 2007).⁴ Taiaiake Alfred dislikes the term

⁴ We have made a conscious and conscientious decision to use the term capacity *re*-building since according to observations by Marjory Shawande in her over 10 years as traditional coordinator at Noojmowin Teg, capacity already exists in the communities and traditional workshops offered by the centre are only a conduit to re-

‘capacity-building’ as he believes it puts the blame on First Nations people rather than on the behaviour of the state. Therefore building capacity does not address the “underlying colonial, causes of unhealthy and destructive behaviours in First Nations communities” (Alfred, 2009:45).

3.2.1.4 Tradition and traditional healing

The 1996 The Royal Commission on Aboriginal Peoples (RCAP, 1996, Volume 3: 348) describes traditional healing as:

(...) practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western ‘scientific’ bio-medicine. When Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders. (RCAP, 1996, Volume 3: 348)

Traditional healing has been practiced for thousands of years in Aboriginal communities but traditional medicine has only recently been integrated into clinical settings in conjunction with conventional medicine in these communities (Maar et al., 2009; NAHO, 2008; Waldram et al., 2006; Wilson and Young, 2008). Initiatives to integrate tradition have gained momentum in part as a reaction to loss of traditional knowledge and loss of culture after European colonization (Adelson, 2005; Richmond *et al.*, 2005; Waldram et al., 2006).

building capacity lost through years of trauma (Marjory Shawande, personal communication, January 29, 2009).

Despite the strength of these colonizing forces, many Aboriginal groups in Canada have demonstrated their resilience by preserving or reinventing aspects of traditional culture over time. Bridging the disconnect between western and traditional medicine systems may allow for a more integrative model of healthcare, a model that is increasingly being implemented in Aboriginal Health Access Centres throughout Ontario and other provinces. “Recuperating these traditions therefore reconnects contemporary Aboriginal peoples to their historical traditions and mobilises rituals and practices that may promote community solidarity” (Kirmayer et al., 2003:S16).

There is, however, some unease over the notion of integration. Proponents of traditional practices are skeptical that this approach to medicine is validated by mainstream practitioners (Maar and Shawande, 2010; RCAP, 1996; Robbins and Dewar, 2011). Some Aboriginal academics feel that the two systems could never be fully integrated as they are fundamentally at odds philosophically (Alfred and Corntassel, 2011) and integration essentially amounts to assimilation. Thus re-incorporating traditional practices directly into communities (as opposed to being an aspect of healthcare programming) may result in increased self-care and capacity re-building and the subsequent health benefits associated with communities regaining control over their own health. At the same time, modern medical technologies are also available to provide necessary clinical care when indicated, allowing individuals access to ‘the best of both worlds.’ Traditional medicine may therefore be one element of self-care which contributes to broader determinants of health in communities including capacity re-building and self-determination.

3.2.1.5 Self-determination

The fact that capacity exists within communities to heal themselves is not disputed but understanding how best to tap into this capacity is less straightforward. It has been argued that the primary determinant of a healthy community is “the capacity of a community to govern itself, to have some measure of self-determination or autonomy” (Richmond *et al.*, 2005:358). Communities have actively fought for their right to self-determination since the 1970s, understanding its value on many different fronts. Self-governance is a key component of self-determination. However, some Aboriginal scholars feel the current approach to self-determination is ineffective and must be approached from an Indigenous consciousness and not structured according to current colonial models which are mired by bureaucracy. Rather than searching for ways to “fit” Aboriginal ways-of-knowing into the existing frameworks, the organizing of self-determining and self-governing Aboriginal communities should be built from the bottom up with an Aboriginal worldview as part of the fundamental foundation (Alfred, 2009; Brant Castellano, 1993). Self-government is often equated with the injection of money into First Nations communities to settle longstanding land claims or to provide social assistance where suffering is believed to be the result of disempowerment, particularly through the legacy of residential schools. While it is crucial that the Canadian Government attempts address the legacy of colonization, it is evident that money in itself will not heal the damage done to communities. Financial security contributes to the path to health through self-determination, but a community is autonomous only when First Nations themselves are in control of that money, making choices to spend it in ways that best address their specific community’s needs. As two Aboriginal scholars write:

We do not need to wait for the colonizer to provide us with money or to validate our vision of a free future; we only need to start to use *our* philosophies to make decisions and to use *our* laws and institutions to govern ourselves. (Alfred and Corntassel, 2005:614, emphasis original)

Taiaiake Alfred (2009) believes that when Aboriginal people depend on handouts from the colonizer and the laws, structures, and organizations of supposedly self-governing communities are controlled by national governments, the healing of Aboriginal peoples will never commence. Loss of land, loss of autonomy, political, cultural, economic, and social disenfranchisement are in part responsible for health disparities and widespread illness in Aboriginal communities (Adelson, 2005). If control is one of the most critical factors impacting health (Riecken et al., 2006), it follows that autonomy and control via self-determination will positively impact the health status of these populations. Minore and Katt (2007) suggest that self-determination in itself will not alter social factors such as poverty, poor housing, and lifestyle choices that impact Aboriginal health arguing that, if specific cultural needs are addressed, this could have an immediate impact on the status of Aboriginal health in Canada.

The idea that culture must be addressed in conversations around Aboriginal health has expanded beyond token elements of culture such as the inclusion of smudging,⁵ offering tobacco, or prayer before meetings. Aboriginal scholars are calling for the incorporation of an Aboriginal worldview in every aspect of life, including communications, negotiations,

⁵ Smudging refers to a ceremony in which a combination of sacred traditional plants typically cedar, sage, tobacco, and sweetgrass are burned. It is used as part of many Aboriginal ceremonies to open dialogue or cleanse a space or for purification. The smoke from the burning plants is usually brushed over oneself, inviting health into a person's life (Vancouver Coastal Health, 2012).

research, law, governance, and health (Alfred, 2009; Brant Castellano, 1993; Kovach, 2009; Martin-Hill, 2009; Obomsawin, 2007; Wilson, 2008; Zolner, 2003). As such self-determination and self-government must be framed from an Aboriginal perspective to truly be effective. Approaching problems from this paradigm may be the key to re-establishing healthy communities. Building on other research on self-determination and health in Aboriginal communities, this paper will unpack some of the tensions between Western and Aboriginal worldviews. One key aspect of an Indigenous worldview is the vital physical and spiritual relationship to the land.

3.2.1.6 Aboriginal Relationships to the Land

Well-being in Aboriginal communities has been associated with close ties to the land. Physical health relates to environmental health via interconnectedness and interdependency; people rely on the land for food, medicine, and shelter and it is the responsibility of people to look after Mother Earth (Davidson-Hunt and O’Flaherty, 2007; Grim, 2001; Hay, 1998; Richmond et al., 2005; Richmond and Ross, 2009; Wilson, 2000; Wilson, 2003). Aboriginal scholar Stan Wilson (2001) describes why he is obligated to protect the natural environment: “Because the life surrounding me is part of me through my ancestors, I must consider and care for all its constituents” (91). In light of understandings around the inherent connection to the land, loss of this land through appropriation, treaties, and environmental devastation could have a far-reaching impact on traditional knowledge and subsequently on health and well-being in many communities (Alfred, 2009; Grim, 2001; Richmond and Ross, 2009; Wilson, 2000). Our research examines these ideas further by explicitly investigating how medicine gathering workshops which take place on the land may strengthen the relationship

with the environment and subsequently the desire to protect it “for seven generations into the future” (Jostad et al., 1996). The need to engage youth in medicine teachings is paramount to ensure that the connection to and protection of the land be perpetuated.

3.2.2 Youth

Exploring the role that youth play in community health is important as they are a conduit for the transmission of traditional knowledge and continuity of culture, representing hope for the future of Aboriginal people in Canada (Robbins and Dewar, 2011). Jessica Ball’s work (2005) looking at early childhood care in three First Nations in British Columbia stresses the vital place of children in Aboriginal culture and the importance of nurturing their role in the future of a community. The need to honour the commitment to the health of children in the future further supports doing research with youth. The role that Elders play in passing down knowledge (often orally) to younger generations is critical to cultural continuity and a vital part of the extended family social structure of many Aboriginal communities. Fostering the relationship between Elders and youth is imperative for supporting healthy First Nations communities. For example, in one study, pregnant women who consulted with Elders were less likely to smoke and use alcohol and were more likely to attend prenatal classes and breastfeed (Anderson and Ledogar, 2008). Our research acknowledges this important relationship; many workshops offered by Noojmowin Teg Health Centre are conducted by Elders and geared toward youth. One of the themes we investigated was how medicine teachings were brought home and shared with family to determine if the capacity for self-care through traditional medicine use could be re-established among the youth in the communities.

Building on major themes identified in this background, the specific objectives of this research are to: (1) understand how traditional medicine workshops offered through Noojmowin Teg contribute to capacity re-building through self-care among youth in two First Nations communities of Manitoulin Island; (2) investigate how learning about medicines retrieved from the land contributes to a greater awareness of local habitat and subsequent interest in protecting the environment; (3) examine the role of language, tradition, and culture as determinants of health in First Nations communities, particularly for youth; and, (4) evaluate best methodological practices for local community-based health research.

3.3 Methodology

Self-determination may lead to improved health in Aboriginal communities and efforts should be made to promote community control of research about health in order to achieve a better understanding of health inequities. Recognizing the need for Aboriginal people to control and conduct research using culturally relevant methods, this research was guided by a community-based decolonizing methodology (Denzin et al., 2008; Fletcher, 2003; Kovach, 2009; Lavallée, 2009; Smith, 1999). Barwin et al. (submitted) provides a detailed discussion on how place-specific culture, language, and history should be incorporated into the choice of methods whenever possible in order to best understand local knowledge.

A variety of qualitative research methods were employed in two communities on Manitoulin Island between July and September, 2010. These First Nations were selected as study communities due to their interest in traditional medicine programs and their longstanding relationship with project collaborator and Traditional Coordinator of Noojmowin Teg, Marjory Shawande, through whom entrance into the communities was made possible. Guided by OCAP (Ownerships, Control, Access, Possession) principles⁶ (NAHO, 2007), a culturally appropriate research protocol was followed and ethics approval was received from both the University of Ottawa's Research Ethics Review Board and the Manitoulin Anishnabek Research Review Committee.

Manitoulin Island, located at the northern tip of Lake Huron, Ontario (Figure 1) is home to over 12 000 year-round inhabitants, nearly half of whom are First Nations (Manitoulin Tourism, 2010) of primarily Anishnabe (Ojibwe) descent. Colonial contact history included forced migration, the legacy of residential schools, social inequity, and the marked health disparities which resulted. The two communities involved in this study are located on opposite sides of Manitoulin, one more geographically remote with less than 100 members and the other on one of the island's major thoroughways with over 600 members. The health centre offers its traditional services to all seven First Nations on the island.

⁶ OCAP (Ownership, Control, Access, and Possession) guidelines published by the National Aboriginal Health Organization (NAHO) have become the gold standard to guarantee health research is conducted collaboratively and respectfully and that First Nations communities have access and intellectual property rights to any information which comes out of research projects (First Nations, 2007).

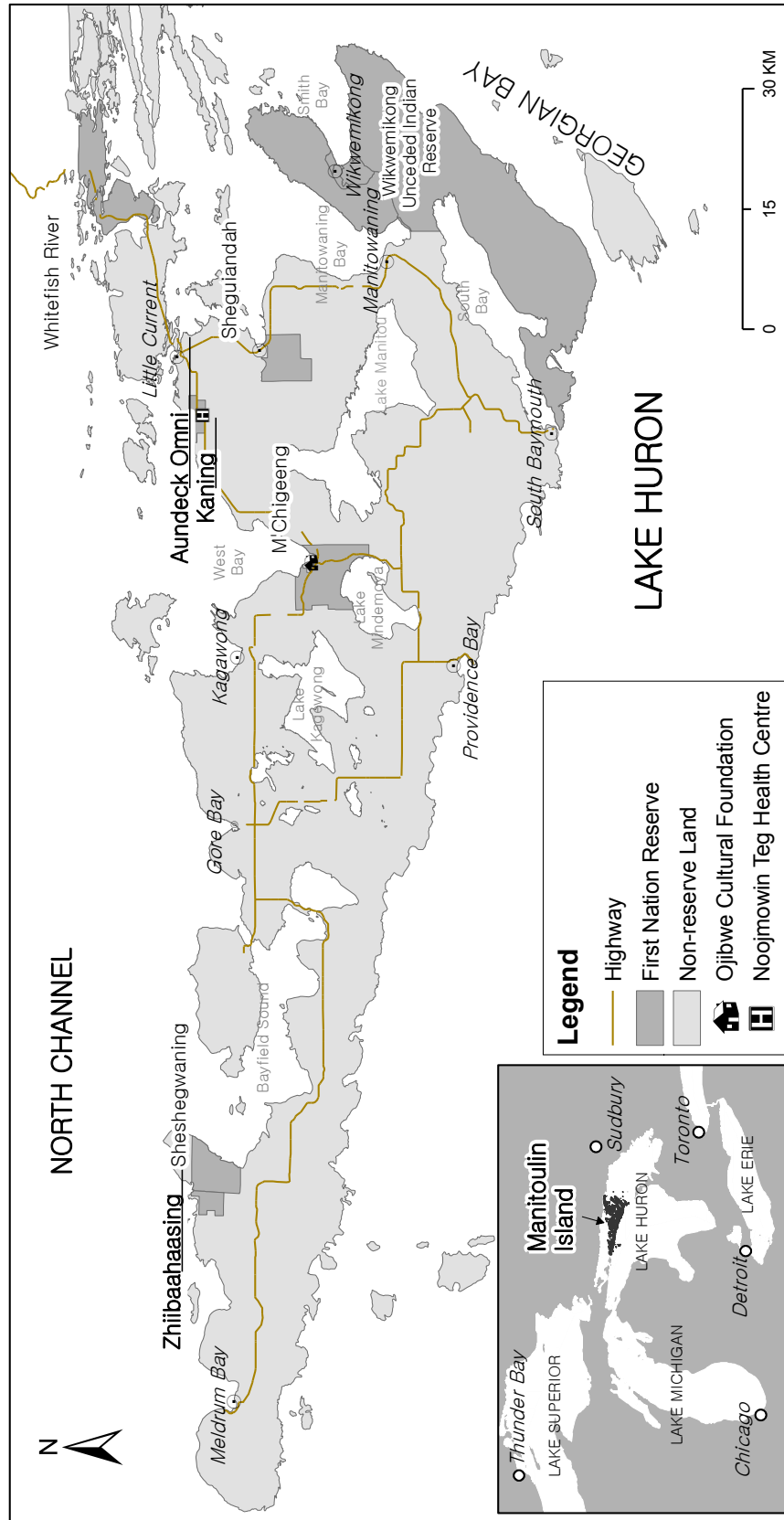


Figure 1: Map of Manitoulin Island and location of participating First Nations communities, Zhiiibaahaasing and Aundeck Omni Kaning (Map created with J. Feng, Department of Geography, University of Ottawa)

In the first stage of the project, we conducted two workshops in Aundeck Omni Kaning and one in Zhiibaahaasing (Figure 1) with a total of 15 participants (8 youth ranging from 4 years-old to 17 years-old, and 7 adults) who were selected via convenience sampling. Sessions included a traditional teaching by Marjory Shawande, an ‘art voice’ session⁷ with Art Facilitator Mark Seabrook, and were followed by a focus group. We posed four questions to participants in the art component and each participant was asked to draw pictures to answer questions. In the focus group component, where they were asked to elaborate verbally on their picture, specific questions that were asked included: What have I learned from the past herbal workshops? How have I utilized this information for my self-care? Who have shared these teachings with? How does gathering medicine make you think of protecting and being in harmony with Mother Earth?

In the second stage of the project, we conducted eight in-depth, open-ended interviews with key informants from the Aundeck Omni Kaning and Zhiibaahaasing Band Councils, and from Noojmowin Teg and Naandwegamik Health Centres in Aundeck Omni Kaning. Participants were recruited via purposive sampling aimed at gaining insight from particular community experts. In addition to the four questions about traditional workshops outlined above, key informants were asked what they thought about non-Aboriginal researchers coming into their communities and about what methods they considered more culturally relevant.

⁷ See Barwin et al. (submitted) for a detailed explanation of the art voice method; we found art voice, a variation on photovoice, to be an ideal method to use with youth and adults on Manitoulin Island given its rich history and contemporary culture of art.

Interviews and focus groups were digitally recorded with permission and transcribed verbatim, then deductively coded according to themes and analyzed in NVIVO8 (QSR International Pty Ltd., Version 8, 2008). As well, over 50 art voice pieces were scanned and inputted into the NVIVO8 program. Since research questions were determined in collaboration with Noojmowin Teg's traditional coordinator, major themes such as self-care, sharing knowledge, and the environment were predetermined. A number of new themes emerged upon analysis including language, the impact of residential schools, and Aboriginal worldviews. Attempts were made at all stages of the project to get feedback from both communities and from representatives of the health centre. Final results were presented to the Noojmowin Teg Traditional Advisory Committee, the members of which offered suggestions and were generally comfortable that results accurately reflected the situation in their communities. A final report was submitted to the communities and health centre and a follow-up visit for further feedback occurred.

3.4 Results and Discussion

In this section we present the key themes identified through analysis in this project. These are organized according to a continuum starting with practical results about the usefulness of the workshops and moving towards the value of self-care and ultimately to understandings of Aboriginal worldviews. Results and recommendations are developed that are of particular relevance to the traditional workshops in the local context of programming at Noojmowin Teg but might also be useful to Aboriginal health access centres elsewhere. Themes related to self-care and capacity re-building, the Aboriginal worldview, and the value of language

are not specific to communities on Manitoulin Island and may reflect values shared in the context of many different Aboriginal communities. Results reveal a continuum in which age plays a role: young participants engage in traditional teachings in a superficial way, learning how to use common medicines; adult workshop participants showed that they are starting to think about sharing knowledge with their children and how traditional knowledge connects them to the land and to the Creator.

3.4.1 The Need for Repetition of Traditional Workshops to Foster Confidence and Sharing

Participants in this project were unanimously in support of continued traditional medicine workshop programming at Noojmowin Teg Health Centre. Many had requested and attended workshops in the past for different youth programs or cultural outreach activities and understand their value in the transmission of Anishnabe culture. Participants also felt that frequent repetition of teachings is necessary. More regular workshops would help them remember to use medicines, which ones to use, and, in turn, would foster confidence so they could bring this knowledge into their communities as demonstrated by the following account:

If I don't hear it in a couple weeks, I'll forget how to say it so then, you know a month later...he'll [say], 'oh, did you pick that – whatever-it-may-be'? – and I'll [say]...ya, ya...and I'll get it – just like that...(Martha⁸, key informant)

⁸ In order to protect their identity, the names of all focus group participants and key informants are pseudonyms.

Martha's comment suggests that it is important to have regular workshops in order to remember the teachings. Similarly, a focus groups participant, Tanya, also expresses the need for repetition of workshops in the following quote where she proposes the creation of a book to help her remember the teachings:

It's almost something that you have to be at all the time because you forget and then when I sit with Marjory I'm reminded about 'oh ya, that's what that's used for' and I almost need like a book where it's all written down so I know what it's used for... because I forget what to use it for. (Tanya, adult workshop participant)

Interview participants also felt that adults need to take a more active role in facilitating their children's participation in workshops. Some key informants believed that because youth are so vulnerable, they must be given guidance in their search to understand their culture and tradition. Yet one key informant said that often it is the parents who prevent their children from attending programs. While this participant did not elaborate as to why this may be the case, possible explanations may include complacency or indifference, workshop burnout, scheduling issues, or they simply have different priorities in terms of the importance of tradition or culture relative to other activities their children could be participating in. If parents were encouraged to get more involved with promoting teachings, recruitment and retention might be more effective. This opinion is expressed plainly in the following statement:

And it's adults too that need to be involved – the parents have to be involved – when

something's going on, the parents have to go – take their children and go to...them workshops. (Alison, key informant)

As this quote suggests, it is not enough for parents to send their children to traditional programs but they need to be involved themselves. According to the Regional Health Survey (RHS), First Nations youths' understanding of culture comes predominantly from their immediate and extended family, and therefore it is essential that this instructional role be encouraged (AFN, 2009). A study based in rural Northern British Columbia (Ball, 2005) which looked at integrative service models in three First Nations communities found that parental involvement is beneficial for both youth and adults; parents who bring their children to programs which promote wellness for youth tend to make use of other programs which are geared towards adult healing and well-being. In our project, some key informants felt that youth are eager to learn but instruction must be framed the right way, initiated by them rather than being forced. Furthermore, Adelson and Lipinski (2008) in their report on the "Community Youth Initiative Project" in a Mi'kmaq community in New Brunswick learned that if they did not emphasize the 'healing' part of their project, youth were more likely to want to participate. Youth may have negative associations with programs framed around poor health and the need for healing. Therefore focusing on positive terms such as 'leadership' and 'initiative' may be more effective for engaging young people in health care programming and in research.

3.4.1.1 Sharing

One of our findings related to sharing practices among users of traditional medicine workshops. We found that among our participants, the most frequent sharing of teachings occurred between family members as a result of the natural level of comfort in families, especially with children. This speaks to a lack of confidence in sharing knowledge with others outside the family unit and reinforces the need for more frequent workshops. Below Tanya discusses her feelings about sharing:

I'm not doing enough to try to share my knowledge – maybe it's just a comfort level with it... I am passing on some of what I know but I know that there's lots more to learn so I'm trying to just be comfortable with a few plants – so I know a little about them – and I've noticed that when I attend Marjory's workshops I'm always learning something but it helps me because then I start to look up more, try to find more information about the plants and so that I can learn more. (Tanya, adult focus group participant)

Maar and Shawande (2010) determined that traditional teachings should be part of a process of “life-long learning” and as such, it is natural that children will process the teachings differently from adults. According to these authors, “[c]ommunities, families and individuals vary in their comfort level and understanding of traditional healing. It is therefore also seen as important to offer a variety of ongoing learning opportunities geared towards community members as well as Aboriginal and non-Aboriginal health care providers” (Maar and Shawande, 2010: 22). This life-long learning can come from many sources. Traditional

workshops offer Anishnabek the opportunity to be empowered by sharing what they have learned with others.

It is fitting that in the Noojmowin Teg traditional health program, patients are known as ‘relatives’ reflecting the idea that in Anishnabe tradition, the healer-patient exchange is a two-way interaction where both are equally valued. In this way the ‘relative’ is not considered a passive recipient of medicine but rather is directly involved in their own healing regime (Maar and Shawande, 2010; Manitowabi, 2009). Passing traditional knowledge onto their children is natural for many adults as indicated by Mike’s art voice answer to questions about sharing:

I just kept it to myself because I’m (...) learning so I don’t really know enough about anything yet to really say anything to anyone...so I keep it to myself. But I mean if my daughter wants to know what’s going on, I tell her what I’m doing so she helps me but....she’s [young] so she’s just getting the hang of it...(Mike, adult focus group participant)

Mike is only willing to share teachings with his daughter at this stage of learning. Many workshops at Noojmowin Teg are specifically geared towards youth to promote an understanding of traditional medicines early on. Gaining confidence to share traditional knowledge with family and friends via frequent workshops could go a long way to help foster the capacity for self-care among youth and adults on Manitoulin Island and elsewhere.

3.4.2 The Transformation from Youth into Adulthood

Another important theme that emerged through analysis was that a transition occurs from youth to adulthood regarding an interest in culture, tradition, and language. Looking to an Indigenous worldview to explain phenomena may be better understood once young people become adults. Key informants and adult focus group participants were committed to raising awareness about incorporating an Indigenous perspective into all aspects of community life. Alfred and Corntassel (2005) explain that transcending colonialism starts with individuals and radiates out to the “family, clan, community, and into all the broader relationships that form an Indigenous existence” (612). The continuum beginning with the young person at the level of the individual and moving through the family, community, society, planet, and eventually to the cosmos or the spiritual, encompassing an Indigenous worldview, was a pattern also noted through responses to research questions. Child and youth participants tended to have more literal interpretations of research questions as demonstrated by their answers to the art voice and focus group questions about the value of traditional medicines:

[T]hey help me heal, heal quicker and stop the swelling and it’s better to use it than having to go to the doctor and all that...I drew some pictures like cedar and sweetgrass and all that... (Gemma, 11-year-old focus group participant)

Gemma remembers some of the common medicines from workshops and recognizes their value as an alternative to going to the doctor. Though she is still young, this knowledge may help form the foundation of her medicine toolkit. As she attends more workshops and information is repeated, she may develop a greater interest in using and sharing these

medicines. We observed a transition between childhood and adulthood regarding an interest in traditional medicines and the desire to share the knowledge and pass it on. Upon reaching adulthood, especially once they became parents, some participants were more interested in defining and channeling cultural and spiritual identity. Mandy expresses how she experienced this transition:

I've always learned – ever since I was a kid I've attended ceremonies and different ...
fasts and stuff like this recently...since...I'm a little older in my life – I've found to
use it more – like when I was a teenager... I knew it was there but I never used it so
today I use it every day, and practice with my children. (Mandy, adult focus group
participant)

Mandy's renewed interest in traditional medicine is supported by national statistics which indicate that over 75% of First Nations adults claimed that traditional spirituality was important in their daily lives and over 80% indicated that cultural events were important (AFN, 2009).

Some adults were aware of the teachings when they were young but were involved in behaviours that prevented them from being interested in this knowledge. Recently they have now come to understand the importance of these traditions:

I know there's a lot of youth struggling with drugs and alcohol addictions and...
when I was a youth, I knew it was there but it was my choice, I didn't want nothing to

do with it because I was too involved with the drugs and alcohol and that... and once I cleaned up, my life has changed. (Jane, adult focus group participant)

It is typical for teenagers to question their identity or to rebel. Kirmayer et al. (2003) propose that the lack of interest in tradition, such as reflected Jane's comments, may be related to the difficulties Aboriginal youth experience in negotiating their role in the context of contemporary society. Connecting with their Anishnabe identity may have become more difficult since European contact because "[a]dolescence and young adulthood have become prolonged periods with ambiguous demarcation and social status" (Kirmayer et al., 2003: S20). Prior to contact, youth participated in activities associated with healing, had more responsibilities and were consequently more valued in the community. They learned skills essential for survival including traditional medicines from their parents and Elders (Kirmayer et al., 2003; Marlowe and Parlee, 1998). This changing role may in part be a result of the active suppression of culture via residential schools but Kirmayer (2012) suggests that changes in the degree of "local rootedness" resulting from globalization, may also have a strong impact on parenting practices and subsequently on the role of Aboriginal youth in modern society. Youth participants in this study live in a contemporary context in which their role in society is not always clear, and this may account for why young people experience difficulty finding meaning and interest in culture. One key informant reflected that picking plants for medicinal use was:

(...) the responsibility of kids; we'd pick the medicine when they taught us where to go pick and that's how I remember the medicine – and then later on I learned that's

why they had us actually picking – we were pure – so no contaminants are in the medicine. (Pat, key informant)

Pat explains how young people had an important role in communities in the past. Kirmayer et al. (2003) suggest that disempowerment could be one explanation for increasing health problems including mental illness and high rates of suicide among youth in some Aboriginal communities. As such, “mental health programs orientated toward empowerment aim to restore positive youth mental health and a strong sense of cultural identity by giving youth an active role in designing and implementing programs that meet their needs” (Kirmayer et al., 2003:S21).

Adult participants felt strongly about the need to practice and maintain culture and tradition and to pass it on to young people. At the same time, recognizing that all cultures change over time, one must find innovative ways to integrate culture in a changing world and consult with young people on how best to do so.

3.4.3 The Vital Role of Culture, Language and the Relationship with the Land to Aboriginal Health

Youth participants are only starting to think about their traditions and culture. Adults who participated in this research, however, felt strongly about the importance of their community having a sense of Anishnabe identity. When asked to discuss the value of culture and tradition in her community, Tina responded:

One of the big issues that I see in the communities is about a sense of identity and having cultural identity of who you are and that's part of this thing we're talking about is knowing who you are as a Nishnabe person and, I think, if you can have some understanding of where you fit and knowing where you come from, knowing some type of stream, knowing so that you can walk down the street and be proud of who you are and not be ashamed of being a Nishnabe person. (Tina, key informant)

Through interviews and focus groups, the value of language to culture and the transmission of knowledge was repeatedly emphasized. Participants in our study believed that language is essential in their community and should be conserved. One key informant summed up these ideas persuasively:

We all know the statistics on how many languages are dying on a daily basis out there and how many we're gonna be left with in a... short period of time... language needs to be priority. It's not enough to be grounded, to have cultural knowledge and historical knowledge, it has to be connected and rooted in the language also... to say you're a distinct Indigenous group... is only a relevant statement when it's... rooted in the language... You don't really have a culture unless you have language...

Someone had approached an Elder in a country and said 'what makes you Indigenous?' ...and they don't refer to their culture, they don't refer to their drums or their dance style or their food or any of that, they refer to the language, it's my language that makes me distinct as an Indigenous person – so it's rooted in that. (Steve, key informant)

Whether language is the key to the maintenance of culture and in turn to well-being is still being debated in academia (McIvor et al., 2009; O’Sullivan, 2003). One argument proposes that preservation of language further isolates communities from the mainstream, decreasing socio-economic status (SES) and health through a type of “ghettoization.” The other perspective is that “Aboriginal language use promotes identification with and pride in Aboriginal ethnic identity, which in turn improves SES in Aboriginal communities” (O’Sullivan, 2003: 136). The latter of these views was more prevalent among participants in this study. They believed that a true connection to the culture, the history and its traditions may only be fully experienced in the Anishinaabemowin language.

The view that promoting Anishinaabemowin language and culture in communities directly leads to spiritual and emotional health is not unique to this key informant. In her research with Anishnabek on Manitoulin Island, Kathi Wilson revealed a common belief that language gave people a direct connection to the Creator, Mother Earth, and to the spirits. Some believed that “if an individual cannot speak the language they are lacking a significant part of their Anishnabe identity” (Wilson, 2000: 135).

Building on the value of language in the maintenance of culture, other key informants felt that traditional knowledge had to be passed down in the Anishinaabemowin language to be fully internalized and that it is critical to learn the teachings and the names of medicines in the language:

It has a different meaning when you speak the language and then you're in another... part of... who you are when you speak your language, it's totally different... the meaning comes in clearer. (Serena, key informant)

Serena proposes that communicating culture and tradition in the language goes beyond preserving it but also taps into a different worldview or realm. Thus having ceremonies or learning about medicines, conducting workshops, at least in part, in the language may allow for a deeper understanding:

You know, the ceremonies, you have to talk in your language to them spirits – that's what they hear, that's what they understand...because if you don't know the language, how can you participate in the ceremonies? (Alison, key informant)

In a paper on Native American cosmology, John Grim unpacks the ways language connects Aboriginal people directly to a greater spiritual entity. He explains that the use of the language and particular sounds can evoke the sacred; particular songs and rhythms “can act as a mystical trope for activating a range of bioregional, spiritual, and mythical images” (Grim, 2001:129). In many Aboriginal communities, the oral tradition, in which language and culture are passed on through storytelling, may have allowed for the preservation of these profound connections via language. Grim suggests “such mystical experiences are first of all prepared for, and conditioned by, lifelong participation in a particular spoken language that bears sacred power through its vocabulary, structure, and categories of thought, and serves as a vehicle for a large body of orally transmitted traditions” (131). Looking at

language this way can only be interpreted from an Indigenous framework as Western scientific approaches to knowledge do not take sacred or spiritual forces into account.

Most key informants said that they want to speak the language⁹ although many do not. All believe that it should be priority in their communities. Children in the communities have the opportunity to learn Anishinaabemowin at public schools but respondents felt that instruction was inadequate to learn how to speak fluently. Some participants believe that it is up to the individual to learn the language and forcing children may be ineffective. One key informant expressed that maybe the wrong people are being targeted for language instruction since older youth and adults are more committed to learning the language while children are less interested or are too busy:

Well I can tell you right now, I don't see...kids up 'til 17 trying to learn the language cuz they got so much other stuff going on. It's a person that's in their 20's, 30's... So are we targeting the wrong people? Probably. (Eric, key informant)

When the language should be introduced to young Anishnabek and how to do so in a way that is relevant to them is not always clear. Language was considered critical to the continuity of culture by most participants in this study and loss of language is believed to contribute directly to the loss of culture and tradition responsible for negatively impacting well-being in many First Nations communities.

⁹ The use of the common term 'the language' is intentional here since that is how Anishnabek tend to refer to Anishinaabemowin (Ojibway).

3.4.4 Relationships with the Land

Indigenous understandings of the land and environment and how they relate to health and healing may only be fully understood within the context of an Indigenous worldview. When asked what they learned from past herbal teachings, participants frequently answered that ‘medicine is everywhere.’ Most focus group participants were impressed that medicine grows all around them as represented by the following art voice drawing and explanation:



Figure 2. Mike’s art voice answer to the question “What have you learned from past herbal teachings?”

In my backyard there’s all kinds of stuff growing right there that I just was walking on all the time and I didn’t realize that it was all good stuff – so I put ‘medicine

growing here, there, everywhere...(Mike, adult focus group participant)

Learning about the omnipresence of medicines in their immediate environment might naturally leads to a desire to protect it. Though there was some recognition of the traditional value of the land by participants, some suggested that environmentalism needs to be re-framed from an Aboriginal perspective which considers cyclical patterns in nature, holism, spirituality, and validates traditional knowledge. This may be contrasted with a Western environmentalist perspective which more typically revolves around individual choices that help limit human impacts on the planet (i.e. recycling or driving less). More teachings about and greater use of medicines from the local environment may contribute to a desire to protect the land. There was a commitment to keeping the Earth green and concern especially among children about litter and pollution. This was expressed through their drawings and verbal responses during focus groups. For example, in response to the question “How does gathering medicine make you think of protecting and being in harmony with Mother Earth?”, one child said:

I drew a scene on top that shows all cleanness with no garbage and I drew, sort of a happy face sun and the bottom one there's another scene of almost the same thing except the sun is bad and there's garbage everywhere. (Cindy, child focus group participant)

Cindy expresses the connection to the Earth in simple terms but intuitively recognizes the reciprocal relationship between people and the environment. More frequent traditional

teachings which take place out on the land might reinforce connections to the Earth from an Aboriginal viewpoint. Madison, an adult respondent, refers to the spiritual connection between caring for the planet and the Creator:

Mother Earth is a big place and so, I just do what I can where I am and so...if there's garbage laying around there... I can pick it up and get rid of it to take care of Mother Earth and I do that... because you'd be there all day picking up all the garbage on the railroad track... you can't get it all, but you can at least do something about where you are right in the immediate area... so that's a... return of the favour... to the Almighty. (Madison, adult participant)

Cindy and Madison perceived the question about Mother Earth in terms of garbage and preventing littering. One key informant explained that a Western approach to environmentalism which includes ways of dealing with waste and recycling is more prevalent today in many First Nations communities. He feels that true environmental health can only come from the resurgence of an Indigenous worldview.

The larger global issues that everybody sees on television, they want to do something to help out that movement but unfortunately it's not coming from a traditional perspective and I believe there would be more people involved in it in First Nations, or globally, if they had an Indigenous perspective of how important the environment is in terms of that family connection...being Mother Earth, connecting it in terms of her being our mother and seeing it from that light. (Steve, key informant)

Steve's concerns about approaching environmental issues from a traditional perspective have been expressed often by Aboriginal scholars who feel that only when the fundamental connection with the Earth is recognized, rather than attempts to tame and control it, will society be on the right course to repairing the global environmental crisis (Augustine, 1997; Cajete, 1994). Validating the direct relationship between the health of the planet and the health of those who inhabit it is part of an Indigenous knowledge paradigm (Augustine, 1997; Cajete, 1994). Kirmayer et al. (2003) suggest that taking part in traditional activities on the land may not only lead to better individual health in terms of healing specific ailments but could "have healing value both for troubled individuals and whole communities" (2003:S16) in terms of their inherent relationship to the Earth. Participating in traditional activities can benefit the environment. Alfred (2009) believes that a move away from individualistic approaches to health and a return to cultural practices that are land-based contributes to spiritual, physical, and psychological health at the level of the community. As people re-build the capacity to use medicines from the planet for their self-care, to in turn care for the environment as an aspect of this self-care, they are contributing to the bigger goal of achieving self-determination.

3.4.5 The Role of Self-Determination and Self-care in Re-building Capacity and Health

By reconnecting with traditional knowledge and Indigenous ways of knowing transmitted through traditional teachings, community members are beginning to redefine their identity, determining for themselves their own course of action in terms of health and well-being. A holistic view of self-care includes looking after oneself physically, spiritually, and emotionally. In the following quote we see that this participant has thought about ways that

the use of the medicines connects her to community, to the creator, and fosters a sense of self-care:

I have a... smudge bowl with all the medicines, tobacco, cedar, sweetgrass, and sage. I use that every morning – or try to use it every morning to purify my mind, my eyes, my nose, my mouth, so I can see good things, speak good things, be kind to other people, everything I touch not to take without asking... so that's how I use my medicines for selfcare. (Sarah, adult focus group participant)

Sarah has made the choice to use traditional medicine almost daily as a way of caring for herself. In this research we did not record details about which medicines were used for what purpose or how frequently. Nevertheless, through participants' comments, we learned that plant medicines exist in their daily lives and that they are aware of the option to gather and make use of them. It is the choice and control over health that may ultimately lead to self-determination in Aboriginal communities. Having the opportunity to learn about traditional medicines regularly may re-create daily use practices. The choice to participate in plant gathering and use and the associated sense of agency and control it may help create, could in itself further act as a determinant of good health. Smith et al. (2008) stress that control over healthcare in Aboriginal communities is crucial to the reduction of health inequities. It is not enough to claim that health programs are governed by Aboriginal people, while at the same time the Canadian government maintains ultimate control from the outside. A progression towards self-care for preventive and chronic health issues in communities thwarts the ability for government to dictate and control healthcare expenditures. There is a growing movement

which proposes that a complete overhaul and reframing of power structures is required (Alfred and Corntassel, 2005).

Manitowabi's report on *Assessing the Institutionalization of Traditional Aboriginal Medicine* highlights that "Anishinabek have the innate ability to promote and provide healing for Anishinabe relatives" (2009:2) and that traditional knowledge can be re-discovered in communities. Traditional healers should not only be available to community members through a government-funded health centre, but capacity must also be *re*-built to encourage knowledge keepers from inside communities. Only then can self-determination associated with self-care be realized. One aspect of reframing power is allowing for the incorporation of an Aboriginal perspective or worldview. The status quo is not healing communities, and key informants in our study felt that an Aboriginal worldview is needed in self-governance models, in research, and in healthcare.

3.4.6 The Need to Incorporate an Aboriginal Worldview into Healthcare

Most key informants felt that the integration of traditional teachings into daily life can only be realized within the context of an Indigenous perspective or worldview. In this section we discuss the need for perceiving health and the environment through an Indigenous lens, recognizing that this may mean adopting an approach that does not conform to mainstream models. Some of the participants in this research had a sense of this perspective and understood at an elemental level what constitutes an Aboriginal worldview. Martha, an adult focus group participant, said:

So I have a picture of what everybody knows to be a medicine wheel... this is ... protecting my mental, spiritual, physical, and emotional being of ME... using it all – and trying to find that balance and to live in harmony with all those different elements that sit in those directions – and of course, I’m in the middle of the universe. (Martha, adult focus group participant)

The medicine wheel symbol is an integral part of Anishnabe culture, representing well-being through the balance between emotional, physical, spiritual, and mental health; total health is part of a circular journey on which a person travels throughout their life (Brascoupé and Waters, 2009; Hunter et al., 2006; Wilson, 2000). Other participants in this research also used drawings of the medicine wheel to answer research questions.

Medicine wheel symbolism is an example of Indigenous ways of knowing. Indigenous knowledge is believed to be transmitted and received in a different way than Western knowledge including through cosmological forces that cannot be quantified. Lynn Lavallée (2009) explains that traditional knowledge can transcend generations through what has been called ‘blood memory’ and can thus be tapped into when re-building capacity in a community. “Knowledge acquired through revelation, such as dreams, visions, and intuition, is sometimes regarded as spiritual knowledge, which is understood as coming from the spirit world and ancestors” (G. Atone and V. Harper, personal communication in Lavallée, 2009: 22). What has also been called ‘cellular memory,’ these inexplicable connections some feel to their ancestors when they hear their Indigenous language or feel the vibration of a drum beat, have been thought to originate from “the molecular structure of our being” (Wilson,

1995). This “awakening of knowledge” (Pat, key informant) comes from that cosmological place and is awaiting re-discovery.

According to Marjory Shawande (personal communication, January 29, 2009), unlike Western perceptions of knowledge, in an Indigenous worldview knowledge is less commonly seen as an individual pursuit; it is not seen as being owned but rather belongs to the cosmos. Researchers can be interpreters of this knowledge (Wilson, 2008) and traditional healers in communities are knowledge-carriers. According to Maar and Shawande (2010) “[W]estern-based knowledge frameworks are still generally inadequate to engage with and make sense of the wholistic aspects of traditional healing. In addition, western-trained researchers often have difficulties collaborating across different knowledge systems such as traditional Aboriginal healing” (3). Based on these authors’ experiences working with the NTHC, it could be argued that there may be benefits to approaching health and healthcare from an Indigenous paradigm, which itself may vary from one Aboriginal community to another. In their research, Maar and Shawande (2010) found that simply offering traditional services does not necessarily mean that care will be culturally competent. Traditional services cannot be offered by people who have been helicoptered onto a reserve. Rather healers must be not only committed to seeing the world from an Indigenous perspective, but must do so while being sensitive to a community’s understanding and local knowledge (Jacklin and Kinoshameg, 2008; Maar and Shawande, 2010).

Some participants expressed that providing traditional services in a token way does not incorporate this worldview which is required for a truly integrated model. Key informants

articulated the need to really *believe* that traditional methods are valid and legitimate and should not just be incorporated as a token callout to culture:

[The] traditional program should be the biggest program in that building. The nursing and everything else is great – but, if it's going to be... a Native.... healing centre, then Native medicine, Native culture should be the top, [the] biggest thing in that building... and not just a token... (Eric, key informant)

Maar and Shawande (2010) explain that part of this tokenism stems from a lack of resources to support the program. There is money for acute, clinical, and primary care, but traditional services are chronically underfunded. Another issue is that some community members may not adhere to the integrative model practiced by many Aboriginal Health Centres. They do not trust that non-Aboriginal caregivers *believe* in the traditions so they are uncomfortable requesting traditional services. Cultural sensitivity is then only token and not a true integration of an Aboriginal worldview (Maar and Shawande, 2010). The following key informant reflected similar ideas:

I've been involved in different projects over the years and I've seen a lot of times when people put in proposals for money and they stick in this... cultural stuff – it's almost like as if it's just to access the money and then once the program is there, where's the cultural stuff? Or they'll be one token thing like a smudging or whatever and there's the cultural content... (Tara, key informant)

Tara expressed frustration that integration amounts only to lip service and fears that health funding is being misdirected. In British Columbia, the Health Integration Planning Committee (HIPP) discussed issues around integrating traditional medicine in the clinical setting in one First Nations community. Here they proposed that Indigenous Knowledge can complement mainstream scientific knowledge, but the “placement of Indigenous knowledge in a secondary position” (Anderson et al., 2011:44) must be avoided. Until funding and traditional programming is controlled by First Nations and reframed from within an Aboriginal paradigm, the insertion of the words ‘tradition’ and ‘culture’ is only token.

3.5 Conclusion

This paper discussed the results of collaborative health research conducted with two Aboriginal communities on Manitoulin Island, Ontario. By answering questions about traditional health workshops, self-care, sharing knowledge, and the environment, participants communicated better ways to approach traditional workshops in the future in order to re-build capacity in their communities. Findings suggest that capacity may be re-built through the gradual implementation of these themes into traditional programming and improved health and well-being through self-care may be more readily achieved. It is through this process of empowerment that healthy individuals and communities can be reestablished.

Since self-determination, capacity, and control are seen to be crucial to individual and community well-being, the results of this project may offer practical value to the communities involved by furthering the understanding that a continuum exists between

childhood and adulthood in terms of interest in, confidence about, and willingness to share traditional teachings. The likelihood that youth will use traditional teachings for their self-care and to share this knowledge comes with increased capacity and the confidence. One way to re-build this capacity may be to offer more frequent workshops in a manner and location that engages young people. To help ensure their success, traditional medicine workshops for youth should: offer opportunities to grow in a way that is seamless and unforced; integrate activities that build self-esteem and confidence; and, engage participants in a relevant way, keeping in mind that culture and traditions evolve. We also learned that workshops should include as much Anishinaabemowin language as possible, offering teachings from a worldview that is specific and relevant to Anishnabe on Manitoulin Island.

There are numerous questions that remain unanswered and practical or cultural barriers which may have prevented us from answering them. Our research shed light on how existing medicine workshops at Noojmowin Teg influence youth and adults in two Anishnabe communities and might be helpful for the planning and implementation of programming in the future. Better participation in our workshops may have yielded stronger results on the significance of self-care. Nevertheless our research experience reinforces the finding that there is need for more traditional workshops.

More research also is needed to further examine the relationship between traditional medicine and the environment. Particularly relevant would be to examine this with a focus on youth given the significance of their role as the recipients of traditional knowledge in these communities.

Furthermore, our findings suggest that a gender sensitive approach could help to understand how health determinants might be gender-specific and how Aboriginal men and women experience them differently. Women have higher rates of employment, higher levels of education, more interest in health and self-care, and suicide rates are lower (Adelson, 2005). Finally, more detailed comparative research between different Aboriginal communities may help to shed light on how health determinants may vary geographically and on the role of local knowledge and experiences.

To conclude, this process of re-building capacity begins at the level of the family with young people playing a central role. It is through youth that the value of self-care must be stressed in order to create the foundation for a healthy future and community. We close with the insightful words of Dr. Raymond Obomsawin who is a leading specialist on Aboriginal traditional medicine and health research. Obomaswin eloquently sums the value of self-care and its potential to contribute to self-determination for the future health of Aboriginal peoples in this country:

Surely a positive restitution of sound health among Canada's first peoples will not be accomplished through pouring more resources into the multiplication of medical schools, hospitals, clinics, and expanded government sponsorship of palliative disease care services. The solution will not be in trying to patch up the present system...The solution will...come in educating and encouraging the people in the sacred principles of how to maintain their health, thus preventing the onslaught of both infectious and degenerative diseases. This education will need to focus on

improved nutrition, regular moderate exercise, the importance of positive mental – spiritual attitudes, balanced and purposeful living, and stress reduction. Indeed the greatest breakthrough in Aboriginal health and health care is to be found in the certain knowledge that human beings can be healthy, and can be responsible for directing their own lives, and maintaining their own health.

(Obomsawin, 2007:95).

References

- National Aboriginal Health Organization (NAHO).(2007). *Ownership, Control, Access, and Possession*. Sanctioned by the First Nations Information Governance Committee, Assembly of First Nations. Ottawa, ON.: National Aboriginal Health Organization.
- National Aboriginal Health Organization (NAHO) (2008). *An Overview of Traditional Knowledge and Medicine and Public Health in Canada*. Ottawa, ON: National Aboriginal Health Organization (NAHO).
- Adelson, N., Lipinski, A. (2008). The Community Youth Initiative Project. In J. Waldram (Ed.), *Aboriginal Healing in Canada: studies in therapeutic meaning and practice*. (pp. 9-30). Ottawa: Aboriginal Healing Foundation.
- Adelson, N. (2005). The Embodiment of Inequity, Health Disparities in Aboriginal Canada. *Canadian Journal of Public Health*, 96(2), S45-S61.
- Alfred, T. and Corntassel, J. (2005). Being Indigenous: Resurgences against Contemporary Colonialism. *Government and Opposition*, 40(4), 597-614.

- Anderson, J. F., Pakula, B., Smye, V., Peters, V., Schroeder, L. (2011). Strengthening Aboriginal Health Through a Place-Based Learning Community. *Journal of Aboriginal Health*, March, 42-53.
- Andersson, N. and Ledogar, R.J. (2008). The CIET Aboriginal Youth Resilience Studies: 14 Years of Capacity Building and Methods Development in Canada. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6(2), 65-88.
- Augustine, S. (1997). Traditional Aboriginal Knowledge and Science Versus Occidental Science, 8. Ottawa: Environment Canada, Biodiversity Convention Office
- Ball, J. (2005). Early childhood care and development programs as hook and hub for inter-sectoral service delivery in First Nations communities. *Journal of Aboriginal Health*, March, 36-50.
- Barwin, L., Shawande, M., Crighton, E.J., and Veronis, L. Methods-in-place: art voice as a locally and culturally relevant method to study traditional medicine programs on Manitoulin Island, Ontario. *International Journal of Qualitative Methods*, (in preparation).
- Brant Castellano, M. (1993). Aboriginal Organizations in Canada: Integrating Participatory Research. In P. Park, Brydon-Miller, M. Hall, B., and Jackson, T. (Eds.), *Voices of Change: Participatory Research in the United States and Canada*. Westport, Connecticut: Bergin and Garvey.
- Brascoupé, S. and Waters, C. (2009). Cultural Safety: Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness. *Journal of Aboriginal Health*, November, 6-41.

- Czyzewski, K. (2011). Colonialism as a Broader Social Determinant of Health. *The International Indigenous Policy Journal*, 2(1). Retrieved from:
<http://ir.lib.uwo.ca/iipj/vol2/iss1/5>
- Davidson-Hunt, I. J. and. O'Flaherty, R.M. (2007). Researchers, Indigenous Peoples, and Place-Based Learning Communities. *Society and Natural Resources*, 20, 291-305.
- Denzin, N. K. a. L., Y.S. (2005). *The Sage Handbook of Qualitative Research*. Los Angeles, (CA): Sage Publications.
- Dyck, M. (2009). *Social Determinants of Metis Health*. Ottawa, ON: National Aboriginal Health Organization, Metis Centre.
- Evans, R.G. and Stoddart G.L. (1990). Producing health, consuming health care. *Social Science and Medicine*, 31, 347–63.
- Fletcher, C. (2003). Community-Based Participatory Research Relationships with Aboriginal Communities in Canada: An overview of Context and Process. *Pimatzwin: A Journal of Aboriginal and Indigenous Community Health*, 1,(1) 27-62
- Gantz, S.B. (1990). Self-care: perspectives from six disciplines. *Holistic Nursing Practice*, 4(2),1-12.
- Grim, John A. (2001). Cosmology and native north American mystical traditions. *Théologiques*, 9(1), 113-142.
- Hay, R.(1998). A rooted sense of place in cross-cultural perspective. *The Canadian Geographer*, 42(3), 245-266.
- Healey, G. K. and Meadows, L.M. (2008). Traditional and Culture: An Important Determinant of Inuit Women's Health. *Journal of Aboriginal Health*, January, 25-33.

- Health Canada. (2009). *A statistical profile on the health of First Nations: self-rated health and selected conditions 2002-2005*. Ottawa: Health Canada Publication.
- Hunter, L.M., Logan, J., Goulet, J-G., and Barton, S. (2006). Aboriginal Healing: Regaining Balance and Culture. *Journal of Transcultural Nursing*, 17(1), 13-22.
- Indian and Northern Affairs Canada (INAC) (2010) *Terminology*. Retrieved March 10, 2010, from <http://www.ainc-inac.gc.ca/ap/tln-eng.asp>. Accessed March 10th, 2010.
- Jacklin, K. (2009). Diversity within: Deconstructing Aboriginal community health in Wikwemikong Unceded Indian Reserve. *Social Science and Medicine*, 68, 980-989.
- Jacklin, K. and Kinoshameg, P.(2008). Developing a Participatory Aboriginal Health Reserach Project: "Only if it's going to mean something". *Journal of Empirical Research on Human Research Ethics*, 3(2), 53-68.
- Kemper, D.W., Lorig, K., and Mettler, M. (1992). Effectiveness of Medical Self-Care Interventions: A Focus on Self-Initiated Responses to Symptoms. *Patient Education and Counseling*, 21: 29-39.
- Kickbusch, I. (1989). Self-care in health promotion. *Social Science and Medicine*, 29(2): 125-130.
- Kirmayer, L., (2012, Februrary). How Does Culture Heal? Drawing Strength from History, Identity and Community. In Kirmayer, L. (Keynote Speaker), *Wabano "Culture as Treatment Symposium"* Overbrook Community Centre, Ottawa, Ontario.
- Kirmayer, L. and Valaskakis, G.G. (2009). *Healing traditions: the mental health of Aboriginal Peoples in Canada*. Vancouver, B.C.: UBC Press.

- Kirmayer, L., Simpson, C., and; Cargo, M. (2003). Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry, 11* (Supplement), S15-S23.
- Lalonde, M. (1974). *A new perspective on the health of Canadians: a working document*. Ottawa: Minister of Supply and Services Canada.
- Lavallée, L. F. (2009). Practical Application of an Indigenous Research Framework and Two Qualitative Indigenous Research Methods: Sharing Circles and Anishnaabe Symbol-Based Reflections. *International Journal of Qualitative Methods, 8*(1), 21-40.
- Lopping Reading, C. and Wien, F. (2009). *Health inequalities and social determinants of Aboriginal Peoples' Health*. National Collaborating Centre for Aboriginal Health, Prince George, B.C.
- Maar, M., McGregor, L., Sutherland, M. (2005). *First Nations Taking Charge of Health Research: The Development of a Community-Based Ethics Review Process on Manitoulin Island, Ontario, Canada*: National Council on Ethics in Human Research (NCEHR).
- Maar, M., Sutherland, M., McGregor, L., Wilson, K., and Larose, T. (2007). *Community-based Aboriginal mental health care: the Mnaamodzawin Noojmowin Teg model of shared care: Results of the mental health services study: Mnaamodzawin and Noojmowin Teg Health Centres*.
- Maar, M., Erskine, B.; McGregor, L.; Larose, T., Sutherland, M.; Graham, D.; Shawande, M.; and Gordon, T. (2009). Innovations on a shoestring: a study of a collaborative community-based Aboriginal mental health service model in rural Canada. *Journal of Mental Health Systems, 3*, 27-38.

- Maar, M. a. Shawande, M. (2010). Traditional Anishinabe healing in a clinical setting: the development of an Aboriginal interdisciplinary approach to community-based Aboriginal mental health care. *Journal of Aboriginal Health*, January, 18-27.
- Manitoulin Tourism Website. 2010. Available at: <http://www.manitoulintourism.com/>. Accessed March 15th, 2010.
- Manitowabi, D. (2009). *Assessing the Institutionalization of Traditional Aboriginal Medicine*: Noojmowin Teg Health Centre, Manitoulin Island.
- Martin-Hill, D. (2009). Traditional Medicine and Resoration of Wellness Strategies. *Journal of Aboriginal Health*, November, 26-42.
- Marlowe, E. and Parlee, B.(1998). Traditional knowledge of community health. West Kitikmeot Slave Study Society, Yellowknife.
- McIvor, O., Napoleon, A., and Dickie, K.M. (2009). Language and Culture as Protective Factors for At-Risk Communities. *Journal of Aboriginal Health*, November, 6-25.
- Mignone, J. and O'Neil, J. (2005). Social Capital as a Health Determinant in First Nations: An Exploratory Study in Three Communities. *Journal of Aboriginal Health*, March, 2005.
- Minore, B. and Katt, M. (2007). Aboriginal health care in northern Ontario: Impacts of self-determination and culture. *IRPP Choices*, 13(6), 1-22.
- Mottola, M.F.; Sopper, M.M.; Doxtator, L.; Big-Canoe, K.; Prapavessis, H. (2011). Capacity-building and Participatory Research Development of a Community-based Nutrition and Exercise Lifestyle Intervention Program (NELIP) for Pregnant and Postpartum Aboriginal Women: Information Gathered from Talking Circles. *The*

- International Indigenous Policy Journal*, 2 (1) Article 8. Available at:
<http://ir.lib.uwo.ca/iipj/vol2/iss1/8>
- Obomsawin, R. (2007). *Historical and Scientific Perspectives on the Health of Canada's First Peoples*. Report prepared for the National Aboriginal Health Organization (NAHO) First Nations Centre.
- O'Sullivan, E. (2004) *Aboriginal Language Retention and Socio-Economic Development: Theory and Practice in Aboriginal Conditions: Research as a Foundation for Public Policy*. White, J.P., Maxim, P.S., and Beavon, D. (Eds.) Vancouver: UBC Press.
- Richmond, C. and Ross, N. (2009). The determinants of First Nations and Inuit health: a critical population health approach. *Health and Place*, 15: 403-411.
- Richmond, C., Elliott, S.J., Matthews, R. and Elliott, B. (2005). The political ecology of health: perceptions of environment, economy, health and well-being among 'Namgis First Nation. *Health and Place*, 11, 349-365.
- Riecken, T., Tish, S., and Tanaka, M. (2006). Community and Culture as Foundations for Resilience: Participatory Health research with First Nations Student Filmmakers. *Journal of Aboriginal Health*, September, 7-14.
- Robbins, J. A. and Dewar, J. (2011). Traditional Indigenous Approaches to Healing and the modern welfare of Traditional Knowledge, Spirituality and Lands: a critical reflection on practices and policies taken from the Canadian Indigenous Example. *The International Indigenous Policy Journal*, 2(4).
- Royal Commission on Aboriginal Peoples. (1996). Traditional health and healing [Appendix 3A]. In *Report of the Royal Commission on Aboriginal Peoples*. Vol 3: Gathering Strength. Ottawa: Indian and Northern Affairs Canada.

- Smith, D., Edwards, N., Martens, P., Varcoe, C., and Davies, B. (2008). The Influence of Governance on Organizations' Experiences of Improving Care for Aboriginal People: Decolonizing Possibilities. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6(1), 3-28.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London, UK: Zed Books.
- Sudbury & District Health Unit (SDHU) (2007). A Snapshot of Cancer Rates in the Sudbury & District. Health Unit Area. Retrieved October 3, 2011 from <http://www.sdh.u.com/uploads/content/listings/SnapshotCancerSDHU2007Final.pdf>
- Waldram, J. B., Herring, D.A., and Young, T.K. (Eds.). (2006). *Aboriginal Health in Canada*. Toronto, ON: University of Toronto Press.
- Wilson, S. (1995). Honoring spiritual knowledge. *Canadian Journal of Native Education*, 21 (supplement):61-69.
- Wilson, K. (2000). *The role of Mother Earth in shaping the health of Anishinabek: a geographical exploration of culture, health and place*. Unpublished PhD thesis, Queen's University, Kingston., Queen's, Kingston, ON.
- Wilson, K. (2003). Therapeutic Landscapes and First Nations peoples: an exploration of culture, health and place. *Health and Place*, 9, 83-93.
- Wilson, K. and Young, K. (2008). An overview of Aboriginal health research in social sciences: current trends and future directions. *International Journal of Circumpolar Health*, 67, 179-189.
- Wilson, S. (2001). Self-as-Relationship in Indigenous Research (editorial). *Canadian Journal of Native Education*, 25(2), 91-92.

Wilson, S. (2008). *Research is Ceremony: Indigenous Research Methods*. Halifax Fernwood Pub.

Zolner, T. (2003). Going Back to Square One and Finding It's a Circle: (Not) Doing University Research in Indian Country. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 1(1), 91-113.

CHAPTER 4

Summary and Conclusions

4.1 Review of the Research Results

Using data obtained from interviews, art voice drawings, and focus groups, this research examined how traditional medicine workshops offered at an Aboriginal health centre on Manitoulin Island impact participants' perceptions of culture, health, and the environment. This study addresses the needs of the Aboriginal population at different scales. At the local level, traditional programming at Noojmowin Teg Health Centre on Manitoulin Island, Ontario, strives to encourage individuals to use traditional medicines for their self-care and to share them with family, allowing for the re-building of capacity and consequently decreasing dependency on resources from outside the community (Maar et al., 2007; Noojmowin Teg, 2011). We were also motivated by the push towards self-determination and self-governance over all aspects of community life, including health, which has prompted researchers to look to practices that promote self-care, agency, and control (Andersson and Ledogar, 2008; Broad and Reyes, 2008; Minore and Katt, 2007; Mottola et al., 2011; Smith et al., 2008; Tiessen et al., 2009). At the national level, the health of many Aboriginal communities in Canada is significantly poorer than among the rest of the population (Adelson, 2005; Wien and Reading, 2009; Waldram et al., 2006) and therefore we sought ways to better understand the complex set of determinants that impact health in these communities.

Methodologically, Aboriginal health research is moving towards locally relevant, community-based participatory research methods that are culturally appropriate and reflexive. While other research has examined self-determination, traditional medicine, culture and language as determinants of health (Healey and Meadows, 2008; Minore and Katt, 2007; Robbins and Dewar, 2011) and countless projects have made use of community based decolonizing methods (Smith et al., 2008; Holkup et al., 2004; Jacklin and Kinoshameg, 2008; Mottola et al., 2011) there has been little focus on youth and how traditional medicine teachings may contribute to self-care and the re-building of capacity through collaborative community-based research. Building on this existing research, our study concentrated on the following key objectives:

- (1) to understand how traditional medicine workshops offered through Noojmowin Teg contribute to capacity re-building through self-care among youth in two First Nations communities;
- (2) to investigate how learning about medicines retrieved from the land contributes to a greater awareness of local habitat and subsequent interest in protecting the environment;
- (3) to examine the role of language, tradition, and culture as determinants of health in First Nations communities, particularly for youth; and,
- (4) to evaluate best practices for local community-based health research.

4.1.1 Summary of findings

4.1.1.1 Objective 1: Traditional medicine teachings, self-care, and capacity re-building

Research results highlighted the fact that traditional healers should not only be available to community members through a government-funded health centre, but also that capacity must be *re*-built to encourage knowledge keepers within communities. Most participants were interested in learning about and using traditional medicines but felt that workshops needed to be more frequent and more relevant for youth in order to foster confidence to share traditional knowledge with family and friends. Key informants believed that parents need to be part of the learning process and should encourage their children to attend workshops. Though many agreed that traditional knowledge should be inherent to First Nations, our results point to the need for a gradual transition towards self-care, the associated re-building of capacity, and ultimately towards self-determination in these and other communities.

4.1.1.2 Objective 2: Traditional medicine teachings and protecting the environment

Questions asked about medicine gathering and protecting the environment were interpreted superficially by youth. There was a commitment to keeping the Earth green and children especially expressed concern about litter and pollution. Despite their awareness of the widespread presence of medicines in the immediate environment, youth did not make the connection between gathering medicines and protecting the Earth. According to some key informants, more teachings about and greater use of medicines from the local environment could help to contribute to a desire to protect the land and replace environmental awareness

that is imposed from the outside. Some adult participants recognized that if habitat is destroyed so are important medicines, and they felt that providing teachings from an Aboriginal viewpoint, which incorporate an inherent connection to the land, would foster greater interest in protecting habitats.

4.1.1.3 Objective 3: Language, tradition, and culture as determinants of health

Through interviews and focus groups, the value of language to culture and to the transmission of knowledge was repeatedly emphasized. Respondents felt strongly about the importance of their community knowing its history, culture, and traditions. Building on the value of language in the maintenance of culture, other respondents felt that traditional knowledge had to be passed down in the Anishinaabemowin language to be fully internalized and that it is critical to learn the teachings and the names of medicines in the language. Most expressed the belief that awareness of and practicing one's culture, language, and traditions, and identifying oneself as an Anishnabe person is directly linked to individual and community well-being.

4.1.1.4 Objective 4: Reflecting on the research process

Our findings show that key informants were in support of innovative culturally relevant research such as place-based participatory methods. Participants recognized that choosing relevant methods is even more important when trying to engage youth in the research process. Further, key informants expressed that research conducted in Aboriginal communities by non-Aboriginal people is appropriate if it is approached with respect and in consideration of Aboriginal worldviews. The art voice method used with youth and adults in

this project was an example of a locally and culturally relevant decolonizing methodology. Its use demonstrated the potential to tap into different ways of knowing. Given the history and culture of Aboriginal art on Manitoulin Island, art voice was found to be a locally relevant method for youth and adults to unselfconsciously express themselves.

The thread that ties these four research themes together is an Aboriginal worldview. Key informants felt that workshops must allow for the consideration of Aboriginal approaches to traditional knowledge in order to contribute to self-care and capacity re-building. Participants also felt that their innate connection to the land is what obliges Aboriginal people to be stewards of the environment and again that a paradigm or worldview which validates this relationship to the land, is critical. Language and culture were reported to only be significant within the context of an Aboriginal worldview and research methodologies that respect and consider Aboriginal ways of knowing were believed to be more relevant and effective according to key informants. An overriding message resulting from this research, therefore, is that there is a need for an Aboriginal perspective or worldview in all aspects of life in order to re-build capacity and achieve self-determination in Aboriginal communities.

4.2 Contributions of the Study

4.2.1 Theoretical contributions

This research contributes to the further development of an Aboriginal determinants of health model. Our findings suggest that re-framing research, healthcare, governance,

economics, and other aspects of community life from an Aboriginal worldview may also contribute to health and well-being. Disempowerment through colonization and the legacy of residential schools, for example, could contribute to poor physical, mental, and spiritual well-being (Alfred, 2009; Czyzewski, 2011). Conversely, agency and control are understood as vital to health both at the level of the individual and the community (Adelson, 2005; Kirmayer and Valaskakis, 2009). Thus self-care, capacity, self-determination, and self-governance could directly contribute to well-being in Aboriginal communities. Healing oneself using traditional medicines is a form of self-care and provides people with an opportunity to be in control of their own health. This research specifically contributes to advancing theoretical knowledge on how traditional medicine gathering is one element of self-care which acts as a determinant of health. In turn, self-care in individuals contributes to capacity re-building in communities which directly relates to broader health determinants including agency, self-determination, and empowerment.

4.2.2 Methodological Contributions

An important (and unexpected) contribution that this research may offer is methodological in nature. We approached this study from a community-based participatory framework which encourages frequent reflection, re-evaluation, and consultation with the community during all stages of the research process. While this approach is not unique to health geography, our choice of methods, which reflected the local culture on Manitoulin Island, led to original ideas around place-based culturally relevant methods. This idea which we coined ‘methods-in-place’ was exemplified by the use of art voice as a tool for gathering research data. While photovoice is now a common method in qualitative research (Castleden

et al., 2008; Catalani, and Minkler, 2010; Wang et al., 2000), art voice has been less well-explored. Given the rich historical and contemporary culture of visual art on Manitoulin Island, this method proved to be effective and triggered ideas around ways to choose methods that reflect each unique research environment. This study demonstrates the importance of incorporating place-specific culture, language, and history into methodology whenever possible.

This research further contributes to the growing body of culturally relevant decolonizing methodologies by being creative in our choice of methods, engaging the community in the process, and asking how they think we could best tap into local knowledge. This work could act as a springboard for future Aboriginal health research to consider place in its methodological design.

4.2.3 Substantive contributions

This project provided valuable insight into the existing Traditional Health program at Noojmowin Teg Health Centre, helping to understand that there is a demand and a need for traditional workshops for youth and adults alike. Though we have pointed to the call for capacity to be re-built within communities with the ultimate goal of doing away with teachings from outside the community altogether (i.e. from the health centre), participants currently lack confidence to practice and share traditional teachings. The maintenance and repetition of workshops is necessary and important. Capacity in these communities must be re-built over time to contribute to self-care and, in turn, self-determination.

Our research also provides insight into which aspects of gathering medicines youth enjoy in the area. Traditional programs can be customized for youth and designed by youth

using recruitment methods and relevant activities to help keep them engaged. If young people are interested in this or similar programs, they are more likely to benefit from all of the health-giving elements of traditional medicine as well as the capacity building and control-related benefits of self-care, thereby contributing to overall community success.

The results of this project are summarized in a report for Noojmowin Teg and were presented to their Traditional Advisory Committee in November, 2011. This may be used to support an application for further funding to the Traditional Health Program from local First Nations and from the federal and provincial governments. Prior funding for the program came from temporary grants from the Aboriginal Healing Foundation which are due to come to a close in 2012. There is concern that access to traditional programming will be greatly reduced without further government support (Robbins and Dewar, 2011). It is important that funding bodies understand the value of traditional programming and integrative and holistic approaches to medicine in Aboriginal communities. Our research offers direct support for the value of these services. Furthermore, if this holistic view of health through self-care and protection of the environment is promoted, it may offer guidance to other Aboriginal Health Centres looking to expand their Traditional Health Services and adopt a similar approach.

This study further promotes the protection of Traditional Environmental Knowledge. Traditional medicine workshops help protect and pass down this knowledge to the youth of communities and programs that sustain this longer-term goal may be further supported as a result of this research. The process of knowledge transmission from Elders to youth through oral tradition is a practice firmly rooted in Anishnabe culture. This research has both documented this exchange and determined that youth and Elders alike are supportive of the continuity of this practice.

From an environmental perspective, the promotion of programs that teach youth about traditional medicines and where to find them out on the land could ultimately help to protect the fragile ecosystem on Manitoulin Island for generations to come. Giving youth a sense of stewardship and responsibility for the earth might be an indirect but equally valuable benefit to promoting self-care and traditional medicine gathering programs.

4.3 Limitations and Challenges

There are challenges associated with any research project. These challenges, however, may be especially salient in the historically marginalized and politically charged environment of an Aboriginal community. The main limitations in this project came from the degree to which community based participatory research (CBPR) could be practiced. Living in the community was not feasible, however acquiring trust and gaining meaningful access would likely have been difficult either way. Community members were friendly but in a fairly detached way. It is difficult to evaluate whether stronger ties would have developed if I had spent more time in the area or if I had reflected further on my own cultural background, situating myself more firmly, gaining further trust. Given these insider/outsider tensions (Minkler, 2004), understanding how best to gain the trust of the participating communities was challenging.

Another significant challenge was participant recruitment and scheduling of meetings with community members to make this project truly participatory. It was often difficult to find the balance between making the frequent contact necessary for feedback and consultation, while not pushing community members away as a result of too much contact.

Despite good intentions to breakdown power structures between academic researchers and ‘subjects,’ striving for collaboration and co-production of knowledge (Anderson et al., 2011) via a community-based approach was not entirely possible. Furthermore, even if a community is approached and agrees to work with a researcher and it is understood that the project is ‘collaborative’ and driven by the needs of the community, in reality, already over-taxed Chiefs and Band Councils often do not have the time to get meaningfully involved in the project (Davidson-Hunt and O’Flaherty, 2007). Inevitably the researcher ends up in ‘control’ of the project, doing most of the compiling, summarizing, interpreting, and writing, and the intent to be fully collaborative is not realized. While the Chiefs of both participating communities on Manitoulin Island were agreeable to this research, they inevitably had more pressing concerns than trying to arrange meetings to consult on the project.

Level of participation was a challenge in both communities. Key informants indicated that participation in community-run events was often low even when there were incentives. There are so many programs being offered through the Band Councils, health centres, schools, and local villages that people are experiencing both research and workshop burnout. This is even more prevalent among youth, and even if they want to participate, their parents must also be willing to give their consent and take them to programs. Participation was limited despite my best efforts to stay in close contact with the Traditional Coordinator to find the most convenient dates for others, putting up posters, being respectful of summer schedules, trying to offer food and gifts and a unique locally relevant research method. Providing a small honorarium to participants might have helped to overcome the challenges associated with recruitment.

Lack of recruitment does however reflect the need for more frequent workshops. Larger sample sizes in the research may have been possible if more people had participated in prior traditional workshops. Interest in using medicine for self-care and in participating in this type of research may be augmented by offering more regular and frequent teachings throughout communities on Manitoulin Island.

Follow-up presentations in the community were difficult to arrange and feedback on the project was difficult to obtain. It took multiple attempts to meet with the Traditional Advisory Committee and despite being booked as part of the agenda at several Band Council meetings, the presentation of results to the Band Council in either community has yet to occur. Furthermore, Aboriginal research in the reserve context benefits from the existence of Band Councils with whom to consult and review research projects. However, Councils only reflect the opinion of some members of the community and there may be power imbalances that exist within each community that prevent an objective understanding of given issues.

Further, despite being sensitive to and asking about cultural protocol, without an insider's understanding, I did not always know what was appropriate or when. For example, in my cultural frame of reference, I am accustomed to thanking people after an exchange such as an interview. I later learned that in the case of offering tobacco, for example, it is appropriate to offer it at the beginning of the conversation to allow for the free flow of information. It is impossible to determine whether data collected would have been different had I known in advance to present tobacco at the beginning of an interview.

The CBPR researcher must also reconcile the need to consult local experts and community representatives in specific aspects of the research (Lightfoot et al., 2008) with the demands of funding bodies and ethics boards which require supporting documents in

advance of approving of the research. Jacklin and Kinoshameg (2008) propose that the researcher should have such a deep commitment to CBPR, they must accept “local knowledge and guidance concerning the research [even] when it contravenes conventional scientific standards” (64). While I feel that I allowed for this flexibility, slightly changing format, timing, location, and consent protocol, I was always bound by my role as researcher, representing the University that would be granting me a Master’s degree. I could not stray too far from ethics obligations.

Despite these challenges, I believe this project offers valuable information to the communities involved, to the discipline of Aboriginal health geography, as well as towards my own growth and development as a researcher. It is from these challenges that we learn ways to improve on approaches for future research.

4.4 Directions for Future Research

We have outlined how this study contributed to the body of Aboriginal health research in numerous ways. However, as is often the case with academic pursuits given existing timelines and limited research funding, we were left with many questions and exciting prospects for future studies. The art voice method described in Chapter 2 was an effective culturally and locally relevant technique to engage youth on Manitoulin Island. Given the prevalence of art on the island, it would be of interest to try this method in all seven First Nations communities to answer further questions around traditional medicine gathering and self-care, or to use this method to gather data concerning other research topics. Comparing perspectives and approaches to art across the island may offer insights unique to each

community. More time to discuss and analyze art pieces with participants and with a qualified art therapist would also prove useful for the further development of themes and ideas which have been opened up as a result of this research.

In Chapter 2, we also proposed that place-based methods specific to the context of unique communities could act as a progressive and relevant way to better understand local knowledge. It would be interesting to work alongside a different Aboriginal community to develop another, novel, qualitative method using a different medium which reflects the identity of that community, further contributing to the growing body of decolonizing community-based methods. In particular, it would ideal if communities were more involved in the process of developing relevant methods from the conception of a research project in order to further reinforce the principles of collaborative research.

In Chapter 3, we began to explore themes around plant medicines and the relationship with the environment. It would be revealing to conduct a comprehensive study that focuses specifically on this theme, perhaps asking questions about the environment in different ways and among a varied sample of community members.

To better understand gender differences that may exist in these communities, future research could more thoroughly unpack varying perceptions of traditional medicine and self-care among women and men. Well-established determinants of health play out differently between Aboriginal men and women; women have higher rates of employment, higher levels of education, more interest in health and self-care. On the other hand, suicide rates are higher among Aboriginal men (Adelson, 2005). Therefore, a deeper understanding of how the gender roles play out in families and communities in terms of determinants relevant to Aboriginal health (such as self-care and traditional medicine), would be useful to investigate.

A comparison between all seven First Nations on the island may also help us to better appreciate more specifically what aspects of traditional programming with youth could be developed to encourage greater involvement among this population.

In spite of a number of methodological challenges, this research contributes to the development of innovative community-based research tools and to advancing theory around the impact of place on research. It is my hope that as a result of the methodological concepts examined and the themes which emerged as a result of this thesis and through the application of its recommendations, future projects (perhaps even my own), will move one step closer to achieving the goal of a truly collaborative and community-based project with Aboriginal youth.

REFERENCES

- Abele, F. (2007). *Like An Ill-Fitting Boot: Government, Governance and Management Systems in the Contemporary Indian Act*. Thunder Bay, Ontario: National Centre for First Nations Governance.
- Aboriginal Healing Foundation. Retrieved March 5, 2010 from <http://www.ahf.ca/publications/residential-school-resources>
- Adelson, N. (2005). The Embodiment of Inequity, Health Disparities in Aboriginal Canada *Canadian Journal of Public Health*, 96(2), S45-S61.
- Adelson, N. (2000). *'Being Alive Well' Health and the Politics of Cree Well-Being*. Toronto, ON: University of Toronto Press.
- Alfred, T. 2009. Colonialism and state dependency. *Journal of Aboriginal Health* November, 42-60.
- Alfred, T. and Corntassel, J. (2005). Being Indigenous: Resurgences against Contemporary Colonialism. *Government and Opposition*, 40(4), 597-614.
- Anderson, J. and Jones, K. (2009). The difference that place makes to methodology: uncovering the 'lived space' of young people's spatial practices. *Children's Geographies*, 7(3), 291-303.
- Anderson, J. F., Pakula, B. Smye, V., Peters, V. and Schroeder, L. (2011). Strengthening Aboriginal Health Through a Place-Based Learning Community. *Journal of Aboriginal Health*, March, 42-53.
- Anderson, R.B., Dana, L.P., and Dana, T.E. (2006). Indigenous land rights, entrepreneurship, and economic development in Canada: "Opting-in" to the global economy. *Journal of World Business*, 41, 45-55.

- Anderson, R.B. (2002). Entrepreneurship and Aboriginal Canadians: a case study in economic development. *Journal of Developmental Entrepreneurship*, 7(1), 45-66.
- Andersson, N. and Ledogar, R.J. (2008). The CIET Aboriginal Youth Resilience Studies: 14 Years of Capacity Building and Methods Development in Canada. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6(2), 65-88.
- Augustine, S. 1997. Traditional Aboriginal Knowledge and Science Versus Occidental Science, 8. Ottawa: Environment Canada, Biodiversity Convention Office
- Aundeck Omni Kaning First Nation Website (2011). Retrieved May 5, 2011, from <http://aundeckomnikaningfn.com/>
- Ball, J. (2005). Early childhood care and development programs as hook and hub for inter-sectoral service delivery in First Nations communities. *Journal of Aboriginal Health* March, 36-50.
- Barker, J. and Weller, S. (2003). 'Never work with children?': the geography of methodological issues in research with children. *Qualitative Research*, 3(2), 207-227.
- Bartlett, R. H. 1991. *Resource development and Aboriginal land rights* Calgary: Canadian Institute of Resources Law
- Barwin, L., Shawande, M., Crighton, E.J., and Veronis, L. (a) Methods-in-place: “art voice” as a locally and culturally relevant method to study traditional medicine programs on Manitoulin Island, Ontario. *International Journal of Qualitative Methods*, (in preparation).
- Barwin, L., Shawande, M., Crighton, E.J., and Veronis, L. (b) Teachings around self-care and medicine gathering on Manitoulin Island, Ontario: re-building capacity begins

- with youth. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, (in preparation).
- Becker, S. A. A., Dyanne D.; Blue Horse Beard, Madonna. (2006). Talking Circles: Northern Plains Tribes American Indian Women's Views of Cancer as a Health Issue. *Public Health Nursing* 23 (1),27-36.
- Borré, K. (1994). The Healing Power of the Seal: The Meaning of Inuit Health Practice and Belief. *Arctic Anthropology* 31 (1), 1-15
- Brant Castellano, M. (1993). Aboriginal Organizations in Canada: Integrating Participatory Research. In *Voices of Change: Participatory Research in the United States and Canada*, ed. P. B.-M. Park, Mary; Hall, Budd; Jackson, Ted. Westport, Connecticut: Bergin and Garvey.
- Brascoupé, S. and Waters, C. (2009). Cultural Safety: Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness. *Journal of Aboriginal Health*, November.
- Broad, G.and.Reyes, A. 2009. *Speaking out for ourselves: a Colombia-Canada reserach collaboration*. *Action Research*, 62(2) 129-147.
- Browne, A. J., Smye, V.L. and Varcoe, C. (2005). The Relevance of Postcolonial Theoretical Perspectives to Research in Aboriginal Health. *Canadian Journal of Nursing Review (CJNR)*, 37(4), 16-37.
- Canada, Indian and Northern American, 2010 Accesses March 1st, 2010. Terminology.
- Cannella, G. S. and. Maneulito, K.D. (2008). Feminisms from unthought locations: Indigenous worldviews, marginalized feminisms, and revisioning and anticolonial social science. In N. K. Denzin, Lincoln, Y.S. and Tuhiwai Smith, L. (Eds),

- Handbook of Critical Indigenous Methodologies* (45-59). Los Angeles, CA: Sage.
- Cardinal, L., *What is an Indigenous Perspective?* . Canadian Journal of Native Education, 2001. **25**(2): p. 180-182.
- Casey, E. (2001). Between geography and philosophy: What does it mean to be in the place-world? *Annals of the Association of American Geographers*, *91*(4), 683–693.
- Castelden, H., Gavin, T. and Huu-ay-aht First Nation. (2008). Modifying Photovoice for community-based participatory research. *Social Science and Medicine*, *66*, 1393-1405.
- Catalani, C. and Minkler, M., *Photovoice: A Review of the Literature in Health and Public Health* Health Education Behaviour, 2010. **37**: p. 424-451.
- Christopher, S.W., Vanessa; McCormick, Alma Knows His Gun; Young, Sara, *Buidling and Maintaining Trust in a Community-Based Participatory Research Project*. American Journal of Public Health, 2008. **98**(8): p. 1398-1406.
- Cinader, B. (1987). *Manitoulin Island - The Third Layer*. Thunder Bay, ON: Thunder Bay Art Gallery.
- Cresswell, T. (2004). *Place: a short introduction*. Malden, MA: Blackwell Publishing.
- Critchley, K., Walton, F., Timmons, V., Bryanton, J., McCarthy, M.J., and Taylor, J. (2006). Personal health practices around physical activity as perceived by the Aboriginal children of Prince Edward Island. *Journal of Aboriginal Health*, September, 26-33.
- Czyzewski, K. (2011). Colonialism as a Broader Social Determinant of Health. *The International Indigenous Policy Journal*, *2*(1). Retrieved from: <http://ir.lib.uwo.ca/iipj/vol2/iss1/5>

- Davidson-Hunt, I. J. and. O'Flaherty, R.M. (2007). Researchers, Indigenous Peoples, and Place-Based Learning Communities. *Society and Natural Resources*, 20, 291-305.
- Denzin, N. K., Lincoln, Y.S. and Tuhiwai Smith, L. (Eds). (2008). *Handbook of Critical Indigenous Methodologies*. Los Angeles, CA: Sage Publications, Inc.
- Denzin, N. K. a. L., Y.S. (2005). *The Sage Handbook of Qualitative Research*. Los Angeles, (CA): Sage Publications.
- Devine, B. (2009). Selected Proceedings of Witness A Symposium on the Woodland School of Painters Sudbury Ontario, October 12, 13, 14, 2007. Canada Council for the Arts, Toronto, ON: Aboriginal Curatorial Collective and Ontario Council for the Arts.
- Dillard, C. B. (2008). When the Ground is Black, the ground is fertile: Exploring endarkened feminist epistemology and healing methodologies in the spirit. In N. K. Denzin, Lincoln, Y.S. and Tuhiwai Smith, L. (Eds.), *Handbook of Critical Indigenous Methodologies*, (pp. 277-292). Los Angeles, CA: Sage.
- Dyck, M. 2010. Social Determinants of Metis Health, 15. Ottawa, ON: National Aboriginal Health Organization, Metis Centre.
- Ermine, W. 2007. The Ethical Space of Engagement. *Indigenous Law Journal* 6 (1):193-203.
- Evans, R.G. and Stoddart G.L. (1990). Producing health, consuming health care. *Social Science and Medicine*. 31: 1347-63.
- Ferrara, N. 2004. *Healing through Art: Ritualized Space and Cree Identity*. Montreal, QC: McGill-Queens University Press.
- Ferreira, M.L. and Lang G.C., (Eds). (2006). *Indigenous Peoples and Diabetes: Community Empowerment and Wellness*. Durham, North Carolina: Carolina Academic Press.

- Fine, M. 1994. Working the Hyphens- Reinventing Self and Other in Qualitative Research. In *Handbook of Qualitative Research*, ed. N. K. a. L. Denzin, Y.S., 70-82. Thousand Oaks, CA: Sage.
- First Nations Centre. (2007). *OCAP: Ownership, Control, Access, and Possession*. Sanctioned by the First Nations Information Governance Committee, Assembly of First Nations. Ottawa: National Aboriginal Health Organization.
- Fletcher, C. (2003). Community-Based Participatory Research Relationships with Aboriginal Communities in Canada: An overview of Context and Process. *Pimatziwin: A Journal of Aboriginal and Indigenous Community Health*, 1,(1) 27-62
- Fontaine, P., *Forward from the Assembly of First Nations: Aboriginal Health Research and Policy, First Nations-University Collaboration, Winnipeg*. Canadian Public Health Journal, 2005. 96(S1), 8.
- Gantz, S.B. (1990). Self-care: perspectives from six disciplines. *Holistic Nursing Practice*. 4(2): 1-12.
- Government of Canada, (2012). *The Crown First Nations Gathering*. Aboriginal Affairs and Northern Development Canada 2012. Available from <http://www.aadnc-aandc.gc.ca/eng/1327078719668>.
- Government of Nunavut. (2012). Retrieved November 7, 2011 from <http://www.gov.nu.ca/>
- Greider, T. and Garkovich, L. (1994). Landscapes: The Social Construction of Nature and the Environment. *Rural Sociology*, 59(1), 1-24.
- Grim, J. A. 2001. Cosmology and Native North American Mystical Traditions. *Theologiques* 9 (1):113-142.

- Gubrium, A. 2009. Digital Storytelling: An emergent method for health promotion research and practice. *Health Promotion Practice* 10 (2):186-191.
- Gustafson, P. 2001. Meanings of place: everyday experience and theoretical conceptualizations. *Journal of Environmental Psychology* 21:5-16.
- Hankivskya, O. and Christoffersen, A. (2008) *Intersectionality and the determinants of health: a Canadian perspective*. Critical Public Health, 2008. **18**(3): p. 271–283.
- Harvey, D.(1996). *Justice, Nature, and the Geography of Difference*. Blackwell Publishers, Cambridge, MA.
- Hay, R. (1998). A rooted sense of place in cross-cultural perspective. *The Canadian Geographer*, 42(3), 245-266.
- Healey, G. K. and Meadows, L.M. (2008). Traditional and Culture: An Important Determinant of Inuit Women's Health. *Journal of Aboriginal Health*, January, 25-33.
- Health Canada. (2009). A statistical profile on the health of First Nations: self-rated health and selected conditions 2002-2005. Ottawa: Health Canada Publication.
- Holkup, P., Tripp-Remier, T., Salois, E.M., and Weinhert, C., *Community-based participatory research: an approach to intervention research with a native American community* Advances in Nursing Science, 2004. 27(3), 162-175.
- Hunter, L.M., Logan, J., Goulet, J-G., and Barton, S. (2006). Aboriginal Healing: Regaining Balance and Culture. *Journal of Transcultural Nursing*, 17(1), 13-22.
- Indian and Northern Affairs Canada (INAC) (2010) *Terminology*. Retrieved March 10, 2010, from <http://www.ainc-inac.gc.ca/ap/tln-eng.asp>. Accessed March 10th, 2010.
- Ingold, T. (2000). *The Perception of the Environment: Essays in Livelihood, Dwelling, and Skill*. London: Routledge.

- Israel, B.A., Eng, E., Schulz, A.J. and Parker, E.A. (2005). Introduction to methods in community-based participatory research for health, in *Methods in Community-Based Participatory Research for Health*, John Wiley and Sons, San Francisco, pp.3-26.
- Jacklin, K. (2009). Diversity within: Deconstructing Aboriginal community health in Wikwemikong Unceded Indian Reserve. *Social Science and Medicine*, 68, 980-989.
- Jacklin, K. and Kinoshameg, P. (2008). Developing a Participatory Aboriginal Health Reserach Project: "Only if it's going to mean something". *Journal of Empirical Research on Human Research Ethics*, 53-68.
- Jones, A. and Jenkins, K. (2008). Rethinking Collaborations: working the Indigene - Colonizer Hyphen. In N. K. Denzin, Lincoln, Y.S. and Tuhiwai Smith, L. (Ed.), *Critical Handbook of Indigenous Methodologies*, (pp. 471-486). Los Angeles, CA: Sage.
- Jules in Flanagan, T., Alcantara, C. and Le Dressay, A., 1989. *Beyond the Indian Act: Restoring Aboriginal Property Rights*. 2010, Montréal, QC: McGill-Queen's University Press. 248.
- Kickbusch, I. Self-care in health promotion. *Social Science and Medicine*. 29(2), 125-130.
- Junge, M.B. and Linesch, D. (1993). Our own voices: new paradigms for art therapy research. *The Arts in Psychotherapy*, 20, 61-67.
- Kemper, D.W., Lorig, K., and Mettler, M. (1992). Effectiveness of Medical Self-Care Interventions: A Focus on Self-Initiated Responses to Symptoms. *Patient Education and Counseling*, 21, 29-39.
- Kickbusch, I. (1989). Self-care in health promotion. *Social Science and Medicine*, 29(2), 125-130.

- Kirmayer, L., (2012, February). How Does Culture Heal? Drawing Strength from History, Identity and Community. In Kirmayer, L. (Keynote Speaker), *Wabano "Culture as Treatment Symposium"* Overbrook Community Centre, Ottawa, Ontario.
- Kirmayer, L. and Valaskakis, G.G. (2009). *Healing traditions: the mental health of Aboriginal Peoples in Canada*. Vancouver, B.C.: UBC Press.
- Kirmayer, L., Simpson, C., and; Cargo, M. (2003). Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry* 11 (Supplement):S15-S23.
- Knowles, J. G. & Cole, A. L. (Eds.) (2008). *Handbook of the arts in qualitative research*. Thousand Oaks, CA: Sage.
- Koch, S.C. and Fuchs, T. (2011). Embodied arts therapies. *The Arts in Psychotherapy*. 38, 276-280.
- Kovach, M. (2009). *Indigenous Methodologies: Characteristics, Conversations, and Contexts*. Toronto: University of Toronto Press.
- Lalonde, M. (1974). *A new perspective on the health of Canadians: a working document*. Ottawa: Minister of Supply and Services Canada.
- Lavallée, L. F. (2009). Practical Application of an Indigenous Research Framework and Two Qualitative Indigenous Research Methods: Sharing Circles and Anishnaabe Symbol-Based Reflections. *International Journal of Qualitative Methods* 8 (1), 21-40.
- Leavy, P. (2009). *Method meets art: Arts-based research practice*. New York, NY: The Guilford Press.

- Lightfoot, N., Strasser, R., Maar, M., and Jacklin, K.(2008). Challenges and Rewards of Health Research in Northern, Rural, and Remote Communities. *Annals of Epidemiology*, 18, 507-514.
- Little, M. (2009). *Portraits of Sprit Island: The Manitoulin School of Art Comes of Age*. Gore Bay, Ont: Lady Luck Enterprises.
- Loppie-Reading, C. and Wien, F. (2009). Health inequalities and social determinants of Aboriginal Peoples' Health. National Collaborating Centre for Aboriginal Health, Prince George, B.C.
- Lyon, N. (1984). *Aboriginal Self-Government: Rights of Citizenship and Access to Governmental Services*. Institute of Intergovernmental Relations, Kingston, Ontario.
- Maar, M., McGregor, L., Sutherland, M. (2005). *First Nations Taking Charge of Health Research: The Development of a Community-Based Ethics Review Process on Manitoulin Island, Ontario, Canada*: National Council on Ethics in Human Research (NCEHR).
- Maar, M., Sutherland, M., McGregor, L., Wilson, K., and Larose, T.(2007). *Community-based Aboriginal mental health care: the Mnaamodzawin Noojmowin Teg model of shared care: Results of the mental health services study*: Mnaamodzawin and Noojmowin Teg Health Centres
- Maar, M., Erskine, B.; McGregor, L.; Larose, T., Sutherland, M.; Graham, D.; Shawande, M.; and Gordon, T. (2009). Innovations on a shoestring: a study of a collaborative community-based Aboriginal mental health service model in rural Canada. *Journal of Mental Health Systems*, 3, 27-38.

- Maar, M. a. Shawande, M. (2010). Traditional Anishinabe healing in a clinical setting: the development of an Aboriginal interdisciplinary approach to community-based Aboriginal mental health care. *Journal of Aboriginal Health*, January, 18-27.
- Manitoulin '78 (1978). Unknown author. *The Native Perspective*, 3(2), 47-48.
- Manitoulin Tourism Website. 2010. Available at: <http://www.manitoulintourism.com/>. Accessed March 15th, 2010.
- Manitowabi, D. (2009). Assessing the Institutionalization of Traditional Aboriginal Medicine: Noojmowin Teg Health Centre, Manitoulin Island.
- Marlowe, E. and Parlee, B.(1998).Traditional knowledge of community health. West Kitikmeot Slave Study Society, Yellowknife.
- Martin-Hill, D. (2009). Traditional Medicine and Resoration of Wellness Strategies. *Journal of Aboriginal Health*, November, 26-42.
- McIvor, O., Napoleon, A., and Dickie, K.M. (2009). Language and Culture as Protective Factors for At-Risk Communities. *Journal of Aboriginal Health*, November, 6-25.
- McLuhan, E. (1978). The secularization of Ojibwe imagery and the emergence of the image makers. In *Contemporary Native Art of Canada- Manitoulin Island*, 19-25. Toronto: Royal Ontario Museum.
- Mignone, J. and O'Neil, J. (2005). Social Capital as a Health Determinant in First Nations: An Exploratory Study in Three Communities. *Journal of Aboriginal Health*, 2(1), 26–33.
- Miller, J. R. (2000). *Skyscrapers Hide the Heavens: a history of Indian-White Relations in Canada*. Toronto, ON: University of Toronto Press.

- . (2010). Aboriginal-Crown Treaty-Making in Canada: a many splendoured thing. In *Aboriginal Policy Research: a history of treaties and policies*, ed. J. P. White, Anderson, E., Morin, J-P, and Beavon, D., 3-14. Toronto, ON: Thompson Educational Publishing, Inc.
- Minkler, M. (2004). Ethical challenges for the “Outside” Researcher in Community-Based Participatory Research. *Health Education and Behaviour*, 31 (6), 684-697.
- Minore, B. and Katt, M. (2007). Aboriginal health care in northern Ontario: Impacts of self-determination and culture. *IRPP Choices*, 13(6), 1-22.
- Mottola, M.F.; Sopper, M.M.; Doxtator, L.; Big-Canoe, K.; Prapavessis, H.; H, S.; and Hanley, A. (2011) "Capacity-building and Participatory Research Development of a Community-based Nutrition and Exercise Lifestyle Intervention Program (NELIP) for Pregnant and Postpartum Aboriginal Women:Information Gathered from Talking Circles.," *The International Indigenous Policy Journal: Vol. 2: Iss. 1, Article 8*. Available at: <http://ir.lib.uwo.ca/iipj/vol2/iss1/8>
- National Aboriginal Health Organization (NAHO).(2007). *Ownership, Control, Access, and Possession*. Sanctioned by the First Nations Information Governance Committee, Assembly of First Nations. Ottawa, ON.: National Aboriginal Health Organization.
- National Aboriginal Health Organization (NAHO) (2008). *An Overview of Traditional Knowledge and Medicine and Public Health in Canada*. Ottawa, ON: National Aboriginal Health Organization (NAHO).
- Noojmowin Teg Aboriginal Health Centre Website. [cited 2009 January 29th]; Available from: <http://www.noojmowin-teg.ca/>.
- Noojmowin Teg Health Centre (2010-2011). Annual Report, Aundeck Omni Kaning,

- Manitoulin Island, Ontario.
- Obomsawin, R. (2007). *Historical and Scientific Perspectives on the Health of Canada's First Peoples*. Report prepared for the National Aboriginal Health Organization (NAHO) First Nations Centre.
- O'Sullivan, E. (2004) *Aboriginal Language Retention and Socio-Economic Development: Theory and Practice* in Aboriginal Conditions: Research as a Foundation for Public Policy. White, J.P., Maxim, P.S., and Beavon, D. (Eds.) Vancouver: UBC Press.
- Pain, R. (2004). Social geography: participatory research. *Progress in Human Geography*, 28(5), 652- 663.
- Peet, R. (2000). Commentary: thirty years of radical geography. *Environment and Planning A*, 32, 951–53.
- Penner, K. (1983). *Indian self-government in Canada : report of the Special Committee (The Penner Report)*. Ottawa: Supply and Services Canada.
- Richmond, C. and Ross, N. (2009). The determinants of First Nations and Inuit health: a critical population health approach. *Health and Place*, 15, 403-411.
- Richmond, C., Elliott, S.J., Matthews, R. and Elliott, B. (2005). “The political ecology of health: perceptions of environment, economy, health and well-being among ‘Namgis First Nation’” *Health and Place*. 11, 349-365.
- Riecken, T., Tish, S., and Tanaka, M. (2006). Community and Culture as Foundations for Resilience: Participatory Health research with First Nations Student Filmmakers. *Journal of Aboriginal Health*, September, 7-14.
- Robbins, J. A. and Dewar, J. (2011). Traditional Indigenous Approaches to Healing and the modern welfare of Traditional Knowledge, Spirituality and Lands: a critical reflection

- on practices and policies taken from the Canadian Indigenous Example. *The International Indigenous Policy Journal*, 2(4). Retrieved from:
<http://ir.lib.uwo.ca/iipj/vol2/iss4/2>
- Romanow, R. (2002). *Building on Values: the future of health care in Canada: Final Report*. Ottawa: Health Canada, Commission on the Future of Health Care in Canada.
- Royal Commission on Aboriginal Peoples (RCAP) (1996). *Report on the Royal Commission Round Table on Aboriginal Peoples*, Volumes 1, 2, and 5. Supply and Services Canada, Ottawa, ON.
- Royal Commission on Aboriginal Peoples. (1996). Traditional health and healing [Appendix 3A]. In *Report of the Royal Commission on Aboriginal Peoples*. Vol 3: Gathering Strength. Ottawa: Indian and Northern Affairs Canada.
- Sack, R. (1997). *Homo Geographicus*. John Hopkins University Press, Baltimore.
- Sayt K'üülm Goot (2006) Compiled by Godfrey, K. Of One Heart: bringing our youth together: In their own words: Aboriginal youth speak out on issues that concern them: a report for Sayt K'üülm Goot. Child and Youth Officer for British Columbia, 32 pages.
- Sin, C. H. (2003). Interviewing in 'place': the socio-spatial construction of interview data. *Area*, 35(3), 305-312.
- Smith, D., Edwards, N., Martens, P., Varcoe, C., and Davies, B. (2008). The Influence of Governance on Organizations' Experiences of Improving Care for Aboriginal People: Decolonizing Possibilities. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6(1), 3-28.

- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London, UK: Zed Books.
- Steinhauer, E., *Thoughts on an Indigenous Research Methodology*. 2002. Canadian Journal of Native Education. 26(2), 69-81.
- Sudbury & District Health Unit (2007). A Snapshot of Cancer Rates in the Sudbury & District. Health Unit Area. Retrieved October 3, 2011 from <http://www.sdhu.com/uploads/content/listings/SnapshotCancerSDHU2007Final.pdf>
- Tiessen, M., Taylor, D.M., and Kirmayer, L.J. (2009). A Key Individual-to-Community Link: The Impact of Perceived Collective Control on Aboriginal Youth Well-Being. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 7(2), 241-267.
- Truth and Reconciliation Commission of Canada (TRC) (2011). Retrieved September 21, 2011 from <http://www.trc.ca/websites/trcinstitution/index.php?p=3>
- Tuan, Y.-F. (1991). Language and the Making of Place: A Narrative-Description Approach. *Annals of the Association of American Geographers*, 8(14), 684-696.
- United Chiefs and Councils Manitoulin. (2011). Retrieved: Jan 9, 2011 from <http://www.uccm.ca/index.php>
- Valentine, Gill. (2007). Theorizing and researching intersectionality: a challenge for feminist geography. *The Professional Geographer*, 59(1), 10-21.
- Waldram, J. B., Herring, D.A., and Young, T.K. (Eds.). (2006). *Aboriginal Health in Canada*. Toronto, ON: University of Toronto Press.
- Walker, R., Cromarty, H., Linkewich, B., Semple, D., St. Pierre-Hansen, N., and Kelly, L. (2010). Achieving Cultural Integration in Health Services: Design of Comprehensive

- Hospital Model for Traditional Healing, Medicines, Foods and Supports. *Journal of Aboriginal Health*, January, 58-69.
- Wang, C.C., Cash, J.L., and Powers L.S. (2000). Who Knows the Streets as Well as the Homeless? Promoting Personal and Community Action through Photovoice. *Health Promotion Practice*. 1(1), 81-89.
- Willows, N. (2005). Overweight in First Nations children: prevalence, implications, and solutions. *Journal of Aboriginal Health*, March, 76-88.
- Wilson, K. (2003). Therapeutic Landscapes and First Nations peoples: an exploration of culture, health and place. *Health and Place*, 9, 83-93.
- Wilson, K. and Young, K. (2008). An overview of Aboriginal health research in social sciences: current trends and future directions. *International Journal of Circumpolar Health*, 67, 179-189.
- Wilson, K. (2000). The role of Mother Earth in shaping the health of Anishinabek: a geographical exploration of culture, health and place. Unpublished PhD thesis, Queen's University, Kingston., Geography, Queen's, Kingston, ON.
- . 2003. Therapeutic Landscapes and First Nations peoples: an exploration of culture, health and place. *Health and Place* 9, 83-93.
- Wilson, K. and Rosenberg, M. (2002). Exploring the determinants of health for First Nations peoples in Canada: can existing frameworks accommodate traditional activities? *Social Science and Medicine*, 55(11), 2017-2031.
- Wilson, S. (1995). Honoring spiritual knowledge. *Canadian Journal of Native Education*, 21 (supplement):61-69.

Wilson, S. (2008). *Research is Ceremony: Indigenous research methods*. Halifax, NS:
Fernwood Publishers.

Zolner, T. (2003). Going Back to Square One and Finding It's a Circle: (Not) Doing
University Research in Indian Country. *Pimatisiwin: A Journal of Aboriginal and
Indigenous Community Health*, 1(1), 91-113.

APPENDIX 1

Interview Guide for Key Informants

Teachings around self-care and medicine gathering among youth in Zhiibaahaasing and Aundeck Omni Kaning First Nations, Manitoulin Island

Interview Guide for key informants (Band Council Members and Health Care Providers)

Introduction:

I am a researcher from the University of Ottawa studying traditional medicine gathering programs for youth at Noojmowin Teg Health Centre. I live in a town north of Ottawa in Quebec called Wakefield. I am also a mother of three boys who are 13, 11, and 9. I've already spent some time in your community in July doing workshops with Marjory Shawande and Mark Seabrook from Noojmowin Teg. I have been conducting research as part of a collaborative project with the health centre looking at Traditional Medicine workshops run by the health centre. At the workshops in the summer, Marjory gave a brief teaching about traditional plants and then we asked participants the following questions:

- 1) What have I learned from the past herbal teachings from Noojmowin Teg Health Centre?
- 2) How have I utilized this information for my self-care?
- 3) Who have I shared these teachings with?
- 4) How does gathering medicines make you think of protecting and being in harmony with Mother Earth?

We then asked them to draw pictures to reflect their answers to each question and finally, we did a focus group discussing what they had drawn.

I am interested in knowing your opinions and experiences on this topic because you are somehow connected either to the youth who have taken the workshops, to their families, have attended the workshops, or you are involved with the health centre now or have been in the past..

Today's interview should take about ½ hour. With your permission, I would like to record the interview to ensure that I accurately document your views. Do you have any questions for me before we begin?

Topic	Questions	Probes
First, I would like to ask you a little about yourself.		
Icebreaker questions	How long have you lived in the community? On the island? Family? Did you grow up here?	
	How long have you worked at the health centre/been chief, etc	
Next I would like to discuss some issues specifically related to medicine gathering workshops.		
For Chiefs	Were you previously aware of the medicine gathering workshops run by Noojmowin Teg? Do you know of members of your community who have attended them?	Did you support them? Agree to them? Request them? What made you decide to get involved and/or support them?
For Health Care providers	Have you personally organized or requested traditional medicine workshops from Noojmowin Teg's traditional program?	What made you decide to get involved and/or support them?
Medicine gathering workshops	Have you attended any of the traditional medicine gathering workshops put on by Noojmowin Teg Health Centre? If yes, around how many times? Have you gone out with a traditional teacher to learn about medicines in other contexts?	With your family, grandparents, school? Formally, informally
All	In what ways do you think these workshops have benefited youth or other members of the community?	
	Do you ever see or hear about any community members making use of what they learned to look after themselves or family members or friends? Do you think there's a need for more workshops?	How and when would you see them happening or in order to be most effective and engaging particularly for youth?
Environment	How do young people in the community perceive their natural environment?	Are they inclined to protect it? Don't care about it? A mix?
Now I would now like to ask a few personal questions about traditional language and culture.		
Language	Do you speak Anishinaabemowin? Have any of the medicine teachings been in the language – do you think it is important that medicines be taught in the	May isolate some young people/participants or others may like this

	language?	aspect of also learning the language
Learning about medicines	Have you made an effort to learn about Traditional Medicine outside of work and workshops personally or with your family?	Did you learn on your own, from your parents or grandparents?
Culture/traditional practices	Are there other traditional cultural practices that you partake in with your family or community? Do you think it is important to pass down these traditions? Why or why not?	Like medicine gathering Smudging? Drumming?
	Do you ever pick medicines to help yourself feel better?	A time when you weren't feeling well and tried to help yourself get better
	If so, do you ever use what you've learned at home or teach your family or friends about it?	Pick from backyard? Make teas for anyone?
	How does gathering medicines make you think of protecting and being in harmony with Mother Earth? Do you think there's a connection between caring for yourself and caring for the Earth?	Protecting the environment important to you? How?
Now I would like to ask you have few questions about health research, methods used, and your feelings about its efficacy. Given a history of mistrust, knowing that Aboriginal communities have been over-researched, and knowing that methods used in academia do not always reflect reality, this project has aimed to make use of some alternative methods for gathering information/data (this isn't one of them!) explain art voice, CBPR, etc.....collaborations, ethical space, etc.		
The research process	How do you feel about researchers coming into your community to do research?	Do you see any value to your community? Is it intrusive?
	Do you think it's possible to find methods that are more culturally relevant or culturally sensitive than have been used in the past?	Any ideas or examples?
	Do you think it's possible for a non – community member and/or non-Native person to gain trust in small communities – how long do you think this process takes?	Must live there? Months? Must have connection?
	Do you think research collaborations can benefit your community?	How/why or why not?
Cncluding questions	Is there anything else you'd like to say or ask?	

Conclusion		

That is all of the questions I have for you. If you would like to see a copy of the transcripts from this interview so you can make sure it's accurate, I can mail or email it you.		

Thank-you very much for your time. The information you have provided is very important and will go a long way in helping us better understand traditional medicine gathering and health issues in the area.		

If you have any questions about this study please contact me directly. You can ask Marjory at Noojmowin Teg how to do this. When this study is finished, I will be writing a report and coming back to your community to present the results.		

APPENDIX 2

NVivo8 Key Themes and frequencies

NAME OF PARENT NODE	NAME OF CHILD NODE	Total references to node
SEVEN GRANDFATHER TEACHINGS	Respect	5
	Trust	7
CULTURE/TRADITION	All cultures change	5
	Barriers to cultural teachings	6
	Ceremony	2
	Culture sometimes stronger in urban setting	5
	Future not so bright for retention of First Nations culture	2
	Identity	12
	Interested in Culture Once Older	14
	Language = culture-ceremony	5
	Loss of culture	15
	Need to practice – live it (traditional ways)	11
	Passing on the culture to our children – to others	48
	People reluctant to be traditional in case get it 'wrong'	9
	Positive Native role models	5
	Powwow, drumming, dancing, sweatlodge	5
	Reclaiming culture	28
	Sense of history – where you come from	9
	Taught culture/language when young but lost it	5
	Tradition and feeling traditional	15
DISPARATE PARADIGMS	Church – Christianity	13
	Colonialism	9
	Paternalism	2
	Racism	8
	White world vs. annishnabe world; western vs. indigenous worldviews	33
ENVIRONMENT	Aboriginal some of worst abusers of	2
	Destruction of medicine areas	8

NAME OF PARENT NODE	NAME OF CHILD NODE	Total references to node
	Do a small part – clean up your own backyard	4
	Land management	3
	Mother Earth – spiritual side of environment	5
	Perception of environment	Negative –5
	Protecting the earth – keeping it green	Positive – 5
	Recycling	23
	Respecting the earth	1
		12
HEALTH CARE SYSTEM	Bureaucracy prevents traditional program from integrating	3
	Holistic approach	1
	Integrative medicine vs. traditional vs. alternative medicine	15
	Issues around funding cultural programs	4
HISTORY OF HARDSHIP	Alcohol substance abuse	12
	Family violence –abuse	5
	Grief	6
	Homelessness	1
	Issues seen as norm in First Nations communities	1
	Residential or day school, foster care, adopted	19
LANGUAGE	Want to speak it	7
	Cultural identity – distinct culture – rooted in language	2
	Don't speak it	8
	Language is the key to maintenance of culture	11
	Learning about plants in the language	3
	Loss of language	11
	Needs to be a priority	9
	Role of school in language and culture	7
	Speak it	5

NAME OF PARENT NODE	NAME OF CHILD NODE	Total references to node
	Spirits understand the language – different realm	1
MEDICINE – PLANT AND NON-PLANT	Up to individual to learn it	3
	Cedar baths and cedar tea	11
	Lack of confidence about traditional knowledge	21
	Medicine as TEA – commonly used	9
	Medicine is everywhere	21
	Medicine wheel	5
	Medicines used for basic first aid and treatment of common cold, etc.	11
	Putting down tobacco	6
	Role of fire	5
	Smudging – tobacco, sweetgrass, cedar, sage	11
	Sweat lodge	4
	Use of medicine	no we don't use it – 1
METHODS		yes we use it – 6
	Allow ppts freedom to say what they want how they want	2
	Art therapy not traditional but alternative	2
	Art therapy useful	2
	art voice as useful – picture allows voice where otherwise none	7
	Difficulty recruiting participants	2
	Interview is a good personal approach	1
	Native vs. non-Native researchers – western vs. Indigenous worldview	4
	Need more hands-on methods	3
	need to ask participants and co-investigators what they want	4
	Need to respect people as researchers – do no harm	4
	Think research is a good thing	1
	Woodland school of art influence	2

NAME OF PARENT NODE	NAME OF CHILD NODE	Total references to node
SHARING TRADITIONAL KNOWLEDGE WITH OR RECEIVING FROM	With children	16
	With people who need help	13
	With pets	2
	Attended workshops through work	7
	Best to integrate teachings into activities – less obvious	7
	Camp program	3
	Didn't used to be available	1
	Elders or teachers available in the community	18
	Hard to recruit participants	8
	Have requested workshops in the past	13
	Have used the traditional services at Noojmowin Teg	8
	Impact seen over time – long term, not immediate	3
	Important to have them	15
	Intuitive sense with traditional plants	4
	More hands-on useful	9
	Must be a (personal) choice to go to workshops – can't push it on them	15
	Need follow-up especially for youth	3
	Need repetition of teachings to remember and use plants	20
	Need to advertise better – more	1
	Need to emotionally prepare youth for outcome of workshops	5
	Need to make them relevant	8
	Need to provide incentives	3
	Need to remember to use teachings	16
	Not useful – have not used info from them	1
	Provide more than teachings, Elders there to listen	5
	Traditional program as tokenism – needs to be validated	14
	Useful – have learned from them	17
	Variable interest by youth	11

NAME OF PARENT NODE	NAME OF CHILD NODE	Total references to node
YOUTH	How to engage youth in workshops – tradition – teachings	16
	Lack of interest or indifference about plant medicines by youth	10
	Never give up on the youth	5
	Social networking as way to engage young people	2
	Starving for cultural knowledge	2
	Youth need help	10

APPENDIX 3

Summary of Visits to Manitoulin Island

Date of Visit	Purpose of Visit
January 28 th -February 1 st , 2010	- initial exploration of community context - first meeting with Marjory to discuss project objectives - meeting with Executive Director of Noojmowin Teg Pamela Williamson to discuss expectations of health centre and plans for the project
July 5 th -15 th , 2010	- explored both community sites, took field notes - determined specific research questions with Marjory - conducted three workshops total in Zhiibaahaasing and Aundeck Omni Kaning plus one key informant interview
September 27 th -October 1 st , 2010	- conducted key seven informant interviews in both communities
June 23 rd -25 th , 2011	- attended Noojmowin Teg AGM at which project was mentioned
November 2 nd -5 th , 2011	- presented results to Traditional Advisory Committee and presented Chiefs with tobacco and summary of research findings for review