Innu *minuinniuin*: Understanding ways of achieving wellbeing among the Labrador Innu

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Abstract

The Labrador Innu lived for millennia in the Quebec-Labrador Peninsula as nomadic hunters. Commencing in the 1950s, successive policies imposed on the Innu by federal and provincial governments brought significant disruptions to their traditional way of life. Today, the Labrador Innu are settled in the communities of Sheshatshiu and Natuashish in the province of Newfoundland and Labrador, Canada. They have maintained their language and culture, anchored in their understanding of territory and their relationship with their ancestral land, and have increasingly asserted their self-determination, including in research.

The Innu articulated a Healing Strategy in 2014 after extensive community consultations. The Strategy states that a contemporary return to culture would provide healing to individuals and communities. Healing is important due to the social suffering experienced through sudden forced settlement and schooling in a non-Innu system. These abrupt changes altered the social fabric that had sustained Innu society for millennia.

As part of the Strategy, the Innu decided to undertake a study to articulate their concept of wellbeing (*minuinniuin*) and their process of healing. Wellbeing and healing are intrinsic concepts for Innu; however, these concepts need to be uncovered for health and service providers, and policy makers. Having lived in Labrador and worked for the Innu, I was invited to be part of this community-initiated research. The Grand Chief of the Innu Nation directed that the research involve Innu researchers and utilize Innu ways-of-knowing and knowledge as fully as possible. Innu knowledge, like all Indigenous knowledges, is specific to the place where Innu live and to their experiences. Indigenous concepts of health and wellbeing, connections to land, and cultural identity are wholistically connected and culture-specific.

The main objective of this dissertation is to articulate the Labrador Innu understanding of wellbeing and their distinctive process of healing. This qualitative study involves interviews and focus groups with 39 participants older than 16 years of age.

This is a dissertation by articles. It consists of a general introduction to Indigenous health inequities, a literature review, a description of the methods, and the results as three separate manuscripts. It concludes with a summary of findings and implications.

The first manuscript focuses on the process of developing an Innu framework for health research involving a partnership between Innu and non-Innu researchers. An Innu community-based participatory research (CBPR) framework for health research is proposed where Innu knowledge is foundational to the study. The framework is based on the metaphor of Innu and non-Innu canoeing together in one canoe. Within the space that joins all researchers, Indigenous knowledges are uncovered. This CBPR framework is used in the following two manuscripts.

The second manuscript describes the contemporary process of healing of the Labrador Innu. Healing practices have been developed to deal with the historical and contemporary effects of colonialism and Innu people consider them effective. Healing is grounded in self-determination, culture, and non-reliance on bio-medicine. Five stages of healing are described: being "under the blanket"; finding spiritual strength; extending hands out; finding strength and power; and helping others. The findings highlighted the enablement of healing through spiritualities, support from Elders, return to culture, and resistance to negative stereotypes.

The third manuscript aims to understand Innu views of wellbeing, and the influence of the land on health and wellbeing. Findings highlight that the experience of being on the land with family and community, learning cultural knowledge, and enacting Innu identity play a major role

in enhancing wellbeing. For the Innu, the land sustains wellbeing by emplacing knowledge systems and cultural identity.

The work presented in this dissertation contributes to the literature on Labrador Innu population health by highlighting that access to and experience of land build up health and wellbeing by providing and facilitating togetherness, fostering a relationship to all living beings, and enacting culture and a positive Innu identity. The findings add new knowledge to Indigenous health studies literature, particularly Innu health studies – holding promise for reducing health inequities. Implications for research, practice, and policy are also addressed.

Acknowledgements

This dissertation has been made possible by the ideas of the Labrador Innu people, and the support and prayers of many individuals.

I begin my acknowledgements with the Innu people upon whose knowledge, guidance, and approval this dissertation is based. I am most grateful to the late Elder Kathleen Nuna, who passed away before this study was completed. Kathleen generously mentored me, a non-Innu woman with an Indigenous South American mother, by speaking words of encouragement that had great authority and pierced my heart. She spoke identity to me: *"You are Eagle. You fly high and see far, and fly low and see close. You are Metshu and that name goes before all your names"* (Late Elder Kathleen Nuna; January 2018 conversation in her home). At times I needed it.

I also thank Innu individuals who are leaders and partners in this research. The members of this group include Mary Janet Hill, Christine Poker, Annie Picard, Nikashant Antane (Alexander Andrew), and Nympha Byrne.

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I thank my committee members for their guidance and intellectual engagement. Dr. Samia Chreim (my supervisor) believed in me always, especially at times when I doubted my own abilities, she gave me confidence, and provided me key advice for the methodology. Other times she gave me personal advice, especially when we had a family crisis; I am grateful for the humanity of Samia. Dr. Anita Olsen Harper provided intellectual support from an Indigenous academic perspective, challenged me to think about the power of words, and accompanied me on some trips to Labrador. Anita became what Innu call the 'grandmother of the study'. Dr. Samantha Wells

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I thank my husband Michael for his determined and unwavering emotional support. I thank my children Alejandro and Matias, my brother Carlos and my friend Alicia, for cheering me up.

Finally, I thank my late parents and grandparents who always loved me, created an environment where I could play freely, encouraged my curiosity, taught me to dream and to believe I could – through hard work and responsibility – expand the limits that I perceived society placed on me. They did this by their example, despite material poverty but out of the richness of their own dreams for the next generation.

This dissertation is dedicated to my parents for giving me life and to my children for teaching me to love.

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Glossary of Innu words

Akenashaut: plural of akenashau. Outsiders, non-Innu persons, English-speaking white persons

Atiku: caribou

Innu: human being

Innu-aimun: language of the Innu people

Kashten: twirling winds with power

Kakushapatak: one who does the shaking tent, person with spiritual powers

Mokoshan: feast of the caribou (also spelled ‘makushan’)

Mushuau Innu: people of the barren lands

Minuinniuin: wellbeing

Nitassinan: our homeland or Innu homeland

Nutshimit: the country

Tshenut: old Innu persons, it is the plural of Tshenu

Utshimau: leader of a hunting group, used today to mean boss

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Chapter 1 - Introduction

There are approximately 370 million Indigenous[1] peoples worldwide whose health status, when considered as a population, is significantly lower than that of their non-Indigenous counterparts (WHO, 2020). Compared with non-Indigenous peoples, they have shorter life expectancy, suffer greater occurrences of chronic and infectious diseases, die by suicide at higher rates, and are at greater risks of violence (Gracey & King, 2009; Nelson & Wilson, 2017; Reid et al., 2014; Tobias et al., 2013). In Canada, approximately 1.6 million people self-identify as Aboriginal[2], representing 4.9% of Canada's total population (Statistics Canada, 2016). Among them are the Labrador Innu who live in the First Nation communities of Sheshatshiu and Natuashish in the subarctic portion of the province of Newfoundland and Labrador, with a population on reserve of approximately 1,100 and 900 people respectively (Statistics Canada Census, 2016).

The health outcomes of the Labrador Innu do not compare favourably to those of the Labrador Inuit and the general population in the province of Newfoundland and Labrador. For example, Pollock et al. (2016) analyzed suicide data for Labrador over a period of 17 years. This study established that the Labrador Innu have the highest mortality rates in Labrador for the period studied (165.6 suicides per 100,000) in comparison to the Inuit (114.0 suicides per 100,000) in the Province. In contrast, for the period 2011-2016 the national suicide rates for First Nations people was 24.3 per 100,000, and the national rate of suicide was 8 per 100,000. Despite attempts to improve Indigenous health, the gap between the health status of Indigenous peoples and other

[1] The term "Indigenous" is used to refer to the inhabitants of land who predate colonization (Allan & Smylie, 2015).
[2] 'Aboriginal' is the term used in the *Canadian Constitution Act, 1982*, to collectively refer to the Indigenous inhabitants of Canada and their descendants, including First Nations, Inuit, and Metis peoples, as per Section 35(2).

populations in Canada persists through many decades of census data (Nelson & Wilson, 2017; C. L. Reading et al., 2009).

The disparities in the health status of Indigenous peoples can be understood through the social determinants of health – i.e., social, economic, and political inequities that impact the health of individuals and communities (Irwin et al., 2006). Health inequities are preventable systemic and socially produced differences in health within and between populations (Marmot & Allen, 2014; World Health Organization, 2017). For Indigenous peoples, the social determinants of health relate to historical and contemporary colonization that resulted in loss of culture, autonomy, land, and health (deLeeuw, 2015; King et al., 2009; Reading, 2015; Richmond & Ross, 2009). These determinants are not discrete; rather they are inter-connected (Adelson, 2005; C. L. Reading et al., 2009).

Despite great health challenges and ongoing colonialism, Indigenous communities strive for wellbeing based on revitalization and recovery of their culture, traditions, and ways-of-knowing. The revitalization and recovery of culture, tradition, and ways-of-knowing can have profound restorative impacts on the health and wellbeing of individuals and their communities (Erasmus et al., 1996; Kirmayer et al., 2011; Panelli & Tipa, 2007; Richmond & Ross, 2009). The Labrador Innu (hereafter denoted as Innu), who originated the study that pertains to this dissertation, are among those communities.

Understanding health disparities among the Innu requires the examination of historical contexts and their effect on Innu health and wellbeing. As nomadic hunters in a vast territory that encompasses large portions of the Quebec-Labrador Peninsula, the Innu travelled in small family groups following the caribou and gathering with the other Innu hunting groups a few times a year. They encountered Europeans in the 1600s; however, they were forced to settle much after that time

and end their nomadic life in a period between the 1950s and 1970s. The settlement was enforced through the implementation of provincial policies that made hunting illegal and schooling of children in a Western system mandatory (Samson, 2003, 2009). Innu *Tshenut*[3] (older Innu people) identify forced settlement as the point at which social ills impacting health appeared in their communities (Innu Nation, 2014; Samson, 2009).

The Government of Canada made investments to improve Innu health starting in the early 2000s (Government of Canada; Indigenous and Northern Affairs Canada, 2008); however, the Innu considered that this spending was inconsistent with their needs, and articulated a Healing Strategy in 2014. The Strategy was articulated after extensive consultation in the two Labrador Innu communities that included Innu of all ages and all groups within the communities; it is based on the restoration of Innu culture, ways, and traditions in a contemporary manner (Innu Nation, 2014). It provides a vision "to rebuild healthy, sustainable, and resilient Innu communities" (p.10). Fitting within the Healing Strategy, under the leadership of Grand Chief Anastasia Qupee, leaders embarked on the collaborative research that pertains to this dissertation. Their perspective is that there are important aspects of how Innu view health and wellbeing that are not understood by non-Innu, specifically health and service providers and policy makers. The overarching aim of this dissertation was to identify and articulate for *akenashaut* (non-Innu, outsiders) Innu knowledge and practices relevant to the Labrador Innu wellbeing and healing.

More specifically, Innu assert their right to self-determination in all areas, including research that values and prioritizes their knowledge for the purpose of improving Innu health. Collaborative research frameworks that focus on Indigenous knowledges and ways-of-knowing

[3] *Tshenut* means old Innu persons, it is the plural of *Tshenu*. It is written in capitals to indicate respect at the request of Innu researchers.

are being developed (Absolon, 2011; Bartlett et al., 2007; Doyle et al., 2017; Hart, 2010; Kingsley et al., 2013; Kovach, 2009; Smith, 1997). In addition, Innu knowledge is specific to place and inherent to lived experiences within Innu culture and community contexts. Thus, a general collaborative research framework may not apply to specific cultures (Hart, 2010; Kovach, 2009). Literature on collaborative research frameworks emphasizes the importance of building relationships; however, the process of doing so is underspecified (Belone et al., 2016; Bull, 2010; deLeeuw et al., 2012; Jagosh et al., 2015; Kilian et al., 2019; Salsberg et al., 2015; Trimble et al., 2014). No collaborative research framework has been explicitly developed for health research *for* and *with* the Innu. This dissertation describes the process of developing a collaborative research framework for health research by answering the following questions: How can non-Indigenous researchers engage in knowledge production *with* and *for* the Innu specifically, and Indigenous communities more generally? What community-based participatory research (CBPR) framework is most appropriate for health research with Innu populations?

These questions are answered in Chapter 4, manuscript 1:

Ward, L., Hill, M. J., Chreim, S., Poker, C., Olsen Harper, A., & Wells, S. (2020). Developing an Innu framework for health research: The canoe trip as a metaphor for a collaborative approach centered on valuing Indigenous knowledges. *Social Science and Medicine*, 113409. https://doi.org/10.1016/j.socscimed.2020.113409

Moreover, the Innu have developed local healing practices that are intrinsically known and considered effective in improving their wellness; however, these have not been articulated for non-Innu researchers, health and service providers, nor are they built into a healing plan or health system for the benefit of the Innu communities. Healing practices based on local Indigenous knowledge are being recognized for their value in alleviating social suffering and improving

Indigenous peoples' health and wellbeing (Gone & Looking Calf, 2011; Goodkind et al., 2015; Kendall et al., 2019; Kirmayer et al., 2011; Truth and Reconciliation Commission of Canada - TRC, 2015). Local healing practices are built on local knowledge system, are grounded in the core values of the community members, and are learned and lived in local worlds that reflect a coherent and well-integrated social system (Kleinman, 1978). Thus, healing practices are specific to each Indigenous group and may not be relevant to other groups. Through a CBPR approach informed by Innu ways-of-knowing and knowledge, this dissertation answered the question: What is the Innu process of healing?

This question is answered in Chapter 4, manuscript 2:

Ward, L., Hill, M. J., Picard, A., Olsen Harper, A., Chreim, S., & Wells, S. (2021). A process of healing for the Labrador Innu: Improving health and wellbeing in the context of historical and contemporary colonialism. *Social Science and Medicine*, 113973. https://doi.org/10.1016/j.socscimed.2021.113973

Finally, the Innu have an intrinsic understanding of wellbeing; however, an important gap in the literature is Innu perspectives on the significant contribution of land to their wellbeing. Addressing this gap is important because Indigenous concepts of health, land, and cultural identity are wholistically connected (Big-Canoe & Richmond, 2014; Richmond & Ross, 2009; K. Wilson, 2003), and understandings of wellbeing and the inter-dependent relationships between Indigenous peoples and land are culture-specific (Finn et al., 2017; Goodkind et al., 2015; Izquierdo, 2005; Lines et al., 2019; Panelli, 2008; Schultz et al., 2016; K. Wilson, 2003). Thus, understandings and perspectives on the contribution of land to wellbeing are specific to each Indigenous group. Through a CBPR approach informed by Innu ways-of-knowing and knowledge, this dissertation answered the questions: How do Innu view wellbeing? How does the land support wellbeing?

These questions are answered in Chapter 4, manuscript 3:

Ward, L., Hill, M. J., Antane (Andrew), N. (A.), Chreim, S., Olsen Harper, A., & Wells, S. (2021). "The land nurtures our spirit": Understanding the role of the land in Labrador Innu wellbeing. *Journal of Environmental Research and Public Health, 18*(10), 5102. https://doi.org/10.3390/ijerph18105102

This dissertation extends the literature on Indigenous research methods by developing a participatory research framework for conducting health research *for* and *with* the Innu utilizing Innu ways-of-knowing and knowledge. The dissertation also extends the literature on Indigenous understandings of health and wellbeing by articulating the Labrador Innu understanding of wellbeing and the distinctive process of healing. These have not been addressed in the literature. The findings also have potential to influence the population health of Indigenous peoples.

Organization of the dissertation

This is a dissertation by articles and, as such, the findings are contained in three manuscripts that form the core of the dissertation (Chapter 4). A literature review (Chapter 2) outlines the history of the Labrador Innu and provides a brief overview of the theories that explain the health inequities experienced by Indigenous peoples, Indigenous concepts of wellbeing, and Indigenous concepts of healing that informed the research questions identified by the Innu for this research project. This is followed by a methods chapter (Chapter 3) that considers how the study was conducted, addressing governance and ethics, data collection and analysis, and trustworthiness of the study. The subsequent chapter presents the results (Chapter 4) in the form of three manuscripts, each answering the research questions itemized before. The final chapter (Chapter 5) discusses the salient themes from the manuscripts, the implications for research, for the Innu, for practice, and for policy, as well as the limitations of this study.

The Appendices contain institutional ethics approval documents, information and consent forms for participation in interviews and focus groups (in English and *Innu-aimun*), interview and focus group guides (in English and *Innu-aimun*), posters and social media invites aimed at recruitment of potential participants, scripts for radio advertising and email to potential participants, and a confidentiality agreement for translators and community researchers.

The next chapter outlines the literature that informed the work of this dissertation.

Chapter 2 – Review of the literature

This general review of the literature informs the background of this dissertation by articles.

The review is organized in four sections and a summary (see *Figure 2.1* for a schema of the review of the literature). I first provide the historical and political context of the last 70 to 80 years of Innu life, as this affected Innu health and wellbeing. Second, I outline the contributions of Indigenous scholars, allies, and Indigenous communities to understandings of the root causes of Indigenous health disparities in general. Third, I delineate the responses of communities, scholars and allies aimed at improving Indigenous health through the development of local approaches called "healing" initiatives. This section also outlines the contribution of Indigenous geographers to understanding land as a determinant of health and wellbeing, highlighting the importance of valuing Indigenous knowledges[4] in research. Fourth, I sketch out the progress on how research is conducted in Indigenous contexts, arriving to participatory approaches as best suited for research for and with Indigenous communities to fully utilize Indigenous ways-of-knowing and knowledges. Finally, in a summary I present the research questions that Innu researchers, together with non-Innu researchers, derived to guide the work of this dissertation.

Additional literature is reviewed in each of the three manuscripts included in Chapter 4.

1. The Labrador Innu: a brief historical context

A historical context for the last seventy to eighty years of Innu life is required to understand contemporary Innu social ills, as well as their strength and community resilience. This section describes the traditional life of the Innu, how it abruptly came to an end, and the relevant successive government policies that enforced the end of traditional life and fostered dependence on

[4] Indigenous knowledges is pluralized to indicate the many different Indigenous cultures and their corresponding knowledge. This terminology is used by Kovach (2009).

government. I end the section by describing the resilient response of the Innu people as they created a government with the purpose of assuming control from non-Innu government and revitalizing their culture.

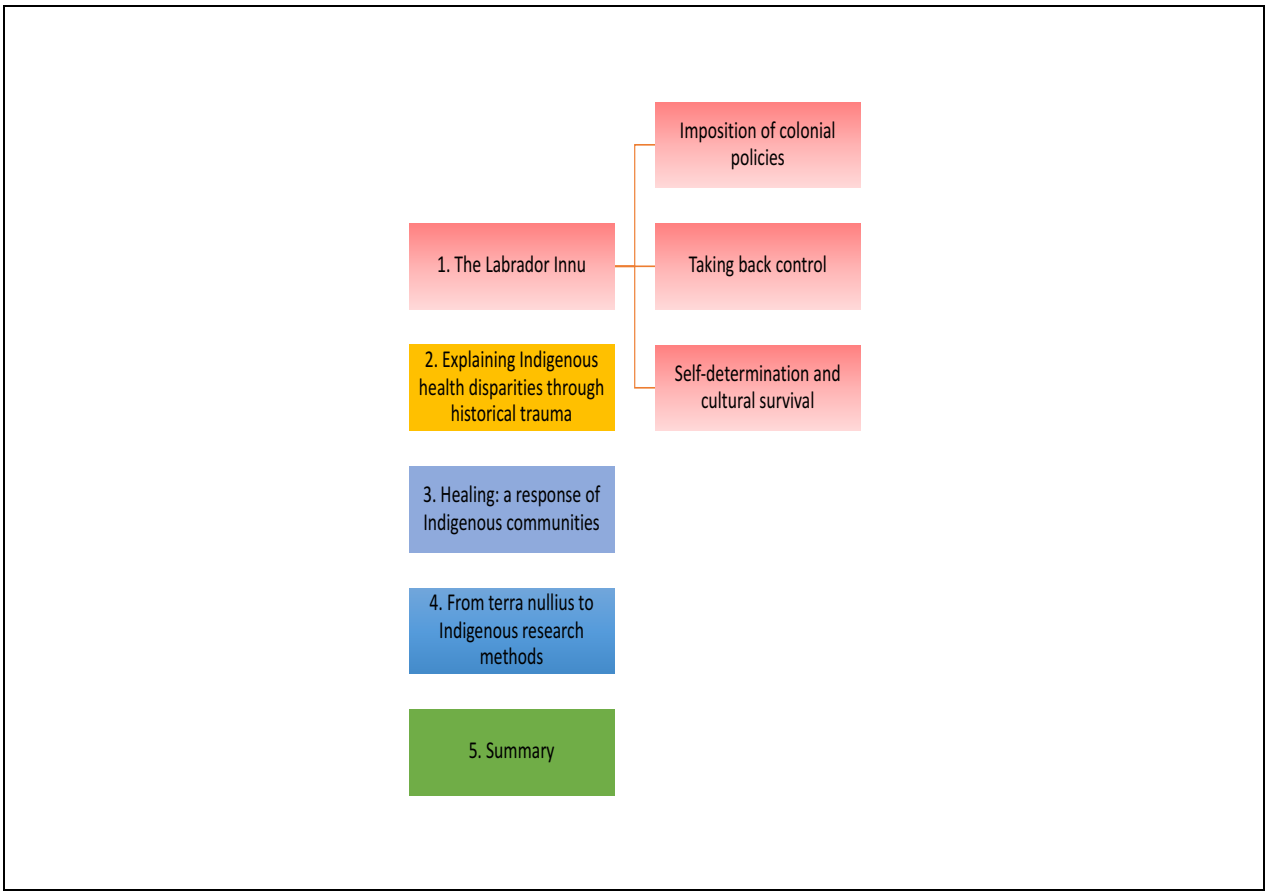


Figure 2.1: Schema of the general review of the literature

The Innu are Indigenous peoples who lived for thousands of years in a large area of the Quebec-Labrador Peninsula called *Nitassinan*. *Nitassinan* means "our homeland" in *Innu-aimun* (the language of the Innu). Although "Innu" sounds like "Inuit", they are completely different peoples with an unrelated language. *Nitassinan* borders on Inuit and Cree territories in the north and west, and on the St. Lawrence River in the south and with the sea in the east.

Currently, there are Innu communities in both Canadian provinces of Quebec and Newfoundland and Labrador (NL), with a total population of about 22,000. NL was the last

province to enter Canadian confederation in 1949; until then it had been a British colony. This research involves only the two Innu communities in the sub-Arctic communities of Sheshatshiu and Natuashish in the Labrador portion of the province of NL, with about 2,200 people living on reserve and about 720 people living off reserve according to the 2016 Census. *Figure 2.2* shows the location of Sheshatshiu and Natuashish. A very high percentage of the population speaks Innu-aimun (Statistics Canada Census, 2016) (80% in Sheshatshiu, and 93% in Natuashish).

The Labrador Innu are politically organized as the Sheshatshiu Innu First Nation and the Mushuau Innu First Nation, coming together under the umbrella of the Innu Nation. All Chiefs and Council members are elected representatives.

Imposition of colonial policies and its effect on Innu health and social fabric

The Innu had encountered summer-visiting Roman Catholic missionaries based in Quebec since the late 1600s, but the missionaries were not able to change the traditional Innu life following the caribou (Samson, 2009). In the 1950s the provincial government initiated policies to force the settlement of the Innu with the intention of assimilation into an industrialized society, and at the time "little was devoted to understanding the worldview" of the Innu (Samson, 2009, p. 117).

Starting at around the same time as the imposition of forced settlement, the Hudson Bay Company (HBC) ended the practice of bartering pelts for food and goods, insisting on cash for purchases (Mailhot, 1997). HBC stopped bartering practices in all its stores across Canada in the 1950s (Samson, 2009). The change in bartering practices forced the Innu to depend on welfare and family allowance payments. People who did not have a cash income but made a living hunting and trapping found it difficult to purchase flour, sugar, tea, ammunition because those could only be acquired at the HBC. In addition, starting in the late 1950s and during the 1960s, the provincial government enforced mandatory Western-system schooling by threatening to stop welfare and

family allowance payments to families whose children did not attend school (Gregoire, 2012; McRae, 1993; Samson, 2009). In the 1960s, the province also enforced wildlife policy changes that made the hunting of caribou illegal; this policy changed the role of men as providers for their families as hunting was no longer a viable option to provide for their families (Gregoire, 2012; Samson, 2009).

Figure 2.2: Map of the Labrador Innu communities of Sheshatshiu and Natuashish

While the Sheshatshiu Innu underwent a single experience of forced settlement, the Mushuau Innu (or "people of the barren lands"), currently settled in Natuashish, went through a series of settlements. The first was a relocation in 1948 with Inuit families from Hebron to the Inuit community of Nutak, on Okak Island in northern Labrador. The Mushuau were taken without their consent from Old Davis Inlet in the cargo section of a ship (Samson, 2009). In Nutak, Innu men cut firewood and laboured for the Inuit community. Although there are not many written details of that time, the conditions were severe (the few existing records report that in the first year there were only 7 births and 70 deaths for the Innu) and the survivors - including the elderly and young children - walked and canoed a distance of about 200 km to Old Davis Inlet (Canadian Human Rights Commission, 1993, pp. 34–38; Royal Commission on Aboriginal Peoples, 1996, pp. 448–454). Once in Old Davis Inlet they continued their traditional life on the land. Innu researchers affirm that this forced relocation of the Innu to a condition of servitude to the Inuit established a perception that remains to this day of the Innu social position beneath all populations in Labrador (Meeting Notes, 2018, June 19).

After Nutak, the Mushuau were forcibly settled to Davis Inlet in 1967. Davis Inlet had poorly insulated shacks with plumbing but no running water. It was also on an island that landlocked Innu hunters in spring and fall (when the ice is not good enough to walk on, and the waters are not open enough to canoe) causing famine (Gregoire, 2012; McRae, 1993). The Canadian Human Rights Commission (1993, p. 46) concluded that this forced settlement occurred without "meaningful consultation and was motivated by a desire to take the Innu away from their traditional life"; it also failed to provide sanitary conditions and even rudimentary fire-protection services (Innu suffered extensive loss of life from house fires) (Canadian Human Rights Commission, 1993).

Forced settlement weakened the bonds among Innu families across the larger Innu population of *Nitassinan* by disrupting patterns of movement across the territory. It was through travel that interactions among family groups were facilitated, including marriages. Access to hunting territory was enabled and strengthened by marriage bonds across the many hunting groups (Mailhot, 1997). Gregoire (2012) described how the social changes introduced by government policies initiated a pattern of some Innu escaping pain through the excessive use of alcohol. This in turn caused drunkenness, violence, family breakdown, suicide, accidents, and illness touching the entire community.

Forced settlement, the imposition of a cash economy, new wildlife laws, and assimilation by schooling the children in a non-Innu system coincided with the discovery of nickel in Voisey's Bay (northern Labrador), iron around Labrador City and Wabush (central Labrador), and the flooding of Innu lands for the Upper-Churchill Falls hydroelectric project. The mining and hydroelectric development on Innu land were planned and approved without any consultation with the Innu (Samson et al., 1999). The impact on the Innu of the mining and the hydroelectric project in the late 1960s was manifold. It affected the ability of Innu to access their traditional territory - where the caribou feed and their culture and traditional spirituality are practiced. It also affected the ability to visit ancestral gravesites that were flooded. Finally, the Innu felt that their land had become "destroyed, polluted" (Gregoire, 2012, p.51). Gregoire (2012, p.51) describes Innu feeling disenfranchised at that time ("all we can do is watch helplessly as our land is destroyed") and receiving "nothing for that power … [generated] from Innu lands." The lack of benefit to Innu

from the mining and power generation on Innu lands would change three decades later when Innu negotiated their comprehensive land claim[5] agreement in 2002.

In 1992, Davis Inlet experienced a gas sniffing crisis. This crisis resulted in many losses, including a tragic house fire that killed six children. The loss of the children became a turning point for the Mushuau in terms of spurring action for change. Without running water in the community, it would not have been possible to extinguish the fire even if adults were in the house at the time of the fire. The Innu understood that the gas sniffing crisis was a symptom of larger issues going back generations to the forced relocation to Nutak, while the government's focus was on the behaviours of individuals, perceiving "solely a medical problem" (Samson, 2009, p. 128).

The gas sniffing crisis led the Innu to conduct an inquiry. The conclusions were compelling (Fouillard et al., 1995) and supported subsequent negotiations that resulted in the Mushuau selecting a new location for their community (Burns, 2006; Gregoire, 2012). In 2002, the Mushuau relocated to their current location in Natuashish, the first time to a place of their choice. In Natuashish, the Mushuau have better housing with plumbing and running water, and they can access traditional hunting grounds without interruption in the spring and fall seasons.

Innu attribute the cause of contemporary social ills that they started experiencing to the collective trauma, loss and grief experienced by relocation, forced settlement, and assimilation. These perspectives have been consistently captured over the years (i.e., Fouillard et al., 1995; Fouillard & Sheshatshiu Innu First Nation, 2011; Gregoire, 2012; McRae & Canadian Human Rights Commission, 1993; Penashue, 2019; Samson, 2009), and they are supported by research

[5] Crown-Indigenous and Northern Affairs Canada defines a comprehensive land claim agreement as a modern treaty among the Aboriginal governments, the federal government, and the provincial or territorial governments. The agreements define ongoing legal, political, and economic relationships among all parties.
(https://www.rcaanc-cirnac.gc.ca/eng/1100100031843/1539869205136)

that has examined the effect of collective trauma over the generations and identifies a link between trauma and ill health in Indigenous peoples of Canada (e.g., Bombay et al., 2009).

Taking back control

Against this backdrop of negative external influences, Innu writer Gregoire (2012) describes how their life started to change for the better as they were able to successfully negotiate agreements with the government. Most of these occurred as a result of protests that gained national and international media coverage.

In 1979 the Canadian government invited its NATO allies to greatly intensify low-level flying training from the military base in Goose Bay (central Labrador) located 40 km from Sheshatshiu (Alcantara, 2010). The flight training became intrusive, producing frequent, severe, and unpredictable noise pollution and had negative effects on the Innu people and the animals. The Innu people reported being startled, and their children being paralyzed and falling to the ground (Armitage, 1991) as the planes passed overhead at low altitude and high speed. As a result, the Labrador Innu engaged with the government, starting in 1980, writing letters to the federal ministers of Indian Affairs, Environment, and National Defence expressing their opposition to the flights and explaining the effects on their lives. Innu "never gave permission to other countries to practice war" (Gregoire, 2012, p. 106) over their lands.

After six years of letter writing to federal ministers, media engagements, and lobbying campaigns, the Innu were not successful in achieving an end to military flight training over their lands. Therefore, beginning in 1987, they started a series of contentious collective actions and protests. The first protest (Gregoire, 2012) was going hunting, defying a government law that made the Innu way of life (i.e., making a living through hunting) illegal. Protest brought them together and showed them that they were worthy of respect (Alcantara, 2010). This initial protest was

followed by a series of collective action that included occupying the runways of the air base at Goose Bay (Alcantara, 2010) on up to fifteen occasions. In 2002, these actions resulted in a commitment to an early settlement of land claims that led to the Innu receiving some health benefits like all other Indigenous peoples of Canada under the *Indian Act*[6].

Self-determination and cultural survival

The 1980s and 1990s were times when the Innu made great advancements in self-determination. In the 1980s they established a regional structure representing both Labrador Innu band councils (the Sheshatshiu and the Mushuau). This structure evolved into the Innu Nation in 1990, which has the mandate of negotiating the Innu comprehensive land claim with the federal government. In June 2011 the land claim was overwhelmingly ratified by 88% of the members eligible to vote. The claim provides them with royalties from Innu-approved development in their lands (e.g., mining, hydroelectric) (Canada Indigenous and Northern Affairs - INAC, 2011).

In 2012, the Labrador Innu successfully argued with the government of Canada for the creation of the Innu Round Table (IRT) (Innu Nation of Labrador). As the executive arm of the Innu Nation, the IRT is an Innu-led collaborative entity through which provincial and federal partners engage in dialogue and agree on policy and plans of action that work for the Innu people, as decided by the Innu themselves. An Innu school board was created in 2008, and Innu social services have been under Innu control since 2018.

In 2014, after extensive consultations in the communities, the IRT produced a document called "Innu Healing Strategy" (Innu Nation, 2014). The Strategy is based on the needs expressed

[6] The *Indian Act* is a federal legislation in Canada first enacted in 1867 as the British North America Act, and amended in the Constitution Act of 1982. It contains a number of colonial laws by which all registered "Indians" are placed in lands called "reserves" under federal guardianship. On reserves they would be 'given' land, schools and health services.

by community members of all ages. It includes plans to rebuild the communities from the strength of culture and knowledge. This document is an important milestone in the journey of self-determination, as Innu continue working for the devolution of health services, guided by the principles of the Healing Strategy, which places culture as the base for rebuilding their society. The study that pertains to this dissertation fits within Innu self-determination and the Innu Healing Strategy.

This brief historical context described the colonial policies imposed by the governments and their effect on the Innu. Most importantly it ends with their response and advancement in self-government. The Innu run their education system and social services, are creating language resources, writing curricula, and creating programs in health, policing and justice. Without an understanding of history, it is not possible to understand the current social ills and health disparities experienced by the Innu, neither is it possible to truly appreciate the drive for the survival of their culture and preservation of their territory. I review next the literature that explains Indigenous health disparities.

2. Explaining Indigenous health disparities through historical trauma: a necessary but incomplete narrative

There are significant health disparities in the life expectations and health status of Indigenous populations (Anderson et al., 2016; Gracey & King, 2009; Nelson & Wilson, 2017; C. L. Reading et al., 2009; C. L. Reading, 2015) when compared with their non-Indigenous counterparts in countries like Canada, the United States, New Zealand, and Australia. Regarding mental health, Indigenous Canadians suffer from higher rates of interpersonal and intergenerational violence, substance abuse, and related accidental death and suicide (Adelson, 2005; Kirmayer et al., 2009; J. Reading & Nowgesic, 2002; Waldram et al., 2006). The health

disparities between Indigenous populations when compared with the national population persist over time (e.g., for mental health see Nelson & Wilson, 2017).

In the 1990s, the notion of *historical trauma* was proposed by Lakota Indigenous scholars (Brave Heart & DeBruyn, 1998) to bring into consideration the effects of experiences of colonization – loss of land, language and culture – into psychological distress. The roots of the concept of historical trauma lie in the psychoanalytic treatment of descendants of the Jewish Holocaust (e.g., Yehuda & Bierer, 2008). Indigenous historical trauma is characterized as originating in the process of colonization (i.e., conquest, plunder, impoverishment, population decline) that resulted in the subjugation of Indigenous peoples (Gone et al., 2019). The Aboriginal Healing Foundation of Canada (Wesley-Esquimaux & Smolewski, 2004) describes historical trauma as a cluster of traumatic events causing a disease itself, with symptoms of maladaptive social and behavioural patterns created in response to the trauma experience, absorbed into the culture and transmitted as learned behaviour from one generation to the next. Indigenous historical trauma is different from ordinary psychological trauma in several ways (Hartmann & Gone, 2014): the origin is colonialism, the impact is collective, adverse events are cumulative across lifetime, and importantly, the risk and vulnerability cross generations. Statistically significant associations have been established between residential school attendance and adverse health outcomes across generations (Bombay et al., 2014) (residential school attendance used as proxy for Indigenous historical trauma).

The concept of historical trauma originated in the Americas but has been extended to other Indigenous populations in settler-colonial states (Archibald, 2006) such as the Maori of New Zealand, and the Inuit of Greenland. Whitbeck et al. (2004) expanded the original construct

describing historical trauma as contemporary, distressing reminders of historical loss. Mohatt et al. (2014) described it as a form of public narrative.

Historical trauma provides an important understanding for the current health disparities of Indigenous populations. In discussing historical trauma with the Innu researchers, they directed the research focus on efforts of Indigenous communities to recuperate a lost or damaged past and regain individual and community health and strength. Simply put, the Innu want to focus on the future while acknowledging a difficult past. During a research planning meeting, the message was clear: "*we need to emphasize the positive and how to move on from the pain and the hurt.*" This research focus aligns with the Innu Healing Strategy (Innu Nation, 2014) of rebuilding healthy communities from the strength of Innu culture and knowledge.

Adelson (2005) proposed the term "social suffering" to explain the contemporary health disparities of Indigenous populations that have been caused by the loss of culture due to colonization. Social suffering refers to the embodied expressions of damaging and often long-term and systemic asymmetrical social and political relations. It is rooted in, but not limited to, the legacy of colonization. Adelson noted that many Indigenous people in Canada and the United States refer to the process of recuperation from social suffering in terms of "healing," and for many it involves a reawakening of Indigenous spiritual practices (Adelson, 2009).

3. Healing: a response of Indigenous communities that re-connects them to a reinvigorated culture

Medical anthropologists have conceptualized healing practices as cultural systems that involve two related activities: the therapeutic control of the disease, and the provision of social meaning for the experience of illness (Kleinman, 1978). Inherent in this view is the idea that healing systems are based on the epistemology (ways-of-knowing) and ontology (ways-of-being) of cultures. A sufferer needs to recover from a disease and also to find an explanation for what

precipitated the disease (a causation explanation), and in case of no recovery, there is a need to engage with existential questions ("why me", "what now"). Healing then involves a restorative process (recovering from disease) and a transformative process (causal explanations, answering of existential questions) nested within the worldview and philosophy of a culture (Waldram, 2014).

In a healing session, a cultural schema or symbolic system is invoked when healing is borne of cultural knowledge. Waldram (2013) characterized Indigenous healing as a process that is periodically maintained through ceremony or other form of interaction between a sufferer and a healer, including the sufferer becoming support to others. The meaning of sickness for the sufferer is altered as a result of the process; the 'disease' may remain but the sufferer would have an enhanced ability to cope, and there would be behavioural changes (Waldram, 2013.

Traditional Indigenous healing practices use therapies that effectively target the removal of pathology for the return of the afflicted to a pre-sick state (Uprety et al., 2012), but they also incorporate an understanding of the cause of illness that is nested within Indigenous worldview and ontology (Kirmayer, 2004; Waldram, 2013). While each Indigenous group holds a unique worldview, it has been noted by Indigenous philosophers that these worldviews hold one principle in common: wholism (Burkhart, 2019; Cajete, 2000). Indigenus worldviews conceive a healthy person as a whole person, with wellbeing in the physical, emotional, mental, and spiritual realms (Cajete, 1994; Tuhiwai Smith, 2012). The ontology that supports a wholistic worldview conceives the person living within a cosmos that includes non-human beings with whom the person is in permanent relationship (Burkhart, 2019; Cajete, 2000; S. Wilson, 2008). This is also true for the Innu, who conceive themselves in permanent relationship to their community, connected to their cultural sites (e.g., gravesites, and gathering places of the larger Innu community), and accessing traditional diet and traditional spirituality through the hunting of the caribou (Blaser, 2018).

The emergence of the healing movement

The Canada *Indian Act* is a legislation written and implemented in 1876 that established that the Indigenous peoples are a federal jurisdiction (Lavoie, 2013). The Act is a colonial legislation that placed Indigenous peoples and their lands under the control of the federal government, displacing them from their ancestral territories. The federal government provides funding and retains responsibility for providing some health care services to status First Nations living on reserve, as is the case for the Labrador Innu, while the province administers and delivers many of the services.

Colonial policies directly challenged the transformative components of traditional Indigenous healing practices (Waldram, 2013) by outlawing the practice of rituals and ceremonies (i.e., tent ceremonies, sun dances) that provided the transformative process that healing requires. Nevertheless, they are still in use today (Martin-Hill, 2003), practiced in a contemporary manner.

In the 1960s, Indigenous communities in Canada and the United States began to develop local healing approaches to regain individual and community health and regain strength in the process. Developing local healing approaches became a pan-Indigenous movement (Kirmayer et al., 2011; Maxwell, 2014; Tanner, 2009) known as the "healing movement". Indigenous communities developed their own healing initiatives based on how each community defines their problems and utilizes their cultural knowledge. Contemporary healing activities include organizing social events that exemplify local cultural heritage and values, directed at strengthening and renewing culture and social relations, appropriate to the context of each community (Tanner, 2009).

The healing movement reached the Innu in the early 1990s, which coincided with the gas-sniffing crises among children in Davis Inlet. Gregoire (2012) stated: "it would take many years

for us to learn that the only solution was for us to heal ourselves" (p.81). This is also reflected in the Innu Healing Strategy (Innu Nation, 2014) that states that healing has to come from the Innu because government efforts failed.

Healing returns Indigenous people to a state in which they experience health and wellbeing, as defined by themselves, reconnecting them to a reinvigorated culture based on connection with land and spiritual roots (Kirmayer & Valaskakis, 2009; Marquina-Marquez et al., 2016; Rowan et al., 2014). Indigenous health and wellbeing is understood to include physical, mental, emotional, and spiritual aspects of health (Royal Commission on Aboriginal Peoples, 1996). Kathleen Wilson (2003) proposed a line of inquiry within Indigenous health geography, bringing the understanding that land, culture, and health are inter-related in ways that are specific to each culture. Richmond et al. (2005) built on Wilson's (2003) wholistic conceptualizations of First Nations health, highlighting the importance of being on the land for maintaining health.

Land-based notions of wellbeing

Health geographers explored these issues in various Indigenous settings and contexts, connecting understandings of wellbeing to land, and finding elements unique to each culture (e.g., Panelli and Tipa (2007) with Maori from New Zealand; and Izquierdo (2005) with the Matsigenka in Peru). Researchers next noted that improved conceptualizations of land-based notions of wellbeing – given they are culture-specific (Panelli & Tipa, 2007) – required greater inclusion of Indigenous worldviews and local knowledge systems in the research process (e.g., Castleden et al., 2009).

Richmond and Ross (2009) critically examined the determinants of health of Indigenous communities across Canada through in-depth interviews with community health representatives. Their analysis illustrated the wholistic connections among health, land, and cultural identity. These

had been previously conceptualized as discrete health determinants. Richmond and Ross articulated the term *environmental or land dispossession*: historical and contemporary processes that dispossess Indigenous peoples of their lands and livelihoods. These processes affect the health of Indigenous peoples by undermining their ability to practice their land-based culture and knowledge systems (Durkalec et al., 2015). Given the interconnections among land, culture, and health that are specific to each Indigenous culture, the process of research with Indigenous communities has to include the local worldviews and knowledge systems (Castleden et al., 2009; Panelli & Tipa, 2007). Historically, research in Indigenous contexts did not respect or protect Indigenous knowledges (Battiste & Henderson, 2000). I address this next.

4. From *terra nullius*[7] to conducting research that fully utilizes Indigenous ways-of-knowing and knowledge

There has been a progression in how research is conducted in Indigenous contexts. Today, Indigenous communities identify what is important to them (the subject they want to research) and typically require participatory approaches such as community-based participatory research (CBPR) and full utilization of their inherent knowledges. Understanding the historical progression of research perspectives in Indigenous contexts is important as unethical practices may arise even when researchers are well intentioned (deLeeuw et al., 2012; Morton Ninomiya & Pollock, 2017).

For Wilson (2008), the historical phases of Indigenous research are *terra nullius,* traditionalizing, assimilationist, early, recent, and Indigenous research. These historical phases in research are fluid and many characteristics continue from one phase to the next. The *terra nullius* phase (1770-1900) refers to research focussed on cataloguing flora and fauna, and views of the

[7] The term *terra nullius* means 'empty land' in Latin, and it refers to recognizing the existence of land itself, but not as land of Indigenous peoples. Land is viewed instead as "new world" and the people of the land are viewed as "possessing barely human status" (S. Wilson, 2008, p. 45).

land primordially as a resource. During this time in Canada, the *Indian Act* was promulgated and many treaties were driven by the economic need for fur in Europe. The traditionalizing phase (1900 - 1940) is characterized by viewing Indigenous peoples as impediments to progress. Research categorized Indigenous peoples into typologies, and governments sponsored research, for example, on venereal diseases or malnutrition (Mosby, 2013). The assimilationist phase (1940 - 1970) is characterized by research that focusses on finding solutions without the inclusion of Indigenous peoples, with outside experts equipping the Indigenous peoples to assimilate in a dominant society. Next is the early Indigenous research phase (1970 - 1990) conducted during the times of the human rights movement in North America. In this phase, research *on* Indigenous peoples continued and the view was only through Western eyes. From the 1990s onwards, the recent Indigenous research phase occurs within a context where there are extensive developments in Indigenous affairs worldwide that have changed relationships between governments and Indigenous peoples. In Canada, the Royal Commission Report on Aboriginal Peoples (RCAP, 1996) was completed, and it challenged the government and the people of Canada to redress the impact of colonization. It was now time to hear the Indigenous voices and a place was made for collaborative research with Indigenous peoples.

In the current phase of Indigenous research (2000 - present), Indigenous paradigms have been articulated by Indigenous researchers. In the initial phase of Indigenous research, Indigenous scholars used Western paradigms while expressing their discontent in the process. Later, Indigenous paradigms were introduced but defined in comparison to Western ones (Steinhauer, 2001). At this stage of Indigenous research, Indigenous scholars articulated principles for the protection of Indigenous communities and their knowledges in the research process, bringing attention to the ethical means to acquire Indigenous knowledges. For example, Battiste and

Henderson (2000) assert that the main principles for research policy and practice must be about Indigenous peoples controlling their own knowledge, doing their own research, and if they would choose to enter collaborative relationships, the research should empower and benefit Indigenous communities and their cultures.

Indigenous scholars also focussed on decolonizing research in Indigenous contexts; this view is best articulated by Maori scholar Tuhiwai Smith (2012). Linda Tuhiwai Smith (2012) and Marie Battiste (2000) are among the many Indigenous scholars who made important contributions to postcolonial theories by bringing to light the many forms of contemporary domination through epistemological issues (i.e., not perceiving Indigenous knowledges as valuable or more valuable than Western knowledge). There is recognition of the impact the decolonizing movement had on research, as it challenged Western methods and researchers to become aware of colonization in research. With this awareness, the need for Indigenous research paradigms came to the forefront. Thus, Indigenous researchers began to articulate their own perspectives and Indigenous research paradigms. Shawn Wilson for example, "will not compare Indigenous ideas, theories or beliefs with the dominant system" (2008, p. 21), and principles have been developed to evaluate whether a methodology is indeed Indigenous (Kovach, 2015).

Indigenous research paradigms are based on Indigenous ways-of-knowing (epistemology). These include listening to traditional teachings, empirical observations, and revelation (intuition, dreams, visions, prayer and ceremonies) (Kovach, 2009, pp. 56–57). Innu knowledge is acquired and transmitted in the same manner: experientially, through stories, through legends, and metaphysically (see *Figure 2.3:* Innu *tipatshimuna* – how Innu knowledge is acquired and transmitted).

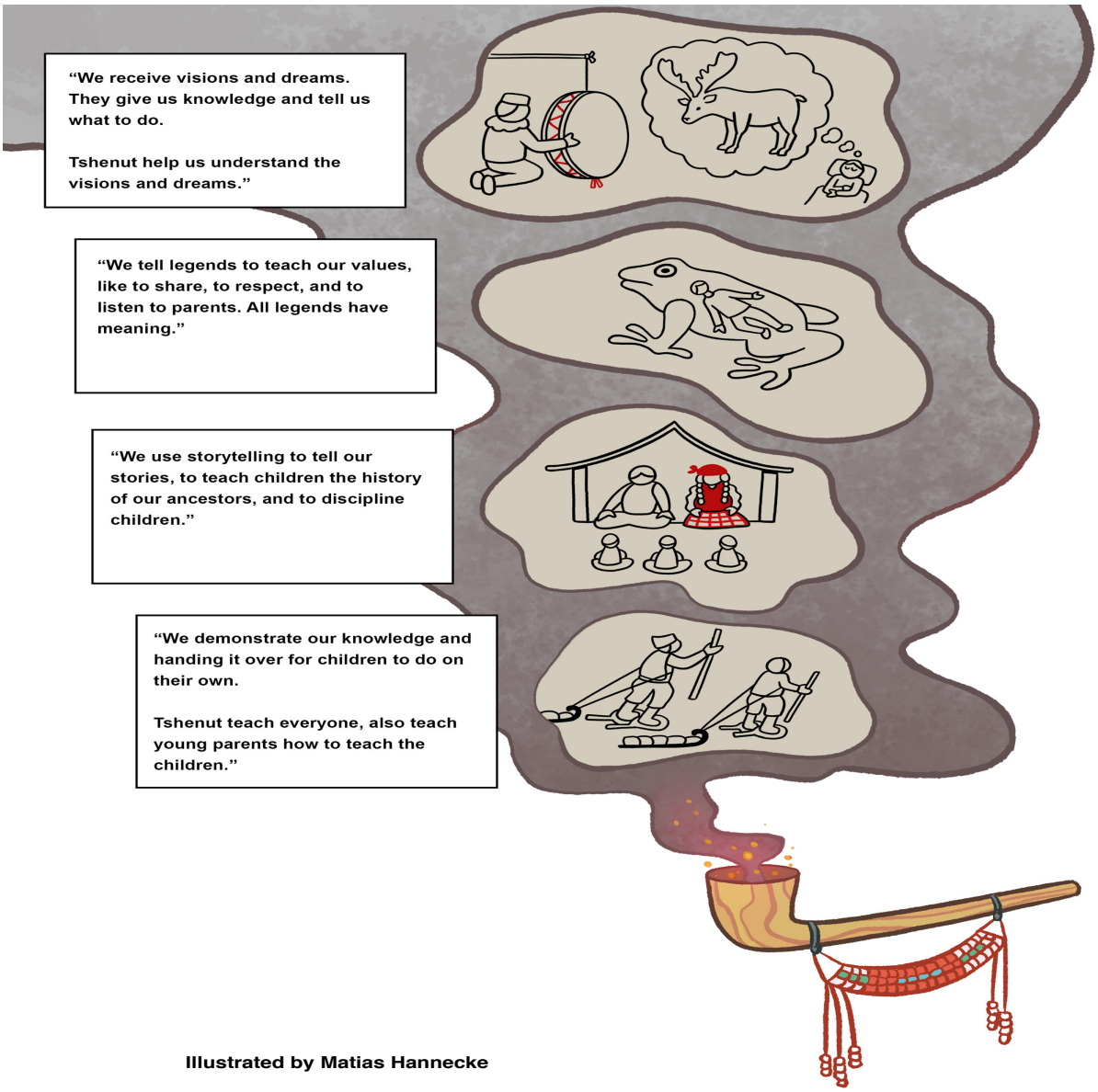


Figure 2.3: Innu *tipatshimuna* – how Innu knowledge is acquired and transmitted. Copyright 2019 by Christine Poker and reproduced with permission

5. Summary

The Labrador Innu of the communities of Sheshatshiu and Natuashish underwent relocations and forced settlement commencing in the 1950s. Forced settlement changed Innu traditionally nomadic life abruptly, and social ills started to appear in the communities, impacting

their health negatively (Innu Nation, 2014; Samson, 2009). While government invested in Innu health (Government of Canada; Indigenous and Northern Affairs Canada, 2008), the Innu view these investments as inconsistent with their needs, and articulated a Healing Strategy based on the restoration of their culture in contemporary manner (Innu Nation, 2014). As part of this Strategy, Innu leaders embarked on the collaborative research that pertains to this dissertation.

Specifically, the overarching aim of this dissertation is to identify and articulate for *akenashaut* (outsiders, non-Innu) Innu knowledge and practices relevant to the Labrador Innu wellbeing and healing. Innu perspective is that there are important aspects of how Innu view health and wellbeing that are not understood by non-Innu. Asserting their right to self-determination in research, they want the research process to value and prioritize Innu knowledge for the purpose of improving their health. No collaborative research framework has been explicitly developed for health research with and for the Innu, valuing Innu knowledge. This dissertation describes the process of developing a collaborative research framework for health research by answering the following questions: How can non-Indigenous researchers engage in knowledge production with and for the Innu specifically, and Indigenous communities more generally? What community-based participatory research (CBPR) framework is most appropriate for health research with Innu populations? These questions will be answered in Chapter 4, manuscript 1.

Moreover, while Innu acknowledge their difficult past, they want to focus on regaining individual and community health and strength. This is the direction of the research of this dissertation, and it is consistent with the vision of the Healing Strategy - rebuilding the communities from the strength of culture. Innu have developed local healing practices that are intrinsically known and considered effective in improving wellness among them. However, these healing practices have not been articulated for non-Innu researchers, health and service providers,

nor are they built into a healing plan or health system for the benefit of the Innu communities. The literature notes that local healing practices are built upon local knowledge systems (Kirmayer, 2004; Waldram, 2013), are grounded in the core values of the community members (Waldram, 2014), and are learned and lived in local worlds that reflect a coherent and well-integrated social system (Kleinman, 1978). Thus, healing practices are specific to each Indigenous group and may not be relevant to other groups. Through a CBPR approach informed by Innu ways-of-knowing and knowledge, this dissertation answers the question: What is the Innu process of healing? This question will be answered in Chapter 4, manuscript 2.

Finally, Innu have an intrinsic understanding of wellbeing. The literature indicates that Indigenous concepts of health, land, and cultural identity are wholistically connected (Richmond & Ross, 2009; Wilson, 2003), and understandings of wellbeing and the inter-dependent relationships between Indigenous peoples and land are culture-specific (Izquierdo, 2005; Panelli, 2008; Wilson, 2003). However, Innu perspectives on the significant contribution of land to their wellbeing is missing from the literature. Through a CBPR approach informed by Innu ways-of-knowing and knowledge, this dissertation answers the questions: How do Innu view wellbeing? How does the land support wellbeing? These questions will be answered in Chapter 4, manuscript 3.

I describe next the methodology used in the research.

Chapter 3 – Methodology

Canada has a history of research done "on" Indigenous peoples, performed without their agreement (Ermine et al., 2004; Mosby, 2013; Panel on Research Ethics, 2018). Even though policies of "best practice" for health research with Indigenous peoples have been stated (Panel on Research Ethics, 2018), unethical research practices persist when the perspectives of the Indigenous communities are ignored (Castleden et al., 2012; Morton Ninomiya & Pollock, 2017) or when data or cultural knowledge are removed from the communities (Trimble et al., 2014). For these reasons, in addition to a discussion of the overarching approach, data collection and analysis, and quality, this chapter includes a section on governance and ethics.

Overarching approach

Postcolonial theory is the overarching theoretical framework that guided this dissertation. It can be broadly defined as a cultural critique concerned with rereading history from the perspectives of the colonized, rather than the colonizers (R. Young, 2020). As an academic discipline, postcolonial thought seeks to better understand the voices and the perspectives of the "othered" – the marginalized populations, allowing researchers to attend to the experiences of these populations (Gandhi, 1998). Postcolonial theory incorporates theories from many disciplinary perspectives (R. Young, 2020) such as political science, sociology, literary criticism and cultural studies. These theories have been articulated by many scholars, some of them Indigenous, among them Tuhiwai Smith (2012), Battiste (2000), and Adelson (2005). They share a common political and moral concern towards the history and contemporary legacy of colonialism in the life of people (R. Young, 2020).

While postcolonial theory offers many strengths, it also has weaknesses. One such weakness is a tendency to fail to accommodate the possibility of difference within particular

groups, or a tendency to generalize the experiences of a particular group into larger accounts (Gandhi, 1998). In an Indigenous context, it has been argued that postcolonial theory has homogenizing and generalizing tendencies that can reinforce colonialism by grouping Indigenous communities together instead of distinguishing their unique histories, and by ignoring the complexities and nuances of social locations and the capacity of resistance and agency held by Indigenous individuals (Browne et al., 2005).

Colonialism continues today in many ways (Santos, 2016; Tuhiwai Smith, 2012). One way is by attempting to fit these knowledges into Western knowledge; this has been termed "epistemic violence" by Battiste and Henderson (2000, p. 96). Battiste and Henderson (2000) argued that those knowledges need to be instead accessed through Indigenous languages and worldviews. This perspective articulates Indigenous epistemologies as distinct from Western epistemologies (Battiste & Henderson, 2000; Cajete, 2000; Ermine, 1995; Wilson, 2008) and places them on equal footing.

Postcolonialism informed the epistemological stance of this dissertation. Remaining cognizant of the critiques to postcolonial theory, we endeavoured to place Labrador Innu wordview at the centre of this research by prioritizing research issues as identified by Innu themselves. This opened space for Innu knowledge and epistemology, which includes metaphysical knowledge and relationships with humans and non-humans (Blaser, 2018; Henriksen, 1973; Mailhot, 1997). Western science might deem metaphysical knowledge invalid (Ermine, 1995); however, Innu epistemology considers that knowledge originating in spiritual practices, dreams, and visions is valid knowledge. Moreover, the Innu have practices for the interpretation of metaphysical knowledge that include the assistance of *Tshenut* recognized in the communities for their spiritual growth. Postcolonialism opens the space to access and include these interpretations (see Chapter

4, manuscript 2). This dissertation focused on giving and sharing voice with subjugated Innu knowledges and epistemologies. Doing so is consistent with the Innu's objectives; it is also a form of cognitive justice (Santos, 2014).

Community-based participatory research (CBPR): strengths, challenges and weaknesses

The Innu communities and their leaders, as well as the academic advisory group, identified CBPR informed by Indigenous research methods as appropriate for the work in this dissertation. CBPR provides an alternative approach to unethical research historically conducted "on" Indigenous peoples, and it has become the mainstream approach for the conduct of research with Indigenous communities (Whitesell et al., 2020). This approach has emerged from critical, dialogical, and postcolonial lenses, and is consistently used in health research with Indigenous populations (Fletcher, 2002; Tobias et al., 2013; Tremblay et al., 2017). A CBPR approach is also consistent with the OCAP^{TM} ethical framework (First Nations Information Governance Centre (FNIGC), 1998) described below. The Assembly of First Nations (a political umbrella organization for all the First Nations' Chiefs in Canada) adopted the OCAP^{TM} ethical framework to ensure ethical research with Indigenous communities. The framework is based on principles of ownership, control, access, and possession as fundamental rights linked to self-determination, and the preservation and development of First Nations' cultures.

Indigenous research methods are derived from Indigenous epistemology and ontology (Kovach, 2009; S. Wilson, 2008). Gone (2019, p. 45), an Indigenous scholar, considers that Indigenous research methods are illuminating to academic knowledge "not just for the knowledge they afford (i.e., domains of content), but also for the knowing they afford (i.e., processes of inquiry)". There are limitations and difficulties to Indigenous research methods, mostly when the researcher is Western-trained and not from the Indigenous group conducting the research. In this

case, a researcher from outside of the community and/or Western trained will need to access the local epistemology and ontology. Relationality is the way academic researchers can access Indigenous knowledges and epistemologies (Bull, 2010; Gone, 2019; S. Wilson, 2008), which in turn opens the way for Indigenous methods of research.

While CBPR offers many strengths, its challenges and weaknesses must also be considered. It has been noted that communities may be involved in the research but rarely meaningfully engaged in all the steps of the research process from project design to publication (Freeman et al., 2006). It has also been noted that in Indigenous settings, CBPR may require a longer time for meaningful engagement than when conducted in other settings (J. Allen et al., 2012; Castleden et al., 2012). Hicks et al. (2012) noted that historical mistrust in research, and the development of research capacity of Indigenous community partners present unique challenges for CBPR in Indigenous settings.

Remaining cognizant of the weaknesses of CBPR, especially as they apply to research in Indigenous settings, I explain next the governance created for the work presented in this dissertation. Manuscript 1 in Chapter 4 addresses additional steps undertaken in recognition of the time engagement necessary for CBPR, and how mistrust in research was mitigated.

Governance and ethics

Clarity on CBPR processes increases trust and fosters co-facilitation amongst research team members (Macaulay, 2017). Through several meetings and led by the Innu, the research team members agreed on the research questions, theoretical framework, methodology, and application of the OCAP^{TM} principles, in a way that the plan would meet the needs of the Innu communities. The OCAP^{TM} principle of *ownership* meant the ethics application acknowledged the Sheshatshiu Innu First Nation and the Mushuau Innu First Nation owned the information collectively, and Innu

individual participants owned their personal information. The principle of *control* meant Innu would be included in the development of the study and be coauthors of knowledge. The principle of *access* meant collected data would be stored securely in a mutually agreed way, and in a manner accessible to the Labrador Innu First Nations. The principle of *possession* meant that stakeholders identified and/or approved by the Labrador Innu First Nations would receive the results of the research. Once the data-sharing agreements were signed, we developed the governance for the study.

A steering committee that included Innu *Tshenut* was formed, named Core Research Team (CRT) by the Innu researchers. The CRT team consists of Innu and non-Innu researchers, and Innu *Tshenut*. All members had a strong interest in the project and the relevant knowledge to provide guidance and consensus decision-making.

The composition of the CRT was proposed by the Innu researchers. It initially had equal representation of Innu researchers from each Labrador Innu community and equal number of men and women. As the research progressed, some members of the CRT had to attend to arising personal, family, or community situations and their involvement changed overtime. The Innu researchers proposed to tie the composition of the CRT to the larger Innu governance context. Being "relevant to the community" was essential for the research and they wanted the committee positioned such that "the recommendations would be accepted and applied" (Meeting Notes 2018, June 19) by the executive arm of Innu Nation—the Innu Round Table (IRT). The Table is an Innu-led and consensus-based governing body with representation from federal and provincial partners. It was therefore crucial for the non-Innu researchers to understand Innu governance structures so that both groups had the capability to work at situating and enhancing the CRT's function within

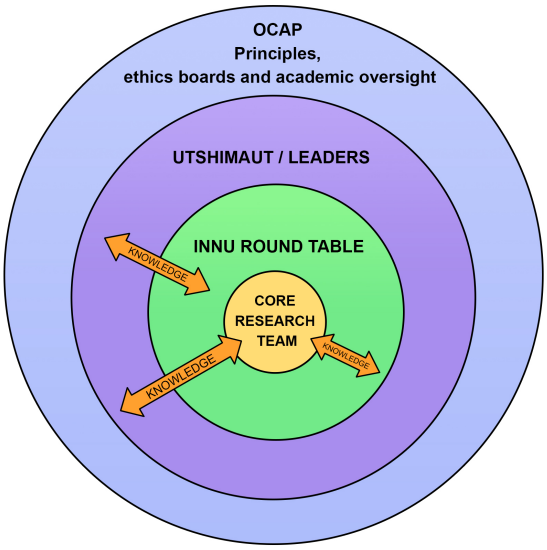
the IRT. We then identified a working group within the IRT to whom the CRT would report emerging findings, final results, and recommendations.

The IRT would be responsible for taking the study's new knowledge and incorporating it into Innu health programming. The Innu partners had previously determined that the CRT include "messengers" who ideally had a seat at the IRT. These "messengers" transfer knowledge and emerging results within the organization and other Innu governance structures in timely and appropriate ways throughout the research. The CBPR conceptual model proposed by Belone et al. (2016) refers to these individuals as "bridge people" (p.125). We adhered to the contextual factors of Innu governance and included "messengers" or "bridge people" within the CRT as part of the research team. Thus, the Innu partners led the way in grounding the CRT within their own contexts and integrated knowledge translation and knowledge creation (Salsberg et al., 2015) throughout all stages of the research.

Figure 3.1 is a pictorial representation of the governance structure proposed by Innu researchers and agreed to by all research partners. Governance is represented by concentric circles wherein the innermost circle is the CRT that reports to the IRT, which in turn reports to Innu leadership. The "messengers" are represented as arrows that cross levels of governance. Further, the OCAP™ principles, academic oversight and research ethics boards are represented as the outer circle that helps ensure strong on-going ethics in the research.

The work presented here supports the Labrador Innu research agenda, as it is a community-initiated study conducted respecting their unique context. Research conducted with Indigenous peoples follows ethical guidelines as per Chapter 9 of the Tri-Council Policy Statement (Panel on Research Ethics, 2018), and research principles of ownership, control, access and possession

(OCAP™) (First Nations Information Governance Centre - FNIGC, 1998). These were used in the conduct of the study.



- Core Research Team - Knowledge holders and knowledge seekers
  - People with an interest in the project and/or with relevant knowledge
  - Provide guidance in the research process under advice of *Tshenut*
  - Engage 'messengers' at key times during the research process
- Messengers - Knowledge brokers, bridge people
  - They move knowledge across all the different levels
- Innu Round Table - Apply the new knowledge the study will bring
  - People involved in the implementation of the Innu Healing Strategy
  - People who would be involved in the implementation of the recommendations of the project
- *Utshimaut* (Leaders)
  - Decision-makers that hold positions that give them an active or passive role over implementing the recommendations the project will produce
- OCAP™ principles, ethic boards and academic oversight
  - Ensuring ethical research

Figure 3.1: Governance structure of the Core Research Team within the structure of the Innu Round Table

Data-sharing agreements were signed between the Principal Investigator who holds the funding for this work and the Chiefs of the Mushuau Innu First Nation, and the Sheshatshiu Innu First Nation in the summer of 2018. Ethics approval was obtained from Innu Nation. Institutional ethics approval was obtained from the University of Ottawa Research Ethics Board, the Centre for Addiction and Mental Health (CAMH), and the Research Ethics Board of Newfoundland and Labrador (Appendixes A1 to A3) in the fall of 2018.

Data collection and analysis

Data were collected through semi-structured interviews and focus groups, with the guiding questions approved by the CRT and the Youth Community Coordinators. Innu researchers under

advisement of Tshenut decided that study participants must be older than 16 years of age. Recruitment of participants (39) in both Labrador Innu communities was purposeful and conducted by Innu researchers and the Community Youth Coordinators of each community. The Coordinators are adults paid by the band of each community. I conducted all the interviews and the focus groups in English with an interpreter available on all occasions for those participants who required it.

Innu researchers, under advisement of *Tshenut*, decided not to conduct data gathering and analysis with consideration to gender-related issues (men and women, LGBTQ2S+). This was discussed on three occasions.

This dissertation also included secondary data sources that provided contextual information through participation in traditional activities where I was invited by Innu researchers, leaders, and families (see detailed table in Chapter 4, manuscript 2), reflexive journaling, member checking, and peer debriefing (Creswell, 2013b). The data were analyzed using thematic analysis (Braun & Clarke, 2006, 2014) conducted as explained in each manuscript (see Chapter 4, manuscript 2 and manuscript 3).

Quality

To ensure credibility the work employed several measures (Creswell, 2013b). There were multiple forms of data collection; the guiding questions of the interview and focus groups were approved by Innu researchers and the Community Youth Coordinators, under advice of Innu *Tshenut*; the guiding questions were translated into the language of the Innu; interpreters were available and present in all interviews and focus groups, as required by participants. Participants were offered the opportunity of checking the transcripts (no one chose to do this). There was prolonged immersion in fieldwork and participation in activities, as well as prolonged rapport with

Innu researchers to confirm analysis and interpretation. A Core Research Team confirmed the results.

As a non-Innu, I was always aware of my inability to hold Innu worldviews. I maintained continual self-reflection through two means: by asking Innu researchers for feedback and by reflexive journaling. The metaphor Innu proposed to represent the framework for the work presented in this dissertation (Chapter 4, manuscript 1) was a useful tool to hear Innu researchers reflect back to me their understandings about my work. For example, I asked: "am I paddling in your canoe or have I left in my own canoe?" (respecting Innu knowledge); "am I paddling harmoniously?" (knowing that is relational).

I initiated reflexive journaling early in my engagement, as a way of self-reflection aiming at decolonizing my own mindset (Kovach, 2009). When I speak, write, and understand, I am affected by my philosophical stance and values which have been shaped by my social relations, education, and beliefs (Creswell, 2013a; Crotty, 1998). Self-reflection can help us become aware of biases; however, it has been criticized for its potential of becoming a comfortable exercise in self-indulgence (Kobayashi, 2003). Nevertheless, CBPR encourages self-reflection, and for this dissertation, it was helpful to reflect on how I inserted myself in the methods, interpretations, analyses and knowledge production. I found that the exercise of reflection was a journey through my identity. I write a few notes about this next.

Self-reflection on doing research with the Innu

I have lived in Labrador and glimpsed the world of the Innu, a world that few southerners see or experience first-hand. To the Innu, I am an *akenashau* (outsider) invited in and working under the leadership of Innu with *Tshenut* and academic oversight. While I am aware that the Innu are ultimately unknowable to me, I am willing to learn, and I am grateful we are friends. My

personal act of reconciliation is aiming for understanding and making the Innu experience known to anyone interested.

My mother is a full-blood Indigenous South American; however, I did not grow up in an Indigenous culture, but rather in a creole culture in a small city in the northwest of Argentina. Even though I grew up in Argentina, a land of immigrants, I always had to think about race. My mother's family's experiences of anti-Indigenous racism were part of our family's story, as our strength gained from the positive ways of overcoming racist experiences. As a child I was ashamed of my Indigenous roots because I encountered casual racism. When I turned 30 years of age, I emigrated to Canada, and I became an immigrant in a society that defines itself as multicultural. Here in Canada, I belong yet sometimes I do not belong, I speak differently and look different.

I am not Innu but I accept the guardianship of bringing Innu stories into academia (Kovach, 2009, p. 103), while also bestowing a responsibility on the readers to honour Innu stories by forming a relationship with them while reading (S. Wilson, 2008). Not knowing the language of the Innu, I do not master what they are telling me, yet my aim has been to translate their world to another world.

Working for the Innu has forced me to journey through my identity. My work engaged my affections and when I felt the pain of the Innu as I read the transcripts, it was hard for me. I was able to find a way forward because Innu are finding their way forward. Through this work, I found that I belong to the lands where two worlds meet, and my strength is the ability to cross worlds. I owe this to the Innu.

Chapter 4 – Results (Manuscripts)

This chapter contains the results of the dissertation in the form of three published manuscripts. The manuscripts are:

Manuscript 1:

Citation: Ward, L., Hill, M. J., Chreim, S., Poker, C., Olsen Harper, A., & Wells, S. (2020). Developing an Innu framework for health research: The canoe trip as a metaphor for a collaborative approach centered on valuing Indigenous knowledges. *Social Science and Medicine*, 113409. https://doi.org/10.1016/j.socscimed.2020.113409

Manuscript 2:

Citation: Ward, L., Hill, M. J., Picard, Olsen Harper, A., Chreim, S., A., & Wells, S. (2021). A process of healing for the Labrador Innu: Improving health and wellbeing in the context of historical and contemporary colonialism. *Social Science and Medicine*, 113973. https://doi.org/10.1016/j.socscimed.2021.113973

Manuscript 3:

Citation: Ward, L., Hill, M. J., Antane (Andrew), N. (A.), Chreim, S., Olsen Harper, A., & Wells, S. (2021). "The land nurtures our spirit": Understanding the role of the land in Labrador Innu wellbeing. Manuscript submitted for publication to *International Journal of Environmental Research and Public Health, 18*(10), 5102. https://doi.org/10.3390/ijerph18105102

Different journals had different requirements for formatting so each manuscript is formatted according to each journal.

Manuscript 1: Developing an Innu framework for health research: The canoe trip as a metaphor for a collaborative approach centered on valuing Indigenous knowledges

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Note: This manuscript is formatted for Social Science and Medicine.

Developing an Innu framework for health research: The canoe trip as a metaphor for a collaborative approach centered on valuing Indigenous knowledges

Highlights

- CBPR is well suited to employ Indigenous ways of knowing in health research
- The theoretical roots of CBPR point to the importance of relationships
- Relationality creates an ethical space where Indigenous knowledges are uncovered
- Labrador Innu CBPR framework is inherently relational
- The metaphor of a canoe trip captures a Labrador Innu framework for health research

Abstract

Indigenous communities increasingly assert their right to self-determination by requiring that participatory research approaches be used, valuing and prioritizing Indigenous knowledges, for the purpose of improving Indigenous health. While frameworks that focus on Indigenous knowledges are being developed, these must be adapted or developed by Indigenous communities because their knowledge is specific to place and inherent to their lived experience. No community-based participatory research (CBPR) framework for health research has been developed with the Labrador Innu. In addition, while the literature emphasizes the importance of relationship in research with Indigenous communities, the process of establishing relationships is underspecified. Within this context, we describe our experience in developing a CBPR framework for health research in a study that is community-initiated and fitting within Innu self-determination. We highlight the importance of paying attention to the theoretical roots of CBPR, arguing that this helps researchers focus on the centrality of Indigenous knowledges (in this case Innu knowledge). This requires that non-Indigenous researchers question assumptions of universality regarding their own knowledge, and that they see all knowledges as equitable. Such posture of humility allows

non-Indigenous researchers to enter relational spaces that join researchers and Indigenous communities. Within these spaces, a true collaborative approach is enabled, and Indigenous knowledges are uncovered and become foundational in the inquiry process. We illustrate these ideas by describing a model for opening relational spaces that include Indigenous and non-Indigenous researchers. We then present a framework that uses the metaphor of canoeing together to capture our CBPR approach for use in Innu health research. We outline the behaviors of non-Indigenous researchers to build and solidify relationships with Indigenous community researchers over time. This article is useful for non-Indigenous researchers interested in relational approaches to research with Indigenous communities, and for Indigenous leaders and researchers who seek community solutions through research.

Keywords: Collaborative research approaches; CBPR; Labrador Innu; Innu health research framework; Relational spaces; Ethical research with Indigenous communities; Indigenous health research; Canada.

Introduction

In countries like Canada, New Zealand, Australia, and the United States, where many Indigenous peoples reside, Indigenous communities and allied scholars have contributed to the development of collaborative research approaches that increasingly assert Indigenous knowledges and ways-of-knowing as central in all phases of the conduct of research (Dobbs et al., 2016; Finn et al., 2017; Kingsley et al., 2013; Kovach, 2009; Mikraszewicz & Richmond, 2019; Tobias et al., 2013), with the objective of supporting Indigenous self-determination and improving Indigenous health. (Indigenous knowledges is pluralized to indicate the many different Indigenous cultures and corresponding knowledge (Kovach, 2009, p. 37)). Ways-of-knowing refers to how Indigenous people come to know; this is through listening to traditional teachings, empirical observations, and revelation – which includes intuition, dreams, visions, prayer and ceremony (Kovach, 2009, pp. 56–57). This emphasis on self-determination stems from increasing awareness of the enormous disparities in Indigenous peoples' life expectancies and health status in comparison with non-Indigenous populations (Anderson et al., 2016; Gracey & King, 2009; Nelson & Wilson, 2017; C. L. Reading, 2015; C. L. Reading et al., 2009). As articulated by Māori scholar Tuhiwai Smith (2012), research must be conducted *with* and *for* Indigenous peoples. This approach is deliberately centered on improving the health status of Indigenous peoples as identified by Indigenous peoples themselves.

Wilson (2008) posited that it is possible for dominant-system researchers to understand the concepts of Indigenous ways-of-knowing and that they should do so "with the depth required for respectful research with Indigenous people" (p. 58). Steinhauer (2001) and Menzies (2001) believe that non-Indigenous researchers can situate themselves as individuals who are informed by Indigenous paradigms and methods, and conduct research *with* and *for* Indigenous peoples. A

recognized approach to conducting research *with* and *for* Indigenous people is community-based participatory research (CBPR). CBPR frameworks are being developed that focus on the strengths of Indigenous peoples' epistemology and ways-of-knowing (Absolon, 2011; Bartlett et al., 2007; Doyle et al., 2017; Hart, 2010; Kingsley et al., 2013; Kovach, 2009; Smith, 1997). For example, Absolon (2011) uses a flower as a framework for Indigenous methodologies, wherein the roots represent the grounding for Indigenous methods, the center of the flower represents self and self in relation to the research, the leaves represent the research journey, the stem represents the methodological backbone, the petals represent the diversity of Indigenous ways of searching for knowledge, and the environment represents the academic context. While Absolon's CBPR framework may be useful in certain contexts, for the Labrador Innu (hereafter denoted as Innu) who live in subarctic climate, the image of a flower is not meaningful. Moreover, knowledge is specific to place and inherent to lived experiences within each culture and community context; thus, a general CBPR framework may not apply to all cultures (Hart, 2010; Kovach, 2009).

Numerous research studies center on the health of the Innu; however, there has been no CBPR framework explicitly developed *with* and *for* this population. Therefore, we set out to develop this framework. Further, as we progressed in our efforts to set up the framework for research on Innu health, and as we consulted the literature on this topic, we found out that although most researchers emphasize the importance of building relationships, the process of doing so is underspecified (Belone et al., 2016; Bull, 2010; deLeeuw et al., 2012; Jagosh et al., 2015; Kilian et al., 2019; Salsberg et al., 2015; Trimble et al., 2014). Hence, we elaborate on the process in this paper.

In this article, we share our approach and experience in developing an Innu CBPR framework for health research based on the metaphor of canoeing together, as proposed by Innu

partners. This framework was developed in the early planning stages of a study on Innu wellbeing and healing, and it is currently being applied in that study. The framework was born out of a directive from the Innu Grand Chief to develop a methodological framework for health research based on Innu perspectives, which led to a partnership between Innu and non-Innu researchers. From an Innu perspective, this partnership advances self-determination in health research by stipulating a framework directed to non-Innu researchers seeking to partner with Innu communities. The Innu have been gradually revitalizing their culture through a renewed sense of commitment to 'Innu ways' (Samson, 2009). This advancement of self-determination, including the devolution of government-run services to Innu-run services, has produced a shift in expectations to reflect Innu worldview and knowledge in everything concerning the Innu, including research. The proposed framework and the process we followed to develop it may be useful to non-Indigenous researchers in their collaborative work with Indigenous communities, and for Indigenous leaders and researchers who seek community solutions through research.

In this paper, we address the following research questions: How can non-Indigenous researchers engage in knowledge production *with* and *for* the Innu specifically, and Indigenous communities more generally? What CBPR framework is most appropriate for health research with Innu populations? The paper is organized as follows: First, we present a background of Innu self-determination, explaining to the reader how this study originated. Next, we highlight theory and principles of CBPR with Indigenous peoples, the importance of centering research on Indigenous knowledges and ways-of-knowing, and of building strong relationships with and integrating Indigenous partners in the research enterprise. Applying our experiences in an Innu/non-Innu research collaboration, we propose a set of behaviors to open up, build and strengthen relational spaces that join community members and non-community members, and researchers and non-

researchers. Building on the ideas discussed in the earlier sections, we offer the Innu-proposed canoe metaphor as a framework for conducting CBPR with the Innu, and we outline the steps and principles that the metaphor encapsulates, particularly for researchers who are not members of the community participating in the research.

"Our" refers to the Innu and non-Innu researchers. Similarly, the pronoun "*we*" used in this article refers to the researchers. Researchers working with Indigenous communities are called to locate themselves in relation to the community they work with (Tuhiwai Smith, 2012). Two co-authors of this article are Innu, one co-author is Indigenous non-Innu, LW is of mixed Indigenous non-Innu ancestry, and two co-authors are non-Indigenous. LW lived in Labrador, worked for the Innu, and has a long-standing and on-going relationship with Innu Elders, community members and leaders. The concepts and corresponding quotes we provide in this article reflect some of the immense knowledge shared by Innu partners during audio-recorded partners' meetings.

Background of Innu self-determination

This section introduces the Innu and provides a background for understanding how this study supports Innu self-determination in health research. The Innu are Indigenous people of the subarctic areas of the Quebec-Labrador Peninsula, living in the First Nation (FN) communities of Sheshatshiu and Natuashish within the Province of Newfoundland and Labrador, Canada. The Innu speak Innu-aimun, an Algonquian dialect. Each community is organized as a separate FN with elected Chiefs and Band Councils, coming together under the umbrella of Innu Nation with an elected Grand Chief. Even though the Innu's first colonial encounters were through missionaries from Quebec who visited during the summers starting in the late 1600s, it was not until the 1950s and 1960s that the Province enforced assimilation policies. As nomadic hunters for

millennia, the Innu are one of the last colonized people in Canada, becoming eligible to receive federally-approved health and education benefits in 2002.

Like other Indigenous populations across Canada, the legacy of colonialism continues to have negative effects on Innu health and wellbeing. There is substantial evidence, for example, that the Innu people experience multiple health disparities in comparison with non-Indigenous populations in the province of Newfoundland and Labrador, and this does not appear to be equalizing over time (Forsey, 2014; Pollock et al., 2016). To address these significant health disparities, the Innu led community health needs assessments that identified both health and political priorities (i.e., integrating Innu culture into local institutions and governance, building capacity to self-govern) in each of their communities (Fouillard et al., 1995; Fouillard & Sheshatshiu Innu First Nation, 2011), clearly linking Innu health to Innu self-determination. Like the Innu, the Royal Commission on Aboriginal Peoples in Canada (Erasmus et al., 1996) asserts that self-determination of Indigenous communities improves health and wellbeing. Consistent with this, a landmark study indicated that communities with more control over their affairs through increased self-governance have lower suicide rates (Chandler & Lalonde, 1998) and thus better community wellbeing.

In 2012, the Innu Nation negotiated with the federal government for the creation of the Innu Round Table (IRT), a consensus-based Innu-led governance body with the final aim of achieving self-determination. In 2014, a document titled the Innu Healing Strategy (Innu Nation, 2014) articulated plans and priorities for health and wellbeing, stating that Innu culture, knowledge and ways are key in healing for Innu as individuals and as a people. In keeping with the vision of healing and self-determination of the Healing Strategy, the Innu Grand Chief decided to partner

with non-Innu researchers, in a study conceived by the Innu, in order to articulate Innu knowledge in ways acceptable to government decision-makers.

This article aligns with Innu self-determination in health research aimed at improving Innu wellbeing by developing an Innu CBPR framework for health research based on Innu knowledge and ways-of-knowing. The framework is currently in use in a larger study that is ongoing on mental health and wellbeing in the two Innu communities.

CBPR as an Indigenous-informed research approach

CBPR is an approach that includes all partners equitably, favors a common understanding of each partner's strengths, and involves bi-directional learning and communication about power among partners (Wallerstein & Duran, 2010). In the area of health research, it aims to benefit the communities involved (Israel et al., 1998), the ultimate goal being to eliminate health disparities (Kellogg Foundation, 1992) and uphold social justice principles (Macaulay, 2017). Some see CBPR as a way of initiating or boosting community transformation (Kyoon-Achan et al., 2018) since it integrates knowledge translation into the knowledge creation process (Salsberg et al., 2015). This is particularly true when the end-users of the research are actively engaged throughout all key phases and have the capacity and authority to apply the results towards implementing change.

A key theoretical forerunner of CBPR is Paulo Freire's (1972) work, *Pedagogy of the Oppressed*. He proposed a form of pedagogical praxis for developing literary skills among the poor in Brazil. Crotty (1998, pp. 153–154) defines Freire's literary programs as inherently dialogical wherein the educators partner with the students and both groups engage in critical thinking. This process jointly enhances educators and students, and it is achievable only through a

continuous focus on self-scrutiny and mutual trust. For Freire, solutions are derived *with* the people, not *for* the people. The critical thinking of CBPR involves questioning the nature of knowledge and the underlying structures embedded in social relationships that have been shaped by history, culture and the local context (Baum et al., 2006). These central aspects of Freire's work (e.g., interactive dialogue, critical thinking, joint growth, ongoing focus on self-scrutiny, mutual trust, questioning the nature of knowledge) are foundational to CBPR. Importantly, these foundations can be overlooked if researchers perceive CBPR as only a check-list of tasks (Caldwell et al., 2015).

A CBPR theoretical framework proposed by Belone et al. (2016) focuses on how partnering processes can improve health outcomes. The notion of trust is central to this model; partnerships demonstrating power-sharing and co-governance are sustainable and generate effective solutions to complex public health problems. Belone et al. 's (2016) framework is very important for informing CBPR practice although it is not intended to provide guidance on how to develop partnerships at the outset or how to maintain them.

CBPR has become mainstream in research with Indigenous populations (Whitesell et al., 2020), with participatory researchers (Indigenous and non-Indigenous) developing new approaches. CBPR with Indigenous communities has unique elements, including but not limited to recognition of negative experiences with research, respecting the intellectual property rights of communities and individuals, and establishment of community trust (J. Allen et al., 2012). In Canada there is a history of research involving Indigenous peoples that was carried out without their consent (Ermine et al., 2004; Panel on Research Ethics, 2018). For example, the Government of Canada sanctioned nutritional experiments between 1948 and 1952 with Indigenous children living in some residential schools (Mosby, 2013) without regard for the safety of the children.

Unethical practices can persist when the perspectives of Indigenous communities on research priorities are ignored (Castleden et al., 2010; Morton Ninomiya & Pollock, 2017), or when data or cultural knowledge are removed from communities that seldom benefit from the research findings (Trimble et al., 2014).

Research policies that denote "best practice" for health research with Indigenous populations have been stated. In Canada for example, there are specific policies for conducting research with FNs, Inuit and Metis People (Panel on Research Ethics, 2018). Best practices include community-based, collaborative, and participatory research that emphasizes social justice, alignment with Indigenous cultural practices and values, and equitable relationships among researchers and communities (deLeeuw et al., 2012; Tobias et al., 2013; Whitesell et al., 2020). The Assembly of First Nations of Canada adopted a series of principles to ensure ethical research with Indigenous communities (Schnarch, 2004). They are called the OCAP^{TM} principles of *o*wnership, *c*ontrol, *a*ccess and *p*ossession, conceived as a fundamental right linked to self-determination and the preservation and development of FNs' cultures. Examples of ethical CBPR initiatives include a study in Canada with First Nations on developing community-driven wellness strategies (Morton Ninomiya et al., 2020), and a study in the USA with five Indigenous communities on developing health promotion interventions (Walters et al., 2020). These studies were community-initiated and co-led, addressed community-identified priorities, and used local knowledge.

The importance of privileging Indigenous knowledges and ways-of-knowing

Battiste and Henderson (2000, p. 36) state that Western definitions of Indigenous knowledges do not work well because they cannot be readily categorized within existing Western

science. They propose instead that the *process* of understanding Indigenous knowledges is more important than defining them. The philosophical stance and values of researchers affect the methodological approaches they utilize (Crotty, 1998). Thus, for researchers engaging in CBPR, the process of understanding Indigenous knowledges includes becoming aware of their own philosophical stance and values, and how these can unwittingly favor their own familiar ways-of-doing in research. Researchers can make conscious decisions that privilege Indigenous knowledges and ways-of-doing, providing a foundation for de-colonization (Wallerstein & Duran, 2010; Whitesell et al., 2020). For example, early in our research partnership, Innu researchers described visions and dreams when explaining their ideas; the non-Innu and Innu researchers made the joint decision of recognizing this way-of-knowing as essential. This process of recognizing and respecting community ways-of-knowing requires humility on the part of non-Indigenous researchers as well as Indigenous researchers who are not members of the community (Kilian et al., 2019).

We view Innu knowledge as the distinct ideas and skills held by the Innu. Innu knowledge, like all Indigenous knowledges, is not static but can be applied to modern times (Durie, 2002; Kovach, 2009). To seek Innu knowledge, one needs to hear stories shared by Innu. For the Innu, story and knowledge are inseparable—the root word for *knowledge* and *story* is the same (*tipatshimuna*). The telling and the hearing of a story can only happen in a trusting relationship, and we return later to this topic in the paper. Innu knowledge is integrally associated with the long-term occupancy of ancestral lands. Innu survival is determined through the hunting territories that are accessed through family relationships. Family relationships are so important to the Innu's survival (Mailhot, 1997; Samson, 2009) that Innu-aimun (the language of the Innu) has 26 different names for them, extending to seven generations and indicating an extended time perspective. Thus,

Innu survival is intimately connected to ancestral territories and their knowledge is interwoven with the land–a view that has continued on from countless generations from the past. Kovach (2009, p. 37) expresses connection between Indigenous peoples' many knowledges and their ancestral lands by asserting that "our knowledges are bound to place", and "can never be standardized, because they [Indigenous knowledges] are in relation to place and person" (p. 56); as such, the strong connection between knowledge, place, and people makes it impossible to develop a single Indigenous approach to CBPR that fits all communities. Given that Innu knowledge is bound to ancestral land, applying a CBPR framework developed for other Indigenous populations to the Innu people can become a way of re-inscribing colonization. Such practices can reproduce colonial relations even though they may be conducted by well-intentioned non-Indigenous researchers (deLeeuw et al., 2012). Care must be taken to avoid foisting—on the Innu, in this instance—another Indigenous people's ways-of-knowing and doing because it would be an imposition, and foreign to their ways. As well, it would not help equalize the research power dynamics between the non-Innu and Innu researchers.

To avoid these problems, the literature emphasizes collaborative research with Indigenous communities built from relationships to establish a foundation of trust, mutual accountability, humility, and acknowledgement of one's limitations (Bull, 2010; deLeeuw et al., 2012; Kilian et al., 2019; Trimble et al., 2014; S. Wilson, 2008), yet the manner in which relationships are established to engage Indigenous knowledges and ways-of-knowing is underspecified. Relationships constitute a foundational element of research methodology that actively integrates Indigenous partners and are an effective and mutually-beneficial way of fully engaging Indigenous knowledges and ways-of-knowing. In the next section, we describe the process we used for developing strong relationships that enhance the value of health research with the Innu.

Building a relational space

This section describes experiences developing an ethical and relational space among Innu and non-Innu peer researchers as we built the research partnership. It also describes a basis for a more generic model that can be more broadly applied and that is shaped by salient concepts from the literature.

The relational engagement between Innu and non-Innu researchers predates the writing of this manuscript by several years. At the outset of the wellbeing project, the first author (LW) sought permission to enter the community and then several meetings were held between the Innu and non-Innu researchers, aimed at two-way dialogues regarding Innu needs and how to address them. Innu partners described the principles that Innu Nation require for any research conducted in Innu territory (i.e., full disclosure; informed consent of individual participants; recognition and respect of Innu and discretion of Innu Nation to suspend or terminate research deemed unacceptable; community participation in all phases of the study including involvement of Innu co-researchers; the right of Innu participants to confidentiality, and any information participants consider confidential; community ownership of all primary data collected; and requirement to report back to the communities.) Based on these principles, the application of the OCAP^{TM} principles of *o*wnership meant the ethics application acknowledged the Innu FNs owned the information collectively and Innu individual participants owned their personal information. The principle of *c*ontrol meant Innu would be included in the development of the study and be coauthors of knowledge. The principle of *a*ccess meant collected data would be stored securely in a mutually agreed way, and in a manner accessible to Innu FNs. The principle of *p*ossession meant that stakeholders identified and/or approved by the Innu FNs would receive the results of the research.

After entering the community, many meetings were comprised of drinking tea together while the Innu spoke about how research processes and outcomes could result in meeting the needs of their communities. The time taken for building relationships and trust cannot be rushed; many Indigenous groups, including the Innu communities, have experienced research in unethical and self-serving ways by outsiders who do not take the time and energy to get to know them, and build strong relationships. In research, a colonial mindset (Tuhiwai Smith, 2012) is countered by consciously and deliberately making space for Indigenous peoples' views and expressions about research and by mutually deriving methodologies.

Some Elders did not trust that Innu knowledge would be valued and equally weighted with Western-based knowledge in the research. Innu Elders told stories about their experiences in previous research studies in which research results had not been shared with them or they had been inadequately presented. One particularly poignant example involved a study in which the Innu could not own the data from the research. This earlier study recorded Elders' stories who had since passed on, and the actual stories were lost as the researchers kept only the English transcription and deleted the voices of late Elders in their own language. This is an example of the history of disrespectful research that has negatively affected relationships between Innu community members and outside researchers. The non-Innu partners took care to understand and respectfully acknowledge harms done in previous research by listening closely and hearing the wrongs that were done to the Innu, and to pause to allow for the tears that could not be rushed. The non-Innu partners particularly reflected on the power of words and actions that indicate lack of respect, and the risks of perpetuating relationships of unequal power (Fraser, 2018). Further discussion was carried out to reflect on the barriers and potential barriers to building a trusting relationship.

The acknowledgement that historical research did not respect Innu knowledge spurred a deeper dialogue among the Innu and non-Innu team members. Experiencing diminished trust from pre-existing relationships when the term "research" entered the conversation required us to revisit the deep theoretical foundations of CBPR (e.g., dialogical, critical thinking, joint growth, self-scrutiny and mutual trust, questioning the nature of knowledge). This produced an opening for integrating alternative ways-of-being, ways-of-knowing and of viewing reality. All Innu partners described how they derive knowledge from prayer, ceremonies, dreams and visions. These concepts of the nature of knowledge can present difficulties for academic researchers since dominant Western systems place value in objective rather than subjective knowledge. This is a fundamental epistemological difference between Indigenous and Western knowledge systems (Chandler & Dunlop, 2015).

Concurring that any CBPR research whereby Innu ways-of-knowing inform an inquiry and that knowledge of the community must be viewed as both legitimate and expert (Fletcher, 2002), the team then consciously moved to center the study on Innu knowledge and ways of understanding as unique, valued and legitimate. This also expressed our belief that while Innu knowledge and research methods have been silenced, marginalized and blinded through the processes of colonization (Battiste & Henderson, 2000; Hart, 2010; S. Wilson, 2008), they remain extant within the Innu worldview. When the non-Innu researchers on this project demonstrated a commitment to accepting Innu ways-of-knowing as legitimate and valuable, the Innu partners came to trust that Innu knowledge was being utilized as fully as possible in all phases of the study. As stronger relationships based on mutual trust and mutual dependency were being established, the Innu partners gradually shared their knowledge and ways-of-knowing because we had all come to a space of safety and respect. In the remainder of this article, we call this space a "relational space".

Based on our experience, we offer a model that represents the process for opening a relational space joining all researchers; this is presented in *Figure 4.1.1*. Key to the model is a set of behaviors for the non-Indigenous researchers conducting CBPR with the Indigenous researchers, that open up a relational space joining all research partners (Innu and non-Innu in our case), building and solidifying the relationship between the researchers over time. These behaviors build on each other in a spiral mode and some are mutually-reinforcing (in a manner described by the Innu partners as *kashten* meaning 'twirling winds with power'); however, except for the point of entry, they do not need to occur in the order as presented. These behaviors open a relational space, where Indigenous knowledges (Innu for us) are uncovered and become foundational to the inquiry. In our case, within the relational space we created, there emerged - proposed by the Innu partners - a framework that uses the metaphor of a canoe trip of all partners to capture our CBPR approach.

Representing the Innu CBPR framework for health research: the canoe trip as a relational space

The Innu partners proposed to represent the CBPR approach with the metaphor of a canoe trip (see *Figure 4.1.2*) based on the idea that to go on a long-haul canoe trip there has to be a relational space where there is mutual respect and cooperation to paddle harmoniously. The canoe trip takes place on a river through Innu lands - or *Nutshimit* (capitalized as a way of expressing respect for the land). *Nutshimit* refers to a spiritual "place" where the Innu live in harmonious relationship with each other and with everything in it (e.g., the Creator, animals, trees, rivers, rocks). The focus of canoeing is not just travel on water, but a journey through *Nutshimit* where the Innu and non-Innu partners travel together in one canoe, seeking knowledge (research process).

For the Innu, seeking knowledge includes a spiritual component represented in *Figure 4.1.2* by the eagle - the bird that flies closest to Creator - watching the paddlers in their journey. The Innu belief that all provision for the research journey is at hand is depicted in *Figure 4.1.2* by the caribou, the Innu staple food.

Unbeknownst to the research partners at the time the metaphor of the canoe trip emerged to represent our research approach, the image of a canoe trip as a symbol of mutual respect and cooperation was used in the 17th century to document a treaty between the Haudenosaunee Confederacy and the Dutch settlers. A Treaty Belt indicated two separate lines representing two vessels journeying together, each following their own customs, laws, and ways of life, while understanding that over time they could help each other "as people are meant to do" (Ransom & Ettenger, 2001, p. 222). This image has been used since the 1990s by the Haudenosaunee communities of the USA and Canada to advance environmental cooperation with federal agencies. In the Innu metaphor, there are not two vessels but one; non-Innu researchers enter the Innu canoe to travel together, with the expectation that "overtime *akenashau* [outsiders] will not be needed" because Innu would be conducting their own research, as stated by an Innu partner. Thus, the metaphor of canoeing together is deeply embedded in Indigenous knowledges.

We elaborate on the concept of a canoe trip in *Nutshimit* as an Innu CBPR health framework, and assess it with the principles that Kovach (2015) defined as the fundamental aspects of Indigenous methodologies. In this, she distilled four principles: Indigenous knowledge systems as a legitimate way of knowing; receptivity and relationship between researchers and participants as a natural part of the research methodology; collectivity as a way of knowing, assuming reciprocity to the community; and Indigenous methods as a legitimate way of sharing knowledge.

We capture the discussion of assessing the framework against Kovach's Indigenous methodologies in *Table 4.1.1*. Our approach includes a set of behaviors of non-Innu researchers (shown in the first column of *Table 4.1.1*), the Innu concepts that are understood (by the non-Innu partner) within a relational space (shown in the second column of *Table 4.1.1*), and the corresponding representation in an Innu CBPR framework (shown in the third column of *Table 4.1.1*).

In the Innu metaphor of canoeing together through *Nutshimit,* Kovach's first principle of Indigenous knowledge systems as a legitimate way of knowing is represented by the Innu canoe itself as well as the items that are taken for the journey by the Innu researcher (e.g., the Innu bag), and the method by which these items are loaded on board. As shown in *Figure 4.1.1*, all these elements (i.e., the canoe, the Innu bag, and the loading method) represent Innu knowledge. Without a canoe and its accoutrements such as the Innu bag, and without the right method to load the Innu canoe (with the load placed between the paddlers and the weight heavier towards the back while keeping space on the sides for paddling while standing), it is impossible to make, and survive, the journey through the land using the water system. As such, without engaging Innu knowledge, it is impossible to conduct research informed by this knowledge. Non-Innu researchers, therefore, need to understand, value and trust Innu knowledge to feel safe and comfortable from the moment they step into the canoe and continue on as it moves to meet its destination.

Next, the water represents receptivity and relationship as foundational to CBPR, and also the time investment of CBPR with Indigenous communities. Without the water surrounding and supporting the canoe, it cannot move. Water is the context in which a canoe makes sense. In the same manner, in Indigenous contexts, it is impossible to conduct ethical research without strong relationships (Bull, 2010); true engagement takes time and is often sustained by personal bonds

among members of the research team (Boffa et al., 2011). To develop relationships, non-Innu researchers must first seek approval for their proposed research, then receive permission to enter the community and, afterwards, work at becoming familiar with community cultural protocols. They must then, through hearing and active listening, work out what the community deems important; in the canoe trip, this is reflected by the behaviours of the paddlers responding to the stimuli inside the relational space. Non-Innu researchers need to become comfortable with the way the community communicates, with the silences that are kept, and understanding the nuances of communication.

The harmonious canoe paddling represents collectivity and reciprocity—Kovach's (2015) third principle—as a way of knowing and assuming reciprocity to the community. It also signifies that Innu methods are a legitimate and significant way of sharing knowledge—Kovach's last principle. In the metaphorical canoe trip, the paddlers discuss essential principles (e.g., how to handle disagreements) and a governance structure before entering the canoe. The paddlers also need to commit to travelling together until they reach the destination. It is a partnership that involves reciprocity and interdependence; neither can leave the vessel and continue by themselves as each has a different role and, together, they have the expertise needed for the different aspects of journeying. The paddler at the back directs and steers the canoe; this paddler is the leader and as such is an Innu paddler. To accomplish his/her role successfully, the back paddler must have expert knowledge of the land, the rivers, lakes, and the portage routes to cross from one body of water to the next.

The paddler in the front must know how to steer the canoe through rapids and shallow waters and know how to take instruction from the rear paddler. This is the non-Innu paddler. The team of two understands that rapids and other difficult spots are best negotiated through their

pooled knowledge and skills for they had already finished, in the past, their lessons on paddling, and are prepared for the potential hardships of *this* particular journey. They know they need each other's expertise and know-how to get safely to where they are going and trust that this will be the outcome. The expertise of the non-Innu paddler is represented by the bag this paddler takes.

Collectively, both partners canoeing together, uncovered a needed way-of-knowing wherein there is reciprocity within the team that will eventually extend to the community. This reciprocity of knowledge is captured by the fact each paddler takes their expertise (represented in each bag) and that this load is placed between the paddlers. The metaphor of the canoe trip, conceived as we considered our research processes, also represents the mutual learning that takes place during research. As knowledge is created as a result of research, the community members, as well as the research team, can become strengthened and more enriched in knowledge as it applies to a community's needs.

Having assessed the methodology we were using through Kovach's (2015) distillation of the central aspects of Indigenous methodologies, we conclude that the metaphor of canoeing together encapsulates an Innu CBPR framework. *Figure 4.1.2* offers a pictorial representation of the framework, while *Table 4.1.1* integrates this discussion with the earlier discussion of establishing a relational space.

Conclusion

The purpose of this paper was to outline how non-Innu researchers can engage in knowledge production *with* and *for* the Innu specifically, and Indigenous communities more generally, and to propose a CBPR framework that is appropriate for health research with Innu populations. The Innu are on a journey of self-determination with the final aim of taking control

of all areas of community life, including Innu health. As part of this, the Innu Grand Chief directed that the inquiry considers Innu knowledge and ways-of-knowing as a vital part of this research. This led the research team to examine CBPR theoretical frameworks that focus on partners' group dynamics (Belone et al., 2016), ones that would lead to successful collaboration. While relationships among collaborative partners in research with Indigenous communities are noted as most important to develop a foundation of trust, mutual accountability, humility, and acknowledgement of one's limitations (Bull, 2010; deLeeuw et al., 2012; Kilian et al., 2019; Trimble et al., 2014; S. Wilson, 2008), the manner in which relationships are established to engage Indigenous knowledges and ways-of-knowing is not well elaborated in the literature. We proposed a generic model (represented *in Figure 4.1.1*) that can be extended and adapted to the context of other partnerships ~~i~~nvolving CBPR with Indigenous communities. Our experience shows that CBPR is well suited to employ Indigenous knowledge and ways-of-knowing in health research, because the theoretical roots of CBPR point to the importance of relationships; in turn relationality creates an ethical space where Indigenous knowledges are uncovered.

Innu knowledge is bound to ancestral land and applying a framework developed for other Indigenous populations to the Innu people can become a way of re-inscribing colonization, reproducing colonial relations even though they may be conducted by well-intentioned non-Indigenous researchers (deLeeuw et al., 2012). While CBPR has been used in health research with the Innu, no Innu CBPR framework for health research in which Innu knowledge and ways-of-knowing are central to the inquiry has been published. Articulating an Innu CBPR framework for health research is an important milestone in Innu self-determination in health. Innu partners proposed a framework - captured in the metaphor of canoeing together (*Figure 4.1.2*) - to represent

our CBPR approach for health research. We then assessed this framework with the four principles that Kovach (2015) defined as the fundamental aspects of Indigenous methodologies (*Table 4.1.1*).

Congruent with an Innu worldview that has a longer time perspective, we realized that learning and commitment to a relationship is not necessarily bound by a project at hand, but that it can be a beginning that lasts for many lifetimes. We found that our relationships changed based on our continual growing and learning together. Wilson (2008, p. 135) states that "if research does not change you as a person, then you haven't done it right". The strengths of this work include the mutual learning that all researchers, both Innu and non-Innu, experienced. To Innu researchers the process resulted in finding a stronger Innu voice in communications with non-Innu researchers. For LW, the process was a realization and actualization of a space for the Innu in academia while still maintaining commitment and accountability to Elder mentors, and academic oversight.

Our approach can guide other health researchers who attempt to coalesce Indigenous and Western methods into CBPR partnerships with Indigenous communities. Our approach can also be useful for Indigenous leaders and researchers who seek community solutions through research. We also believe that the collective capacity of collaborative research aimed at achieving Indigenous self-determination has been augmented.

Figures

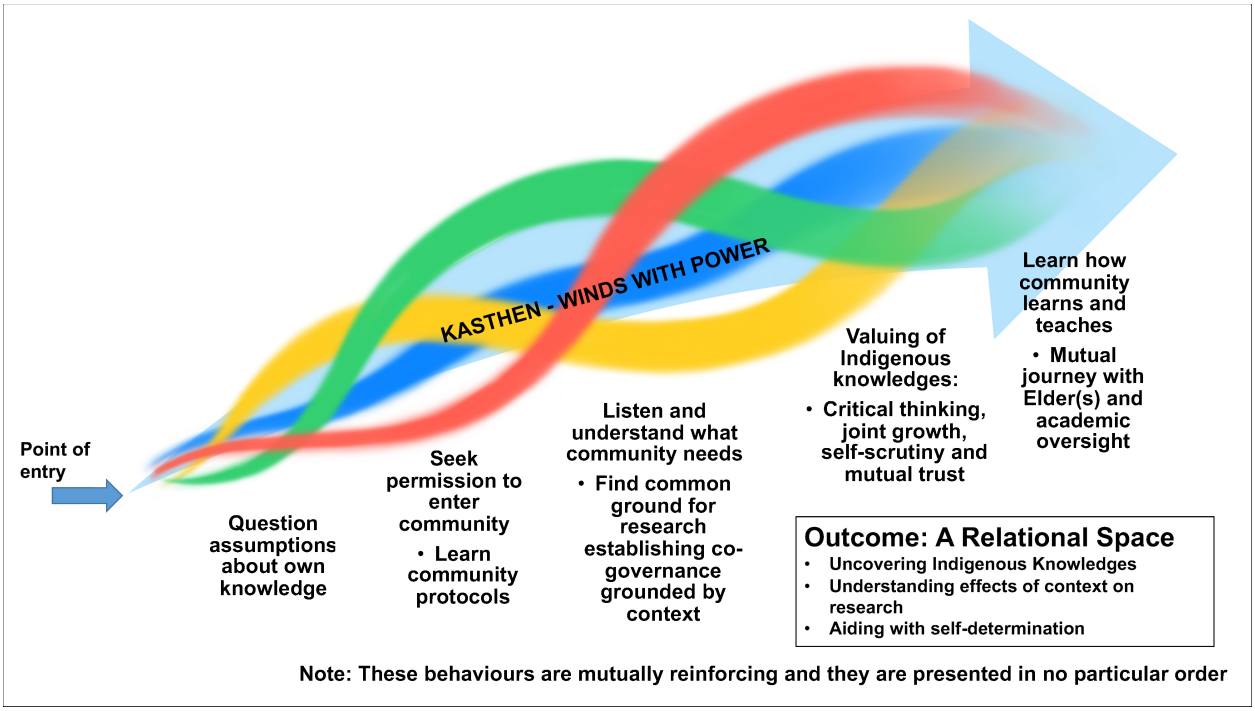

Figure 4.1.1. Model of a process to build a relational space between non-Indigenous researchers and Indigenous communities' researchers over time

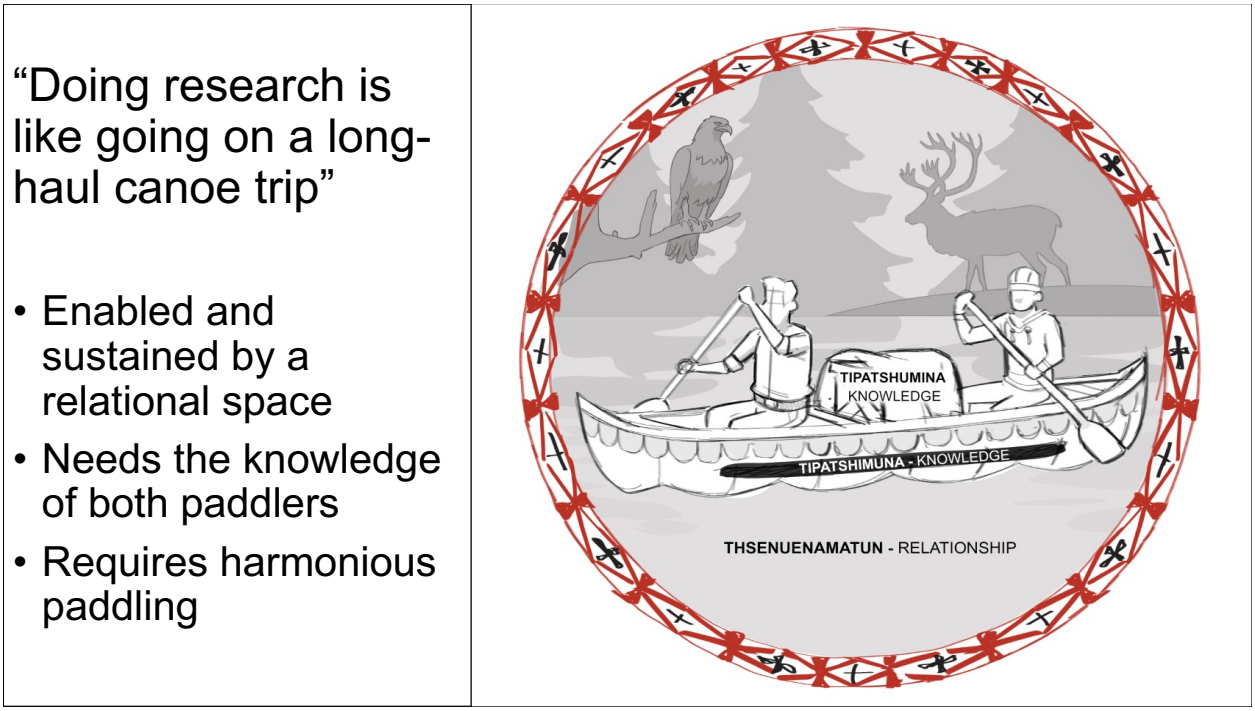

Figure 4.1.2. Innu CBPR framework for health research

Table 4.1.1

Innu CBPR framework where Innu knowledge is foundational to the inquiry

Behaviours of non-Innu researchers to open, build and sustain a relational space	Innu concept understood in a relational space	Innu CBPR framework representation
Engage in a process of understanding Indigenous knowledges by becoming aware of own philosophical stance and values, of the differences in conception of the nature of knowledge and of the tendency of Western universality. Seek permission to enter, learn community protocols. Share past experiences of research. What went well / wrong? Learn how Innu knowledge is acquired and taught, past mistakes that devalued Innu knowledge. Consider all knowledges as equitable. Mutual journey with Elder(s) and academic oversight. Listen to understand community needs. Find common ground for research. Understand and explain context, consider how context influences research. Critically reflect on what non-Innu researcher brings, demonstrate value of Indigenous knowledges by critical thinking, facilitating joint growth, maintaining self-scrutiny and always growing mutual trust.	Innu knowledge is intimately connected to the land. Survival is as a people/group who share a common culture and knowledge based on ancestral territory and an extended time perspective. Innu knowledge is passed experientially and orally. It is also subjective and can be attained through prayer, ceremony, dreams, and visions. Innu knowledge is learned from previous generations, enlarged by the current generation (seeking new knowledge) and passed on to the next one/s. Seeking new knowledge is a natural part of Innu culture; "is like going on a long-haul canoe trip." Innu inquiry methods are relational, and include mutual learning and capacity-building.	Innu knowledge is represented by the canoe, the bag that the Innu take on a journey and the method of loading the canoe. Academic knowledge is represented by the bag the academic researcher takes for the journey. To journey together, both bags have to be placed together between the paddlers; this represents the journey that takes both types of knowledges. The importance of relationships underpinning all research is represented by the water that sustains the canoe and by the "space" joining the two paddlers inside the canoe. The flow of water represents the time investment required. Mutual learning is represented by the action of paddling together. Both knowledge systems are essential and valid.

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Manuscript 2: A process of healing for the Labrador Innu: Improving health and wellbeing in the context of historical and contemporary colonialism

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A process of healing for the Labrador Innu: Improving health and wellbeing in the context of historical and contemporary colonialism

Highlights

- Innu have developed healing practices to deal with the effects of colonialism
- Self-determination, culture, and non-reliance in bio-medicine ground Innu healing
- Spirituality, Elders, culture and resistance to negative stereotypes enable healing
- Health professionals should consider Innu healing as a model that can benefit clients

Abstract

In light of the negative effects of historical and contemporary colonialism on the Labrador Innu, healing initiatives grounded in self-determination, renewal of cultural practices, and non-reliance on Western bio-medicine are known, taught and widely practiced among the Innu. The value of local Indigenous healing practices in the treatment of Indigenous people is well-recognized in Indigenous wellness literature, yet non-Indigenous health practitioners know little about healing processes. Moreover, to our knowledge, no studies have examined any contemporary Labrador Innu healing process. The main aim of this paper is to describe the process of healing among the Innu. Although there may be multiple processes of healing, we shed light on a major process that emerged from interviews and focus groups with 39 participants. Five stages of healing were described: being "under the blanket"; finding spiritual strength; extending hands out; finding strength and power; and helping others. Findings highlighted enablement of healing through spiritualities, support from Elders, return to culture, and resistance to negative stereotypes. We provide health professionals with valuable information for considering Innu healing as a model that expands their views for the benefit of Innu seeking mental health services. Implications for non-Innu health and social service providers are about broadening their understanding of the significant role of self-determination among Innu, learning Innu ways-of-knowing and being,

recognizing one's own biases, and acknowledging power imbalances between themselves and Innu people.

Keywords: healing, Indigenous, First Nations peoples, Labrador Innu, mental health services, spirituality, colonialism

Introduction

Healing from the social suffering produced by historical and contemporary forms of colonialism for Indigenous peoples is rooted in the strength of their knowledge and culture. Indigenous perspectives on health and healing in Canada, the United States, Australia and New Zealand encompass spiritual, physical, mental, and emotional aspects of health (Big-Canoe & Richmond, 2014; Butler et al., 2019; Panelli & Tipa, 2007). Even though earlier colonial policies in Canada and the United States outlawed some Indigenous healing practices such as tent ceremonies and the sun dance (Waldram, 2013), remnants of these practices endure today (Martin-Hill, 2003). Healing practices involve "a transformation from sickness to wellness that is enacted through culturally salient metaphorical actions" (Kirmayer, 2004, p. 34). Contemporary Indigenous healing practices are diverse and can involve traditional teachings, sweat lodges, ceremonies, community organized events (Rowan et al., 2014), and other locally-developed practices specific to the culture of an Indigenous community.

Healing is understood by many Indigenous people as a process or "journey" (Csordas, 2000; Waldram, 2013), explained as "transformations and accompanying shifts in collective identity, purpose, and meaning-making" (Gone, 2013, p. 697). Healing practices based on local Indigenous knowledge are being recognized for their value in alleviating Indigenous social suffering and improving Indigenous peoples' health and wellbeing (Gone & Looking Calf, 2011;

Goodkind et al., 2015; Kendall et al., 2019; Kirmayer et al., 2011; TRC, 2015). While there is commonality in Indigenous knowledges, each community has its own local knowledge system upon which healing practices are built. These are grounded in the core values of community members, and are learned and lived in local worlds that reflect a coherent and well-integrated social system (Kleinman, 1978). Thus, healing practices in one Indigenous group are specific to members of that group and may not be relevant to another group.

Salient to understanding healing and wellness among Indigenous people is the context of the healthcare system. Evidence suggests that Indigenous people face significant barriers to receiving appropriate mental healthcare (McIntyre et al., 2017). The Indigenous mental health literature indicates that an emphasis on low healthcare utilization fails to recognize the important role of locally-resonant healing strategies (Goodkind et al., 2015; McIntyre et al., 2017), the socio-political and historical context, and the asymmetry of power in healthcare transactions (Boksa et al., 2015; Chatwood et al., 2017; Goodkind et al., 2015; McIntyre et al., 2017). Indigenous scholars draw attention to different understandings between Western health service providers and Indigenous patients in terms of meanings related to self, identity, personhood, emotion, social relations, spirituality, communicative norms, and interpersonal expectations (Gone, 2008). These can arise due to epistemic racism (positioning one's knowledge as superior to another and passing judgement on what is knowledge) on the part of the health service provider (Allan & Smylie, 2015). Racism and discrimination are identified as barriers to accessing healthcare for Indigenous peoples (Allan & Smylie, 2015; McIntyre et al., 2017) particularly in mental health (McIntyre et al., 2017). Discrimination has been linked to unmet health needs (Kitching et al., 2020) among Indigenous clients. Hence, Indigenous peoples increasingly rely on local healing practices.

This paper focusses on the healing practices among the Labrador Innu. The Innu are First Nations peoples indigenous to the Quebec-Labrador Peninsula, residing in the communities of Sheshatshiu and Natuashish, province of Newfoundland and Labrador, Canada. Although contemporary local healing views are intrinsically known and considered effective in improving wellness among the Innu, they have not been articulated for non-Innu researchers and for health and social service providers, nor are they built into a healing plan or health system for the benefit of the Innu communities. As such, Innu leaders partnered with academic researchers in a community-initiated study with the purpose of articulating local Indigenous healing. This study was authorized by the Innu Grand Chief, who specified that Innu ways-of-knowing and knowledge systems be employed as fully as possible. The team of Innu and non-Innu researchers aimed to address the following research question: What is the Innu process of healing?

To address this question, we use an Innu community-based participatory research (CBPR) framework for health research developed at the start of this research partnership, in which Innu and non-Innu researchers co-designed and conducted the research, entering relational spaces built from a foundation of trust, mutual accountability, and acknowledgement of one's limitations (Ward et al., 2020). This work contributes to the Indigenous healing literature by outlining stages in a process of healing and drawing attention to the importance of spiritualities as a key step for healing among the Innu, and among Indigenous people more generally, whose understanding of health and wellbeing do not separate the spiritual from the mind, body and emotional aspects of being human.

Contemporary views on Indigenous Healing

Healing practices have been conceptualized as cultural systems that provide control of the disease, as well as meaning for the experience of illness (Kleinman, 1978). They are tied to affliction models which in turn are nested in knowledge systems (Kirmayer, 2004; Kleinman, 1978) that explain the cause and treatment of the affliction.

Indigenous knowledge systems are born out of the epistemologies (ways-of-knowing) and ontologies (ways-of-being) of Indigenous peoples, described as fundamentally "relational" by Indigenous philosophers (Burkhart, 2019; Cajete, 2000; S. Wilson, 2008). Within these knowledge systems, reality is conceived as a permanent state of becoming, emerging from relations among people, stories, and non-human beings. Non-human beings are for example plants, animals, mountains, and rivers in "intertwining life-sustaining relationship" (Burkhart, 2019, p. 29) with humans. If a person is thought of as living within a cosmos that includes non-human beings and an ecological world with whom that person lives in permanent relationship, affliction models explain 'suffering' as originating from a rupture in the relationship among the person, non-human beings, and the ecological world (Kirmayer, 2004; Waldram, 2013).

Using Indigenous knowledge systems, Indigenous scholars have theorized that contemporary "social suffering" (Adelson, 2009) is a result of the loss of culture from colonization (Brave Heart & DeBruyn, 1998; Wesley-Esquimaux & Smolewski, 2004). Culture loss is articulated as loss of relationship with the land and/or identity, including loss of language, heritage and spirituality, disconnection from family and community. This affliction model considers "culture" as the treatment modality (Brady, 1995; Castellano, 2006; Gone, 2013; Gone & Looking Calf, 2011).

Alongside theorizing on social sufferings, Indigenous communities began to develop and revitalize local healing approaches. This became a "Pan-Indigenous" spiritual revitalizing

movement also referred to as the "healing movement" (Kirmayer et al., 2011; Tanner, 2009). Healing activities were developed at the local level, with community members organizing social events that exemplify local cultural and spiritual values; these activities were valued for strengthening and renewing culture, social relations, and "healing of the broken spirit caused by colonialism" (Marquina-Marquez et al., 2016, p. 21). The healing movement takes the position that the entire community needs "healing" (Tanner, 2009), while not taking away responsibility from the individual. Local healing approaches are influenced by Pan-Indigenous healing traditions (such as Plains-Indian healing ceremonies, Medicine Wheel and others), Christian concepts of healing, New Age alternative and complementary therapies of popular culture (Tanner, 2009; Waldram, 2013).

The healing movement typically does not include Western treatment approaches such as cognitive-behavioural therapy or medication; rather, treatment is participation in cultural practices that re-connect to a reinvigorated culture based on contact with nature and returning to spiritual roots (Kirmayer & Valaskakis, 2009; Marquina-Marquez et al., 2016; Rowan et al., 2014). Indigenous people describe healing as a "journey" towards a destination (Csordas, 2000; Waldram, 2013), and healing is explained as "transformations and accompanying shifts in collective identity, purpose, and meaning-making" (Gone, 2013, p. 697).

The Pan-Indigenous movement articulated common concerns and realities of Indigenous North Americans since the 1960s, producing a growing consciousness of a Pan-Indigenous identity. However, these common understandings across Indigenous cultures exist in tension with local realities and expressions (Kim, 2015). For example, Health Canada sponsored the development of a renewed framework to address substance use in Indigenous communities founded on the Medicine Wheel symbol (Health Canada, 2014). The development of this

framework included Elders and was supported by the Assembly of First Nations (political umbrella organization of all First Nations Chiefs in Canada). However, the Medicine Wheel is a symbol of the Plains' Cree. It does not represent understandings of wellness for *all* Indigenous peoples and is not traditionally used by Innu. Hence, this framework homogenizes understandings of wellness, illustrating the need for emic understandings of healing and wellbeing (Gone, 2008; Kleinman et al., 1997) based on local knowledges.

In Canada, the Aboriginal Healing Foundation (Castellano, 2006), recognized that Indigenous communities would understand healing according to their needs, views and context. For example, the Esketemc First Nation in British Columbia succeeded in overcoming alcoholism, but the community did not stop there in its efforts, becoming awakened to other forms of dependency and realized that healing processes continue (Lane et al., 2002). For this community, healing efforts are centred on reviving traditional governance, language and traditions –adapted to contemporary contexts. For instance, preparation for hockey games transcends physical training, involving a spiritual sweat ceremony guided by Elders through drumming and prayer, and becoming instrumental in the healing of the hockey players (Robidoux, 2012).

The spirituality of Indigenous peoples plays an important role in supporting healing and wellbeing. There is no one form of Indigenous spirituality shared by all Indigenous people, nor is there one spirituality equally shared by all members of any given community (Adelson, 2009; Csordas, 2000; Tanner, 2009). Thus, hereafter, we will refer to 'spiritualities' in the plural. Through spiritualities, Indigenous people access sacred force or power, and life (Gone, 2016). This article notes the cultural specificity of Indigenous healing processes - Innu in this case (Goodkind et al., 2015) - by highlighting the importance of Innu spiritualities (Butler et al., 2019; Fleming & Ledogar, 2008), and by providing health and social services providers with information to begin

considering alternative models of healing in their areas of practice (L. Allen et al., 2020; Boksa et al., 2015).

The Innu: a historical overview

Until mid-twentieth century, the Innu lived as nomadic hunters travelling in small family groups that gathered a few times a year at trading posts. Traditional life ended abruptly by forced settlement through government policies that made hunting illegal and schooling mandatory. The aim was assimilation in an industrialized society through settlement and education (Samson, 2009). The Sheshatshiu Innu were force settled in the late 1960s. The Mushuau Innu (now in Natuashish) were first settled to Nutak in 1948, but they went back to traditional life after which they were settled again – to Davis Inlet in 1967, where housing was poor and although there was plumbing, there was no running water. The Mushuau finally relocated to Natuashish in 2002, a place of their choice. In addition, Innu were affected by mining development, flooding for a hydroelectric project, and increased NATO military activity, all without consultation. The abrupt changes led to negative social ills but also to a rise of political consciousness and organization.

The growing political response included letter-writing and collective action, with extensive media coverage (Alcantara, 2010). Protests included occupation of the military base at Goose Bay, which served to bring Innu together and gave them a sense that they were worthy of respect (Gregoire, 2012). As public opinion shifted towards the Innu, the government committed to early settlement of land claims putting controls over military activities and extending the *Indian Act* in 2002 (The *Indian Act* registers "Indians" and places them in reserves under federal guardianship where they are 'given' land, schools and health services.) Innu writer Gregoire (2012) describes how the colonial practices introduced by government resulted in social illness that touched the

entire community, including excessive use of alcohol causing drunkenness, violence, family breakdown, suicide, and accidents. The Innu began to experience large health disparities compared to other populations in Canada (e.g., Neuwelt et al., 1992; Pollock et al., 2016), which remain to this day.

In terms of the healthcare, Innu have access to primary healthcare clinics run by the province in each community. Sheshatshiu is 40 km by road from Happy Valley-Goose Bay (HVGB), a regional health hub. Natuashish is remote and isolated, accessible by air year-round and sea in summer. Clinics are permanently staffed by non-Innu nurses. Family physicians attend during restricted hours. Medical evacuations outside of the communities are common. Infrastructure for telemedicine is improving; however, investments are not yet directed to the Innu.

Recognizing significant health disparities and negative experiences with non-Innu healthcare providers, Innu advanced their self-determination in healthcare by gradually assuming control of health services. Since the 1980s Innu have taken part in the "healing movement" by negotiating funding for community gatherings (Gregoire, 2012), and taking families back to the land to experience traditional life away from the settled communities. Innu have since created positions of mental health community counsellors, staffed by Innu from the communities. In 2014, the Innu articulated the Healing Strategy (Innu Nation, 2014) with a vision of culture as "medicine" and the goal of advancing "Innu ways". These are conceived not as a return to the past but a new way-of-being where Innu ways and ideas are maintained in their original meaning and practiced in a contemporary manner within Innu contexts.

Innu have indomitable spirit and great strength. Even though there are only 2,200 Innu in Sheshatshiu and Natuashish, they have maintained their language (approximately 90% speak Innu-aimun) at considerably high rates (Statistics Canada, 2016). Self-determination continues in many

fronts, through activism, writing, filming, or hunting (Penashue, 2019). As articulated in the Healing Strategy (2014), while it is important to recognize continued experiences of colonialism, racism and discrimination, Innu hope for improving their health and wellbeing is rooted in the strength of Innu knowledge and culture which they use in 'healing'.

Methodology

Analytic framework and ethics

The research approach was informed by an "ethical space of engagement" framework (Ermine, 2007) wherein two different entities with differing worldviews engage in community-based participatory research or CBPR to co-develop a study. The research team includes Innu researchers (second and third authors), a non-Innu Indigenous scholar (fourth author), a researcher of mixed non-Innu Indigenous ancestry (first author - LW), researchers of non-Indigenous ancestry (fifth and sixth authors), and other Innu researchers. *Tshenut* (plural of *Tshenu* meaning old person) oversee and advise the research team. LW lived in Labrador, worked for the Innu, and maintains close relationships with *Tshenut*, leaders, and community members.

Through deep dialogue we established a research partnership that opened the way to understanding Innu knowledge (Ward et al., 2020). In the *process*, non-Innu researchers became more aware of their own philosophical stances and values. This awareness made it evident that non-Innu researchers had to make conscious decisions that valorize Innu ways-of-doing and knowledges. For example, Innu researchers explained the spiritual relationships among Innu and non-humans (animals, plants), who bring knowledge to Innu. Contemporary colonialism includes destruction of knowledges and also exclusion of the manner to relating to others (Santos, 2014) . Hence, to include Innu perspectives, epistemology and ontology we arrived at the need to engage

in a CBPR approach that illuminates epistemological alternatives to contemporary colonialist approaches that exclude non-humans.

Focusing efforts on establishing and maintaining relationships enabled our research team to negotiate a relational space for open discussion. The team was therefore able to derive the research question, and our work was guided by OCAP™ (Ownership, Control, Access and Possession) principles (FNIGC, 1998). The Innu Nation, the Research Ethics Board of Newfoundland and Labrador, and affiliated academic institutions gave ethics approval. The ethics protocol included a mitigation plan for risks to participants of reliving trauma, with *Tshenut* and counsellors ready and available.

Governance

Decision-making was Innu-led and collaborative. A Core Research Team (CRT) guided and steered the research, including *Tshenut*, community representation, and members of the executive arm of Innu Nation—the Innu Round Table (IRT), an Innu-led and consensus-based governing body with federal and provincial representation. The CRT reports to a working group within the IRT, including sharing emerging and final results and recommendations. The IRT is responsible for taking the study's new knowledge and incorporating it into Innu health programming.

Data sources and collection

Data collection involved interviews and focus groups that explored Innu understandings of healing. Purposeful sampling was used to recruit participants 16 years of age and older who self-identified as Innu living in the communities. Recruitment was by Innu researchers and the

Community Youth Coordinators (adults who coordinate activities), under oversight of the CRT. In total, 39 participants from the two communities were interviewed (23) or participated in focus groups (16) from January to June 2019, as detailed in *Table 4.2.1*. The relational engagement with community members allowed for invited observations (secondary data sources) used to provide contextual information as per *Table 4.2.2*.

We aimed to obtain depth and breadth of the information until data saturation was attained. The interview questions were discussed and approved by the CRT and Community Youth Coordinators. We did not use the words *resilience*, *trauma*, or *healing* in the questions because we were interested in eliciting the participants' perspectives. Examples of questions asked include: "Can you tell me about a time in your life that you found difficult? How did you go through it?"

Individual face-to-face semi-structured interviews, each lasting between 35 and 75 minutes, were conducted in English by LW at a local community centre. Interview protocols and guiding questions were translated into Innu-aimun; an interpreter was available in all interviews, as needed. At the recommendation of the Youth Coordinators, youth aged 16 to 19 participated in the study through focus groups. Focus groups were conducted in English at the youth centre of each community by LW, each lasting approximately 2 hours, with the Youth Coordinators acting as interpreters. Youth celebrated with a shared meal after their participation in the focus groups. All data were anonymized using Innu names assigned by Innu researchers. Gift cards ($30) were provided before initiating the interviews and focus groups. Honorariums were given to knowledge holders who participated in research meetings to demonstrate respect for their stories and thank them for their involvement (Kovach, 2009). Interviews and focus groups were audio-recorded.

Analysis

LW transcribed the audio-recording of all interviews and focus groups verbatim. Having agreed a priori to employing an Innu worldview, the research team members engaged in reciprocal learning in the analysis, with Innu voices, local knowledge, and ways-of-knowing as a foundational principle guiding research efforts (Ward et al., 2020). The entire data set was reviewed many times by LW who proposed early emerging inductive themes that captured important topics in relation to the research questions (Braun & Clarke, 2006). These themes were discussed and refined among all researchers on three occasions between June and November 2019. Intermediate documents, memoing and graphical representations facilitated the analytical process (Langley, 1999; Miles et al., 2014).

Upon review of themes, Innu researchers noted that data gathered lacked sufficient detail regarding spiritual issues. They directed engagement in additional data collection, which led to interviewing one new participant and asking clarifying questions of two participants. No new themes were found but existing themes were refined. Condensed data were visually displayed in matrices by systematically arranging answers pertaining to various themes (Miles et al., 2014). For example, we arranged all the answers about events that influenced wellbeing negatively. We then organized the data by participant age to consider variations of understanding of healing according to age. We also organized the data of the most descriptive participants' accounts (18 participants) temporally in a matrix (Langley, 1999). Looking across the 18 accounts, we were able to appreciate the influence of local culture in the way actions were organized temporally. Accounts were underpinned by concepts of past, present, and future. When we looked outside the 18 most descriptive accounts, temporal patterns clearly emerged that were similar across the data set, implying that healing is a process that evolves over time within individuals. We used graphics (for example, squares for one stage, triangles for another, and so on) to identify "stages" in the healing

process for individual participants. We found that five "stages" comprise a process of healing. Innu researchers named the stages and refined the analysis further, as described in the results. Results were shared with the CRT at several stages of the analysis; this allowed for guidance on the interpretation and organization of the results.

Results

We present the results by organizing them in two sections. The first section describes a process of Innu healing and its stages. The second describes the roles of *Tshenut* and spirituality in healing, both important themes that emerged.

Innu, like other Indigenous peoples, understand healing as a process they refer to as "journey of healing". This journey has a destination that Innu call *minuinniuin,* which can be translated into the English word *wellbeing*. *Minuinniuin* is understood as an aspirational state of being associated with a "place" where Innu are together with family and community in intimate closeness with past and present generations, connecting to life around them with the sacred present in everyday life (Ward et al., 2021). The social enactment of cultural actions borne of Innu knowledge allows people 'to feel' a sense of wellbeing closely associated with their Innu identity, as strong and free people. Innu achieve *minuinniuin* through healing which we explain further.

1. A process of healing for the Innu of Labrador

Our findings show that Innu individuals moved over time from a clearly-defined adverse, accidental, or tragic event that they experienced as harmful or threatening, outside their control, and negatively affecting their wellbeing. Healing was revealed as involving sense-making whereby they would navigate between moments of distress and strategies to build strength towards a more

favorable outcome that is ultimately *minuinniuin*. We discovered common themes in participants' accounts of their experiences of healing, which denote stages in a process. Here, we describe the stages in the process of healing. While we articulate a general process of healing that reflects themes that emerged from the data, we acknowledge that the process of healing is different for each person and some people's experiences may not align with the model described below. To contextualize the need for healing, we first describe the most frequently mentioned events that participants considered as negative to their wellbeing, and the impacts of these experiences.

Events that negatively influenced wellbeing and initial reaction

The most frequently described events were actions from authorities (represented by social services, police, priests and/or teachers in residential or day school), a suicide or accidental death of a family member or close friend, or racist behaviors experienced frequently in everyday situations. Innu participants recounted their stress, powerlessness, helplessness or feelings of being trespassed:

> *"The priest came to our camp telling my grandfather that he was there to take me to school ... I was quite terrified ... The priest was quite loud, threatening that he would go to the RCMP [federal police] and social services."* (*Tshenu* Pinip, age 60s)

> *"There was sexual abuse starting when I was 4 years old ... the priest was abusing us in school."* (Uapukun, age 50s)

> *"I have scars in my face because a [non-Innu] boy threw a rock at me when I was trying to cross to North West River (the neighbouring community.) (Shanet, age 40)*

"At a bar, this guy started to call us bad names. I told him 'You are a colonizer' and he said 'No, I am a developer, and you shouldn't be proud of being Innu, your goals in life should be to be a developer like us'. We are in a world that makes us think that we should not be proud to be Innu. I guess everyone experienced those things growing up, like going to a store and people think you are trying to steal. (Napeu, age 19)

Participants described the impacts of these experiences, which included the dulling of pain by self-medication through drugs and/or alcohol and attempting suicide:

"I was drinking… I only wanted to have fun and not to think about those things that happened to me." (Uapukun, age 50s)

"I started drinking and smoking [cannabis] but it didn't really comfort me." (Aishen, age 32)

"I didn't want to think about my pain anymore … I started to go on the wrong path and I even tried to kill myself" (Puna, age 30s)

A pervasive theme throughout almost all interviews and focus groups were experiences of racism and discrimination. Although Innu participants seldom used the words "racism" or "discrimination" directly, contemporary events that negatively affect Innu wellbeing include everyday aggressions in everyday places. For example, Spastien (age 17) describes lunch time at school: *"In the school cafeteria [outside the community] there is the 'Indian table', where only Innu sit. Lunch time is stressful because you are expected to sit at that table!"* Nevertheless, the Innu do not want to focus on racism and discrimination but rather on advancing "Innu ways."

The Healing Strategy (2014) develops an action plan stating that there is "a long-held view that healing must be built from the ground up, with Innu families as the focus" (p. 5), and "looking

forward to carrying out comprehensive, planned, sustained, and cumulative action" (p. 48). This point demonstrates self-determination in that colonization is not the central focus of Innu healing; rather the focus is on finding their own ways of healing. Importantly, Innu people have found and continue finding ways of returning to wellbeing (*"I never experienced anything that did not make me strong"*—Mani Shunin, age 60s) through "healing". We describe the process of healing next.

1.1. Stages of healing process

Innu researchers named five stages in the process of healing: being "under the blanket"; finding spiritual strength; extending hands out; finding strength and power; and helping others. Not all participants described each of these five stages or experienced them in the order presented, and not all participants had arrived—at the time of interview—to the aspirational state of *minuinniuin*. Participants' stories of healing recounted a tragic event that placed them "under a blanket" for a time, following which they found spiritual strength to extend their hands out to be helped or to recognize resources around them. Following this, healing stories described actions that helped participants find strength and power. Only a few participants helped others, but this was not necessarily seen as being required for healing. Below we describe each stage in more detail.

a. Being under the blanket

This stage is described as one in which the Innu person feels as though they "*cannot move from under the blanket, seeing all dark around, only seeing what happened [to you], looking down and [having] hands down ... feeling grief, sadness, anxiety ... no hope, nothing to lean on*" (Uapukun, age 50s). Younger participants described this stage as, "*your hood is up ... don't want*

to see or be seen" (Shapatesh, age 19), and *"feeling you have nobody that can listen to you"* (Napeu, age 20s).

This stage is emotionally difficult. Some Innu participants indicated they were still "under the blanket" at the time of the interview: *"it was the priest that was the teacher … they just made you feel so fearful and I know that still happens today that people are really living in fear … Some people overcome … not me*" (Napeu, age 50s, reflecting on an experience that occurred at 9 years of age).

b. Finding spiritual strength

This stage of finding spiritual strength is considered of paramount importance by Innu researchers. It is important to note that there is a spectrum of spiritualities among the Innu. We will explain the importance of this stage through the stories of two participants, Uapukun (age 50s) and Puna (age 30s). Uapukun holds traditional Innu views of spirituality, while Puna holds Christian spiritual views. This is Uapukun's story:

> *"I was writing a suicidal letter to my sisters telling them who would have to look after my sons, then I looked at my boys and changed my mind … It made me feel stronger to look at them. That is when I started praying a simple prayer: "Dear God I need to know where my dad is because I don't know where my dad is." I dreamed that night and my dad came to me and said "this is where I am" and he showed me where he was, and people were using tents … and everything was connected. 'There is no sickness here, there is no sadness', he said … 'go home and look after my grandkids' … I never thought again about suicide."*

Uapukun's dream enabled her to move forward, stop thinking about suicide and go for treatment. The importance of this dream is first, that Uapukun views it as providing insight through

sacred knowledge; second, the content is about "being connected". Uapukun learned through the dream that she is not alone, that she is connected to her father through spirit. Third, spirit directed Uapukun to do the good thing and go back to her children.

Spirituality was essential in traditional Innu life on the land, with the conception that humans and all creation are connected, with Innu heaven as a gathering of all generations in tents, and dreams as valid and eternal sources of sacred knowledge. Colonial policies attempted to remove spirituality, branding it "heathenism", and to some degree Innu spirituality diminished as a consequence. For the Innu, healing involves re-discovering or regaining the prominence of spiritualities in their lives, as is the case of Uapukun:

> *"I looked at this smudge … I had never seen it … I went to my mother and said, 'I heard that bad spirits don't like the smell [of smudge] and they leave, it is like cleaning the house' … [Mother] said, 'We used to do that [smudging] a long time ago … we used to know that there is something else there… and we forgot.'"*

There are other Innu spiritualities that are essential for healing. The following is the case of Puna, who practices Christianity and whose experience includes what she described as a "spiritual fight" that she had to "win":

> *"I would suffer from anxiety … I would see these black things … I could not sleep. I would call my parents to come and pray for me … One day my sister came and my children were terrified and told her [that] there were black dogs trying to get me. The children were 'seeing' what I was 'seeing' … I had told them nothing! … I realized [my stopping drinking] was a spiritual fight … I had to win ... God was helping me; my parents were helping me … I realized God loves me … I have been sober since then."*

Both Uapukun and Puna experienced a realization of being helped, needed, and loved through a spiritual experience at the start of their healing journey, enabling them to move forward in their healing. Innu view this stage as a condition for healing. If they do not use the strength the spirit provides, they cannot advance in their healing. Uapukun, for example, said that, "*When the person is unable to see the spirit trying to help, they get stuck … It was only after [I saw the spirit] that I talked to the Tshenut [traditional counselling/treatment] and things started to come up"*.

Overall, the importance of spirituality in Innu healing cannot be overstated.

c. Extending hands out

Once participants were able to find spiritual strength, they entered the next stage in the process of healing. This stage was described by Innu researchers in contrast to "being under the blanket" as one in which the person is not "looking down", "is able to see others around" who can help. In this stage, the person seeks help, finding resources for their journey towards healing:

> *"My parents and friends were my big support … a healing workshop came into Davis [the community] in 1993. It was a workshop on women finding healing for themselves … it left a powerful impact on me ... I realized I was hungry for healing, for looking after me … I started to get stronger emotionally and mentally … I started thinking towards my future. Education was one thing ... I stopped going to school in grade 8. I went back to school ... I became stronger*." (Mani, age 50s)
>
> *"I was feeling very lonely when I stopped using [drugs]… I had to make new friends to find my healing. I heard there were women circles, so I started going… I got new friends … At some point I stopped feeling lonely."* (Shanet, age 40s)

d. *Finding strength and power*

This stage is characterized by approaches that participants took as they constructed understandings of the events that negatively influenced their wellbeing. We found two approaches, often used together: practicing Innu culture on the land and resisting negative Innu stereotypes. Practicing Innu culture often involved referring to grandparents' or parents' teaching, and/or stories and legends. Being on the land is the place where culture is learned and practiced. In cases in which participants were not exposed to traditional Innu teachings, there were concrete efforts to "find culture". For example, many participants indicated that as teenagers or adults, they deliberately chose to participate in cultural activities that were new to them. Exposure to cultural teachings as a child or discovered later in life would allow a person to re-examine the negative events or situations outside their control and over time, reframe them towards a positive outcome. Innu culture and values become a vehicle through which individual and community meanings are re-instilled. Through enactment of culture and listening to stories and legends (the way values are taught), Innu begin to understand who they are as individuals and their continuity with ancestors, and gain a positive sense of self, which in turn helps them find strength and power.

Participants consistently referred to the strength of a parent or grandparent who motivated them to find healing through culture. For example, Maniakat (age 30s) recounts her story of healing after attempting suicide, referring to the strength of her grandmother ("*I thought 'if my grandmother was able to do that as an orphan, working for the families that raised her and raising her own grandchildren, I can do that too'. So I decided to work on my healing"*).

Strength and healing from going to the land was also frequently reported as an awakened desire to experience the land (*"[the] stories created a desire to have an experience in the land*").

Maniakat recounts in the interview, ten years after her decision to work on her healing, a 'moment' when she found strength and power on the land, "*touching the cold water I realized how strong and powerful Innu are … my ancestors were here, we are strong people able to survive on the land*" realizing a renewed Innu identity.

Actions associated with healing also involved resistance to negative stereotypes since they also help develop and strengthen positive Innu identity. In the case of Shanet (age 40s), healing was needed due to a negative Innu identity she had developed since childhood ("*as a child I was confused about being Innu … it was like a cut that just got deeper overtime*"). This was reinforced by stereotypes presented by the national broadcaster and "*things people were saying*" about Innu at the time of the NATO protests. Shanet stated:

> *"I was a teenager during the NATO protests. I was proud of being Innu because we were telling the government "we are here". I was also embarrassed and ashamed because of the things that people and CBC [national broadcaster] were saying."*

Shanet reclaimed her language, as a way of finding her culture ("*I picked up the language over time*") and reinforcing her identity (*"I have a very strong sense of who I am now, I speak it well. Language and pride are part of being Innu."*). Shanet refers to taking on a positive Innu identity as an epiphany: "*When I turned 25 … a switch came on, I matured. I always felt I had to prove myself, [then] I felt I didn't have to prove myself anymore*."

Finding and practicing Innu culture and resisting Innu negative stereotypes provided Innu participants with strength and power to work on their healing.

e. Helping others

In this stage, participants helped others in their healing process. Some participants noted that they derive meaning and Innu identity from helping others. This helped them in their own healing journeys:

> *"Helping others helped my own healing. It gives me a purpose, it lets me realize that I have something to contribute … with drugs and all those things you become selfish and you are only aware of your own needs. When you come out of that you become self-aware. When I became self-less, not selfish anymore, that added to my self-worth. Then you can look at the bigger picture, that [picture] is about being Innu and being what we were always before"* (Inushkueu, age 40s).

Sharing personal stories of overcoming was one way of helping others: "*Now I go to the school and tell young people my story and how the teacher abused us ... It is important to young people to learn to be proud of being Innu"* (Nashtish, age 50s). Other participants talked about their involvement in programs as a way of helping other Innu in their healing: *"I organize walks for young women and girls, and this way they learn how strong they are"* (Mani, age 50s), and *"I take boys in canoe expeditions, and many of them stopped sniffing [gas] after that [canoe expedition] … they are happy now"* (*Tshenu* Nuk, age 60s).

2. **The role of *Tshenut* in healing and in spiritualities**

Tshenut have a traditional role of teaching Innu knowledge and sharing wisdom through stories and through counselling. Spiritual *Tshenut* and *kakushapatak* (sometimes translated as "shaman" although the Innu do not use this word) are recognized for their ability to communicate with and act as intermediaries between animal spirits and ancestors' spirits. Their

roles as counsellors, spiritual advisors and intermediaries, continue in contemporary Innu healing.

Counselling occurs naturally in the social exchange of home visits: *"The old people are the ones I like to talk to when I am struggling … they have been out there and they can help me … they will make sure that you look at the things that are happening (Shunin, age 50s).*

Tshenut play an important role in contemporary Innu spiritualities. For example, Innu-designed treatment programs use the ceremonial sweat lodge. *Tshenut* teach during treatment ("*Whenever we run a treatment program, Tshenut come to teach the legends and how to pick medicines" (*Uapukun, age 50s). During the sweats, spirits are invited to the ceremony ("*When we go to the sweat we usually go with a Tshenu and take the spirit of the ancestors with us to the sweat"* Uapukun, age 50s). There are other forms of ceremony as well. For example, Aishen (age 30s) explains her experience of forgiving a person that "did wrong" to her in a ceremony facilitated by *Tshenut*;

> *"[Tshenu] said, "Would you like to say something?'… I said I wanted and they invited me in the middle of the circle [around the fire] … [Participants] were asked to pray for me [while I talked]. There is this guy … he did wrong to me. So I closed my eyes and I [imagined that I] invited him to come to the fire [in the middle of the circle]. I started saying, why did you do this to me, what is wrong with you? … And he would respond back, he would say sorry that I did that, and that he didn't mean to do it. This really helped me. I forgave him."*

In the account of Aishen, even though the person who wronged her was not physically there, the spiritual environment is such that she is able to invite him and receive a response back.

The spiritual process at work allows Aishen to forgive and feel helped. It is important to note the role of *Tshenut* in helping Innu practice the Innu value of forgiveness through ceremony.

Tshenut understand that Innu knowledge and culture are dynamic, and that each generation builds on previous knowledge without "starting from scratch" all the time. For example, *Tshenu* Nishapet (age 70s) considers that*, "One way you find wellbeing is to go back into the country*". She notes the challenges young people face in particular and how *Tshenut* can help them to understand their Innu identity: *"Young people have to find a way of getting back to their culture while having jobs and going to school … We cannot do it for them, but we can be there*". *Tshenu* Pinip (age 60s) similarly considers that younger Innu need their culture while also getting a non-Innu education: "*Nowadays, it is like walking between two parallel lines. Outside one line is only Innu and outside the other line is only akenashau [non-Innu]. Younger people have to walk in the middle*". Moreover, *Tshenu* Nuk (age 60s), joyfully commented on the new words created by young Innu and the role of social media in helping spread the new words: *"I see on Facebook new words coming up, like "chipcha" for fries! We did not have a word for that before but now we do!*" Hence, the Innu notion of healing includes *Tshenut* having an active role in teaching cultural knowledge and supporting healing efforts through counselling and support, and "being there" for the younger generations as they expand the knowledge entrusted to them. As knowledge holders, *Tshenut* have an important role in aiding younger Innu alleviate the tensions they experience in the adaptation of traditional Innu culture on the land to contemporary life.

Representation of the Innu process of healing

We derived a figure to represent the Innu process of healing. It was developed in a two-day meeting among Innu and non-Innu researchers, *Tshenut* and community members. The

meeting was conducted in Innu-aimun and, at the request of the participants, was not recorded. The drawings were by an Innu artist.

The process of healing is shown (*Figure 4.2.1*) as a journey towards a destination (*minuinniuin*) represented by the sun rising in a specific part of Innu ancestral lands known in English as the Mealy Mountains. The sojourner is helped by four winds provided by Creator (spiritual, emotional, mental and physical winds). The spiritual wind comes first, because without it, it is impossible to walk successfully; simply put, the wind of the spirit is first enabled in the healing journey. The sojourner walks on snowshoes which is appropriate to the terrain and the season and represents the family and community. The strength of Innu youth (the raised arm) and support of *Tshenut* (the walking stick) are essential. The snowshoes signify that personal healing must be supported by family and community.

All tools and provisions required are contained in the hunting bag. With new tools for new challenges, it represents ancient Innu knowledge and the newer knowledge generated by each generation. It also represents the adaptive view of Innu people which indicates that healing includes maintaining the distinctiveness of "Innu ways". This is represented by the sojourner walking towards the future in traditional clothing. There is an overall progression towards wellbeing, while at the same time some steps are intertwined and yet ongoing. For example, the wind of the spirit enables journeying, while talking to *Tshenut* and finding strength and power takes place while journeying.

The figure represents an Innu individual walking a healing journey. However, this too relates to the healing of the communities, because as the Healing Strategy indicates, healthy communities and healthy families are comprised of healthy individuals. It is necessary to explain Innu understandings of journeying that occurred following the caribou, or to meet family. Through

relationship with *atiku* (caribou understood as non-human – Blaser, 2018), Innu know where to find *atiku*. Hence, Innu worldview links journeying to spiritual enablement. When journeying to meet family, fathers and mothers would find the *meshkanau* (trail) of the ancestors to return to the gathering places. Thus, Innu concepts of journey are underpinned by spirituality (knowing where and when to go in relationship to non-humans) and by ancient paths (*meshkanau* of ancestors) in intertwined manner. Other Indigenous North American cultures have developed similar representations of healing. For example, the Lakota concept of Red Road of Healing is conceived as a migration (Weaver, 2002).

Discussion and conclusion

To our knowledge, this is the first exploration of healing among the Labrador Innu, a group for whom colonial subjugation happened abruptly and recently. Members and leaders of the Innu communities of Sheshatshiu and Natuashish conceived a research originating in the belief that all Innu are affected by historical and contemporary colonialism and that, hence, all Innu need healing. They see that government efforts to improve their health and wellbeing have failed. They initiated a journey towards self-determination which includes the use of traditional Innu ways of healing in contemporary contexts. Since the 1980s, they have developed local healing initiatives that clearly do not involve Western bio-medical approaches. These initiatives are intrinsically known, taught and practiced, and deemed effective within the communities.

Participants contextualized their need of healing within stories of pain, strength and survival in light of contemporary colonialism that is engrained in everyday life. They found strength and power to further healing by resisting negative stereotypes and practicing Innu culture steeped in spirituality. Our findings indicate that the Innu are profoundly spiritual people, and that

their spiritualities need to be mobilized to enable healing. They see the material, mental and emotional components working together with the spiritual. We also highlight the importance of Innu *Tshenut* and Indigenous Elders in general, in healing and in ceremony. This finding emphasizes the role of Elders in navigating a contemporary return to cultural practices. It also accentuates the dynamism of culture and the confluence of tradition and contemporary ways-of-doing. It is likely that the processes of healing will continue to change as new generations navigate their own histories and spiritualities. Many participants stated being helped by their own participation through sharing their experiences, and they expressed hope that their narratives will initiate a broader understanding of the process of healing. We suggest that the process of Innu healing is a form of individual and collective self-determination.

The importance of spiritualities highlights the specificity of the process of healing with respect to the Innu, but these findings complement global research involving Indigenous peoples' traditions and beliefs about healing. Other studies also highlight the importance of strengthening traditional and contemporary healing forms through Indigenous spiritualities (Gone et al., 2020; Gone & Looking Calf, 2011; Goodkind et al., 2015; Kendall et al., 2019; Kirmayer et al., 2011; TRC, 2015). We suggest that the approach and process of healing described in this study may apply to other Indigenous communities seeking to uncover ways of healing based on their intrinsic knowledges.

While the process of healing outlined in this article may not represent every Innu's experience, we have given a general view that includes the experiences of those of different generations. We suggest future inquiry into the roles of spiritualities in Indigenous healing, giving consideration to other Indigenous groups and individuals who do not see spiritualities as part of their healing.

The worldviews of Innu researchers were core to the research approach and ensured that the self-determination goals of their communities were elucidated. We suggest that without relationality non-Innu researchers cannot engage Innu worldview, and we present our method as an example to researchers seeking to engage with different worldviews. Our analytical approach (e.g., organizing stories temporally and comparing across the data set) represents an intersection of worldviews and perspectives (Gone, 2019), blending Innu/non-Western and non-Innu/Western methodologies and perspectives.

A limitation of this research is that interviews were conducted in English. Participation of mono-lingual Innu may have been deterred or lacked full engagement. To mitigate this, we familiarized the interpreters with the questions and maintained continuous dialogue among *all* researchers during the research.

There are implications that arise from our research for health and social service providers. Without necessarily sharing Indigenous spiritualities, it is vital for health and social service providers (especially non-Innu providers) to understand the importance of Indigenous spiritualities to appreciate Indigenous processes of healing. Those working with Innu clients need to learn about Innu ways-of-knowing and ways-of-being, critically recognize their own biases, and acknowledge the power imbalances between themselves and their clients. The importance of understanding and prioritizing self-determination among the Innu as they improve their own wellbeing through healing cannot be overstated.

Tables

Table 4.2.1

Primary data sources

Individual interviews (20 years and older)	**Males**	**Females**	**Subtotal**
Age 20 to 39	3	5	8
Age 40 to 69	6	7	13
Age 70 and older	0	2	2
Subtotal interview participants	9	14	23
Focus groups (ages 16 to 19)	**Males**	**Females**	**Subtotal**
Subtotal focus group participants	8	8	16
Total participants	**17**	**22**	**39**

Table 4.2.2

Secondary data sources

Event/ activity (description)	**Period**	**Place**
Community Gathering (community living in tents sharing cultural activities for several weeks)	Fall 2018	Gull Island
Feast of the *mokoshan* (sacred communal meal)	Fall 2018	Gull Island
Visiting families in their tents	Winter 2019	Close to Sheshatshiu
Community prayer (led by *Tshenut*)	Winter 2019	Sheshatshiu
Sweats (ceremonial tent led by *Tshenut*)	January-June 2019	Natuashish
Smudging (ceremony involving prayer and the burning of sacred medicines)	January-June 2019	Natuashish
Women's sharing circles (moderated talking circle)	January-June 2019	Natuashish
Elders Gathering (from Innu communities in Quebec and Labrador)	Fall 2018	Gull Island

Note: Secondary sources provided contextual information. Attendance or participation was in all occasions by invitation.

Figures

Figure 4.2.1. Innu healing

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Credit author statement:

Leonor M. Ward: conceptualization, methodology, investigation, writing – original draft, visualization; Mary Janet Hill and Annie Picard: conceptualization, methodology; Anita Olsen Harper: writing – review and editing; Samia Chreim: methodology, writing – review and editing of many manuscripts, supervision; Samantha Wells: writing – review and editing, funding acquisition.

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Manuscript 3: "The land nurtures our spirit": Understanding the role of the land in Labrador Innu wellbeing

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"The land nurtures our spirit": Understanding the role of the land in Labrador Innu wellbeing

Highlights

- Indigenous views of wellbeing are specific to cultural context
- Land is an emplacement of Indigenous people, their knowledge and cultural identity
- *Nutshimit* (land) is core to wellbeing (*minuinniuin*) for the Labrador Innu
- Labrador Innu associate wellbeing experienced on the land with a sense of freedom

Abstract

We examined Indigenous views of wellbeing, aiming to understand how the Labrador Innu view the influence of land on their health. The Innu's views on land and wellbeing are context specific and have not been studied; our research addresses this significant gap in literature. Findings highlight that the experience of being on the land with family and community, learning cultural knowledge, and gaining a sense of identity play a major role in enhancing wellbeing. Externally imposed policies and programs conceiving Indigenous land as a physical place fail to understand that land sustains wellbeing by emplacing knowledge systems and cultural identity.

Keywords: Indigenous health and wellbeing; Land; Indigenous knowledge; Cultural identity; Labrador Innu; Canada

1. Introduction

There are approximately 370 million Indigenous[8] (WHO, 2020) peoples worldwide whose health status is significantly lower than that of their non-Indigenous counterparts (Gracey & King, 2009; Nelson & Wilson, 2017; Reid et al., 2014). Amongst these peoples there is immense cultural diversity. In Canada, for example, Indigenous peoples are divided according to the Constitution into First Nations, Metis and Inuit (Government of Canada, 1985), speaking over 70 languages within 12 distinct language families (Statistics Canada, 2016). For Indigenous populations, given their cultural diversity, there is no one single understanding of contemporary Indigenous health and wellbeing (H. Graham & Martin, 2016; H. Graham & Stamler, 2010), and health research with Indigenous peoples indicates that understandings of health and wellbeing are culture specific (Finn et al., 2017; Goodkind et al., 2015; Schultz et al., 2016; K. Wilson, 2003). As such, improving the health of Indigenous peoples through health programming requires consideration of each community's historical, geographical, cultural contexts; without these considerations, the specific needs and concerns of the community are not met (Craig et al., 2018). This paper examines views of wellbeing and how the land enhances wellbeing among the Labrador Innu, who reside in the province of Newfoundland and Labrador, Canada. This research will be used to inform the enhancement of community-based programming to improve the mental health of the Labrador Innu.

The disparities in the health status of Indigenous peoples can be understood, at least in part, through a social determinants of health perspective, including a focus on income, education, employment, living conditions, and access to health services. Current Indigenous-specific

[8] "Indigenous" refers to the inhabitants of the land who predate colonization (Allan & Smylie, 2015)

disparities originate with historic and contemporary colonization which result in continuing loss of culture, autonomy, land and health (deLeeuw, 2015; King et al., 2009; C. L. Reading, 2015). In Canada, the 1876 *Indian Act* legislation promulgated by the English Crown enacted policies of assimilation and further displaced First Peoples from the land; then, the residential school system separated children from their families for the purpose of eradicating cultures, languages, and Indigenous identities.

A salient aspect of these colonial practices in various countries around the world is the alienation of Indigenous people from their lands. Loss of land among Indigenous peoples has meant less time on the land and thus reduced opportunities for sharing knowledges on cultures, skills and practices, which, in turn, resulted in a weakening of social bonds and self-esteem associated with cultural identity (Butler et al., 2019; Durkalec et al., 2015; Erasmus et al., 1996; Panelli & Tipa, 2007; Richmond & Ross, 2009; Tobias et al., 2013). The health implications of these losses are significant.

There is great cultural diversity among Indigenous peoples and understandings of Indigenous health and wellbeing are specific to each culture (Finn et al., 2017; Goodkind et al., 2015; Schultz et al., 2016; K. Wilson, 2003). One example of the specificity of cultural understandings of wellbeing is found in the Medicine Wheel. The Plains Cree of the Great Plains of North America encapsulate their concept of wellbeing in the symbol of the Medicine Wheel (H. Graham & Stamler, 2010). While the Labrador Innu and the Plains Cree speak Algonquian languages, the Medicine Wheel is not traditionally used by the Innu. Despite specificities, understandings of Indigenous health and wellbeing hold principles in common. One of the common principles has been noted by Indigenous philosophers of the Americas: all nature and all beings (humans and non-humans) have a purpose and a relationship to each other (Burkhart, 2019;

Cajete, 1994; S. Wilson, 2008). Similarly, Drahos (2014), a non-Indigenous academic working with Indigenous peoples in Australia, upheld that Indigenous knowledges, land, and people exist in an integrated system in which humans and non-humans are all part of a "territorial cosmos". The concept of territorial cosmos places Indigenous knowledges and people on a land inhabited by humans and non-humans. Indigenous geographers have also brought attention to the wholism in the connections among Indigenous health, land, and cultural identity (Big-Canoe & Richmond, 2014; Richmond & Ross, 2009; K. Wilson, 2003), highlighting as well the common recognition of land as a determinant to all or most Indigenous peoples' health (Cunsolo Willox et al., 2012; Panelli & Tipa, 2007; Richmond, 2015; Richmond & Ross, 2009).

Nevertheless, in the same way that understandings of wellbeing are culturally specific, interdependent relationships between Indigenous peoples and the land have also been found to be culturally specific (Finn et al., 2017; Goodkind et al., 2015; Izquierdo, 2005; Lines et al., 2019; Panelli, 2008; Schultz et al., 2016; K. Wilson, 2003). For example, Izquierdo (2005) found that although the health outcomes of the Matsigenka people in Peru improved with more access to non-Indigenous health services, their sense of wellbeing simultaneously decreased. This is because the meanings and qualities they attribute to wellbeing include productivity (understood as providing for the family by being skilled hunters, fishermen and weavers), harmony (with their social, physical, and spiritual environment), and goodness (understood as the subordination of individual needs to the larger collective). For the Maori of New Zealand, wellbeing concepts include obligations towards their tribe, responsibility towards the land, and balance that requires maintaining relationships to, for example, the gods of the forests (Panelli & Tipa, 2007). These examples show that there is diversity in perspectives of wellbeing.

The Labrador Innu (Innu hereafter) live in the communities of Sheshatshiu (Sheshatshiu Innu First Nation - SIFN) and Natuashish (Mushuau Innu First Nation – MIFN). The Innu have an intrinsic understanding of wellbeing although there is a lack of research and literature on their perspectives of the significant relationship between land and wellbeing. Our article helps fill this gap. This is essential research to understand better these interrelationships which are specific to the unique context of a community, and also to inform Innu health policy and practice, especially when enacted by non-Innu. *Tshenut*[9] (meaning old persons) know that the land holds keys to wellbeing (Innu Nation, 2014). In a community-initiated larger study supported by the then Grand Chief of the political umbrella organization of SIFN and MIFN, Innu Nation, the Innu partnered with outside researchers on a larger study on Innu mental health and wellbeing, involving researchers from both MIFN and SIFN. This article reports on Innu views of wellbeing (*minuinniuin*), including how the land contributes to their wellbeing. Grand Chief Anastasia Qupee specified that the research must be conducted fully utilizing Innu ways-of-knowing and knowledge systems. All subsequent Grand Chiefs have been supportive of this community-initiated research. Through a community-based participatory approach, we answered the following research questions: How do Innu view wellbeing? How does the land support wellbeing?

For this article, the authors are Innu and non-Innu researchers as follows: two Innu (second and third authors), one Indigenous non-Innu scholar (fifth author); one mixed (non-Innu) South American Indigenous scholar (first author - LW), lived in Labrador and worked for the Innu; two non-Indigenous scholars (fourth and sixth authors). All authors share a commitment to

[9] *Tshenut* is the plural of *Tshenu*. It means old persons in Innu-aimun (the language of the Innu). We use this word instead of Elder, and capitalize it to indicate respect.

understanding and improving Indigenous health and wellbeing, and a perspective that Indigenous knowledges contain important understandings of the world.

The first section of this article briefly presents Innu history relative to their connection to the land and notes the events that displaced them from their ancestral territory - as well as their response of cultural revitalization. This history has impacted their health and wellbeing. The second section outlines the methods used in the study. Next, the research results are presented, followed by the findings and implications.

1.1 Overview: Innu traditional life, the land, health status and current policies

Nutshimit[10] has been the place of totality in Innu life for millennia. Until the 1950s, the Innu were self-sufficient nomadic hunters in the subarctic environment of the Quebec-Labrador Peninsula. They lived as inter-dependent people who traversed vast lands in a 800,000 kilometre^2 territory called *Nitassinan* (meaning "our homeland") (Armitage, 1991). Today, they are settled in eleven communities, nine in the province of Quebec, and two in the province of Newfoundland and Labrador (NL), Canada. This study pertains to Natuashish and Sheshatshiu in NL. Collectively, they have a population of about 2,200 (Statistics Canada Census, 2016).

1.1.1. Traditional Innu life

Survival on the land requires exactitude and cooperation with everyone contributing their skills and labour. Children learned what was required to survive on the land by about 15 or 16 years of age; they were taught by parents and grandparents everything from hunting, cooking,

[10] *Nutshimit* is an Innu-aimun word translated into English as land, country, outpost. We write *Nutshimit* in capital letters to indicate in written language the respect Innu have for the land.

erecting tents, planning hunting expeditions, raising children, finding medicine, and interpreting the weather. Until the 1950s, the Innu travelled for 9 months of the year (Penashue, 2019) in groups of about 3 to 5 couples with their unmarried children. The small groups assembled briefly in larger gatherings at places where resources were plentiful. In these gatherings, they traded and made marriage alliances (Mailhot, 1997).

Life on the land saw the Innu in permanent relationship with all living beings (human and non-human). One example is the traditional hunting philosophy of *respecting the animals* (Blaser, 2018; Mailhot, 1997). The Innu word for caribou is *atiku*, a non-human living creature with full personhood and will, and that is inhabited by spirit. Hunting then, is not about outsmarting animals but about enticing fully volitional beings to be generous with their bodies (Castro, 2015). The peoples' respect is such that *atiku* return each year to provide for Innu needs (i.e., meat and marrow for food, bones for spiritual ceremony). This relationship supports the claim of Indigenous philosophers that although there is great diversity of cultures and understandings of health and wellbeing, there are common principles that all living entities exist in relationship to each other (Burkhart, 2019; Cajete, 1994; S. Wilson, 2008).

The Innu continue hunting today, mostly in spring and autumn. Contemporary hunting is described as requiring tremendous amounts of energy, coordination between mind and body, alertness, quick decision-making, improvising in the subarctic world, and an understanding of the constant changes in the weather and its effects on the movements of animals (Samson, 2013).

1.1.2. Policies and their effects on Innu health and wellbeing

Policies of forced settlement brought an abrupt end to traditional life (McRae, 1993), effectively dispossessing the Innu from their land. Innu hunters provided for their families and the

larger Innu community by maintaining kinship bonds with the land that were renewed as they walked the land while they hunted. Henriksen (1973) documented stories of Mushuau hunters in the 1970s where these bonds are manifested in mutual care for each other (Innu and land), allowing hunters to survive in the barren lands of northern Labrador. This understanding of relational bond with the land is shared among many other Indigenous peoples and expressed in their creation stories where people come into being when the land comes into being (Royal Commission on Aboriginal Peoples, 1996). Such understanding of land is different than European concepts of land that influenced the English Crown's promulgation of the *Indian Act* that declared Indigenous land in Canada as "property" of the Crown. The European view of land at the time of the promulgation of the *Indian Act* had its origins in the scientific revolution (N. Graham, 2011). The scientific revolution developed an epistemology based on the distinction between nature and culture. Within this paradigm, man is defined by the attainment of culture through civilization, and nature is defined by lack of cultural qualities. Thus, - in this paradigm - man's relationship to nature becomes one of mastery, subjugation and taming through notions of 'improvement' and 'progress', and Indigenous peoples are conceived in the category of nature (N. Graham, 2011).

Until the mid-twentieth century, the federal and provincial governments in Canada upheld concepts of 'improvement' and 'progress' that considered the Innu life on the land as uncivilized (Samson, 2009) and requiring government intervention through forced settlement and schooling. Mushuau Innu who now live in Natuashish were forcibly relocated in 1948 to the coastal community of Nutak. After one year, they walked back to traditional territory and returned to the hunting life. The second relocation was to Davis Inlet in 1967 (Samson, 2009). They were given poorly insulated homes with plumbing infrastructure but no running water. In 2002, they were

relocated to Natuashish, a place of their choice. The Sheshatshiu Innu were settled in the 1960s in the location they gathered at for centuries that was close to a trading post at North West River.

Through provincial government policy, traditional Innu hunting became illegal and children's enrollment in non-Innu schools was mandatory (Gregoire, 2012; McRae, 1993). Forced schooling had a detrimental impact for the preservation, practice, and intergenerational transmission of knowledge, which takes place on the land. Making hunting illegal changed the role of men as providers for their families, and as teachers of younger men; this caused dependency on government welfare for families' sustenance. Forced schooling also affected *Tshenut* who have a societal role as knowledge holders (Smylie et al., 2014), cultural transmitters (Rowe et al., 2019; S. Wilson, 1996), and safeguarders of the worldview (Askland & Bunn, 2018).

Gregoire (2012), an Innu man who experienced land dispossession, described policy changes as initiating a pattern of alcohol abuse, violence, family breakdown, suicide, accidents, and illness. His view is shared by *Tshenut* who identify land dispossession as the point when social ills began (Fouillard et al., 1995; Fouillard & Sheshatshiu Innu First Nation, 2011; Samson, 2009). Land dispossession was furthered through mining development, flooding of lands for a hydroelectric project, and an increase of NATO military activity over Innu traditional territories.

1.1.3. The emergence of cultural revitalization

Despite government efforts, the Innu never stopped finding ways of returning to the land. It was their worldview that mobilized them to engage with the federal government for the first time in 1980. As noted by Mailhot (1997), Innu truth is that one takes care of the land and land takes care of people. In 1979, NATO low-level fly training over hunting camps became too disturbing to the families and to the animals. Military planes from European allied nations were

based at the airport in Goose Bay (40 km from Sheshatshiu) and conducted training at low altitudes over lands considered 'unpopulated'. Innu wrote to federal ministers in protest for a period of six years, and garnered support of NGOs and the international media (Alcantara, 2010). In the late 1980s, in a tremendous showcase of strength to defend their lands, Innu engaged in contentious collective action by occupying the runways of the military airport in Goose Bay on multiple occasions. As a result of the protests, the government extended the *Indian Act* in 2002 (a century-and-a-half later than most other First Nations in Canada), and agreed to a settlement of land claims after noticing that public opinion was favourable to the Innu. Land claims were signed in principle in 2011, but to date have not been finalized.

Another successful Innu negotiation was funding for families to go back to the land. Known as "outpost", these finances covered the cost of families for hunting in the spring and fall, and to revitalize their culture. The funding, though, has remained unchanged in its nominal amounts over the years (personal communication with Band Councils, October 2015).

The protests confirmed that the Innu are a people with knowledge and understanding of their lands (Samson, 2013) and generated many activists. One is *Tshenu* Taukuesh Penashue, who leads younger Innu on traditional walks in a rediscovery of their culture. Traditionalists like Taukuesh engage in activities that help younger Innu repossess a way of life on the land.

When the Innu came under *Indian Act* authority, new Western-based health practices arrived in their communities. However these failed to acknowledge how land dispossession has negatively affected the wellbeing of the people (Samson, 2009). Innu responded by advancing their self-determination through progressive steps, one of which was creating the Innu Round Table (IRT) in 2012, as the executive arm of Innu Nation. After extensive community consultation the IRT articulated a Healing Strategy (Innu Nation, 2014). The Strategy conceives a contemporary

return to land activities as the foundation for health and wellbeing for the rebuilding of their communities. Innu self-determination has many fronts including doing research initiated by Innu in areas of interest to them, such as the current project which aims to better understand Innu wellbeing and its connection to the land.

2. Methodological approach

2.1. Analytic framework and ethics

Our approach was community-based participatory research or CBPR (Israel, 1998) using an Innu framework for health research developed at the start of the research partnership (Ward et al., 2020) from a larger study on mental health and wellbeing that is ongoing in the two Innu communities. The research aimed to engage all partners dialogically in an ethical space (Ermine, 2007) where relationships among all researchers would utilize Innu knowledge and ways-of-knowing (Ward et al., 2020). The team, including Innu and non-Innu researchers, was guided by OCAP™, a registered trademark of First Nations Information Governance Centre (FNIGC) (1998) that protects self-determination in research through collective *o*wnership, *c*ontrol, *a*ccess and *p*ossession of information. A Core Research Team (CRT) under the advice of *Tshenut* was formed to steer the research led by the Innu. Ethics approval was obtained from the Innu Nation, the NL Research Ethics Board, and two academic institutions in Ontario where LW and the Principal Investigator work.

2.2. Data sources and collection

Participants 16 years of age and older who were living in the communities and self-identified as Innu were recruited by Innu co-researchers and the Community Youth Coordinators

(CYC) of each of the communities. CYC are adults employed by SIFN and MIFN. Data collection was conducted under the oversight of the CRT from January to June 2019. It involved individual semi-structured interviews and focus group discussions to explore Innu views of wellbeing, and how land enhances wellbeing. Guiding questions for the interviews and focus groups were translated into Innu-aimun, reviewed and approved by the CRT and the CYC. Participants were asked, for example: "what does *minuinniuin* mean to you?", "what/who makes it possible for you to feel well?", "can you describe what you feel in *Nutshimit*?" Recruitment continued until there were no new themes in new interviews and focus groups, indicating that we had reached data saturation. Twenty three participants were interviewed and 16 participated in focus groups, for a total of 39 participants from the two communities. During this study, LW was invited by *Tshenut* and leaders to participate in community gatherings on the land and the sacred feast of the *mokoshan*[11] during the fall of 2018 and winter of 2019. These events offered contextual information for the study.

FA conducted the individual face-to-face interviews in English at a local community centre. These lasted between 35 and 75 minutes each. Focus groups were also facilitated by FA in English, with the participation of youth between 16 and 19 years; these were hosted by the CYCs at the youth centre of each community. Each focus group lasted approximately 2 hours, and at the end of each, participants celebrated with a shared meal. Interpreters were available at all focus groups and interviews, as required by participants. Written informed consent was obtained from all participants, who were offered a $30 gift certificate prior to their participation. *Tshenut* who participated in research meetings were given honorariums to indicate respect and thankfulness for

[11] The feast of the *mokoshan* is a communal spiritual celebration where Innu partake in a meal prepared with caribou marrow.

their stories. All interviews and focus groups were audio-recorded and LW transcribed them verbatim. To protect privacy and confidentiality, Innu co-researchers assigned Innu names to all participants.

CBPR involves a process of reflection and articulation of experiences and perceptions on the part of non-Indigenous researchers or Indigenous researchers who are not members of the community (Kilian et al., 2019; Wallerstein & Duran, 2010). An important limitation of our study was that non-Innu researchers do not speak Innu-aimun and the interviews and focus groups were conducted in English and translated back by interpreters. The Labrador Innu have maintained their language (close to 90% - Statistics Canada, Census, 2016), and English is their second language. We mitigated the effect of multiple translations by maintaining a close dialogue in all research stages among all the researchers, Innu and non-Innu.

2.3. Analysis

The team conducted thematic analysis (Braun & Clarke, 2006) in an iterative manner following several steps. First, the transcribed interviews and focus groups were preliminarily explored by becoming familiarized through several readings and writing of memos (LW). Next LW analyzed and generated initial themes (e.g., “family and community”, “Innu knowledge”) expressed explicitly in relation to the research questions. Initial themes were discussed and adjusted by all co-researchers through several iterations on several occasions between June 2019 and November 2020. The final themes were applied to the entire data set. Findings were shared with the CRT at several stages of the analysis, allowing for guidance on the interpretation and organization of the results. In the following, we provide extensive quotations to illustrate and support the themes in the Findings. It should be noted that the various themes are not mutually

exclusive; rather, they are interrelated and the quotations we provide illustrate these interrelationships.

3. Findings

In this section, we report on Innu views of wellbeing as well as the role of the land in enhancing *minuinniuin* which the Innu translate into English as "wellbeing". We organized the findings around the themes that emerged from the analysis.

3.1. Minuinniuin (wellbeing) as life on the land

In response to the question, "what does *minuinniuin* mean to you?", participants noted that it is subjective ("*something you feel*", *Tshenu* Pinip, age 60s) and that it is the aim or destination of a process that occurs throughout one's life *("We keep going to minuinniuin, we keep traveling there"* – Napeu, age 19). It was depicted as "beautiful" ("*Minuinniuin is a beautiful thing.*" Puna, age 50s). Most described it as life in *Nutshimit* (the land, the country) where there is integrity, self-reliance - including the provision of food and medicine. In traditional Innu life, food and medicine come from the land, and people are self-sufficient:

> *"Minuinniuin is life in Nutshimit. It helps our health because we eat from the land."* (Puna, age 50s)
>
> *"I have minuinniuin on the land."* (Nashtish, age 50s)
>
> *"Good food, traditional food, that is minuinniuin … when the mother eats the food that the husband hunts … the baby grows because the husband hunts the food the mother eats, and the baby eats what the mother eats."* (*Tshenu* Shushtin, age 80)

"Minuinniuin is living a simple life ... a humble life, being able to feed your children, to have what you need in your tent, and to be happy. If you were sick, you would go outside to find your medicine outdoors and make yourself better." (*Tshenu* Nishapet, age 70s)

3.2. Land as a place of freedom

For most participants, land contributes to wellbeing by facilitating "freedom to be Innu", away from the *akenashaut* (outsiders) gaze and expectations:

"In Nutshimit we are free to be Innu; we are free to be who we are." (Maniakat, age 40s)

"Akenashaut cannot tell us what we can do and what we cannot do in that world." (Mani Shanet, age 27)

"*[In Nutshimit] I feel free because everything around you is nature, water, nothing is going to stop you, no one is going to stop you, nobody is going to tell you what to do. It is all free, the water is free."* (Shushep, 24)

Contrasting their feelings about the community where they experience a lack of autonomy and control, and worry about food security, some participants described how they felt about being on the land as a source and place of wellbeing:

" [In the settled community] you are worried all the time about how you are going to pay your next bill and feed your kids, you are dependent on the store-bought food, on cash, and on your job so that you can pay your bills." (Nikashant, age 50s)

"*As an Innu, I should be in the wilderness, but I am at home all day … There is too much electronics, I look at my phone all day, I look at my computer all day, I look at my TV all day, and I go to sleep. Get up in the morning and the same thing again."* (Shimiu, age 32)

3.3. Land as a place of togetherness and relationship with all living beings

In *Nutshimit* families live together and this togetherness is part of *minuinniuin.* On the land, Innu individuals are part of a community that shares resources and also sorrows, providing a sense of belonging:

> *"[Minuinniuin is when] everybody helps out and that brings the closeness in people. That is the way people have always been in Nutshimit. They always helped each other, they shared their food and their game."* (Nashtish, age 50s)

> "*[Minuinniuin] is what you feel when something happens, and people gather around you and the family that is suffering. These relationships to family are very positive.*" (Mani Shanet, 27)

In *Nutshimit* the Innu live in a close relationship with the land and the spirits of the animals; these relationships were described as part of *minuinniuin*. The land, water and trees are living beings that the Innu strive to live in harmonious relationships with, as they connect with all living beings in a larger cycle of life renewal. These connections are facilitated by being on the land, and also through spiritual practices. Through drumming, dreaming, praying Innu have reciprocal relationship with spiritual forces:

> "*The land nurtures our spirit."* (Inushkueu, age 40s)

> "*[Minuinniuin] is remembering that everything is alive, even the snow is living, and that the trees are growing and everything grows back in the summer time"* - Puna, age 50s)

> *"Minuinniuin is being on the ground [on the land], it is to stay connected with the animals. Drumming connects you to the animal spirits, the drum can give you a message ... dreams come when there is a message"* (Manian, age 40s).

Some spiritual practices are performed as a community, like the feast of the *mokoshan* to commune with and thank the caribou spirit for their provisions. This feast is a meal prepared by the hunters and the leaders with a special regard to caribou bone marrow, a sacred time that positively affects the wellbeing of Innu people:

"What helps me to have minuinniuin is the mokoshan. It is the food we are eating [in the mokoshan] and also the people who come. My blood sugars are normal for the whole day and the day after" (Shimu, age 32).

3.4. Land as a place to learn Innu knowledge and identity and key role of Tshenut in teachings

Innu knowledge was described as part of *minuinniuin*, which is specific to their culture, and traditionally learned on the land. An example of this is recognizing thin ice ("*Our language has many words for snow or ice. You need to know the snow and the ice, or you will go through ice on a lake.*" - Shapatesh, 24). Innu knowledge is learned by observing, experiencing and engaging in cultural practices, listening to *Tshenut*, and also through introspection. A child learns by observation, then doing what he/she observes members of the family and *Tshenut* do ("*The boys learn to hunt and the girls learn to make bread. My wife taught the girls and I taught the boys*" - *Tshenu* Nuk, age 60s).

Listening to and interacting with *Tshenut* is a cultural practice to access the wisdom of past generations and is referred to as "*going to a living library*" (Shimun, age 50s). This contributes significantly to Innu wellbeing. Some *Tshenut* acquire deep spiritual understanding and work at passing this to the younger generations:

"I listen to the Tshenut when they are talking about their ways in the past. Hearing them is really minuinniuin. There are times when I am all over the place and I have no patience. Tshenut help me see things the right way, [they help me] to calm my mind and to have patience … There has to be patience even in your dreams, and you have to keep praying … and you have to remember that everything grows back in summer time." (Shunin, age 50s)

Shunin's quote reveals that *Tshenut* teach a way of thinking, of look at life and seeing through their traditional worldview. Moreover, the teachings include hopefulness for the future (e.g., "*you have to remember that everything grows back in summer time*").

Participants also internalized *minuinniuin* as cultural understanding and discovering their own strength and using this strength to form a positive Innu identity (a self-understanding about being Innu): (*"On the land you need knowledge to survive. When young people experience how hard it was for the Innu to survive they are very proud. They learn that they can do anything! We Innu are strong … this is minuinniuin."* – Mani Shunin, age 50s). Thus, a positive Innu identity, also a part of *minuinniuin*, is associated with Innu knowledge.

For *Tshenut*, a positive Innu identity is core to wellbeing (*minuinniuin*): *"Knowing who you are is good medicine"* - *Tshenu* Katnen, age 70s; *"minuinniuin means knowing your identity, it is about being strong, not fearing"* - *Tshenu* Pinip, age 60s). Positive identity is communicated by *Tshenut*, often on the land, by relating Nutshimit as the place of ancestors.

"I went to Nutshimit [for the first time] when I was about 20 years old. I felt ashamed of who I was… not knowing what is to be Innu … I struggled … but one day we were gathered in a tent and a Tshenu presented the Innu timeline. I felt I was getting my identity back by hearing what the Innu went through. Even if I do not know a lot [of traditional knowledge],

I still experienced that feeling of knowing who I was as an Innu person … once I tapped into seeing, feeling, being Innu, that is what helps me. Now I am proud of being an Innu person. That shame feeling is gone. [Now] I always keep in mind that the Innu people are strong, so many changes that happened in such a short period of time." (Enen, age 30s)

3.5. Inter-relationships among the elements of minuinniuin

The various elements of *minuinniuin* - land as place of freedom, togetherness and relationship with all living beings, Innu knowledge and identity - are inter-related and enhanced by each other. The following story of Tanien (age 17), who had been taken to *Nutshimit* by his grandfather since he was a child, discloses how culture is learned by observing and doing and by understanding the spiritual practices of Innu culture and knowledge. These link to strong identity and wellbeing, and foster a sense of freedom:

"My grandfather took me hunting … I remember that we got an animal, and he took the antlers and put them on a tree. He said, "I am showing things that this land has given me; it gave me food and supplies." We hung [the antlers] up and he was speaking in Innu and he said, "Thank you for providing for me." He thanked the ancestors because they were here a lot longer and took care of everything [in the land] … I said, ah … respect, I want to say [respect] to the land in general, but it is more than that (long silence). An Innu person is giving, grateful, respectful, loving. They are people that can give out a hand, that can provide. An Innu man is one of the most respectful and respected, they work hard, they do everything they can to provide not only for their families but to others. I realized there what it meant to be Innu … is that traditions that are taught to me are entrusted to me so

that I can pass them on too... Whenever I practice traditions, I feel free, I feel like I can fly, it is an amazing feeling." (Tanien, age 17)

In Tanien's story, he recalls the experience of being on the land and how it led to introspection and realization of his identity and purpose. This came from understanding why his grandfather was respectful to the animals and thanked the land and his ancestors—an integral part of Innu spirituality. Moreover, Tanien connects the spiritual practice of respect as one that expresses how an Innu person is or should be ("giving, grateful, respectful"). He then affirms that practicing his culture, which he is entrusted to learn and pass to the next generations, gives him wellbeing ("I feel free … I can fly … amazing") and confirms his identity.

Participants indicated that *minuinniuin* also refers to wholeness beyond the physical dimension (*"It is more than just the body, it is also the emotions and your spirit."* - Uapukun, late 30s; *"[minuinniuin involves] the four areas like mental, spiritual, emotional, and physical, all those areas; you are whole then." Puna, age 50s).*

There is congruency in the understanding of what *minuinniuin* means for Innu people across the generations, independently of proficiency of culture on the land. This congruency can be described in the notion of *"Innu heaven"* brought up by participants. Innu heaven has all the elements of traditional life, with ancestors in the same 'place' ("*Innu heaven has a big tent where everybody is together with the ancestors … [The tent] is by the water in a beach, and you get there in a canoe; all the time there is a canoe, that is how you get to places."* – Mani Shanet, age 27).

Overall, Innu view *minuinniuin* as a subjective and aspirational state of being that is intricately related to *Nutshimit,* a 'place of wellbeing' that can be translated as land. For Innu, land is core to wellbeing. Land provides and facilitates togetherness, relationship to all living beings

(humans and non-humans), enactment of Innu culture through which Innu worldview is maintained and taught, and finding of Innu identity.

4. Discussion and conclusion

Our study is community-initiated and leader-supported. It focusses on what is concerning to the two Labrador Innu communities of Sheshatshiu and Natuashish: the articulation for non-Innu audiences of their concept of wellbeing (*minuinniuin*), a needed first step for Innu-created health programming. We described the Innu concept of *minuinniuin* and showed that *Nutshimit* (land) is at its core. *Nutshimit* is a place where Innu live in permanent relational exchange with living humans and non-humans. While Innu experienced an abrupt change in their traditional way of life starting in mid-twentieth century, they maintained their culture and their connection to the land.

Our findings highlight Innu views of wellbeing, including non-physical influences from experiences on *Nutshimit* where there are emotional, mental and spiritual benefits from being together as family and community. *Nutshimit,* the place where Innu learn cultural knowledge, provides them an identity as strong and free people, and autonomy through learning how to survive in this environment. Our findings illustrate the specificity of the relationships among *Nutshimit,* knowledge, identity and wellbeing, which is consistent with findings from research conducted by Indigenous geographers and allies (Big-Canoe & Richmond, 2014; Richmond & Ross, 2009; K. Wilson, 2003). Our research adds to the body of literature that recognizes land as a determinant of Indigenous peoples' health (Cunsolo Willox et al., 2012; Panelli & Tipa, 2007; Richmond, 2015; Richmond & Ross, 2009).

We highlight the role that *Tshenut* and Indigenous Elders in general have in teaching knowledge experientially on the land, and how this affects wellbeing (Rowe et al., 2019; S. Wilson, 1996). The continuous practice of culture brings Innu to a realization of dependence on each other, the weather, and the animals, in what becomes a spirituality and a worldview (Askland & Bunn, 2018; Castleden et al., 2009; S. Wilson, 1996). Our findings demonstrate that *Nutshimit* represents a place of freedom away from colonizing structures that are part of settled community life. This finding resonates with recent work on the health of Inuit of Labrador (Durkalec et al., 2015), which also reported experience of freedom when on the land. We also propose that the freedom Innu experience on *Nutshimit* is one of ontological wellbeing – a mode of "being-in-the-world" (Askland & Bunn, 2018; Castleden et al., 2009). For the Innu, "being-in-*Nutshimit*" is "being at home".

Our study contributes to knowledge of Innu contemporary understandings of wellbeing and the relationships between land *(Nutshimit)* and the people. While there might be other views of wellbeing, we only articulated the most commonly-reported perspectives by the participants. Our research provides outsiders (non-Indigenous) with understandings that can better shape Indigenous health programming in Canada's North (Chatwood et al., 2017). Policy-makers and health planners must be able to conceive of *Nutshimit* as more than land as physical space, and that *Nutshimit* sustains Innu *minuinniuin*. Without this understanding, we will continue to see health and wellness programming and service provision that are not culturally safe, perpetuating modern-day colonialism.

Moreover, these findings provide a foundation for reinforcing support for Innu land-based wellness programming (e.g., facilitating families going to the land, offering land-based experience to children at school, producing land-based curriculum), and the contemporary role that *Tshenut*

are taking in passing on their teachings to the younger generations (e.g., inviting Tshenut to teach cultural activities as part of the school curriculum). While land-based activities have not been conceived as 'programs', we suggest they be viewed as such given the importance of *Nutshimit* as core to *minuinniuin* (wellbeing). We suggest that health programming be developed with consideration of the importance of the land in improving a sense of wellbeing among the Innu peoples, as this would indeed bring Innu bodies, minds, emotions, and spirits "home".

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Chapter 5 – Integrated discussion

In this chapter I provide an integrated discussion of the findings of this dissertation by articles. The articles are presented in three manuscripts in Chapter 4. This discussion opens with a brief description of the findings of each manuscript. Then, I describe the limitations of the study. This is followed by a discussion of the implications for future research, for non-Innu health and service providers working with Innu clients, and for policy. I end this section highlighting the contribution of the research to Labrador Innu population health.

Summary of the findings and contributions

This dissertation contributes to an Innu-initiated project that seeks to explain to *akenashaut* (outsiders) Innu concepts of wellbeing and healing. The work originated in a decision of the Innu Grand Chief to utilize Innu knowledge and worldview in collaborative health research led by the Innu.

The three articles that form the basis of this dissertation focussed on the following research questions:

1. How can non-Indigenous researchers engage in knowledge production with and for the Innu specifically, and Indigenous communities more generally? What community-based-participatory research (CBPR) framework is most appropriate for health research with Innu populations?
2. What is the Innu process of healing?
3. How do Innu view wellbeing? How does the land support wellbeing?

I briefly summarize the contribution from each manuscript below.

Manuscript 1

The first manuscript was titled: "Developing an Innu framework for health research: The canoe trip as a metaphor for a collaborative approach centered on valuing Indigenous knowledges" (Chapter 4; Ward et al., 2020). This article sought to develop an Innu CBPR framework for health research. It is an Innu framework as it utilizes Labrador Innu ways-of-being and knowledge. This had not been done before.

The literature on CBPR with Indigenous peoples emphasizes the importance of relationships among non-Indigenous researchers and the communities; however, the process of establishing those relationships is underspecified. The article highlighted the importance of paying attention to the theoretical roots of CBPR (for example, interactive dialogue, critical thinking, joint growth, ongoing focus on self-scrutiny, mutual trust, questioning the nature of knowledge) as foundational to participatory approaches to research.

The article argued that a focus on the theoretical roots of CBPR (as opposed to a checklist of actions) brings to the fore Indigenous knowledges (Innu, in this case) as Indigenous and non-Indigenous researchers, including Innu and non-Innu researchers, are required to enter relational spaces for true collaborative work. The article described the process of entering relational spaces, based on the experience of the research team. As well, we described a framework that uses the metaphor of canoeing together through Innu lands, with all researchers together in an Innu canoe, and evaluated it against Kovach's (2015) criteria for assessing Indigenous methodologies. The framework proposes a methodology for health research involving Innu and non-Innu researchers.

The Innu CBPR framework was used in the work described in the following two manuscripts.

Manuscript 2

The second manuscript was titled: "A process of healing for the Labrador Innu: Improving health and wellbeing in the context of historical and contemporary colonialism" (Chapter 4; Ward et al., 2021). This manuscript sought to articulate Innu healing. Even though local Innu healing approaches, which are founded in Innu knowledge systems, are considered effective by Innu to deal with historical and contemporary colonialism, the process of healing had not been described.

This qualitative study shed light on a major process of healing (there may be multiple processes) that emerged from interviews and focus groups conducted with 39 participants older than 16 years of age. Healing is understood by the Innu as a process they refer to as "journey of healing" which has a destination called *minuinniuin*, translated into English as "wellbeing". Findings revealed five stages that describe a general process of healing: being "under the blanket"; finding spiritual strength; extending hands out; finding strength and power; and helping others. Findings highlighted Innu spiritualities as key enablers for healing. The support from *Tshenut*, return to culture, and resistance to negative stereotypes were also highlighted as enablers for healing. These stages and the key enablers may vary across individuals and cannot be generalized.

Manuscript 3

The third manuscript was titled: "'The land nurtures our spirit': Understanding the role of the land in Labrador Innu wellbeing (*minuinniuin*)" (Chapter 4; Ward, Hill, Antane (Andrew), et al., 2021). It sought to articulate Innu views of wellbeing, and their understandings of the influence of land on their health and wellness. The literature on Indigenous health and wellbeing indicates that views of wellbeing and of the influence of land on health and wellness are specific to each culture and context. Innu views on land and wellbeing have not been studied, and this manuscript makes contributions to filling this gap.

This qualitative study highlighted that Innu view *minuinniuin* as a subjective and aspirational state of being that is intricately related to *Nutshimit*, a 'place of wellbeing' that can be translated into English as "land". Land provides and facilitates togetherness, relationship to all living beings (humans and non-humans), the enactment of Innu culture, and the finding of a positive Innu identity. Innu conceptualizations of land are of a living entity and not simply a resource.

Findings also highlighted the importance of the role of *Tshenut* in experiential teachings of cultural activities on the land. The enactment of Innu culture on the land was emphasized as the way through which Innu worldview is transmitted. Findings demonstrated that for Innu, *Nutshimit* is a place of freedom away from the colonial structures that are part of the settled communities.

Limitations

The work presented in this dissertation is not without limitations.

The main limitation is language. It is possible that English words are inadequate in describing how Innu participants expressed their ideas, and that interpretation from Innu-aimun into English was similarly inadequate. After close to one decade working with the Innu, I can follow the general ideas of a conversation and have learned many words in Innu-aimun; however, I am far from proficient in the language (where worldview is expressed). Aware of this limitation, I have mitigated the language barrier through relational engagement with Innu researchers and by seeking their views on the study findings that are written in English.

Another limitation of the work of this dissertation is that the knowledge highlighted represents the views at the time of the study. Innu culture, like all cultures, continues changing over time, with each generation expanding the knowledge entrusted to them (see Manuscript 2). In addition, the views presented in the findings do not represent the views of all Innu. While the

Core Research Team (CRT) included members from both Labrador Innu community and equal number of men and women, not all groups within the Innu communities were represented. For example, the CRT did not include Innu members who openly identified as LGBTQ2S+, or Innu living outside of the communities - such as Innu living in Goose Bay. It is possible that the perspectives of individuals from different groups within the Innu society may have provided more nuance to the findings.

Participant representation is another limitation of the work of this dissertation. Recruitment of participants was conducted purposely by members of the CRT and the Community Youth Coordinators. Therefore, the research is limited to the individuals represented in the participant sample. It is possible that there are Innu who have views of the process of healing and of the role of the land that differ from the views reported in this study, indicating the need for further research among specific groups.

Other limitations of the work of this dissertation include the age of participants (16 years of age or older). The age of participants was decided by the Core Research Team (CRT) whose role was to provide guidance in the research process under advice of *Tshenut* (the governance of the study is detailed in Chapter 3). The younger Innu might have different views than the ones of older generations and their participation may have contributed nuance to the findings.

Implications

Implications for future research

The work of this dissertation was conceived from the outset respecting the principles of Innu epistemology (knowledge arising from an Innu perspective). The metaphor of canoeing together helps create a space for ethical and relational engagement that uncovers and values Innu worldview and knowledge. Using the metaphor, health research is then conducted within a

relational space that joins Innu and non-Innu researchers. The use of the metaphor may foster productive research collaborations in areas outside health research that require valuing and using Innu worldview and knowledge. This is the case for example, for environmental research concerned about freshwater and lakes, the effects of industrial development on the watersheds in Innu territory, and research in other areas.

Indigenous methodologies are still emerging. Kovach's chapter (2018) in the influential *Sage Handbook of Qualitative Research* edited by Denzin and Lincoln, states that "Indigenous methodologies are still in a state of becoming" (p. 227), and are "not found in a prescribed method" but in principles that uphold tribal knowledge and honour the Indigenous laws of love, respect, kindness, honesty, generosity, reciprocity and caring for your research (p. 230). A contribution of this dissertation is the development of an Innu research methodology (Manuscript 1) for collaborative research that utilizes Innu worldview and knowledge. Non-Indigenous researchers planning to do community-engaged research with an Indigenous community need to become aware that meaningful engagement requires substantial investment of time and relationship building with the specific community (Castleden et al., 2012).

Taken together, manuscripts 2 and 3 uncover Innu views of healing and *minuinniuin* (wellbeing) and highlight the importance of spiritualities involving relationships with human and non-human beings, as well as the role of *Tshenut*, culture, and resistance to negative stereotypes as enablers of healing. Healing is a process that restores Innu individuals to relationship with the cosmos around them and to the interconnected web of life. *Nutshimit* (land) is the place of wellbeing and central to *minuinniuin*. On the land, Innu experience wellbeing as they learn the worldview through the practice of culture; it is this worldview that brings them into connection with the living land. Manuscript 2 states that the process of healing that Innu and non-Innu

researchers constructed from the data is the major process we found and that it is not necessarily the only process of healing. Further research is needed to understand how different individuals within the Innu society might experience healing. These individuals might include the urban Innu, LGBTQ2S+, and those who practice different spiritualities than portrayed in Manuscript 2. Further research is also needed to understand Innu concepts of wellbeing that may not conceive of land as the central place of wellbeing.

The findings of manuscripts 2 and 3, taken together, indicate that a focus on land-based programming would build up *minuinniuin,* positively affecting the overall health and wellness of Innu, particularly mental health. Our findings are supported by the literature that suggests that rebuilding a sense of connection with the land positively builds up Indigenous wellness, especially mental health (e.g., Kirmayer et al., 2011). Moreover, the literature supports the concept of land as central in Indigenous wellness (*minuinniuin* for the Innu) (Big-Canoe & Richmond, 2014; Marquina-Marquez et al., 2016; Richmond & Ross, 2009). Further research can be conducted in the development of Innu *minuinniuin* indicators that measure dimensions of wellbeing that matter to Innu. Over time, these Innu *minuinniuin* indicators would serve to evaluate the health and wellness programming containing land-based components.

A pervasive theme throughout almost all interviews and focus groups were everyday aggressions in everyday places. Findings indicate that Innu counter these experiences with self-determination through resistance to negative stereotypes, and by developing a positive Innu identity through enactment of culture. The process of healing described in this dissertation represents both individual and collective acts of self-determination. The findings concur with the Innu Healing Strategy (2014) where Innu articulated a vision of healing in spite of the pain and the hurt of past and present colonialism. The revitalization of traditional healing has been ongoing

among Indigenous communities across North America since the 1960s (Tanner, 2009), with each community developing their unique healing initiatives based on their unique knowledge systems (Kirmayer & Valaskakis, 2009; Marquina-Marquez et al., 2016). The literature suggests that the traditional healing practices developed by each Indigenous group are useful for Indigenous clients and that they are a form of psychotherapy not yet recognized in Canada (Kirmayer et al., 2011; Marquina-Marquez et al., 2016). In this regard, the Labrador Innu have created a healing environment centred on the concept of land, and being surrounded by *Tshenut* and community, as opposed to a bio-medical environment. Further research is needed to understand the experience of Innu in the non-Innu health programs available to them that are based on a Western bio-medical model. This research could shed light on misalignment of existing health programming with Innu cultural values and practices that build up Innu health and wellness.

Implications for Innu

Taken together, manuscripts 2 and 3 indicate that *minuinniuin* is positively built when Innu experience being on the land, where they are together with family learning cultural knowledge. We proposed that the freedom Innu experience on *Nutshimit* is one of ontological wellbeing – a mode of "being-in-the-world" (Askland & Bunn, 2018; Castleden et al., 2009). In short, "being-in-*Nutshimit*" is "being at home". The findings are not new to the Innu and indeed concur with the Innu Healing Strategy (2014) aspirational plan where "country life will be brought into Innu programming whenever possible" (p. 46). In addition, the findings resonate with recent work on the health of other Indigenous communities (Durkalec et al., 2015; Redvers, 2020).

The major implication for the Innu from the work presented in this dissertation is about reinforcing existing Innu healing initiatives and building health programming with consideration of experience of land and the teaching of *Tshenut*, given that *minuinniuin* is positively built in this

manner. Health and wellness programming delivered on the land or with land components (called land-based programs) have been operated by different Indigenous groups within the provinces and territories of Canada, with varying foci that include traditional healing, education, outdoor recreation and leadership, and culture camps (Radu, 2018; Radu et al., 2014; Redvers, 2020). For example, the Chisasibi land-based healing program in Nunavik opened in 2012; it uses a healing perspective rooted in the Cree way of life to promote individual, familial, and community wellbeing (Radu et al., 2014). Being informed of what other communities are doing is useful. However, as we have argued in Chapter 4, manuscript 2, Innu healing is nested within an Innu epistemology that is learned on the land. Hence Innu land-based programs need to be developed based on the uniqueness of Innu epistemology and knowledge system. This presents an opportunity for the Innu to review the existing health and wellness programming to find areas in which land-based components can be added. In addition, Innu might build new land-based health and wellness programming based on the findings of this research.

A practical contribution of this dissertation to the Innu is the articulation of the canoe metaphor as a collaborative framework to work together - Innu and non-Innu – utilizing Innu epistemology and knowledge under Innu leadership. Although the canoe metaphor was developed as a CBPR framework for health research, it was positively assessed against the four principles that Kovach (2015) defined as the fundamental aspects of Indigenous methodologies. The canoe metaphor is a practical contribution to the Innu communities and their leaders in any upcoming work requiring collaboration with non-Innu, under Innu leadership.

Implications for non-Innu health and service providers who work with Innu clients

An important implication concerns the need for non-Innu health and service providers to understand that Innu have conceptualizations of health and wellbeing that differ from the dominant

Western bio-medical conceptualizations of health as absence of disease. This difference in conceptualizations of health and wellbeing is well recognized in the literature, and is explained as borne from the wholism of Indigenous worldview (Hart, 2010) that encompasses spiritual, physical, mental, and emotional aspects of health (Big-Canoe & Richmond, 2014; Butler et al., 2019; Panelli & Tipa, 2007). Health programing could aim to incorporate Innu conceptualizations of health and wellbeing; this would require that non-Innu health and service providers understand Innu concepts of health and wellbeing, and work together with Innu to incorporate into their care programming Innu concepts. Initial steps can be taken to formally include into existing health programming - for example prenatal care, diabetes care, mental health counselling services - Innu *Tshenut* and counsellors who are already formally or informally involved in services in the communities. Innu *Tshenut* and counsellors are aware of cultural factors, including social norms and values, and are cognizant of Innu orientations towards healing practices. The literature highlights the role that Indigenous Elders have in teaching not only a culture but a worldview of dependence on each other, and the cosmos around the person (Askland & Bunn, 2018; Castleden et al., 2009; Rowe et al., 2019; S. Wilson, 1996).

To incorporate Innu concepts of health and wellbeing into health programming, the canoe metaphor can be used among Innu and non-Innu health and service providers as the collaborative framework to come together under Innu leadership utilizing Innu knowledge. This is because the canoe metaphor is useful to bring together entities with different worldviews (Innu and non-Innu). The canoe metaphor provides a set of behaviours for non-Innu working with Innu, and a language to bring forth productive collaboration for the benefit of the Innu.

The literature suggests that health and service providers adopt the tenets of cultural safety and recognize the various ways in which Indigenous people experience life and understand the

world (Papps & Ramsden, 1996). Cultural safety is a concept that incorporates elements of cultural awareness, cultural sensitivity, and cultural competence (Brascoupé & Waters, 2009). Cultural safety training would help non-Innu health and service providers understand Innu concepts like *minuinniuin*. Becoming aware of the locally-developed Innu healing initiatives (e.g., participation in community organized events) could create alternatives not yet imagined. Cultural safety training should be developed in partnership with Innu.

Implications for policy

Health policy for Indigenous people in Canada is founded on the *Indian Act*, a legislation written and implemented in 1876 that establishes Indigenous peoples as federal jurisdiction (Lavoie, 2013). The federal government provides funding and retains responsibility for providing some health care services to status First Nations living on reserve, as is the case for the Labrador Innu, while the province administers and delivers many of the services. As described in Manuscript 2, the Innu have advanced their self-determination in health care by administering and delivering some health care services on reserve, funded by the federal government. Health care on reserve is an intersection of federal, provincial, and band-level policies and authorities that contribute to blurred responsibilities, gaps and jurisdictional ambiguities (Lavoie, 2013). Thus, First Nations individuals on reserve have a separate system of health care than the rest of the population in Canada (Nelson & Wilson, 2017), and there is general consensus that Indigenous peoples have more difficulties accessing health care (Allan & Smylie, 2015; McIntyre et al., 2017), particularly mental health care (McIntyre et al., 2017).

The Act was conceived with goals of assimilation of Indigenous peoples into Western society including the dominant Western paradigm of health (Lawford & Giles, 2012). The findings of this dissertation uncovered for non-Innu the conceptualizations of health and wellbeing that are

borne of Innu epistemologies. The systematic marginalization of Indigenous epistemologies in health policies has been suggested as the reason for the lack of improvement of health outcomes over time (Lawford & Giles, 2012). The lack of understanding of Indigenous values and northern contexts, including the need of engagement of Indigenous stakeholders, has been suggested as an important reason for the lack of improvement in the health systems within Canada's North (where Innu live) (Chatwood et al., 2017), and for the persistence of health inequities between Indigenous and non-Indigenous populations within Northern Canada (T. K. Young et al., 2016). Thus, the main policy implication of the findings concerns the need to conduct a critical review of the health policies intended for the Innu, to ensure they incorporate Innu paradigms of health and wellbeing. This review should be conducted in partnership with Innu who can articulate their paradigms, and the canoe framework can be used as a tool to help Innu and non-Innu policy analysts enter and sustain a relational space for this work.

The findings contribute to the literature on Labrador Innu population health by highlighting that access to and experiences of *Nutshimit* (land) build up Innu health and wellbeing by providing and facilitating togetherness, relationship to all living beings, and the enactment of Innu culture and identity. Land is not included in the social determinants of health framework of the Public Health Agency of Canada (PHAC, 2013), hence land-based programming represents a paradigm shift for the manner in which Canada conceives what determines the health of Indigenous populations. The notion of *minuinniuin* and the importance of land for wellbeing described in this dissertation contributes to Indigenous peoples' population health by noting that land is missing in the social determinants of health framework of PHAC. Future policy direction should consider adding "land" in the social determinants of health framework of PHAC.

Table 5.1
Implications for future research, for non-Innu health and service providers, and for policy

Category	Implications
Research	• Utilize the canoe framework for collaborative research that requires valuing and using Innu worldview and knowledge, in research areas outside health research (e.g. environmental research, policy). • Become aware that community-engaged research with Indigenous communities requires substantial investment of time. • Further explore understandings of healing from groups that might not have been included in this sample (for example different genders and urban Innu). • Develop Innu *minuinniuin* indicators that measure dimensions of wellbeing that matter to Innu. • Further understand the experience of Innu in relation to the non-Innu health programs available to them, to shed light about misalignment of existing health programming with Innu cultural values and practices that build up Innu health and wellness.
Innu	• Reinforce existing Innu healing initiatives with consideration of experience of land and the teaching of *Tshenut* to build up *minuinniuin.* • Review existing health and wellness programming to find opportunities to include land-based components. • Build new land-based health and wellness programming based on the findings of this research. • Utilize the canoe metaphor as a collaborative framework to conduct the review and to build new land-based health and wellness programming when working with non-Innu.
Non-Innu health and service providers	• Understand that Innu have alternative conceptualizations of health and wellbeing that differ from the dominant Western bio-medical paradigm. • Incorporate Innu concepts of health and wellbeing into health programming.

	• Include Innu *Tshenut* and counsellors already involved formally or informally in services in the community into health programming. • Develop cultural safety training in partnership with the Innu. • Utilize the canoe framework to collaborate with Innu to find solutions that work for the Innu communities.
Policy	• Critically review existing health policies in partnership with Innu, ensuring they incorporate Innu paradigms of health and wellbeing. • Initiate discussions about adding "land" in the PHAC health framework as determinant of the health of Indigenous populations.

Final thoughts

The findings presented in this dissertation add new knowledge to the Indigenous health studies literature, particularly to Innu health studies. Canada's political context at the time of writing is post Truth and Reconciliation (Erasmus et al., 1996; TRC, 2015), post adoption of the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) without qualification (UN General Assembly, 2007), post national apology (Government of Canada, 2008), and post Commission into Indigenous peoples' cultural genocide (TRC, 2015), yet health inequities continue. The need to address health inequities of Canada's Indigenous peoples, including the Labrador Innu, is overdue.

The Labrador Innu are a people in the process of restoring practices that have served them for millennia to make sense of life, and that will continue serving the health and wellbeing of their families and their communities. The findings of this dissertation articulated Innu concepts of *minuinniuin* (wellbeing), the importance of land as a place of wellbeing, and the contemporary healing and wellness approaches that Innu have developed to return individuals to a place of

wellbeing. These findings contribute to addressing the determinants of Labrador Innu health and hold promise for reducing Innu health inequities.

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Appendixes

Appendix A1: Ethics approval University of Ottawa

10/09/2018

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE I CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	H-08-18-769
Titre du projet / Project Title	Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu
Type de projet / Project Type	Thèse de doctorat / Doctoral thesis
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	10/09/2018
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	09/09/2019

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Leonor ZUNINO DE WARD	École interdisciplinaire des sciences de la santé / Interdisciplinary School of Health Sciences	Chercheur Principal / Principal Investigator
Samia CHREIM	École de gestion Telfer / Telfer School of Management	Superviseur / Supervisor
Samantha WELLS	Centre for Addiction and Mental Health	Chercheur principal - site d'examen primaire / Primary review site PI
Mary Janet HILL	Innu First Nation	Autre / Other

Conditions spéciales ou commentaires / Special conditions or comments

550, rue Cumberland, pièce 154 Ottawa (Ontario) K1N 6N5 Canada
550 Cumberland Street, Room 154 Ottawa, Ontario K1N 6N5 Canada

613-562-5387 • 613-562-5338 • ethique@uOttawa.ca / ethics@uOttawa.ca
www.recherche.uottawa.ca/deontologie I www.recherche.uottawa.ca/ethics

Appendix A2: Ethics approval Centre for Addiction and Mental Health (CAMH)

Centre for Addiction and Mental Health

December 28, 2018

Study Title: Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu

Principal Investigator: Samantha Wells, Centre for Addiction and Mental Health

Co-Investigators: Melody Morton Ninomiya, Leonor Ward

REB #: 121/2018-01
Review Type: Delegated

Amendment Approval Letter

The Centre for Addiction and Mental Health Research Ethics Board has reviewed and approved this application.

Documents Approved:

- Revised Consent Form – Innu-aimun (Version – December 7, 2018) received December 7, 2018

Please note the following:

- This study must be conducted as outlined in the REB approved materials, and in accordance with CAMH policies and procedures, the TCPS2 (2nd edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans), the provisions of the Ontario Personal Health Information Protection Act and its applicable Regulations, and with all other applicable laws, regulations or guidelines
- No deviations from, or changes to, the protocol should be initiated without prior written approval from the CAMH REB, except when necessary to eliminate immediate hazard(s) to study participants
- Please contact Anita Dubey, Manager, Research Communications at ext. 34932 prior to using any advertisement.

REB members with a conflict of interest on a study do not participate in the discussion, deliberation or decision on such studies.

The Centre For Addiction and Mental Health Research Ethics Board (CAMH REB) operates in compliance with, and is constituted in accordance with, the requirements of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2), the International Conference on Harmonisation Good Clinical Practice Consolidated Guideline (ICH GCP), Part C, Division 5 of the Food and Drug Regulations,

Russell St. Site
33 Russell St.
Toronto, ON
M5S 2S1

camh

Centre for Addiction and Mental Health

Part 4 of the Natural Health Products Regulations, Part 3 of the Medical Devices Regulations, and the provisions of the Ontario Personal Health Information Protection Act (PHIPA 2004) and its applicable regulations. The CAMH REB is qualified through the CTO REB Qualification Program and is registered with the U.S. Department of Health and Human Services (DHHS) Office for Human Research Protection (OHRP).

Yours sincerely,

[redacted]

Dr. Robert Levitan
Chair
Research Ethics Board
Centre for Addiction and Mental Health
E-mail: Robert.levitan@camh.ca
Telephone: 416-535-8501 x 34020

RL/tv
Encls.

cc: Sharon Bernards; Melody Morton Ninomiya; Leonor Ward; Sandy Tamowski

Russell St. Site
33 Russell St.
Toronto, ON
M5S 2S1

camh

Appendix A3: Ethics approval Research Ethics Board Newfoundland and Labrador

Ethics Office
Suite 200, Eastern Trust Building
95 Bonaventure Avenue
St. John's, NL
A1B 2X5

November 06, 2018

100 Collip Circle
London, ON
N6G 4X8

Dear Dr. Wells:

Researcher Portal File # 20191984
Reference # 2018.229

RE: "Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu "

This will acknowledge receipt of your correspondence dated November 2, 2018.

Your application was reviewed by the Health Research Ethics Board (HREB) at the meeting held on October 25, 2018. Your revised application has been reviewed by the Co-Chair under the direction of the HREB.

Ethics approval of this research study is granted for one year effective November 5, 2018. This ethics approval will be reported to the HREB at the next scheduled meeting.

This is your ethics approval only. Organizational approval may also be required. It is your responsibility to seek the necessary organizational approval from the Regional Health Authority (RHA) or other organization as appropriate. You can refer to the HREA website for further guidance on organizational approvals.

This is to confirm that the HREB reviewed and approved or acknowledged the following documents (as indicated):

- Application, approved
- Research proposal, approved
- Script for recruitment email, approved
- Script for Radio Advertising, approved
- Poster, approved
- Information and Consent Form for Youth Focus Groups in English, approved
- Information and Consent Form for Interviews, approved
- Script for follow-up phone conversation, approved
- List of Health Resources in Sheshatshiu, approved
- List of Health Resources in Natuashish, approved
- Focus Group Script, approved

- Innu Grand Chief Support to this project, acknowledged
- Interview Script, approved
- Social media advertising for youth focus groups, approved
- Budget, approved

MARK THE DATE

This ethics approval will lapse on November 5, 2019. It is your responsibility to ensure that the Ethics Renewal form is submitted prior to the renewal date; you may not receive a reminder. The Ethics Renewal form can be found on the Researcher Portal as an Event Form.

If you do not submit the completed Ethics Renewal form prior to date of renewal:

- ***You will no longer have ethics approval***
- *You will be required to stop research activity immediately*
- *You may not be permitted to restart the study until you reapply for and receive approval to undertake the study again*
- *Lapse in ethics approval* ***may result in interruption or termination of funding***.

You are solely responsible for providing a copy of this letter, along with your approved HREB application form; to **Research Grant and Contract Services** should your research depend on funding administered through that office.

Modifications of the protocol/consent are not permitted without prior approval from the HREB. **Implementing changes in the protocol/consent without HREB approval may result in your ethics approval being revoked, meaning your research must stop.** Request for modification to the protocol/consent must be outlined on an amendment form available on the Researcher Portal website as an Event Form and submitted to the HREB for review. Please refer to the attached guidance document regarding on-going reporting requirements to the HREB.

The HREB operates according to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2), the Health Research Ethics Authority Act (HREA Act) and applicable laws and regulations.

You are responsible for the ethical conduct of this research, notwithstanding the approval of the HREB.

We wish you every success with your study.

Sincerely,

[redacted]

Dr. Joy Maddigan (Vice-Chair, Non-Clinical Trials Health Research Ethics Board)

Appendix B: Information and consent form for interviews – English

Study Title

Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu

Researchers

Principal Investigator	Dr. Samantha Wells (Centre for Addiction and Mental Health - CAMH) [redacted]
Thesis Supervisor	Dr. Samia Chreim (Telfer School of Management and Faculty of Health Sciences, University of Ottawa) [redacted]
Innu Research Team and Research Steering Committee	Annie Picard (IRT) Mary Janet Hill (SIFN) Alex Andrew (Nikashant Antane) (SIFN) Nympha Byrne (MIFN) Sebastian Piwas (MIFN) Christine Poker (MIFN)
Innu Co-Researchers	Mary Janet Hill (SIFN) Annie Picard (IRT)
Non-Innu Researchers	Leonor Ward (University of Ottawa) [redacted] Dr. Anita Olsen Harper (National Aboriginal Circle Against Family Violence, Kahnawake) [redacted] Dr. Melody Morton Ninomiya (CAMH) [redacted]

Invitation to participate

We invite you to take part in a research project entitled *Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu* in Sheshatshiu and Natuashish.

The information in this form is provided to help you decide whether or not to take part in this study. It should give you a basic idea of what this project is about and what your participation will involve. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about the possible risks and benefits to be able to make an informed decision. If you have any questions about the study or if you want more information, please contact the Project Coordinator, Leonor Ward [redacted], or the Innu Research Team member, Mary Janet Hill [redacted].

Background for this project

This is a research study that will be done in a collaborative manner between a group of Innu researchers and a group of non-Innu researchers. The idea of this project originated with the Innu. We want to understand the concept of *minuinniuin* (sense of wellbeing) and use the strengths of Innu culture as a way of improving health programming. As part of this study, approximately 20-26 face-to-face in-

depth semi-structured private interviews will be conducted by the Project Coordinator with Innu adults ages 20 and older. In addition, approximately 16-40 youth (ages 16 to 19 years) will participate in a face-to-face in-depth semi-structured private interview or a focus group. Youth ages 16 to 19 will be given the option of participating in an interview or a focus group. It is expected that approximately 4-8 youth will choose to participate in an interview while 12-32 youth will choose to participate in a focus group. Equal numbers of men and women and an equal number of people from each community will participate. In a later phase of the study, materials will be developed to help share the findings with the communities and the findings will be used to help develop recommendations for policies and practice.

Purpose of this project

Innu culture has an important role in maintaining and strengthening wellbeing. Innu Elders and other Innu people also carry cultural knowledge and wisdom inside of them. This project aims to document, and share Innu knowledge of what *minuinniuin* looks like and how people achieve it. This study aims to learn from people that have struggled with achieving *minuinniuin* and learn what is needed to stay well and achieve *minuinniuin* again. This study explores what helps and does not help people achieve *minuinniuin*, in addition to understanding what cultural activities are important, like going *nutshimit*, and whether or not they are helpful in achieving *minuinniuin*. We want to hear your opinion and there are no wrong or right answers. The purpose of this collaborative research project is to identify Innu ways of achieving and keeping *minuinniuin.*

What you will be asked to do if you agree to participate

If you agree to participate, Leonor Ward and possibly an Innu member of our team will meet with you for an interview, depending on whether or not you would like to have the interview conducted in Innu-aimun. You and the researcher(s) will agree on a time and a place to meet. During the interview, you will be asked to talk about what *minuinniuin* means to you, how you would describe *minuinniuin*, and what helps you achieve *minuinniuin*. We will also ask what you think about *nutshimit* and if it has a role in *minuinniuin* for you.

Your interview will be audio recorded.

You will have the option of reviewing the transcripts (documentation of what you say) of your interview once they are transcribed. If you decide to review the transcripts, you are allowed to request removal of information or further clarify what you said in your original interview.

Innu interpreter during an interview

We want to make sure that all participants can speak comfortably and that knowledge and ideas are understood by the researchers. If you want to be interviewed in Innu-aimun, we will have an interpreter involved in your interview. You will be given the name of the Interpreter in advance of your interview and you can let Leonor Ward know if you prefer to have a different interpreter and she will arranged for another interpreter. The interpreter will sign a Confidentiality Agreement to ensure that your privacy and confidentiality will be maintained at all times.

Length of time and location of interview

The interview will take about 1 hour. A team member will arrange to meet with you in person in your community. Interview can be scheduled during weekdays, evenings or weekends, and can be in held in your home if you are unable to get to the Healing Centre in Sheshatshiu or the Healing Lodge in Natuashish. Other locations in the community where you are comfortable participating in an interview can also be arranged.

Withdrawal from the study
It is up to you to decide whether or not to take part in this research. If you choose not to take part or if you decide to withdraw after we have started, there will be no negative consequence or penalty. You may also refuse to answer any question that you don't want to answer.

Compensation for participating in the study
To thank you for your time and sharing your views for this project, you will be given a gift certificate in the amount of $30. You will receive the gift certificate even if you withdraw from the interview.

Possible benefits
The results of this study may benefit the Innu communities by producing new knowledge that is useful to the Innu. You would be part of making this happen by participating and sharing your thoughts on *minuinniuin*. There are no other direct benefits that you will gain from taking part in this project.

Possible risks
There is no direct risk of physical or financial harm for taking part in the interview. However, we will ask you to share your views on *minuinniuin* and *nutshimit*. People, including yourself may bring up sensitive topics that may be upsetting or emotional for you to talk about. Because of this, you can choose to take a break at any time and resume the interview at a later time, if preferred. You may also choose to skip a question or end your participation in the interview. Your participation is voluntary and there is no pressure to continue.

All participants are being given a list of names and phone numbers of community resources, counsellors and elders they can contact for support. At any point, if you need to talk to someone about how you feel, we can help to connect you with an Innu Elder. We will also contact all participants by phone approximately one week after the interview to see how you are doing.

In the event that you express a desire to self-harm or to harm others during the interview or during the follow-up phone call, the interviewer has a duty to report this to the counsellors and elders.

Privacy, confidentiality and anonymity
Confidentiality is ensuring that identities of participants are accessible only to those authorized to have access. The research team will ensure that confidentiality is maintained and will restrict access to files that hold information from this interview. Audio recordings from this interview will be placed in an encrypted and password protected computer file. Transcriptions of interviews will not contain names of any participants. Only the researchers involved in this study will have access to the data provided by participants.

We will not share information about your participation with people who are not directly involved as researchers. This means that we will keep your information private. Mary Janet Hill, Annie Picard, Leonor Ward, Dr. Samantha Wells, Dr. Samia Chreim, Dr. Anita Olsen Harper, and

Dr. Melody Morton Ninomiya will have access to the audio recording and summary notes from the interview so that the information can be analyzed.

Other Research Team members may have access to select written quotes and summary notes and no names will be identified. No information that discloses a participant's identity will be released or published. Participant names will not appear in any publications or reports about this project. It is difficult to offer you complete anonymity if you choose to take part in the group conversations. Given the small population of the Innu communities, you may know other people who are taking part or are researchers in the project. We will make every reasonable effort to make sure you will not be personally identified unless you give us your permission.

All the information that is provided to researchers during this project will be protected within the limits of the law, requiring mandatory reporting of child abuse and intent to harm oneself or others. We will not give personal information to anyone, unless required by law.

As part of continuing review of the research, study records may be assessed on behalf of the Research Ethics Board. A person from the research ethics team may contact you (if your contact information is available) to ask you questions about the research study and your consent to participate. The person assessing your file or contacting you must maintain your confidentiality to the extent permitted by law. As part of the Research Services Quality Assurance Program, this study may be monitored and/or audited by a member of the Quality Assurance Team. Your research records and CAMH records may be reviewed during which confidentiality will be maintained as per CAMH policies and extent permitted by law.

Storage of study information/data
All hard copy material (such as signed consent forms) will be stored in a locked filing cabinet in a locked office. Digital files will be password protected and stored on a password protected computer. The data will be stored for a 5-year period commencing at the publication of the thesis, and then destroyed if it is no longer needed. Paper records will be shredded and digital files will be erased.

Reporting of project results
Information gathered from interviews will be organized by themes and analyzed. A summary report of this project will be provided to the Chiefs of Sheshatshiu and Mushuau Innu First Nations. We will also post a version for the public on the Innu Round Table website and will share the results in presentations in your community, which you will be invited to attend. We will also share the results during presentations for the public, and with other researchers by presenting at conferences and writing academic journal articles. These reports, articles and presentations will be available online.

Additional Information
If you have questions about the study that are not answered in these information sheets you may contact the Leonor Ward, a PhD student conducting the majority of the research (Tel. [redacted]). You can also contact the Principal Investigator, Dr. Samantha Wells (Tel. [redacted], email: [redacted] or the thesis supervisor, Dr. Samia Chreim (Tel. [redacted], email: [redacted] .

You may contact the Health Research Ethics Authority (HREA) of Newfoundland and Labrador to

discuss your rights:

Suite 200, Eastern Trust Building
95 Bonaventure Avenue
St. John's, NL A1B 2X5
Telephone: 709-777-6974
Email: info@hrea.ca Website: www.hrea.ca
Office Hours: 8:30 a.m. – 4:30 p.m. (NL TIME) Monday-Friday

Dr. Robert Levitan, Chair, Research Ethics Board, Centre for Addiction and Mental Health, may also be contacted by research subjects to discuss their rights. Dr. Levitan may be reached by telephone at 416-535-8501 ext. 34020.

The Protocol Officer for Ethics in Research, University of Ottawa may also be contacted by research subjects to discuss their rights by telephone at 613-562-5800 ext. 1682.

A copy of this Informed Consent Form will be given to you for your records.

Agreement to Participate

I have read the Information Sheet (or it was read to me) and had the opportunity to ask about anything I do not understand. I am satisfied with the answers I have been given. I have been given the time to consider whether or not to take part in this research.

My participation is completely voluntary. I may withdraw from the study at any time. All data collected in this research will be kept strictly confidential within the limits of the law. By signing this consent form I do not waive any of my rights.

I voluntarily agree to participate in this study. I understand that I may skip any parts of the project that I do not wish to participate in and can discontinue my participation in the study at any time.

Yes ☐ No ☐

Research Participant	**Researcher** (person obtaining participant consent)
Name (please print)	Name (Please print)
Signature	Position
Date (DD-MM-YYYY)	Signature

Date (DD-MM-YYYY)

VERBAL CONSENT INSTEAD OF WRITTEN CONSENT

In cases where a participant is uncomfortable signing this consent form but is willing to participate, the Researcher can audio record the participant saying that they understand the consent form and are willing to participate, prior to the interview. The Researcher signature below indicates that verbal consent was given and was audio recorded.

Signature of Researcher

Date (DD-MM-YYYY)

Appendix C: Information and consent form for focus groups – English

Study Title
Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu

Researchers

Principal Investigator	Dr. Samantha Wells (Centre for Addiction and Mental Health - CAMH) [redacted]
Thesis Supervisor	Dr. Samia Chreim (Telfer School of Management and Faculty of Health Sciences, University of Ottawa) [redacted]
Innu Research Team and Research Steering Committee	Annie Picard (IRT) Mary Janet Hill (SIFN) Alex Andrew (Nikashant Antane) (SIFN) Nympha Byrne (MIFN) Sebastian Piwas (MIFN) Christine Poker (MIFN)
Innu Co-Researchers	Mary Janet Hill (SIFN) Annie Picard (IRT)
Non-Innu Researchers	Leonor Ward (University of Ottawa) [redacted] Dr. Anita Olsen Harper (National Aboriginal Circle Against Family Violence, Kahnawake) [redacted] Dr. Melody Morton Ninomiya (CAMH) [redacted]

Invitation to participate
We invite you to take part in a research project entitled *Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu* in Sheshatshiu and Natuashish.

The information in this form is provided to help you decide whether or not to take part in this study. It should give you a basic idea of what this project is about and what your participation will involve. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about the possible risks and benefits to be able to make an informed decision. If you have any questions about the study or if you want more information, please contact the Project Coordinator, Leonor Ward [redacted], or Innu Research Team member, Mary Janet Hill [redacted].

Background for this project
This is a research study that will be done in a collaborative manner between a group of Innu researchers and a group of non-Innu researchers. The idea of this project originated with the Innu. We want to understand the concept of *minuinniuin* (sense of wellbeing) and use the strengths of Innu culture as a way of improving health programming.

Purpose of this project

Innu culture has an important role in maintaining and strengthening wellbeing. Innu Elders and other Innu people also carry cultural knowledge and wisdom inside of them. This project aims to document, and share Innu knowledge of what *minuinniuin* looks like and how people achieve it. This study aims to learn from people that have struggled with achieving *minuinniuin* and learn what is needed to stay well and achieve *minuinniuin* again. This study explores what helps and does not help people achieve *minuinniuin*, in addition to understanding what cultural activities are important, like going *nutshimit*, and whether or not they are helpful in achieving *minuinniuin*. We want to hear your opinion and there are no wrong or right answers. The purpose of this collaborative research project is to identify Innu ways of achieving and keeping *minuinniuin.*

What you will be asked to do if you agree to participate

If you take part in this project, you will join other youth and the Youth Coordinator in your community in a focus group that will last approximately 2-3 hours, in total. The focus group will include the following 3 activities:

1. Play a game organized by the Youth Coordinator
2. Talk as a group with discussion facilitated by Leonor Ward
3. Hold a closing ceremony to mark the end of our time together.

During the facilitated group discussion, you and the other youth will be asked to talk about what *minuinniuin* means to you, how you would describe it, and what helps you or not. We will also ask what you think about *nutshimit* and if it has a role in *minuinniuin*.

The group conversations will be audio recorded. There will be no financial cost to you to participate in this interview. There will be summary notes written about the conversations. If the group decides to review the summary notes several days or weeks after the focus group and notices anything that is missing or incorrect, the summary notes can be revised. Any meeting to review the notes will be facilitated by Leonor Ward.

Length of time

The facilitated group discussion will take up to 1 hour. Games before the group discussion will take 30-45 minutes and the ending ceremony after the group discussion will take 30-45 minutes. The Youth Coordinator will help coordinate a time that works for 6-8 youth to participate in the focus group.

Withdrawal from the study

It is up to you to decide whether or not to take part in this research. If you choose not to take part or if you decide to withdraw after we have started, there will be no negative consequence or penalty. However, if you withdraw from the project during or after we have finished the group conversation, we cannot remove and destroy your audio recording and notes from the study.

Compensation for participating in the study

To thank you for your time and sharing you views for this project, we will offer you a gift certificate in the amount of $30 at the beginning of the group activities. You can keep the gift certificate even if later on during the study you decide to withdraw.

Possible benefits
The results of this study may benefit the Innu communities by producing new knowledge that is useful to the Innu. You would be part of making this happen by participating and sharing your thoughts on *minuinniuin*. There are no other direct benefits that you will gain from taking part in this project.

Possible risks
There is no direct risk of physical or financial harm for taking part in the focus group. However, we will ask you to share your views on *minuinniuin* and *nutshimit*. People, including yourself may bring up sensitive topics that may be upsetting or emotional for you to talk about. Because of this, you can choose to take a break by leaving the room at any time and come back when you are ready. You may also choose to skip a question or end your participation in the focus group. Your participation is voluntary and there is no pressure to continue.

At any point, if you need to talk to someone about how you feel, we can help you connect you with an Innu Elder. We will also contact all youth by phone approximately one week after the focus group to see how you are doing.

Privacy, confidentiality and anonymity
Confidentiality is ensuring that identities of participants are accessible only to those authorized to have access. The research team will ensure that confidentiality is maintained and will restrict access to files that hold information from this focus group. Audio recordings from this focus group will be placed in an encrypted and password protected computer file. Transcriptions of focus groups will not contain names of any participants. Only the researchers involved in this study will have access to the data provided by participants.

If you decide to take part in the focus group, the other youths present will hear what you will say. We will explain to everyone the value of privacy and confidentiality however we cannot guarantee that people will not talk about what you said. We will not share information about your participation with people who are not directly involved as researchers. This means that we will keep your information private. Mary Janet Hill, Annie Piccard, Leonor Ward, Dr. Samia Chreim, Dr. Samantha Wells, Dr. Anita Olsen-Harper, and Dr. Melody Morton Ninomiya will have access to the audio recording and summary notes from the focus group so that the information can be analyzed.

Other Research Team members may have access to select written quotes and summary notes and no names will be identified. No information that discloses a participant's identity will be released or published. Participant names will not appear in any publications or reports about this project. It is difficult to offer you complete anonymity if you choose to take part in the group conversations. Given the small population of the Innu communities, you may know other people who are taking part or are researchers in the project. We will make every reasonable effort to make sure you will not be personally identified unless you give us your permission.

All the information that is provided to researchers during this project will be protected within the limits of the law, requiring mandatory reporting of child abuse and intent to harm one's self or others. We will not give personal information to anyone, unless required by law.

Storage of study information/data
All hard copy material (such as signed consent forms) will be stored in a locked filing cabinet in a locked office. Digital files will be password protected and stored on a password protected computer. The data will be stored for a 5-year period commencing at the publication of the thesis, and then destroyed if it is no longer needed. Paper records will be shredded and digital files will be erased.

Reporting of project results
Information gathered from focus groups and interviews will be organized by themes and analyzed. A summary report of this project will be provided to the Chiefs of Sheshatshiu and Mushuau Innu First Nations. We will also post a version for the public on the Innu Round Table website and will share the results in presentations in your community, which you will be invited to attend. We will also share the results during presentations for the public, and with other researchers by presenting at conferences and writing academic journal articles. These reports, articles and presentations will be available online.

Additional Information
If you have questions about the study that are not answered in these information sheets you may contact the Leonor Ward, a PhD student conducting the majority of the research (Tel. 613-715-4152) or the Principal Investigator, Dr. Samantha Wells (Tel. [redacted], email: [redacted] or the thesis supervisor, Dr. Samia Chreim (Tel. [redacted], email: [redacted] .

You may contact the Health Research Ethics Authority (HREA) of Newfoundland and Labrador to discuss your rights:
Suite 200, Eastern Trust Building
95 Bonaventure Avenue
St. John's, NL A1B 2X5
Telephone: 709-777-6974
Email: info@hrea.ca Website: www.hrea.ca
Office Hours: 8:30 a.m. – 4:30 p.m. (NL TIME) Monday-Friday

Dr. Robert Levitan, Chair, Research Ethics Board, Centre for Addiction and Mental Health, may be contacted by research subjects to discuss their rights. Dr. Levitan may be reached by telephone at 416-535-8501 ext. 34020.

The Protocol Officer for Ethics in Research, University of Ottawa may also be contacted by research subjects to discuss their rights by telephone at 613-562-5800 ext. 1682.

A copy of this Informed Consent Form will be given to you for your records.

Agreement to Participate

Please read and check off the following statements if they are true.

- ☐ I have read (or had the information sheet read to me) about what this project is about, understood the risks and benefits, and have had enough time to decide if I want to participate or not. I have had the opportunity to ask questions and my questions have been answered.
- ☐ I understand that any data collected from me (consent forms, notes, audio-recordings) will be kept by the researcher for use in the research study, unless I ask that it be destroyed.
- ☐ I agree to participate in this research project. I know that my participation is voluntary, and that I may stop participating at any time, without penalty.

Research Participant	**Researcher** (person obtaining participant consent)
Name (please print)	Name (Please print)
Signature	Position
Date (DD-MM-YYYY)	Signature
	Date (DD-MM-YYYY)

VERBAL CONSENT INSTEAD OF WRITTEN CONSENT
In cases where a participant is uncomfortable signing this consent form but is willing to participate, the Researcher can audio record the participant saying that they understand the consent form and are willing to participate, prior to the interview or focus group. The Researcher signature below indicates that verbal consent was given and was audio recorded.

Signature of Researcher

Date (DD-MM-YYYY)

Appendix D: Information and consent form for interviews and focus groups – Innu

Tapue tatishun mishineikan tshetshi kuekuetshamakant auen tshekuanu.
Atuseun: Minuinniuin: Nastutatun tan tsheishiminuiniuiak ute innu utenat.

Kantussentak tshetshuanu

Akaneshau Kaituset	Dr. Samantha Wells (Centre for Addiction and Mental Health – CAMH) [redacted] Dr. Samia Chreim (Telfer School of Management and Faculty of Health Sciences, University of Ottawa) [redacted] Leonor Ward (University of Ottawa) [redacted] Dr. Anita Olsen Harper (National Aboriginal Circle Against Family Violence, Kahnawake) [redacted] Dr. Melody Morton Ninomiya (CAMH) [redacted]
Innu Kaituset	Annie Picard (IRT) Mary Janet Hill (SIFN) Alex Andrew (Nikashant Antane) (SIFN) Nympha Byrne (MIFN) Sebastian Piwas (MIFN) Christine Poker (MIFN)

Shuniau:
Ume atushkan nete uetshipant shuniau Canadian Institute minueinniuin kantussentakan ne etushkantak Leanor Ward mak uitshatiseua uiauitshikut Samia Chriem.

Niminuatenan katshi utanimek tapeikan tshetshi uitshatussemiat etushkatamat Sheshatshiu mak Natuashish ne"Minuinnuin" tan eshinistutatishuiek tshenuau ute Innu tshutenamuat.

Enkun mue tsheuitamakuin mishineikan tan ishitapuetamen tsheishitusein, tshekunueten tshetshi mishkutentamin kaui uauitshiashini mue etutakant. Tshin tshatitshit takun. Nutam tshika uauitamakun tan etentakuat mak tan tsheishipimpintakan mue tapuetatun.

Utina tapeikan tshetshi nashtutamen ume etashtet mishineikan tsheminukuin. Tsheminakun tshetshi emit innu kaituesesht Mary Janet Hill [redacted], uikuatshemuini tshekuan eka nashtutamin.

Eshpish tshitshapinant atusseun nte utat

Enkuan mue atuseun tsheitashkatet mamu Innut mak akaneshaut tsheuitshatasemitut Annie, Picard, Mary Janet Hill, Alex, Andrew, Christine Poker and Sebastien Piwas, Akaneshaut Leanor Ward, Samia Chriem mak Sam Wells, ne uet tutakant, tshetshi mininistutet ne minuinniun tan tshepa ishitutakanu tshetshi minupant ne tsheishiuitshiakanit tshitanimit kie ne eshiniut innu.

Tan uaitapastakant ume atuseun
Takun nte tapuetamun espish shutshimakat ne innu utaniun tshetshi minupant. Kie mashanu tshenut mak innut eshish ishpatentak utaniunuau.

Nastutatun mak shutshiun takun nte innit enkuan tsheiapastaiek tshetshi atuskatamak mue atusseun. Emamitunentakan, misteispatantakun tshetshi sentamek eshianamiut innu tshetshi nastutak minueniunu kie tshetshi petamauk tshekuanu eshiuitshikut mak tshekuanu eka uitshikut. Uipetakanu tshiteimun, apu takuat menuat kie mak kamenuak eimun, nutam ispitentakun tshiteimun. Enkun mue tsheuitshatasemitunant mamu tshentusetakan tan tsheka ishakunuetanan minuinnuin.

Tan tshetutamak mue atuseun.
Utanamani tshetshi uitshatasemiat ume atuseun, peik kie put nish nitshataseut tsheka emikut tshetshi kuetshimiskau tshekuanu. Tshinuau tshika tapuetatishunau tante tsheuapamatuek mak tan tatupeina tshetshiskatuiek. Tshekukuetshamakun tan eshinistutaman minuinniun, tan uaishiuauitaman kie tan ishiuauitshikuin kie mak eka uauitshikuin. Tsheka kuetshimikun iat tan etentamin nutshimit mak minuinniun tshetshi takuak iat.

Tsheka kuetshimikun tshetshi tapuetamin tshetshi ikunakuin mekuat emikuin. Apu tsheka ikunukuin katapuetamani. Nutam tshekuan essishuein tshika mishinatekanu.

Tshika minikun tshetshi tshitatamin nutam tshekuan kauauitamin mak tsheka tshi miskutanan tshekuan kamenuatamin. Espishiat tsheka uauitshikun tshetshi minunakuak ume tsheteimun.

Kaiashuitamatshet tsheka tsheka ishinakun tshetshi minukun kuatshamikuni tshekuan.
Nass tsheka uitakun tshetshi nustutakuin nutam tshekuan euauitamutau ntshent kaituseshit. Tshikatshi innu eimin, tshekatau kaiashuitamatshess.

Kaishuitamatshet tsheka uintishu mishineikanu tshtshi eka uauitak ishipetak. Tshakauitamakun eshinikatakant ne kaiashuitamashet, kama manuatatshi, kuatak tshekaminukun auen tshetshi ashuitamask.

Tapeikan tshe ishpish iapastakant
Peik atupaikana ishpitentakun ume tshekuetshamakuin tshekuan. Nete tshaka natshaskakun tshutenamit kie tsheka uitamakun tan tatupeikana tshentshaskakuin. Muk tante eshiminuatamin tshetshi tain, tshitshuat kie nak nete mishineikan atshuapit nte sheshatshiu.

Eka uitutamani ume tshetshi uauitshiaushin ute eshintusentakant
Tshin muk etentamin ui uitshiaushin ume mishineikan kie mak kaui tutemani, apu tshakatshi nituantamakuin tshekuan. Tshaminakun tshetshi patshitanamin ume katshitshapanin

uipatshatanamini kie tshakunuenten tshetshi utamuiat tsheka iapistakan tshiteimun nte mishineikant.

Tsheka tshishikakun espish atussein.
Tshetshi naskunakuin euauitshiaushim ume mishineikan etutakant, tsheka tshishikakun apishish miam $30, nistuniapiss espatentakushu kanu tsheminukuin tshestaini kie mak katshistaini. Tsheka minakun tshekuan tshekaniuin iat ekaui tutamini ume kukuetshamuna.

Tutak tshekuan tsheitapatik
Tshiuitshiashin tshetshi nastutakant etu ume minuinniun nte Shehatshiu Innit kie tshetshi minu apastakant, enkuan tsheishiminiat epsish uauitshiat

Anamiun
Apu takuak nte tan tshaishi anamiun mekuat atutaman ume mishineikan, muk ne tshaminuen tan eshinistutamin nte nutshimit, tsheka takun put tshe anamentamin tshetshi uauitamen nutshimit miam tan kaishianamiuin. Tshakaminikun tshetshi asteskunshin. Apu tshekatshi aikamikuin tshetshi uauitaman tshekuan eka minuskakuin.

Miam kaminuenamuini, tshekantuamanu tshenu tshetshi eimit. Minuat peik manastana tsheka nitusenimikun tshetshi minueiniuin.

Mekuat etutakant ume tshekuan, miam takuntshi tshetshi anamshin kie mak tshetshi tshuapin, tsheka uitamuanu tshetshi emisk auen tsheuauitshishk.

Auen tshetshi uapatak muenu eshimamustakant eimun.
Tshin takun tshatitshit miniatshi ume eimun tshetshi iapastaiat, nutam tshekuan eshiuitamuiat nika iapastanan ute mishineikant.

Leanor Ward, Samia, Sam, Mary Janet and Annie mak ne auen tsheiashuitamatshet, enkuant tshe muk tsheuatak nenu tshataimun eshipitshitinamen.

Ispitentamun mak tsheka uauitamin.
Apu tapuetakant tshetshi uitakant auen uteimun kapatshatanak muk ntshent kaitussen ute etutakant eimun tsheka sentamut. Mitshet auentshent tshekakuetshamakut tshekuan etutamin, apu tapuetuanit ntshent katuseshit tshetshi uauitakat ume tshataimun eshipitshitinamen.

Apu tshi sentakant auen kapatshitinak uteimun
Nass aput tapuetakant iat tshetshi uauitakant tan eshinikatakuin mak eshinakusht auen katutak muenu eimunu. Tshaka tukun nte tsheuitamask ne auen Kutak eshituset kie uin tante ipashashu sheshatshiu nutam auentshent sentamatut miskut apu takuat nte ninan tshetshi uitamutshit Kutak auen patush tshin tapuetuiatshi.

Tante tsheistakant ume eimun
Nutam mishineikana mak akunakant eshitutuakanit, takun nte mishineikant atshuapit tshe atushekeikant, nutam tshaka takun tshetshi iapastakant eimun tshetshi pitshein unitusentamani tshekuan. Kie nutam tshekuan tsheka uepinakanu tshi itapastakantshi uaitapastakant.

Tsheka takun tshetshi minakanit innut ute sheshatshit tshetshi kunuetakant ne tshishenut iteimunuau. Nutam tshekuan kauitakant ne tshitishinikashun, apu takuat nte tshetshi uatakant. Muk ntshent auentshent kauitshatusemitau tsheka senimukut eshinikashuin.

Nutam tshekuan eshi petakant eshipish atuskatet ume mishineikan etutakant, tsheka mamustakanu tshetshi minustakant, thet minakanit Sheshatshiu innut.

Nutan auen Kaituskant tshetshi minakant
Innu Utshamaut tsheka minakanut ume tshestakantshi nutam tshekuan uatutakant kie tsheka pitshanakanu nte mamu kaipananut mitshuant tshetshi nutam auen uatak, kie tshin tshika uishamakun tshetshi takushinin. Nutam tsheka taut ntshent Kaituskatakau umenu atuseunu mak tshika tau auen tsheishuitamatshent

Tshika takun nte Mishineikan Atshuapit tsheistakant ume nutam eimuna nte Kauauitshitunanut (CAMH), Unit 200, 100 Collip Circle, London, ON N6G 4X8

Tsheka minuskatshet
Apu takuat tshekuan eka minuskatshet

Ui kuetshammuni tshekuan
Takuantshi tshekuan uakuetshamuin ume eshin tusentakant, tshekatshi eimiau ne ishkueu takut etat Leanor Ward, ne itastenu ukaimananim [redacted]

Tshekatshi kuetshimau iat Kutak auen eka ituskatak umenu eshitusenanit itakanu, tshetshi minisk tante tshe eimit auen miam kaitusesht. Nete tau ne auen tsheka eimiau.
Kamista skutamashunanut nete Ottawa, Kantusentakant tshekuan
Tshekatshi itasheimuau tshekuanu uaitit nte, ethic@uottawa.ca 613-562-5800 ext. 1682; info@hrea.ca / 709-777-6974; 416-535-8501 ext. 34020.

Tsheka minukun mishineikan katapuetamin mishinatautishuin tshetshi uitshiashuin ume etutakant atushkan.

Tshemishinatautishuin

Tshekuan uet ntuetamakuin tshetshi mishinatautishuin ume mishineikan:

- Tshesenten etastet ume mishineikan tan eshitusenanut.
- Tshekeutshitshemun tshekuan tshetshi nastutamen tan ishitusenanut.
- Tsheminuaten tshekuan eshi uitamakuin.
- Tshenastuten tshekuan ume etustakatet mak tshekuan tshin tshetutamen.

- Tshanastuten tshekatshi puntan ume atuskan eka ui tutamini.
- Tshenastuten nutam tshateimun mak nutam kunakant tshe apitshianit ute eshintusentakant tshekuan, kie aput tsheka tshi apastakant kassinu tshekuan eshiminuein katapuetamani

Ka uintishuin mishineikan

- Tshesenten nutam tshekuan etaskatet kie tshinastuten kie tshiminikun tapeikan tshetshi mamitunentamin, nutam tshekuan tsheuitamakun eshi ntusentamin.
- Tshatapueten tshetshi uitshiaushin ume entusentakant tshekuan kie tshenastuten tshekatshi issishuen apu uititaman, aput iakamikuin tshetshi tutamin tshekuan.
- Tshetapueten tshetshi ikunakuin mekuat eimikuin
- Apu tapuetamin tshetshi akuntshenant mekuat eimikuin muk tsheka mishinataikanu tshetaimun.
- Tshetapueten tshetshi itastakant tshitishinikashun ute mishineikant
- Apu tapuetamin tshetshi uitakant eshinikashuin, muk nitamuk tshetshi uinakuin_____
- Apu tapuetamin

Nika minikun ume mishineikan kauintishuin tshetshi kunuentaman kie nin.

_____ _____

Auen Katutak utashinikashun Pishum etshistauakant (DD-MM-YY)

_____ _____

Utashinikashun kantusentak Kaistuset Pishium etshistauakant (DD-MM-YY)

Appendix E: Interview guide – English

Before initiating the interview, the Project Coordinator will explain the purpose of the project in plain language and go over the information and consent form. A list of community services with names and phone numbers would also be provided to each participant at the time of the interview.

Introductory explanations and opening questions:
Hello, my name is Leonor Ward and I am a student at the University of Ottawa – and this interview is for a study about minuinniuin or "understanding ways of achieving wellbeing among the Labrador Innu. This study is being done by [the research partners] and me. [If translator present – introduce him/her]. Our objective is to understand YOUR perspective on minuinniuin.

This interview will take approximately 60 minutes – and if you need a break you can tell me/us at any time. Also, there is an Elder [identify who] or a community counsellor [identify who] available if you need to talk with them and their names and phone numbers have been given to you.

I am/we are going to audiotape the interview – and want to make sure that it is okay to take notes as well as we do not want to forget any important points. All the notes/tapes will be typed up by me and if you want to review it later, I can send to you after so that you can tell me/us if I/we get it right.

I will ask you some questions. If the questions are not clear, please let me know and I will ask them in a different way.

Before we start, do you have any questions to ask me/us? Please ask questions at any time, or let me/us know if you want to stop for a break.

Questions and probes

Q 1.	What does *minuinniuin* (wellbeing) mean to you? Probe: [only if the person does not start talking freely] Can you picture a time in your life when you were well? At that time, what did it mean to you to be well?
Q 2.	Can you tell me about your journey towards wellbeing? Probe: What events, activities, relations occurred in this journey?
Q 3.	What/who makes it possible for you to be well? Probe: If you think of it as a journey, what helped you with your wellbeing?
Q 4.	What/who makes it difficult for you to be well? [or] How can the obstacles you face(d) in your wellbeing be overcome? Probe: If you think of your wellbeing as a journey, what did not help you with your wellbeing? how can those obstacles be removed?
Q 5.	[only if not covered already] How can you tell when you are not well? Probe: What events, activities, relations occurred in this journey?
Q 6.	What can help others like you to get well when they need it? Probe: If you think of your own journey, what would have helped you or others like you to get well?
Q 7.	Are there other ways that don't work for you but work for other Innu people to attain *minuinniuin* (wellbeing)? Probe: What makes those ways work for those people and not for you? Age? Resources? Timing in your life?
Q 8.	Have you experienced *nutshimit*? Probe: [only if the answer is yes] Can you describe to me what you feel in *nutshimit*?
Q 9.	What is the role of *nutshimit* in *minuinniuin*? [if the person has not experienced *nutshimit*] Even if you have not experienced *nutshimit*, I am interested in your opinion.

Probe: What are your thoughts about Nutshimit and minuinniuin? Does it help Innu people? Why yes or why not? Does it help everyone? Why yes or why not?

Q 10. What do you hope for the Innu children of the future?

Before we finish, I have a few quick questions to help paint a brief picture of your current and past contexts:

[Only the questions that require answers not covered in the interview will be asked]

- Where were you born - in *nutshimit* or in the community?
- What year were you born?
- What language(s) did you speak at home growing up?
- When you were a child, who else lived with you in your home?
- Did you attend school? If yes, what grades did you go to school for?
- Have you been employed in the past, and if so, what did you do?
- Are you employed somewhere now? If so, what are you doing?
- Who lives with you at home now?

Closing Statement:

Thank you so much for talking with me – it has been really helpful. What we will do next is to take this audio recording and type up what is said (also called a transcript) in English – then, if you are willing to review the transcript, we will give you a copy and you can tell us if it is accurate. If you want to review the transcript in Innu-aimun, we will have the English notes translated into Innu-aimun for you. If the transcript is not accurate, then we can talk about it and you can add or take away anything that you think should be changed. Your name is not going to appear in any reports or presentations, unless you indicated that you do want your name next to any quotes or summary statements made by you. If you don't want your name, you chose a fictitious name and I am the only one who will know your real name. Your name will not be on any of the papers unless you want it to be.

Thanks so much again – it was a pleasure to meet with you!

Appendix F: Focus groups guide – English

The focus group with the Innu youths recruited for the study will occur at the Youth Centre of each community. The community Youth Coordinator will initiate the meeting with games designed to facilitate group interaction. Following that and before initiating the group conversation, I would explain the purpose of the project in plain language and go over the consent form, which would have the same explanation in writing. The consent form would also have the risk mitigation strategy. A list of community services with names and phone numbers would also be provided to each participant. A special emphasis would be given to privacy and confidentiality of what is shared in the group conversation, noting that it is impossible to guarantee it but it would be preferable in order to obtain new knowledge that the Innu can use for their health programming.

A table will be created with the list of the youth participating in the group conversation. At the time of recruitment, they will be asked the following questions:

- What is your name?
- Do you want your name to appear in reports or papers or do you want a pseudonym?
- Which is your year of birth?
- What language(s) did you speak at home when you grew up?
- When you were a child, who else lived with you in your home?
- Who lives with you at home now?

Date of group meeting: ….
Location: …

Attendance will be taken from the table produced.

Introductory explanations and opening questions:
Hello, my name is Leonor Ward and I am a student at the University of Ottawa – and this interview is for a study about Minuinniuin or Understanding ways of achieving wellbeing among the Labrador Innu. This study is being done by [the research partners] and me. Our objective is to understand YOUR perspective on minuinniuin.

This group conversation will take 60 minutes – and if you need a break you can tell us at any time. Also, there is an Elder [identify who] or a community counsellor [identify who] available if you need to talk with them and their names and phone numbers have been given to you.

We are going to audiotape the interview. We are going to write summary notes from the audiotapes and at the end of this conversation we will discuss if you want to review them as a group. If you do want to review them, we will need to meet together again to do that. If you decide to change the summary notes, we will change them as you decide in the group.

I will ask you some questions. If the questions are not clear, please let me know and I will ask them in a different way.

When we finish our group conversation, we are going to celebrate that we finished by doing ……[how to mark the end of the group conversation will be determined by the community Youth Coordinator].

Before we start, do you have any questions to ask us? Please ask questions during our conversation, or let us know if you want to stop for a break.

Questions and probes

Q 1. What does *minuinniuin* (wellbeing) mean to you?

Probe: [only if the person does not start talking freely] Can you picture a time in your life when you were well? At that time, what did it mean to you to be well?

Q 2. Can you tell me about your journey towards wellbeing?

Probe: What events, activities, relations occurred in this journey?

Q 3. What/who makes it possible for you to be well?

Probe: If you think of it as a journey, what helped you with your wellbeing?

Q 4. What/who makes it difficult for you to be well?

[or] How can the obstacles you face(d) in your wellbeing be overcome?

Probe: If you think of your wellbeing as a journey, what did not help you with your wellbeing? how can those obstacles be removed?

[only if not covered already]
Q 5. How can you tell when you are not well?

Probe: What events, activities, relations occurred in this journey?

Q 6. What can help others like you to get well when they need it?

Probe: If you think of your own journey, what would have helped you or others like you to get well?

Q 7. Are there other ways that don't work for you but work for other Innu people to attain *minuinniuin* (wellbeing)?

Probe: What makes those ways work for those people and not for you? Age? Resources? Timing in your life?

Q 8. Have you experienced *nutshimit*?

Probe: [only if the answer is yes] Can you describe to me what you feel in *nutshimit*?

Q 9. What is the role of *nutshimit* in *minuinniuin*?
[if the person has not experienced *nutshimit*] Even if you have not experienced *nutshimit*, I am interested in your opinion.

Probe: What are your thoughts about Nutshimit and minuinniuin? Does it help Innu people? Why yes or why not? Does it help everyone? Why yes or why not?

Q 10. What do you hope for the Innu children of the future?

Closing Statement:

Thank you so much for talking with me – it has been really helpful. Your name is not going to go on anything, unless you indicated that you do want your name. If you don't want your name, you chose a nickname or a different name and I am the only one who will know your real name. Your name will not be on any of the papers unless you want it to be.

Thanks so much again – it was a pleasure to meet with you and share this time together! Now let's celebrate that we finished?

Appendix G: Interview and focus group guide – Innu

Tsheishi kuetshamukuin

Nin Leanor Ward nitashinikatakun, nete naskutamashun Ottawa.

Ume tshakukuetshimitatinau uaishinitusentaman mak tan ishinistutamek tshinuau ne Innu Minuiniuin ute tshitassiuat. Ume eshinitussentakan nete utshapanu nitshatuseut mak nin. Enkun mue uassentamat tan eshinistutamek ne Minuiniun.

Ume kukuetshamuna peik atupeina ishpitentakun. – tan ishpish uiasteshkushin tsheuitamuiat. Tshakatau iat tshenu kie mak Kutak auen uiemitshi. Tshika minakun utatshitashun mak utashinikashun uen ui emitshi.

Ume tshekukuetshamakuin tshekuan, nutam ume tshika pitepanikun miam kashetshamanit itantakun tsheishitutakan. Tshekamishinateikanu nutam tshekuan ishpish uauitamin tsheka piteikant nass eimun espitentakuak.

Nutam ishimishinatekant mak ishipitepanikuin, tshakeitastakanu nte mishineikant tshet itisheimakuin tshetshi uitamuiat miam tshetshi itashtet.

Tshekukuetshamatin tshekuan, tsheuitamuin kanestutuini. Kueste tshakeishikuetshamatan tshetshi nastutuin etu.

Esk eka tshitshapaniak, matshiui kuetshamen tshetshuan. Tshekuetshamuin tshekuan uikuetshimini mekuat eiemian, kie mak uiasteshkushini.

Kuetshitshemuna mak eimuna

Q-1 Tshekuan tshin ishinistutamin Minuiniun?

Miam issishuetau, tante nte tshataniunit namiueniunaua tshatatante? Tshekuan tshin namanuiniunaua etentamin?

Q-2 Uitamui tante etutein tshetshi minueniuin?

Tshekuan tshatute mak tan stashiminuate tshetshi minupanin?

Q-3 Tshekuan kie mak auen uiauitshisk tshetshi minuinuin?

Emamitunentamin nte kaututein, tshekuan uiauitshikuin tshetshi minuiniuin?

Q-4 Tshekuan kie mak auen etutak uet eka tshi minuiniuin?

Tan tshekaishuestan neme tshekuan uestashkauin tshetshi minuiniuin

Q-5 Tante uitshi sentamin eka minuinuin?

Tan eshpinin kie tan etenamuin nte etain?

Q-6 Tshekuan tshakatutakanu uiuauitshikuin tshetshi minuiniun?

Emamatunentamin, tshekuan tsheka ishiuauitshikunau tshetshi minuiniueik?

Q-7 Matakun tshekuan kamenishkauin tshin, minuatak Kutakat innu nenu minuiniunu?

Tshekuan tshakaishuestakanu tshetshi miniskakuin tshekuan kie minuskakut Kutak auen, miam etatupuneshit kie mak tante etain nte tshataniunit?

Q-8 Manta tshatan nete Nutshimit?

Uitamui tan etetamin nete nutshimit etain?

Q-9 Tan eshinakuak nutshimit euauitakant ne minuiniun?

Iat nauipeten tan etentamin nutshimit iat ekanta kushspin?

Tan etentamin nutshimit mak minuiniun? Tshauitshikun a kie mak apu uitshikuin? Uitshikua kassinu auen nutshimit?

Q-10 Tan eshipukushentamin innu uasset tshetshi isshiniuit nete nikan?

Eshk eka tshistaiek mue, tsheui kuetshamatin pesse tshekuan:

Tshekatshi uitamun a tante tshitaniui, nutshimit kie mak uinipekut?

Tan etastet pupun eniuin?

Tan stasheimi nete tshitshuat pet nitautshin?

Nete euassiuin, auen nte tapan iat nete tshetshuat?

Tsheskutamashuin ah? Tan espish tshaskutamashui?

Manta tshatatusen? Nante tshatatuse etasein?

Tshatatusen ah nutshish?

Auen etat utshish nte tshitshuat?

Tshetshapaimak masten

Tshinaskumitan katshi eimien – tshamasta uauitshin tshitshue. Nutam ume keitastan nte mishineikant espish uauitamuin nutam tshekuan. Tshekeitasheimatan tshetshi tshitatamin miam tshetshi itastet. Eka miam itastetshi, tshekauauitenan tshetshi minustaiak. Apu tshekatshi uitakan ne tshitishinikashun ute mishineikant, patush tapuetamani tshetshi uitamakant tsheka uitakanu.

Tshemista naskumitan, niminuaten katshi nastuapimitan!

Appendix H: Poster invitation to potential participants

[Date]

Are you interested in helping researchers and your community understand more about Innu wellbeing (minuinniuin)? Are you interested in talking about wellbeing (minuinniuin)?

Are you 16 years or older? Are you living in Sheshatshiu or Natuashish?

Your opinions and experiences are important for understanding how Innu people understand wellbeing.

If you agree to join this research study, we would plan to meet with you for a 60 minutes at an agreed time and place in the community. We will ask you in private about your opinions and experiences with wellbeing. It will take about one hour for you to answer questions about your opinions and experiences about wellbeing. We will give you a gift certificate to a store in the community to thank you for participating in the study.

Please contact [Name of the Innu co-researcher] for more information about the research study "Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu". [Name] can be reached at: xxx-xxx-xxxx .

The study has been reviewed by the University of Ottawa Office of Research Ethics and Integrity, the Centre for Addiction and Mental Health (CAMH) Office of Research, and the Health Research Ethics Authority (HREA) of Newfoundland and Labrador

You may want to discuss your rights by contacting:
Health Research Ethics Authority (HREA) of Newfoundland and Labrador
Suite 200, Eastern Trust Building
95 Bonaventure Avenue
St. John's, NL A1B 2X5

Telephone: 709-777-6974
Email: info@hrea.ca
Website: www.hrea.ca
Office Hours: 8:30 a.m. – 4:30 p.m. (NL TIME) Monday-Friday

camh mental health is health uOttawa Health Research Ethics Authority

Appendix I: Social media invitation to potential participants

For use in Innu Youth Facebook page and the Innu Community Facebook page.

Note: Reviewed by the Innu co-researchers, the Research Steering Committee, and the Youth Coordinators of each of the Labrador Innu communities to ensure clarity and appropriateness.

Innu people are interested in understanding the concept of minuinniuin so that we can use our own ways to improve our health planning. Our language has many words to explain this concept; we will use the English word "wellbeing" to translate minuinniuin.

Are you interested in understanding more about Innu wellbeing (minuinniuin)?

Are you interested in having our health programs using Innu ways?

Are you between 16 and 19 years of age and living in Sheshatshiu or Natuashish?

Have you struggled at some point in your life with your sense of wellbeing?

Your opinions and experiences are important for understanding Innu wellbeing.

If you agree to join the study, we would plan to meet with a few youths in the Youth Centre. We will ask you about your opinions and experience with wellbeing and will give you a $30 gift certificate to a store in the community to thank you for joining the study.

Please contact [Name] for more information about the research study "Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu". [Name] can be reached at: xxx-xxx-xxxx.

Appendix J: Script for local community radio

[Date]

The two Labrador Innu communities have initiated a research study to understand minuinniuin and how to use it for health programming. The Principal Investigator is Dr. Samantha Wells from the Centre for Mental Health and Addictions. This study has received ethics approval from the University of Ottawa, the Centre for Additions and Mental Health, and the Health Research Ethics Authority of the Province of Newfoundland and Labrador.

Are you interested in helping researchers and your community understand more about Innu wellbeing (minuinniuin)? Are you interested in talking about wellbeing (minuinniuin)?

Are you 16 years or older? Are you living in Sheshatshiu or Natuashish?

Your opinions and experiences are important for understanding how Innu people understand wellbeing.

If you agree to join this research study, the researchers would plan to meet with you for about one hour, or a group conversation, at an agreed time and place in the community. We will ask you in private about your opinions and experiences with wellbeing. We will give you a gift certificate to a store in the community to thank you for joining the study.

Please contact [Name of the Innu co-researcher] for more information about the research study "Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu". [Name] can be reached at: xxx-xxx-xxxx .

The study has been reviewed by the University of Ottawa Office of Research Ethics and Integrity, the Centre for Addiction and Mental Health (CAMH) Office of Research, and the Health Research Ethics Authority (HREA) of Newfoundland and Labrador

You may want to discuss your rights by contacting:
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Suite 200, Eastern Trust Building
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Telephone: 709-777-6974
Email: info@hrea.ca
Website: www.hrea.ca
Office Hours: 8:30 a.m. – 4:30 p.m. (NL TIME) Monday-Friday

Appendix K: Script for email – invitation to potential participants

[Date]

My name is Leonor Ward, and I am coordinating a study that was initiated by the two Labrador Innu communities. Your name and e-mail was given by [name of Innu co-researcher], who suggested you might be interested in helping your community understand more about Innu wellbeing (minuinniuin).

The purpose of the study is understanding the Innu concept of wellbeing. **Your opinions and experiences are important for understanding how Innu people understand wellbeing.**

If you agree to join this research study, the researchers would plan to meet with you at an agreed time and place in the community. We will ask you in private about your opinions and experiences with wellbeing; it will take about one hour to ask you about your opinions and experiences. We will give you a gift certificate to a store in the community to thank you for joining the study.

Please contact [Name of the Innu co-researcher] for more information about the research study "Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu". [Name] can be reached at: xxx-xxx-xxxx .

This study has been reviewed by the University of Ottawa Office of Research Ethics and Integrity, the Centre for Addition and Mental Health Office of Research Ethics, and the Health Research Ethics Authority of the Province of Newfoundland and Labrador.

You may want to discuss your rights by contacting:
Health Research Ethics Authority (HREA) of Newfoundland and Labrador
Suite 200, Eastern Trust Building
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St. John's, NL A1B 2X5

Telephone: 709-777-6974
Email: info@hrea.ca
Website: www.hrea.ca
Office Hours: 8:30 a.m. – 4:30 p.m. (NL TIME) Monday-Friday

Thank you,

[name of Project Coordinator]

Appendix L: Confidentiality agreement

This form is used for Innu individuals who conduct specific tasks associated with the study, i.e., translating, analyzing data and interpreting data.

Title of the study:
Minuinniuin: Understanding ways of achieving wellbeing among the Labrador Innu

I, _____, agree to:
Name

1. Keep all the information shared with me during interviews and/or focus groups, and /or during data analysis, and/or during data interpretation confidential by not discussing or sharing the research information in any form or format with anyone unless discussed and agreed upon by the r*esearch team* and my *community leadership*.

2. Keep all research information (in any form or format) secure while it is in my possession.

3. Return all research information (in any form or format) to the r*esearch team* for appropriate storage when I have completed the research tasks assigned to me.

4. After consulting with the r*esearch team,* erase or destroy all research information (in any form or format) regarding this research study that is not returnable to the *Research team member* (e.g., information stored on computer hard drive).

In what role are you signing this agreement? Check one please.
☐ Innu co-Researcher
☐ Innu-English Translator

_____ _____
Signature Date