

# One Indigenous Academic's Evolution: A Personal Narrative of Native Health Research and Competing Ways of Knowing

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Volume 4, Number 1, 2009

URI: <https://id.erudit.org/iderudit/1069350ar>

DOI: <https://doi.org/10.7202/1069350ar>

[See table of contents](#)

Publisher(s)

First Nations Child and Family Caring Society of Canada

ISSN

1708-489X (print)

2293-6610 (digital)

[Explore this journal](#)

Cite this article

Stewart, S. (2009). One Indigenous Academic's Evolution: A Personal Narrative of Native Health Research and Competing Ways of Knowing. *First Peoples Child & Family Review*, 4(1), 57–65. <https://doi.org/10.7202/1069350ar>

Article abstract

Indigenous health research should reflect the needs and benefits of the participants and their community as well as academic and practitioner interests. The research relationship can be viewed as co-constructed by researchers, participants, and communities, but this nature often goes unrecognized because it is confined by the limits of Western epistemology. Dominant Western knowledge systems assume an objective reality or truth that does not support multiple or subjective realities, especially knowledge in which culture or context is important, such as in Indigenous ways of knowing. Alternatives and critiques of the current academic system of research could come from Native conceptualizations and philosophies, such as Indigenous ways of knowing and Indigenous protocols, which are increasingly becoming more prominent both Native and non-Native societies. This paper contains a narrative account by an Indigenous researcher of her personal experience of the significant events of her doctoral research, which examined the narratives of Native Canadian counselors' understanding of traditional and contemporary mental health and healing. As a result of this narrative, it is understood that research with Indigenous communities requires a different paradigm than has been historically offered by academic researchers. Research methodologies employed in Native contexts must come from Indigenous values and philosophies for a number of important reasons and with consequences that impact both the practice of research itself and the general validity of research results. In conclusion, Indigenous ways of knowing can form a new basis for understanding contemporary health research with Indigenous peoples and contribute to the evolution of Indigenous academics and research methodologies in both Western academic and Native community contexts.

## First Peoples Child & Family Review

A Journal on Innovation and Best Practices in Aboriginal Child Welfare  
Administration, Research, Policy & Practice

Volume 4, Number 1, 2009, pp. 57-65

# One Indigenous Academic's Evolution: A Personal Narrative of Native Health Research and Competing Ways of Knowing

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### End of an Era, Beginning of a Career

As part of my 2007 doctoral research in counseling psychology at the University of Victoria in British Columbia, I carried out a community-based project with an Indigenous social service agency in a small western Canadian city. The research question was: How do Native counsellors understand the intersection of traditional Indigenous cultural conceptions of mental health and contemporary counselling practice? Through my dissertation, I attempted to answer this research question by articulating Indigenous community perspectives on mental health and healing. I structured and conducted a qualitative study using a narrative methodology that was based on a conceptual framework of Indigenous ways of knowing and social constructivism. I in-depthly interviewed five Native counsellors using a set of narrative questions to get their stories about the intersection of Indigenous mental health and healing with their counselling practices. A narrative analysis of the interviews, using a story map, yielded within and across participant results. Core concepts of cultural identity, community, holistic approach, and interdependence were presented as the final results to construct an illustration for Indigenous healing and counseling. This counseling illustration epitomizes a goal of this study, in that it is a concrete articulation that can be used to influence education, counselling and other mental health services, and, importantly, government policy. From an Indigenous perspective, these core concepts of community, cultural identity, holistic approach, and interdependence must be actively present in the process of counselling and healing. It has been suggested in the literature that elements such as

### Abstract

Indigenous health research should reflect the needs and benefits of the participants and their community as well as academic and practitioner interests. The research relationship can be viewed as co-constructed by researchers, participants, and communities, but this nature often goes unrecognized because it is confined by the limits of Western epistemology. Dominant Western knowledge systems assume an objective reality or truth that does not support multiple or subjective realities, especially knowledge in which culture or context is important, such as in Indigenous ways of knowing. Alternatives and critiques of the current academic system of research could come from Native conceptualizations and philosophies, such as Indigenous ways of knowing and Indigenous protocols, which are increasingly becoming more prominent both Native and non-Native societies. This paper contains a narrative account by an Indigenous researcher of her personal experience of the significant events of her doctoral research, which examined the narratives of Native Canadian counselors' understanding of traditional and contemporary mental health and healing. As a result of this narrative, it is understood that research with Indigenous communities requires a different paradigm than has been historically offered by academic researchers. Research methodologies employed in Native contexts must come from Indigenous values and philosophies for a number of important reasons and with consequences that impact both the practice of research itself and the general validity of research results. In conclusion, Indigenous ways of knowing can form a new basis for understanding contemporary health research with Indigenous peoples and contribute to the evolution of Indigenous academics and research methodologies in both Western academic and Native community contexts.

these are present in the context of Native mental health; the voices of the participants in this study carry these statements one step further by asserting their necessity and integrity to mental health and healing. The counsellors interviewed had knowledge and experience in the practice of helping relationships, and by virtue of their own cultural identities as diverse Indigenous peoples. Their stories represent authentic experiences of mental health and healing in their work as

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professional helpers over past and present experiences and future intentions and by extension give relevance and strength to this research.

Completing this project marked the end of my studies as a graduate student at a major Canadian university. The date of my successful defense of the dissertation signaled a stop to many hoops I'd had to jump through, metaphorically speaking, to reach my goal of becoming both a professor and Indigenous psychologist, where I had always imagined myself to be free from the oppressive arm of Western ways of being and doing. Yet my learning as Indigenous scholar and practitioner was just beginning. This paper details a narrative account of my process of development as a researcher through discussion of issues of research positions, western constructs of bias and generalizability, Indigenous ways of knowing, and new possibilities for reconciling Western and Native knowledge systems in the academy. I conclude with suggestions for other Indigenous academics and future directions for research

### Research Positions

#### *Researcher*

I am from the Yellowknife Dene First Nation (Northwest Territories, Canada), am a member of the urban Aboriginal community where I attended university, and have formed both personal and professional contacts with various local, out of province, and national Aboriginal organizations and groups, including those who agreed to be involved in this study. Firstly, I had obtained preliminary and on-going consent from the First Nations band office in the territory. Secondly, a Native community agency that delivers mental health support had agreed to collaborate with me to conduct this research. Thus from the agency I received consent from my consultant who is in a management position, the Executive Director, and the individual participants who are front line mental health workers. It must be noted that following Native protocol as laid out by Dr. Clare Brant's Native Rules of Behaviour (1990) and the British Columbia Aboriginal Capacity and Developmental Research Environment's (BC ACADRE, 1995) four R's of Aboriginal Health Research (Respect, Reciprocity, Relevance, and Responsibility) the were very important to me through the entire research process, and even beyond the end of the project. Even once this project was completed, I remained, and continue to be, committed toward giving back to the communities that shared their stories and resources with me. Giving back to the community for me as a researcher includes volunteering my own service as a professional counsellor to the community as a whole so that they can meet their members' needs, assisting the Band offices with funding proposals and research protocols, and helping organize the youth sports events that occur in the local Native community.

My own interests in mental health and healing stem from a long familiar history of helping; my grandfather was a healing drummer in our community until he passed away in 1997, and there are many generations of helpers and healers in my family tree on both my father's and mother's sides of the family. I had naturally assumed both formal and informal helper roles throughout my life. For my family, and in many Native communities across Canada (I came to learn), that helping others is a strong cultural value. When I entered university as a student in the 1990s, it was with the express purpose of gaining education in the formal helping field so that I could work within the Native context as a mental health professional to deal with the devastation of colonialism that had rocked my own life and that of those in my family and wider communities. I had not anticipated, at the time, that much of the healing journey would be about me, and my development not only as a psychologist but an academic.

#### *Research Participants*

The specific site of the study was a Native owned and operated community agency in a medium-sized Western Canadian city, whose mandate is to meet the social and health needs of urban Native peoples from both western health care services and localized and traditional Indigenous cultural perspective. The agency employs over 50 staff members ranging from administrative staff to clinical and employment counsellors, social workers, and youth and child development support workers and runs dozens of individual and group programmes for Native peoples from diverse cultural backgrounds. Traditionally, the medium sized city in which the agency is located Coast Salish territory, currently with intersections of a number of other First Nations and Métis peoples. The provincial Aboriginal population is about 170,000, or about 17% of the total Aboriginal population in Canada (Statistics Canada, 2003). Provincial statistics (British Columbia Statistics, 2003) reported in 2001 that in this particular city in which the study took place, there were 8700 individuals identified as having Aboriginal ancestry, comprising 4185 males, and 4510 females.

Participants were recruited through professional connections at a Native community agency where I had a previously established relationship with staff and administration prior to the implementation of the research project. This previously established relationship was as a result of a role I had served as a consultant and liaison for the agency regarding University of Victoria counselling programming and research collaborations. Recruitment occurred through letters that I distributed to individual mailboxes of all of the workers at the agency. I also hosted an informal information session at the agency during their lunch break, where I invited all staff to attend in order to meet me and learn about my research project, and at

that time I also handed out recruitment letters and invited possible participants to contact me for more information.

Participants were individuals of self-identified Indigenous ancestry who worked in a counselling or support capacity with Native clients at the agency. All of the mental health workers at the agency were of Indigenous ancestry. Five participants were interviewed from the pool of available mental health workers. Participants had some post-secondary education in Western approaches to counselling, with training from at least one of the following disciplines: social work, counselling, psychology, and child and youth care. Participants had been employed for several years as a counsellor, and the range of experience was from 3 to 15 years; this requirement ensured that participants had more than short-term experience as mental health workers. "Selection of informants rest more on the careful identification of persons, often in advance, who are representative of the culture and show potential to reveal substantive data on the domain of inquiry" (Leninger, 1985, p. 47).

### **When Worlds Collide: Indigenous Research in the Academy**

There are conflicts inherent to a meeting of two minds, such as Western thinkers and Indigenous ways of being and knowing. Some of the most salient conflicts of this nature that occurred in my experience of the study are summarized below as issues relating to bias, generalizability, and Indigenous ways of knowing. It must also be noted that as in all qualitative studies, there are particular limits a study can have regarding the degree of facts and interpretations that can be drawn from it. These types of conflict are not novel to Indigenous-Western relations, nor to any system that has opposed Western domination in the form of cognitive imperialism. In fact, Indigenous knowledge has historically received a tepid welcome (at best) from Western learned, whose sole mission, until recently, has been to colonize Native peoples (thinking and all). Moving forward to reclaim Indigenous identity through knowledge systems is one way to recover from this historical and ongoing colonial experience. "The reach of imperialism into 'our heads'" challenges those who belong to colonized communities to understand how this occurs, partly because we perceive a need to decolonize our minds, to recover ourselves, to claim a space in which to develop a sense of authentic humanity" (Smith, 1999, p 23).

#### ***Bias***

Researcher bias often arises as a concern for qualitative researchers. Further, qualitative research is methodologically based on intersubjectivity, which is, not based on attempts at objectivity that are central to quantitative methodologies. Gadamer (1994) asserts that qualitative researchers must

put research protocols into place to address this as a concern of rigor and validity. According to Schwandt (1997) there are several types of bias in research: 1. Bias due to over-reliance on central informants; 2. Selective attention to specific or salient events; 3. Bias due to the researcher being in the field/location of research; and 4. Bias due to the participants being interviewed at the site of the research. However, these four points of bias could (depending on the paradigm), instead, be considered as part of the research experience as a non-objective, or non-operational event. For my project bias became a part of the process in the form of using my field journal and field notes as sources of data. Thus I was embracing the notion of bias as a valuable part of both the process and data analysis, instead of trying to ignore or control the level of bias that existed. Much of the critique of qualitative research in general in terms of bias does not take into account the nature of qualitative research as intersubjectivity and its methods, such as purposeful sampling or the principle that the researcher is a primary instrument of the research (Denzin & Lincoln, 2000; Taylor & Bogden, 1984). Also ignored by critics of qualitative research are the political and socio-cultural discourses involved in the theory and practice of social science that questions research objectivity in research practice (Schwandt, 1997). This is a particularly relevant point when considering research in Indigenous contexts. In this way, my research can be in danger of being subsumed by the historical academic debate between the validity and rigor of qualitative versus quantitative paradigms, whose values and philosophies, much like Indigenous and Western respectively, hold values and beliefs that are very different. Thus there could be parallel drawn alongside the tensions between qualitative and quantitative methodologies and Indigenous and Western worldviews in the context of research.

Gadamer (1994) writes that bias cannot be eliminated or placed aside in any research method. No researcher can avoid bias through selection of method; all people interact with some level of bias as a matter of natural human thinking and behaviour. Gadamer asserts that bias is an inseparable part of the human condition. Bias is a fact of life that we as human beings at times depend on to give us an understanding to a situation. For my research, bias, or previous experience and knowledges stemming from own position, became a value part of the process. Yet an important facet to this understanding may lie in the goodness or adversity of how we employ a bias. Schwandt (1997) agrees with this view of bias by stating, "In fact, our understanding of ourselves and our world depends on having prejudice. What we must do to achieve understanding is to reflect on prejudice [as bias] and distinguish enabling from disabling prejudice" (p. 10). For example, my personal history as a colonized Dene woman and my own cultural clashes with Western knowledge with

## A Personal Narrative of Native Health Research and Competing Ways of Knowing

in the academy provided me with useful insight in to the results and implications of this study.

I am aware of my biases with respect to this research, and in order to understand and reflect on these, I have framed them as assumptions. In Indigenous ways of knowing, assumption and beliefs from the basis to legitimate knowledge that is grounded in the reality of the individual and their own experiences (Erasmus & Ensign, 1998). Thus assumptions became a part of Indigenous research methodology, where relationship among people can viewed as a methodology (Barton, 2004). In a western construct, however, these relational assumptions would be viewed as biases. The following three assumptions underpinned the study:

1. Indigenous health research should reflect the needs and benefits of the participants and their community as well as academic and applied interests. It is my view that contemporary researcher practices should be constantly evolving, and that despite theoretical limitations, all should seek breaks with traditional-colonial theorizing about participants and communities, particularly Indigenous communities. The research relationship is one of a co-constructed nature (Peavy, 1998), but this nature often goes unrecognized because it is confined by the edges of a Western paradigm of ethical research and design practices (Piquemal, 2001). Alternatives and critiques of the current Western system of research must, from my position as a scholar, come from Indigenous conceptualizations and philosophies, such as Indigenous ways of knowing and Indigenous protocols.
2. An important assumption is that the participants would be willing to engage in honest and meaningful conversation with me about their experiences of mental health and healing in counselling contexts. Trust is the foundation of an ethical and authentic research relationship (Piquemal, 2001), and this notion of trust assumes that all parties involved will be honest in their interactions. It is my belief that trust was established between myself and the participants and other community members who gave input throughout the research process. Further, to consider a relationship that is founded on trust, there is an open possibility that this relationship is multifaceted, that it encompasses more than solely the research relationship. For the community agency to trust me enough to partner with me to carry out the research, I had to establish other professional and personal relationships with both the agency itself as an institution and the individuals who worked within it. Thus, what is considered a dual relationship in Western ethical codes of research and counseling could be viewed as both necessary and ethical in Indigenous protocols of research, and

possibility helping relationships. This is an area that warrants further exploration in field of counseling research and research ethics.

3. I assume that there are important and wide differences between Indigenous and Western ways of helping and healing. As an Indigenous person, my worldview is very much biased from my experiences as a marginalized person in a Western world. As discussed above, these biases, or assumptions, hold a valuable insight for me as an Indigenous researcher in terms of understanding the context and what is important about it for Indigenous ways of knowing and mental health. Yet it is also valuable for me to remember, particularly in the context of research, that despite specific and cultural differences, we are all human beings that have the same goal of wellness and survival.

Further, despite varying epistemologies and paradigms, most peoples, regardless of cultural differences, share values of family, faith, belonging, and health. My personal and professional assumptions that Indigenous views of health or Indigenous ways of knowing are radically different from Western ways must be kept in the context of my experience and that of specific research questions posed for this study.

### *Generalizability*

Generalizability is a concept from the quantitative paradigm that does not directly apply to qualitative research; generalizing results from a study of a population sample to a broader population is often viewed as the goal of [Western] scientific research (Creswell, 2005). However, it is worth discussion because in academic contexts it continually charges a debate on rigorous research of all kinds, and by extension, legitimate knowledge. In contrast, the utility of qualitative results are intended to allow the reader to understand the findings both within the context of the study itself and beyond. There are within and between group cultural differences amongst Indigenous Nations, individuals, and communities (McCormick, 1997). The issues and implications of this study were designed to enhance academic knowledge about cultural differences and to guide researchers to be sensitive to the mental health and healing needs of Indigenous peoples. The intent is to provide academic researchers with direction for cross-cultural sensitivities about mental health and healing that are respectful, synergetic, and aimed to benefit Indigenous communities at various levels. My methods of following local protocol, spending time in the community with the participants, consultants, Elders, and other community members, and my follow-through with give back to the community through dissemination and on-going relationship reflects a depth to this research. Thus the goal was not generate results that could be broadly applied

(generalized) to all Indigenous communities but instead to generate results that are valid and rigorous within the community where they were gathered. That is, if another researcher were to interview a similar pool of participants in the same setting, the results would be the same as mine.

Lincoln and Guba (1985) propose qualitative research as “naturalistic inquiry” for studies in the social and behavioural sciences because this type of inquiry would take into account the lack of predictability of human interactions and the unique lives outside of lab settings, and establish a separate set of criteria more appropriate to life outside the laboratory. Silverman (2001) found that in social contexts, qualitative research methods are believed to “provide a ‘deeper’ understanding of social phenomena than would be obtained from purely quantitative data” (p. 32). Qualitative methods usually devote large amounts of time to participants during the data-gathering phase, thus important and substantive information is obtained from those who are most affected by the issue of study (Schwandt, 1997). In Native communities, “people always do have ideas about what is best for their community” (Erasmus & Ensign 1998, p. 46). The direct input of Indigenous peoples regarding research in their own communities has been argued to be crucial in designing and implementing research of any methodology that yield authentic results because it is ethical in that it follows local protocol (Piquemal, 2001) not in its choice of research paradigm.

Qualitative or quantitative research can include the opportunity to involve the participants’ community at all stages of the research process and thus be more hospitable to Indigenous ways of knowing. Partnerships can be developed with the community through their input in the planning, designing, data gathering and even analysis of the results (Hudson & Taylor-Henley, 2001). This process allows for meaningful input. Thus, the community becomes an important part of the research, rather than simply providing the data for research. Community members become invested in research activities and respond in a different way that has been viewed as deeper and more meaningful than in other research projects that may see them as subjects or objects of the research (Hudson & Taylor Henley, 2001). Participants can feel that the research belongs to them and their community. In fact, most Indigenous researchers consider participants as co-researchers and co-owners in the research results (Kenny, 2002). Given the history of misappropriation of Indigenous knowledge by researchers (Piquemal, 2001; Smith 1999), this approach helps to create a more respectful and receptive research context for all involved, as well as strengthen the internal validity of the study.

However, qualitative research has been described as seeking to understand how things happen, rather than what happens (Schwandt, 1997). Thus it is concerned with

process. In this way, qualitative research is particularly suited to Indigenous communities, because in unearthing processes, there exists a possibility that the devastating results of colonization can be deconstructed (Kenny, 2002). The quandary of integrating traditional Indigenous and modern Western paradigms can be exposed. Then discussing and working toward understandings of such knowledge systems and how they fit with the quality of our overall health. Thus qualitative research goes beyond the surface and studies substance (Kenny, 2002), which for the purpose of this study, I assume can be valuable and meaningful beyond generalizable results.

### *Indigenous Ways of Knowing*

Competing knowledge claims have existed through the ages and will continue to fuel debate. In Indigenous policy research, for example, the research is holistic and balanced, and the diverse positions on knowledge claims must all be considered in the context of ethical research practice (Erasmus & Ensign, 1998). Knowledge claims must be scrutinized for how they can best represent an Indigenous worldview, Indigenous systems of knowledge, and balance in a holistic perspective on policy research. It is critical to be aware that all sources of data derived from research in Native communities are ethically questionable if their methodology does not include appropriate attention to a Native cultural and social approach to contemporary research (Hudson & Taylor-Henley, 2001).

Traditional knowledge hinges on respect for all life forms as literally conscious and intrinsically interdependent and valuable (Corsiglia & Snively, 1997). Indigenous peoples’ lives are characterized by a lengthy history of relations between community members, nonhumans (wild animals, insects, trees, rivers, grass, etc.), and lands (Gadgil, Berkes, & Folke, 1993). Escobar (1998) writes that “unlike modern constructions, with their strict separation between biophysical, human and supernatural worlds, local models in many non-Western contexts [like traditional ways of knowing] are often predicated on links of continuity between the three spheres and embedded in social relations that cannot be reduced to modern, capitalistic terms” (p. 61).

Each culture throughout the world has a set of paradigms, which are a collective set of values and knowledge of the way to live and be in the world (Lee, 1995). A distinction that may be made about Indigenous values is that they inform a body of knowledge about specific environments that span several thousands of years, in many cases since time immemorial (Kenny, 2002). Chief Wavey (1993, p. 11–12) notes that “we spend a great deal of our time, through all seasons of the year, traveling over, drinking, eating, smelling and living with the ecological system, which surrounds us” (p. 11). Indigenous peoples are

characterized as having, for example, intimate knowledge of trap lines, waterways, spiritual/traditional lands as well as knowing their relationship to earth, which is expressed in cultural values such as sharing and caring (Escobar, 1998).

Colonization has interrupted many traditional ways of living and knowing for Natives throughout the world (Mussell, Nichols, & Adler, 1993). However, many Natives individuals and communities today are presently undergoing a profound spiritual renaissance of traditional ecological value renewal and Indigenous ways of knowing (Wenzel, 1997). This study reflects this return to traditional ways of knowing by its incorporation of community protocol and community consultation as part of its methodology, and the use of an Indigenous paradigm of health and healing. This study concludes with no suggestion of a definitive answer to general knowledge claims, as this was not a goal of the research, as discussed in an above section. My belief and intent is to offer alternative methods of legitimate researching and writing about Indigenous mental health and healing that is based in an Indigenous paradigm, or Indigenous ways of knowing. Perhaps this research is blazing the trail for Indigenous researcher to widen and further explore. My processes can serve as a successful example to create a definitive knowledge claim for Indigenous methodology that is grounded in community participation, local ethics, and Indigenous notions of relationship as the cornerstone for knowing, being, and doing for the purpose of rigor research.

### **Research Reflections: Walking the Line between Good and Evil**

This study has been significant for me as a researcher in at least two ways. Firstly, I have learned that it is not always easy to go between the two worlds of Western academia and Indigenous communities. Secondly, carrying out research that benefits all involved is satisfying to me both personally and as a researcher.

In the course of my short academic career, going between the two worlds has been relatively smooth; however there have been some inevitable ups and downs. I strive to employ literature and data by Indigenous scholars and/or based in Indigenous methodologies, but this is not always possible or always easy. I have often been criticized from both Western and Indigenous colleagues about the use or exclusion of Indigenous and western sources of literature or data. That is, Indigenous scholars have berated me for not employing more or solely Indigenous sources of literature, while western scholars often do not see Indigenous sources as academically sound. Also, a negative aspect of this journey involves me being directly involved in academic research and suffering some confusion regarding my identities as Native person and a

western-trained academic—two roles that have historically have come into conflict due to cognitive imperialism and unethical research practices. For example, when I am in a Native community, carrying out the process of western research as a graduate student representing a university, I am continually concerned about the ethical dimensions of the project—am I being respectful enough to the Native community? Am I following local protocol enough? Will any future aspect of this project that I may not currently foresee be harmful to the community? The list of questions that echoes in my internal dialogue is endless. There is a constant feeling within me that I must prove not only my research, but myself as an Indigenous person, to the community with whom I am working. Based on my interactions with community people involved in this project, there is little evidence to substantiate this feeling that I have -- it is perhaps more my own self-talk and personal history of experience that informs these emotions of self-doubt and fear. Oddly, the same emotions come over me when I am in the other world of academe. In a university environment I also feel that I must prove not only my research but myself as Indigenous person with a legitimate identity as such. The university is concerned with the rigour of my study, and this I anticipate. I often even enjoy the challenge of meeting this demand. Yet I have always felt somewhat emotional about justifying my identity as a Native person in the context of my research projects. Again, perhaps this fear and doubt comes from my personal history that is amply littered with experiences of racism, prejudice, and exclusion from the dominant Western society. However it is also true that some of these oppressive experiences have occurred within the context of post-secondary education. For example, in many graduate class I have had to answer specific questions for all Native peoples everywhere, been scapegoated by both other students and sometimes professors, to justify the colonial experience's effects on Indigenous health, education, and identity. Thus instead of fulfilling role as learner I have instead been forced into the position of one who corrects erroneous information and educates other students and some professors. What has been positive for me in the current research is the support and encouragement of my committee members, each of whom has inspired me to stay true to my voice as a Native person, and has fostered a sense of ability to incorporate this into my research in a way that is both systematic and true.

Carrying out research that is beneficial to both scholarship and to the community in which the research has occurred is satisfying. There have been times when my faith in the goodness of research has wavered, and this has disconcerted me, as I have been committed to seeking out and conducting ethical and successful scholarship since I began my studies. Having participant and other community members experience benefit from each stage of the

research and from the results gives me a sense of pride and accomplishment in the work. I have not simply fulfilled part of doctoral requirements but I have done something that was of greater good for people within the context of the greater society. Further, I have addressed my own personal need to work toward healing and health in Native communities because my own family and personal history has been fraught with issues of unbalance and unmet healing needs due to the colonial experience. Contributing to the mental health and healing needs of Native communities is healing for me as a person who has been impacted by this history. Helping others is a strong value that I was taught by my grandparents and extended family that raised me from infancy. This project has strengthened my resolve to continue my effort to conduct ethical and appropriate community based mental health research with Native peoples. It inspires me to continue to seek out other people, both academics and native community members, to walk this path with me so we can continue to meet our peoples' health and healing needs.

There are many more ways in which this research has impacted my development as a researcher, however, the two ways discussed in this section have had the greatest effect on me. I will continue to learn and develop as researcher in ways that can bring me close to my Native culture and identity and further the field of researching cultural health in ways that benefit not harm those involved.

### **Resolution: A Changing Research Methodology**

As discussed in an above section, it is my own belief (or bias) that research should be an evolving practice and that this practice develops through a process of praxis. Community-based research shares this view of being based on a process of praxis, where research methodology is refined and improved each time it is implemented. My doctoral research contributed to the evolution of Indigenous community health research by giving a voice to Indigenous mental health workers in an academic context about their needs to be effective counsellors and the needs of their clients. Mental health services are largely delivered to Native communities by non-community members and from a non-Native paradigm. Giving voice to participants in terms of the topic of research, the analysis of results and the dissemination process strengthens the authenticity of the results and the methodology employed.

Indigenous peoples usually describe themselves as having an oral-based story telling tradition (Medicine-Eagle, 1989), thus a narrative approach is deemed culturally appropriate because it uses stories to elicit information; a narrative approach seeks the participants stories from their unique perspective (Tesch, 1990), and it is specifically the stories of Native mental health workers about their

approaches and intentions toward health and healing that I sought. Narrative inquiry is also described as an academic research method of examination of metaphors, rituals, epiphanies, routines, and every day experiences, all of which are filled with culturally based complexities, hopes, and intentions (Mattingly & Lawlor, 2000). Another reason for using a narrative approach for this research question was the conception of narrative inquiry as a "relational methodology" when used in an Indigenous context, where epistemological implications of Native ways of knowing for academic interest, demonstrate how Indigenous epistemology can influence knowledge and practice in research (Barton, 2004, p. 519). In other words, narrative inquiry can be viewed as a way of incorporating Indigenous ways of knowing into the research process by, for example, using Indigenous epistemology such as storytelling as means of data collection or analysis. Barton (2004) also suggests that through the interpretive activities of both researchers and participants, the process of co-constructing and co-participating stories is inherent in a narrative inquiry, and this reveals a circular, or continual, understanding of experience. In this lies the strength of the contribution of my research.

Thus I relied heavily on Barton's (2004) understanding of narrative inquiry as a relational methodology for use with health research in Native communities, in which the research itself is based on the notion of relationship. My study employed a narrative methodology in the spirit of a collaborative relationship with an Indigenous community of mental health workers at a specific agency. As mentioned above, narratives have been shown in the literature to be an important part of traditional Native culture in term of its oral storytelling tradition. Further to this, it may now be possible to incorporate other Native traditions, such as Indigenous traditional ecological knowledge, which is based on a holistic conception of the world, into research methodologies.

Also in terms of research methodologies, this study shows how community-based research can be both ethical in terms of community protocols and rigorous in terms of academic standard. Training opportunities can be provided for communities involved in research, such as interviewing skills, developing questionnaires, surveys, or open-ended questions, setting up meeting schedules and presentation skills for dissemination. Community-driven research could thus promote the use of Indigenous expertise, both academic and traditional Native experts, throughout the research process (Whitmore, 1994).

A practical example of how this research could impact the health of Indigenous individuals is that counsellor training programmes for those working in Native communities could incorporate an Indigenous paradigm of mental health and healing into its curriculum.



## A Personal Narrative of Native Health Research and Competing Ways of Knowing

Specifically, traditional teachings in Native communities based on the medicine wheel create an epistemological paradigm that employs a holistic foundation for human behaviour and interaction; it informs a framework for mental health through a discussion of its four quadrants, each one a separate representation of an aspect of the self (Thunderbird, 2005).

Other Indigenous practices of healing and counselling mentioned by participants included:

- Storytelling
- Advice from Elders
- Interconnectedness with family and community
- Healing circles (round robin, usually started by an Elder)
- Ceremony (sweet grass use, vision quest, sweat lodge, prayer, drumming, sundance, and more)
- Incorporating food into the helping relationship
- Working with clients in nature (i.e. not in an office)

These practices usually include involvement with local community, including Elders, traditional helpers, and those who wish to share traditional forms of helping with counsellors who make the invitation to incorporate Native methods (See Blue & Darou, 2005; Duran, 2006; McCormick, 1996). A very important aspect to these processes is the notion of interconnected between individuals and community and within and across the four aspects of the self (mental, physical, emotional, and spiritual). Yet the most important part of these practices is that they come from local tradition and protocols, and to understand that these will vary from locale to locale and sometimes even within a specific community.

As described previously, Duran (2006) writes that the Western paradigm of mental health is marked by beliefs in logical positivism, linear thinking, and individualism that promote illness instead of Indigenous wellness: "Western trained therapists are trained to think within a prescribed paradigm that targets pathology" p. 19. Instead, counsellor training programmes could employ a pedagogy that targets mental health as wellness, as articulated in the study. Students training to be counsellors should also learn to enhance the cultural sensitivity of their own personal style of helping, as suggested by the participants who felt that the support of non-Native communities is necessary. Native and non-Native students training to become counsellors could begin this process by acknowledging, exploring, and clarifying their own values, worldviews, and beliefs related to their own culture and that of those who are different to them (Arthur & Collins, 2005). How could this be done in concrete terms in a learning environment?

- Through cultural self awareness exercises (see Arthur

& Collins, 2005; Johannes & Erwin, 2004).

- Journaling exercises.
- Interacting with others from own culture and other cultures (individual and group field trips).
- Actively seeking knowledge and learning about diverse cultures (endless possibilities).
- Introduction of an Indigenous paradigm of mental health and healing as articulated in the results of this dissertation, including illustrations and practices as cited above.

### Concluding and Moving Forward

In a movement to emphasize a sense of finality to this personal narrative, I suggest that this research has reflected not only the mental health as understood through Native counsellors' stories, but my own evolving identity as an Indigenous scholar. The conceptual framework informed the direction of the research in terms of the research question, methodological approach, research sites, and even participant selection. Yet it also reflects both who I am as cultural being and as a philosophical agent. These frameworks allow others who read about this research to understand my perspective as researcher by giving insight to my Indigenous values and philosophies as they underpin this project. Thus in this way, I am inviting the academy into understanding and being accepted by the Indigenous paradigm, instead of the Indigenous worldview seeking validation from the Western experts. Future research, including mental health research could explore this relationship in this way by asking both native and non-native scholars what their experiences and understandings of knowledge is. Future research could also explore positions of researchers both within the academy and in non-academic contexts relative to cultural perspectives on health, education, and knowledge. The possibilities are truly endless for the next steps. This embarkment is a long and slow road, measured by degrees and not by accomplishments. However, it is also an exciting journey for me to both learn more about our rich and varied Indigenous Canadian cultures and how to successfully negotiate a new relationship with Western institutions of power and knowledge that could possibly be based on equity, trust, and a thirst for new (and ancient) knowledge.

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