

Disconnection and Well-Being of Indigenous People

By

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Abstract

The purpose of this literature review is to understand what disconnection means for Indigenous people and to understand what we presently know about addressing this disconnection. Since colonization, Indigenous people have experienced disconnection in various ways such as forced assimilation. Through multiple facets of assimilation and policies that enforce assimilation, a disconnect has been created for many Indigenous people from culture, tradition, language, land, and community. The author analyzed nine qualitative studies and one mixed-methods study. The author analyzed the strengths and weaknesses of the methodology used within the studies. From the findings emerged four themes: a) the use of the medicine wheel as a holistic approach; b) connection to the land and healing; c) tradition and spirituality; d) resilience and reclamation. The themes that emerged are all relevant to approaches that are beneficial in promoting Indigenous well-being. As well, the author examines the ethics within the 10 selected studies. Finally, the author discusses the present context, clinical application, and recommendations for future research. This literature review demonstrates that utilizing non-Western approaches promotes well-being for Indigenous people.

Key words: Indigenous people, disconnection, traditional approaches, well-being

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Disconnection and Well-Being of Indigenous People

The purpose of this literature review is to understand the meaning of disconnection for Indigenous people. Furthermore, to understand the exploration of what we already know for promoting Indigenous well-being and how this knowledge applies to disconnection. In the first section of this paper, I examine literature around disconnection and loss, which looks at the historical roots to present-day circumstances that continue to impact Indigenous people. Additionally, I review the research as to how to approach disconnection such as these in a therapeutic setting. I then discuss a methodological analysis in which I critically examine the methods employed by the reviewed studies to address the research question and ethical considerations. Lastly, I present the findings of my research including main ideas, themes, implications of findings for clinical practice, and recommendations for further research.

Indigenous people of Canada are the first peoples of this nation. There has been a long history of loss for Indigenous people since the beginning of colonization in North America. Since the arrival of Europeans, Indigenous people have experienced various types of losses. Colonization is linked to the experiences of the disease, poverty, and disadvantage of Indigenous peoples who have been displaced from their lands, culture, and resources (Smallwood et al., 2021). Disparities and marginalization have been linked back to colonization. There has been a significant amount of research conducted to explore the disparities in Indigenous peoples' mental health and their over-representation in various facets of society. Initially, these events were viewed as just that—events—not recognizing the greater impact on Indigenous communities. However, this perspective has since changed. There is now a more widely accepted perspective that acknowledges these historical events as historical loss and trauma. All of these losses have led to greater disconnection for Indigenous people.

Indigenous peoples have become a focus of research for the over-representation within the health system, incarceration, suicide rates, and the child welfare system. Another notable aspect of Indigenous peoples' lives is the lived experience of racism that continues and exists at individual and systemic levels. All of the above impact Indigenous people, as well as the greater attention given as more historical and present-day issues are highlighted through all forms of media. Therefore, this results in a peaked interest as to why there are large disparities and the appropriate approaches to address this gap. Research shows the effects of colonization on Indigenous people encompasses both physical and mental aspects of their lives, including on an economic, cultural, and social level (Smallwood et al., 2021). However, only in the past two decades has evidence-based literature emerged to contribute to the understanding of the trauma impacts that colonization has had on the health and well-being of Indigenous peoples (Smallwood et al., 2021). Ultimately, these all become contributing factors to disconnection from culture, land, and community.

Indigenous peoples have become a focus of research for the over-representation within many systems within Canadian society. The disparities that continue to occur include higher rates of suicide, over-representation of children in the child welfare system, and incarceration rates (Firestone et al., 2015). In addition to these disparities, racism continues and exists at individual and systemic levels. This study focuses on the exploration of how disconnection is related to these disparities and how to promote Indigenous well-being. Therefore, this analysis argues that colonization has resulted in disconnection and explores approaches that benefit Indigenous people.

Colonization is linked to the experiences of disease, poverty, and disadvantage of Indigenous peoples who have been displaced from their lands, culture, and resources

(Smallwood et al., 2021). These health disparities are a consequence of government policies to assimilate Indigenous peoples into the Euro-Canadian ways of life. These types of policies have led to causing both mental and physical damage to children through lower attainment in school, disconnection from culture, language, and family systems (Wilk et al., 2017). According to Smallwood et al. (2021), in order to learn how to address the disparity gap, understanding the past and ongoing impact of colonization and historical trauma is required. This review explores this topic further by exploring the disconnection associated with the losses experienced through colonization and the ways to approach this in a counselling setting when necessary.

The experience of all this loss continues to impact present-day Indigenous peoples. The loss of land, culture, and language is not a historical event but is a continual loss that is experienced today. Furthermore, research demonstrates the historical denial of Indigenous culture's right to exist and how the attempt to eradicate culture affects development and increases depression (Whitbeck et al., 2009). Empirical research indicates that there is an association between intrusive thoughts of historical losses that result in feelings of guilt, hopelessness, despair, anger, substance abuse, and depressive symptoms (Walls & Whitbeck, 2012). Therefore, seeing the impact of such losses is deeper than the physical and something that affects the psychological well-being of Indigenous people. The ongoing disconnect between land and culture has not provided Indigenous people with the opportunity to fully know their ancestral roots and culture, if that is something desired. Unfortunately, this disconnect has not been adequately acknowledged within the literature.

The different forms of loss that Indigenous people have experienced have ultimately led to greater levels of disconnection. Another example is the government's attempts to assimilate Indigenous people into Euro-Canadian ways of life. Health disparities have been a consequence

of government policies to assimilate Indigenous peoples into the Euro-Canadian ways of life. During the 17th and 18th centuries, in the development of Canada, more and more settlers arrived to settle in Indigenous territory without Indigenous foreknowledge or consent; despite agreements with colonial authorities for political autonomy and protection of their lands (First Nations Studies Program, 2009). As a result, policies and legislation were passed that worked from the assumption that in order to function within Canada, Indigenous people needed to abandon their culture and traditions (First Nations Studies Program, 2009). According to Smallwood et al. (2021), learning how to address the disparity gap requires understanding the past and ongoing impact of colonization and historical trauma; therefore, further exploration of disconnection can develop a better understanding to address disparities that continue to impact communities and individuals.

Indigenous people of Canada have experienced tremendous loss and disconnection since the colonization of North America. The insufficiency within the literature is that it does not address the experience of the disconnection that Indigenous people face. Despite its continuation, there has yet to be a real resolution to what has been taken from Indigenous people. Recovery or restoration of what has been lost continues as an ongoing process. I recently saw a tweet posted from the Indigenous rapper, Drezus, in response to the gravesite of 215 children found near the residential school in Kamloops. He stated, “[To] grow up Native is to grow up grieving. Even when you don’t know you are” (Big Neech, 2021). The quote reiterates the ongoing loss in addition to acknowledging that it is not always a felt or known thing. Therefore, reiterating the exploration of disconnection and a greater understanding of appropriate methods to utilize with Indigenous people is important.

Research Problem

It has been argued by Indigenous communities and scholars that there is a link between disconnection and present-day mental health problems. However, there has not been sufficient focus on these losses and the impact it has left on individuals. As a result of assimilation and colonization, there is a disconnect from culture, language, and land; therefore, an impact on identity and the understanding one's place in the colonized context. There is need for further exploration of what this disconnection means for Indigenous people. This exploration of disconnection and its impacts on Indigenous people is to support and promote healing as they navigate their place and voice in the context of present-day Canada. Lastly, it is to take that knowledge a step further to create a greater understanding of the best methods of practice and approaches to address disconnection in the counselling setting.

As a result of colonization, the experience of loss and disconnect from culture has been abundant for Indigenous people. The literature has yet to fully address what this disconnection means as experienced through colonization for Indigenous people, including loss of culture, language, traditions, and displacement and disconnection from land and community. The research often categorizes these losses as historical losses which fall under the umbrella term *historical trauma* (Kirmayer et al., 2014). Ultimately, historical trauma encompasses all that came with colonization such as residential schools, loss of land, racism, etc., and how we see this impact in the present-day context (Kirmayer et al., 2014). Yet, there is little information on the overarching impact of colonization. The present literature explores pieces of colonization but has yet to effectively address the topic as a whole. Colonization has been acknowledged for the ugliness and detriment it has done to Indigenous groups. However, the impact of disconnection for Indigenous people still requires a greater understanding and further development.

The purpose of this research is to understand the meaning of disconnection for Indigenous people. Recognizing that the occurrences of the past continue to ripple into our present-day and affects lives in the here and now. There continues to be a disconnection from culture, language, land, community, among other things. This research is an exploration of how this disconnection continues to affect Indigenous people and builds from the knowledge we have to explore what the best methods of practice to approaching disconnection for Indigenous clients in the therapeutic setting. Therefore, this leads to the question: what does disconnection for Indigenous people mean and what lessons have we learned so far to address disconnection?

Researcher's Position

This research is relevant to the context of my employment. Since my Bachelor's degree, almost all of my jobs have been in Indigenous communities or an organization that specifically supports Indigenous peoples. The focus of this research is to better inform clinical practices and support Indigenous clients. Most of my experience has been in the context of classrooms as a teacher. I have spent the majority of my teaching career on reserve or in a First Nation school within the city. In my line of work, I have seen firsthand the disconnect that is experienced by Indigenous people. This disconnection can come from different facets such as whether the family grew up with traditions or not, growing up in the child welfare system, among multiple other reasons and barriers. Furthermore, disconnection shows in the awkwardness a child may feel if they do not have the experience of culture and tradition. I have witnessed this, and had the experience personally, when there is an expectation that one should have more knowledge around culture but perhaps have not had the opportunities to learn. Secondly, disconnection shows in how often young people are affected by intergenerational trauma. This can occur

through substance abuse, experiences in the child welfare system, among the other disproportionate disparities that Indigenous people suffer.

As an Indigenous person myself, I have always had a desire to help support my people and community. Throughout my experience as a student, educator, and in life, I have always been told about the “problems” with Indigenous people and learned about the darker parts of Canada’s history towards Indigenous people. As an Indigenous person, I have heard stories of loss and hurts from friends, family, colleagues, students, and many others that I have crossed paths with, as well as considering my own experiences. For example, students who are a part of the child welfare system and struggle with identity, feelings of abandonment, or resentment. Seeing so many of these types of issues reoccurring, I want to better understand why there is so much pain and affliction within communities and people. Furthermore, I want to explore the impact of disconnection through the different losses and the best methods of approach. There has been a lack of focus on disconnection, what that means for Indigenous people, and how can we address it appropriately. Whether it is an acknowledged loss or not, there has been great detriment done to the Indigenous people of Canada.

From a personal stance when reviewing the research, I have to be aware of my commitment and compassion towards Indigenous people. As an Indigenous person, I have a personal investment in history and research. Therefore, I remember my own personal lens while reading this information. For example, this occurs while reading some of the more disturbing statistics or research and becoming emotional. Being able to take a step back and reflect on those emotions, but also recognizing how to put those emotions aside, is important while reading and sorting through the information. As well as maintaining an openness to the research and the

findings. By maintaining that openness, I believe it brings greater opportunity to help provide the best potential supports and approaches from clinicians and clients.

Theoretical Considerations

The theoretical framework that guides this study is the historical trauma theory. This theory acknowledges the experience of the individual but acknowledges the experience on a larger level. Additionally, the named traumas are also the losses that are explored within this review. I believe this theory supports the research topic in this review because it addresses the impacts of historical pieces for Indigenous people. This theory is key to understanding working with Indigenous people and understanding disconnection and its impacts.

Disconnection stems from the individual experiences of trauma to the collective struggle against colonialism (Maxwell, 2014). Research shows that collective struggle is generational and continues today with potentially irreversible harm caused by past traumatic experiences (Maxwell, 2014). As Maxwell (2014) states, in Canada, assimilation has formed both historical and contemporary public policy that ranges from education to natural resources, the criminal justice system, health care, welfare, and social services. Furthermore, the primary instrument to do so was through separation of families and communities. The following section is an in-depth literature review that provides greater context for what disconnection looks like for Indigenous people and explores gaps that have yet to be addressed by present research.

Literature Review

This section of the review examines the literature on the topics of Indigenous issues that are relevant to the topic of disconnection. It provides further background to create a greater understanding of what is presently known about the areas that contribute to disconnection. The focus of this literature review examines the various losses experienced by Indigenous people in

the historical context to the present-day. Furthermore, it explores how losses are more than just physical loss and have been experienced through multiple avenues.

Colonialism

Experiences can often be traced back to the historical losses of Indigenous peoples. Indigenous people's mental health is a topic that has been widely examined and researched. This research has become a popular and important area of study because of the disparities and different crises that have occurred. There are numerous indicators that there is a significant disparity between Indigenous people and their well-being in comparison to the general population. Some areas that demonstrate these disparities are general health, suicide rates, life expectancy, substance abuse, children within the child welfare system, incarceration rates, among many other statistics. When exploring the topic of Indigenous people's mental health, one must acknowledge that the topic is multifaceted and numerous factors play into the present situation. Indigenous people have become displaced from their lands and continue to fight for the sovereignty of their land and communities. There have been widespread attempts of forced assimilation; for a time, their culture and practices were outlawed, and ultimately shamed and mistreated for being Indigenous. The remnants of historical factors are evident in the present-day statistics of Indigenous people and have led to disconnection to land and culture.

A contributing factor to the present level of disparity that has been identified numerous times throughout the literature is the impact of colonization. Colonization includes various practices such as displacement through war, genocide, and removal of children; forced labour and slavery; ecological destruction, spread of disease; and restricting language, cultural practices, marriage, and spiritual beliefs (Paradies, 2016). Since the intent in Canada was covert, there is debate as to colonization's genocidal nature (Paradies, 2016). Colonization is such a large factor

in how Indigenous peoples' lives look today; it has impacted their connection with land, culture, language, and personal relationships. McNally and Martin (2017) discuss how contact with settlers include colonization and near cultural annihilation, and that these directly relate to racist beliefs about Indigenous peoples. Furthermore, colonization contributes to experience of disconnect of Indigenous people from traditional values, culture, and ways of life (McNally & Martin, 2017). This disconnect creates a loss of cultural identity. These beliefs continue to persist today and have been represented through the residential school system, which is a systematic assault on Indigenous peoples and their way of life (McNally & Martin, 2017). Historical trauma and all it encompasses have been identified as one piece of many that have impacted Indigenous people's mental health. Furthermore, it is more than just trauma that Indigenous people carry forward but it is the loss of what has been taken through the act of colonization. However, the disconnection that has been created through colonization has not been sufficiently addressed and requires further exploration.

The reality of colonialism is that it has impacted all aspects of Indigenous people health and well-being. These health disparities are a result of government policies to assimilate Indigenous people to Euro-Canadian ways of life (Wilk et al., 2017). Through policies and mandates, residential schools where Indigenous children were forced to attend were especially damaging. The purpose of residential schools was to eliminate language, culture, traditions, and spiritual beliefs, in order to assimilate Indigenous children into Canadian society (Wilk et al., 2017). The goal of government and church officials was to civilize and Christianize Indigenous children. Children were forcibly removed from family and community; many children suffered physical, sexual, psychological, and/or spiritual abuse while attending these schools. As Soros (2018) depicts, "imagine what they lost: smell of a mother's hair, sound of a father's voice, the

interruption of a baby crying, yap of a wolf, touch of a grandmother.” Not only did residential schools teach children to be ashamed of their languages, cultural beliefs and traditions, but they were generally ineffective at providing proper or even adequate education (Bombay et al., 2014). In addition, residential schools were underfunded which resulted in poor nutrition and living conditions, leading to illness and death (Wilk et al., 2017). The loss experienced within residential schools was not only of culture and language but the connection to loved ones. There is a recognition that a loss occurred; however, there has not been an emphasis on understanding what this disconnection means for Indigenous people. Furthermore, there has not been an emphasis on how this disconnection could be addressed effectively.

Settlers coming to North America is a historical event yet the impact of colonization is an ongoing structure that Indigenous people continue to overcome. The act of colonization has often been portrayed from the European perspective as explorers coming to find new lands and goods. However, Wolfe (2006) discusses the comparability of genocide and colonization. This research points out that both have positives and negatives. It created a new colonial society on expropriated lands where settler colonizers came to stay, while simultaneously striving for the dissolution of the native societies (Wolfe, 2006). Therefore, this makes the invasion not an event but a structure. Similarly, Coulthard (2014) in *Red Skin, White Masks* calls colonialism a structure, not a historical event. He further states the relationship of Indigenous peoples with Canada has moved from what was once primarily oriented around genocidal exclusion and assimilation to attempts to recognize and accommodate, however remaining colonial in its foundation (Coulthard, 2014). Therefore, it creates not only a loss that has been experienced in the past but continues to live on today. This loss is experienced through disconnection to land, culture, language, tradition, and community. The literature acknowledges colonialism, however,

has yet to appropriately define disconnection and how to promote healing for Indigenous people with this disconnection.

Marginalization

Disconnection occurs and is promoted through different ways in Indigenous people's lives. One example of this is racism; it promotes alienation from society and community, and can promote shame in Indigenous identity. Understanding racism requires that one examine when and where these types of attitudes began and the origins of this marginalization. Reflecting on the history and story of this land, the deep roots of discrimination began when colonization first began. Shrubb (2014) argues that the idea of racism formed during the Enlightenment period and that the Christian doctrine stated that enslavement of "barbarians" was permissible in order to civilize. However, to maintain this level of oppression, further justification was required and that is where racial inferiority and the principle of biological unfitness commenced, which had previously been applied to women and who was deemed insane. Thus, the racialization of Indigenous people in North America formulates their status as uncivilized and other, justifying exploitation and oppression (Shrubb, 2014). Furthermore, this logic of colonialism created the foundation for mass genocide, rape, pillage, assimilation, and the attempt to completely conquer the land (Shrubb, 2014). Shrubb (2014) argues the taking of the land, removing Indigenous people from the land, and confining to reserves created a physical and ideological removal which is an inherent piece of colonization. The disconnection that occurred was deep. It created a displacement from land as well as promoted dislike and shame for Indigenous worldviews. However, this deep loss and disconnection have not been addressed for present-day Indigenous people and how it occurs contemporarily.

Racism is related to disconnection because it influences the way that an individual can view themselves and the world around them. Therefore, racism influences the way that one desires to interact with the world around them. Racism is a social injustice based on falsely constructed assumptions about people and their relative social value (Loppie et al., 2014). Furthermore, it is something that is lived and experienced by individuals, families, communities, and nations through interactions and structures of the everyday world (Loppie et al., 2014). Racism can appear at different levels in society; it can be individual, systemic, or internalized. It allows for biased inequality in opportunities through power and resources based on cultural, religious, or racial differences (Paradies, 2018). Interpersonal racism occurs between people from different racial groups or within the same racial group (intra-racial). In Indigenous communities, intra-racial racism is also referred to as *lateral violence* (Paradies, 2018). It has been suggested that lateral violence is prevalent within Indigenous communities and originated in residential schools (Bombay et al., 2014). Bombay and colleagues (2014) show lateral violence includes a lack of trust towards group members through blaming, bullying, gossiping, or shaming. Therefore, Indigenous people can experience discrimination not only from outside their communities but within their own communities and people. It is important to acknowledge lateral violence because of its historical roots and how it continues to impact the identities of Indigenous people today. Racism influences the well-being of individuals who experience it; it can also impact the attitudes of Indigenous people which can further encourage disconnection because of shame for their Indigenous identity or false stereotypes that are reinforced.

Racism occurs on more than an individual level. It can occur at a more extensive level and have just as much, if not more, impact on an individual. *Systemic racism* is racism that happens on a societal level within institutions and the larger society. For example, within

schools, health care, etc. Systemic racism can also be referred to as institutional or organizational racism. It involves practices and policies that are intended to support Indigenous people's participation in mainstream culture. For example, in the economy or education. However, these practices and policies do the opposite and create racist exclusion, not allowing Indigenous people to enjoy the full benefits of mainstream society (Paradies, 2018). Systemic racism creates a barrier through less accessibility to services and makes Indigenous people less desirable because of the way individuals are treated. Whereas structural racism is the inequalities rooted in the system-wide operation of society. This often includes major social institutions (Alberta Civil Liberties Research Center, n.d.). These barriers create disconnection for Indigenous people from more than their own culture; they create barriers within society.

Unfortunately, systemic racism affects multiple areas in our society. An example of this is the Sixties Scoop, a time from approximately 1961 to the 1980s. During this period there was mass removal of Indigenous children from their homes, often without consent (Hanson, 2009). Once again, removal occurred with a goal to assimilate Indigenous children by the Canadian government by placing them in White, middle-class homes (Fachinger, 2019). Some homes would deny the children's Indigenous ancestry and, at the time, both child and parental permission were required to look at birth records (Hanson, 2009). Therefore, a child could not seek confirmation of ancestry without the parent.

The experiences of physical and sexual abuse were not uncommon and usually covered up; children were moved from foster home to foster home or institutionalized (Hanson, 2009). Provinces would also house teenagers in motels and hotels when no other accommodation was available. This practice has been scrutinized since the murder of Tina Fontaine (Anishinaabe) in 2014, who was in a such a placement at the time of her death (Fachinger, 2019). According to

Fachinger (2009), the overrepresentation of Indigenous children in foster care remains a pressing issue to be addressed. Furthermore, this period encourages a disconnection for Indigenous children from culture, tradition, family, and community.

Another notable form of systemic racism is within Canada's healthcare system. A study completed in July 2017 stated that Saskatchewan's health system promotes racism and discriminatory health care for Indigenous women (Boyer, 2017). In Boyer's (2017) study, 16 Indigenous women shared how they felt coerced into getting tubal ligation surgery immediately post-delivery of a child or while in the throes of labour, and believed this was a reversible type of birth control. There were similar findings found in British Columbia's health care system. The B.C. investigation was opened in June 2020 after there was an alleged game in the vein of the gameshow *Price is Right* being played by hospital Emergency Departments (EDs) in which health care workers were guessing the blood alcohol levels of Indigenous patients (Government of British Columbia, 2020). The study showed that the allegations were unsubstantiated. However, through the use of surveys, direct submissions, health care data, and interviews with Indigenous people, the results demonstrated widespread systemic racism against Indigenous peoples (Government of British Columbia, 2020). A result of this racism can have a range of negative impacts, including death (Government of British Columbia, 2020). Not only does racism affect Indigenous people's mental health, but it impacts how accessible health care may feel or is for them. These attitudes and treatment can impact the way they view themselves and their identities with the risk of these views becoming internalized. This is referred to as *internalized racism*. The examples provided help to illustrate how loss and disconnection have occurred and can be reinforced through society. Yet, this disconnection has not clearly been defined in the present literature and has yet to be significantly explored or addressed.

Internalized racism happens within an individual. This is often a result of external messages that have been communicated to a racialized person. Examples of this type of communication may be overt or inadvertent by communicating messages such as they are less valuable and/or less capable. In Frantz Fanon's (1967) book, *Black Skin, White Masks*, he discusses how colonialism produces a colonized subject. As a result, individuals internalize their inferiority as racialized peoples. Internalized racism refers to an individual's sense of inferiority about their own ethnic or racial group or viewing other ethnic or racial groups as superior (Paradies, 2018). These messages are then internalized by the individual and they begin to believe these messages about themselves. An example of this would be the negative stereotypes or assumptions that are associated with Indigenous people. Some specific illustrations of this are alcohol and drug addiction, unemployment, violence, or being considered a willing ward of the state as seen as dependent on others and better off when the federal government oversees their affairs (Loppie et al., 2014).

What becomes problematic with this type of thinking is that it degrades the autonomy of Indigenous peoples and their right to self-determination (Loppie et al., 2014). Furthermore, internalized racism may result in feelings of shame of who they are as individuals, their identity, and lack of pride in knowing and understanding their cultural and traditional roots. It continues to be problematic within society because individuals can develop an attitude of understanding this as a normal condition. Therefore, this acceptance perpetuates a vicious cycle of oppression and continues to impact their identity and ownership of who they want to be individually and as a whole (Speight, 2007). This impact on identity and autonomy impacts disconnection; however, this has not been well-articulated in the present literature nor has it been sufficiently addressed how to promote healing from such disconnection.

Racism and marginalization impact mental health and how one functions in the world. The results of racism not only create exclusion and hurt in communities and individuals' lives but have been found to have greater health impacts. Some of these impacts show up as physical: asthma, obesity, heart disease, disturbed sleep; while, some of these impacts show up as psychological: anxiety, depression, post-traumatic stress disorder, substance use disorder, suicide (Paradies, 2018). This demonstrates why racism is such an important aspect to explore when looking at the impacts of Indigenous people's mental health. When looking at the present, it helps to provide a better understanding of context and background as to why, perhaps, we see such large disparities in Indigenous people compared to national averages. The greater health impacts of racism also lead to question what are some of the factors that have not been examined around identity and racism and how do they impact one another? Racism and discrimination are some of many factors that affect Indigenous people. However, the present literature has not adequately addressed the loss and disconnection associated with it to promote Indigenous people's healing.

Research on Indigenous health has largely been focused on non-Indigenous and has not accounted for an Indigenous perspective or definition of well-being (King et al., 2009). Waldram (2004) states that most researchers fail to incorporate Indigeneity identity and worldviews in terms of mental health research, rather, they rely on Western scientific methods to gain information and treatment assessments. This disregard of perspective is damaging to the self-concept of numerous generations who have internalized these types of messages. As a result, these internalized messages can result in low self-esteem, self-hatred, having a sense of inferiority towards others, and being overwhelmed or drained by emotions that one must navigate (Annie E. Casey Foundation, 2005). Additionally, Williams (2018) states racism has

been found to give feelings of being over-analyzed, misinterpreted, and disrespected. It is important to understand the impact but give a closer examination of contributing factors. The loss experienced by Indigenous people is much greater than physical factors and encompasses such a greater disconnection. Hopefully, this in-depth review of the current literature helps to illustrate how great that disconnection is, as well as demonstrate the need for a greater understanding to what that disconnection is defined as and how researchers can approach it to promote Indigenous well-being.

Gaps in the Literature

When examining the present literature on loss and disconnection for Indigenous people, it is evident that there have been multiple losses. The literature discusses the loss of culture, identity, and language. From those losses, a loss of autonomy as a people and the ability to make choices for their own communities is evident (Loppie et al., 2014). Furthermore, there is a shame of being Indigenous, whether that occurs intrinsically or extrinsically, but ultimately is enforced by the larger culture. Multiple sources have named the numerous side effects on health: mentally and physically, and the barriers that continue to prevent the growth of Indigenous people (Alberta Civil Liberties Research Center, n.d; Bombay et al., 2014; Paradies, 2018; Shrubb, 2014). Finally, how colonial views and policies continue to be a persistent factor to present-day issues. The literature acknowledges the historical pieces that contribute to the present-day disparities of Indigenous people. However, the literature has yet to address these losses effectively as disconnection and how this disconnection is defined for Indigenous people. As well, it does not provide information on addressing disconnection for Indigenous people.

Research Methods

Literature Search

The criteria used for selecting the research ensured the study included one or multiple topics such as disconnection, loss of connection/culture/language/land, Indigenous healing, traditional practices, or decolonization. The research studies selected look at the mental health of Indigenous people and examine different approaches in counselling to address the disparities for Indigenous people in Canada. I chose to focus on studies specific to the Indigenous people in Canada to not be too general and narrow the scope of potential impacts. It is important to acknowledge the experiences of Indigenous people in Canada differ from Indigenous people in other countries. Understanding the disparities of the Indigenous population has become more pressing as the gap continues to grow and more needs to be done to address it.

The databases used for this review are CityU's library, University of Calgary, and Google Scholar. The main keywords used for the literature search included disconnection, reconnection, Indigenous resurgence, decolonization/colonization, Indigenous healing, traditional healing, interconnectedness, reciprocity. When completing the research, the use of the word Indigenous was found to be too broad, however using the term *First Nations* produced results that were relevant to Canadian context, whereas *Indigenous* produced more varied results and locations around the world. This resulted in 10 studies that acknowledge the disparities found for the Indigenous people of Canada and approaches to better serve this community. The research for this analysis include nine qualitative and one mixed methods study. Table 1 provides a brief summary of the 10 selected articles.

Table 1*Summary of Reviewed Articles*

Reference	Year	Summary	Journal	Design
Ballard, M. et al.	2020	In Ballard et al. (2020) study they look at the effects of displacement and asks elders at an elder's gathering how to promote healing for Indigenous people.	<i>Canadian Journal on Aging</i>	Qual.
Doty-Sweetnam, K. & Morrisette, P.	2018	Doty-Sweetnam and Morrisette's (2018) phenomenological study explores the healing process from substance use for Indigenous women.	<i>Journal of Ethnicity in Substance Abuse</i>	Qual.
Fast et al.	2021	Fast et al.'s (2021) research looks at the impacts of land-based camps and the effects on Indigenous youth.	<i>International Journal of Indigenous Health</i>	Qual.
Graham & Martin	2016	Using narrative inquiry, Graham and Martin (2016) asked 15 Plains Cree people to explore what ways could help improve mental health for First Nations people and what is needed.	<i>International Journal of Mental Health Systems</i>	Qual.
Hatala et al.	2020	Hatala et al.'s (2020) research asked urban youth to take photos of meaningful places of healing and performed interviews and reflections on connection between land and healing.	<i>BMC Public Health</i>	Qual.
Latimer et al.	2018	In Latimer et al.'s (2018) study, the goal was to understand how First Nation youth express pain through narratives and art-based methods with culturally appropriate assessment and treatment.	<i>Pain Reports</i>	Qual.
Marquina-Marquez et al.	2016	In Marquina-Marquez et al.'s (2016) study, the goal was to gain a better understanding of the process of regaining traditional spiritual beliefs and	<i>Polar Geography</i>	Qual.

Reference	Year	Summary	Journal	Design
		teachings to construct therapeutic spaces.		
Sasakamoose et al.	2016	In Sasakamoose et al.'s (2016) study, the goal was to collaborate with Indigenous youth to co-create understanding of their definitions of health and convergence of Indigenous and qualitative methodologies.	<i>Qualitative Inquiry</i>	Qual.
Walsh et al.	2020	In Walsh et al.'s (2020) research, the goal was to build off of the knowledge that already suggests that connection to land is an integral part of Indigenous well-being. This study gained further insight by exploring community land based interventions.	<i>International Journal of Mental Health and Addiction</i>	Qual.
Marsh et al.	2016	Marsh et al.'s (2016) study wanted to explore if blending traditional Indigenous healing practices with a mainstream treatment model resulted in reduction of Intergenerational trauma symptoms and substance use disorder.	<i>International Indigenous Policy Journal</i>	Mixed Methods

Methodological Analysis

This section analyzes the research methods utilized within the studies. The analysis of methods looks at the use of research paradigm within the studies and examines the strengths and weaknesses of the paradigms for the chosen population. Additionally, it explores the role of the researcher, data collection, data analysis. This examination discusses the strengths and weaknesses of the various approaches and how they enhance the studies.

Research Paradigm

A research paradigm is the perspective and approach that researchers utilize when completing and interpreting their research. One of the paradigms utilized by one of the studies in

this analysis is social constructivism. In constructivism, the goal is to rely as much as possible on the participants' views and to focus on the specific contexts in which people live and work to understand the historical and cultural settings of the participants (Creswell & Creswell, 2018). The purpose of this approach is to allow the voices and experiences of participants to be heard (Marquina-Marquez et al., 2016). This is important to the research because the perspective of the participants is being upheld and valued over the potential bias of the researcher.

Another paradigm that was utilized by researchers in this analysis is phenomenology. This approach emphasizes the experience from the perspective of the individual and their personal interpretation (Lester, 1999). In Doty-Sweetnam and Morrisette's (2018) study, this method was chosen to provide an opportunity for participants to share their experience conversationally because it is considered to be more culturally appropriate. Similarly, Walsh et al. (2016) chose a phenomenological approach because it emphasizes the participant's experience from their description. A strength of this approach is that it does facilitate a space that promotes a more culturally-sensitive approach that is suitable for the Indigenous worldview. Having an Indigenous perspective included in the research helps to create more authentic results and allows researchers to gain new ways of thinking and approaching existing problems.

Some the studies utilized a different approach called community-based participatory research approach (Ballard et al., 2020; Latimer et al., 2018). This research approach includes researchers and community in a collective, reflective, and systematic inquiry where both sides are equal partners in all steps (Tremblay et al., 2018). This approach has been recognized to be particularly helpful when working with marginalized groups because it questions power relationships that are inherently embedded in Western knowledge by advocating that power should be shared (Tremblay et al., 2018). Therefore, this makes it an ideal approach to utilize

when working with an Indigenous population. Community-based participatory research approach provides participants a voice when completing research and, in their participation, gives greater depth to the results of the studies completed.

Contribution of Alternative Worldviews in Research

Strength in the studies included in this analysis is many utilized approaches that are considered to be culturally appropriate. As research and understanding expand, many Indigenous methodologies are formulated as research approaches are described in the literature; some of these include story work and storytelling to traditional ecological knowledge practices, yarning to singing, and survivance to contemporary technological innovation (Smith, 2014). It is important to note that the Western perspective may not always fairly represent other minority cultures or traditions. Thus, it is a strength for Indigenous research that utilizes Indigenous perspective because it provides context and benefits the people involved. Some of the studies included in this analysis utilized approaches that incorporate an Indigenous perspective or specifically come from an Indigenous worldview (Fast et al., 2021; Graham & Martin, 2016; Saskamoose et al., 2016). This benefits the research and participants because it honours their worldview.

One of the paradigms utilized for the studies is a *Mi'kmaw* framework called *Etuaptmumk*, meaning two-eyed seeing (Hatala et al., 2020; Latimer et al., 2018; Marsh et al., 2016). This approach invites two ways of seeing. Thus, it is where Indigenous and Western knowledge or ways of knowing are meant to work alongside one another. This approach allows for open discussion and brings forth both ways of seeing to help improve rigour and overall understanding of the research. Additionally, this approach helps to bring a broader point of view

that incorporates both Indigenous and Western perspectives to the research and allows both perspectives to be applied, providing more in-depth knowledge.

Historically, research that has been conducted on Indigenous people has been completed without permission, consultation, or involvement of the people involved (Ormiston, 2010). Therefore, now there is an emphasis on the importance of having an Indigenous perspective and consultation when research is being completed. In this circumstance, researchers are actually invited in by a community (Smith, 2014). The shifts in power can occur when an Indigenous community is actively engaged in its own well-being, rather than what has historically happened when ethnographers have invited themselves in “to eat the food, disturb the well-being and unsettle the spirits” (Smith, 2014, p. 15). This makes the Etuaptmumk framework an ideal paradigm to approach Indigenous research; by recognizing the history, it is more inclusive and improves research methods.

Role of Researcher

The role of the researcher differs in qualitative and quantitative research. In qualitative studies, the role of the researcher is to collect data through examination of documents, observing behaviours, or by interviewing participants (Creswell & Poth, 2018). In qualitative studies, the researcher has more interactions with participants, and the role of the researcher is more subjective; they make judgements and analyze themes from their findings (Burrell & Gross, 2017). For the quantitative approaches used, the researcher is less involved in the actual act of the collection of data but it requires researchers to analyze the data they collect from their empirical methods (Creswell & Creswell, 2018). The intention is to maintain an unbiased approach when analyzing that data. Therefore, fewer interactions with participants. On other hand, mixed methods utilize both forms of research to complete their study.

For this analysis, there are nine qualitative and one mixed method studies. All of the studies include narrative inquiry; therefore, the role of the researcher is to conduct interviews and listen to individuals tell their stories, living alongside participants as they live their stories (Given, 2008). There is an emphasis to utilize natural methods of research, such as narrative inquiry, because Indigenous societies have been oral societies traditionally (Marquina-Marquez et al., 2016). The nature of storytelling is a part of the oral tradition of Indigenous culture which makes it a culturally appropriate method to utilize. Therefore, the use of narrative can help to make the participant feel more comfortable and approachable and create a deeper understanding of the topic.

The role of the researcher in this circumstance must bring cultural and historical awareness when conducting the research. Much of the disparities that are seen in present-day Indigenous communities are a direct result of colonization and continue through historical trauma. It can negatively impact the research if a researcher does not check and account for their bias. The studies selected for this analysis utilized Indigenous and non-Indigenous researchers. Having diversity within the researchers who are completing the studies brings multiple perspectives. As a non-Indigenous researcher, one has to account for those histories and maintain an open-mindedness to historical and present-day experiences, for example, stigmatization and other societal barriers. Having Indigenous researchers is a strength to the studies in that it can provide an advantage to understanding circumstances and histories of shared experiences. The studies included demonstrated ways that they worked to overcome some of these biases. For example, in Sasakamoose et al. (2016), the researchers are of Indigenous and non-Indigenous backgrounds but are actively involved in work with Indigenous people and apply Indigenous methodologies and neuro-decolonizing practices. Therefore, the researchers already had an

understanding and background in the topic of the study, giving them an advantage to greater understanding.

Participants

Sampling

Researchers use sampling because it is not possible to interview or collect data from an entire population of people. The purpose of selection in qualitative research is to select a sample that will best help answer the research problem (Creswell & Creswell, 2018). The process of sampling is to choose a part of the population to represent the whole and participants that best represent the area of study (Naderifar et al., 2017). The studies included in this analysis used non-probability sampling; this sampling tends to focus on a small sample and is intended to examine a real-life phenomenon (Taherdoost, 2016). The sampling techniques utilized were snowball sampling and convenience sampling. In all of the studies used in this analysis, the studies looked at Indigenous or traditional healing practices and the impacts of overall well-being for Indigenous peoples. Therefore, all of the participants were First Nations, Metis, or Inuit. There is an evident and obvious need for all of the listed studies to utilize Indigenous participants for traditional healing practices. Although there could be benefits for all kinds of people, it is important to focus on Indigenous people specifically because of the tremendous losses they have experienced in regard to culture and tradition.

One of the methods used for sampling is the snowball method. The snowball method is used when it is difficult to access potential participants with target characteristics (Naderifar et al., 2017). In this method, the researcher asks participants to assist in identifying other potential subjects (Oregon University State, 2010). Various studies in this analysis utilized snowball sampling for their participants. However, when using a snowball method, it can risk a

participant's privacy because their identity may be known to others in the research or the individual who referred them to the study. Therefore, steps need to be taken to minimize the risk of violating an individual's privacy (Oregon University State, 2010). Another potential risk when utilizing the snowball method is the possibility of being selective and distorting the results. This can occur when the initial participants require an awareness of others who potentially fits the research criteria, which impacts their choices based upon their perception if the referral will be a willing and cooperative contributor (Parker et al., 2019). However, a benefit of snowball sampling is that it does not require as much time and provides an opportunity for the research to communicate better with samples (Naderifar et al., 2017). For the purpose of the studies in this analysis, using this method may have created a better opportunity to reach more individuals who fit the criteria which help the completion of the study.

Other studies in the analysis utilized convenience sampling. Convenience sampling is used for selecting participants because they are often readily and easily available (Taherdoost, 2016). Latimer et al. (2018) utilized a convenience sample through word of mouth and Marsh et al. (2016) recruited from health care workers and professionals who recommended individuals they would be a good fit for the research. Hatala et al. (2020) stated that the focus sampling from their study was less on generalizability and more on sample adequacy for the depth and breadth of information. The use of these methods for recruitment help make the selection process and finding eligible participants easier and is less expensive (Taherdoost, 2016). However, there is potential selection bias and the sample may not be representative when there is only recommendations coming from health professionals (Taherdoost, 2016). They would only know their clients in a professional way and they may miss other individuals who would be well suited. Secondly, it only reaches a small group of people, therefore, missing the larger population.

Recruitment

Recruitment in research is the different forms or strategies utilized to attract potential participants. Recruitment methods are usually the initial way that participants learn about a study; it is crucial that the information clearly and accurately represents the study (Iowa State University IRB, 2016). In the studies included in this analysis, researchers utilized posters or advertisements in different First Nation community buildings or centres to acquire the appropriate participants. Depending on where the study took place, they utilized community buildings on reserve or friendship centres in the city. Utilizing community buildings on reserve and friendship centres are public areas that multiple Indigenous people may see the advertisements for the studies. It is an ethical requirement that researchers are inclusive when selecting participants and consider the scope and objectives of their research (Canadian Institutes of Health Research et al., 2018). Furthermore, researchers shall not exclude any individual from the opportunity to participate (Canadian Institutes of Health Research et al., 2018). The methods utilized to find recruits is important to focus on areas where Indigenous people are likely to be found and come across the advertisement. However, one problem is that some potential participants will be missed due to the select individuals who go into these community spaces or for those who may not have access or transportation to those spaces creating barriers.

Some of the studies did not explicitly state how they recruited participants. For example, in Ballard et al. (2020), participants were Elders who were attending a two-day Elder conference. This is a great way to have a large number of participants in one place. However, it was not stated if there was an advertisement to attend and participate beforehand for other Elders who may have been interested in partaking in the research. Therefore, the researchers potentially missed out on a greater depth of understanding on the research topic. In Doty-Sweetnam and

Morrisette's (2018) study, they used advertisements in friendship centres all over Manitoba to attract participants. Friendship centres are a good way to recruit Indigenous participants.

However, had they expanded to other areas where other participants could have been recruited from it may have provided more breadth and depth to the response. Friendship centres serve only a limited population of Indigenous people. Overall, all of the studies utilized what resources they had to attract Indigenous participants for their studies. In some cases, that method could have been expanded to reach a larger number of individuals and utilizing more than just posters or flyers to attract participants for recruitment.

Data Collection

Data collection is the process used by researchers to gather and measure information on variables of interest to be able to answer the research question (Northern Illinois University, 2005). The goal of this process is to ensure accurate and honest collection of information. This is essential to the integrity of the research (Northern Illinois University, 2005). The goal of the studies in this analysis aims to gain a better understanding of Indigenous people's needs to promote mental health and well-being. Therefore, it is important the data collection methods chosen are culturally sensitive and appropriate. There are three fundamental types of interviews that can be utilized in qualitative data collection: structured, semi-structured, and unstructured (Polkinghorne, 2005). Studies in this analysis used semi-structured interviews. A semi-structured interview usually has several key questions to guide the discussion but has the flexibility to diverge from the questions to pursue ideas or responses in more depth (Polkinghorne, 2005). This flexibility allows for participants to elaborate on information that is important to them and may not have been thought of by the research team (Polkinghorne, 2005). Therefore, semi-

structured interviews are a strength to the studies and allow space for the participants to expand the research and findings. Interviews are a form of narrative inquiry.

Data collection in the selected studies has been completed predominately through narrative inquiry. Narrative inquiry uses storytelling, interviews, and conversations (Given, 2008). As stated previously, the use of the oral tradition is part of Indigenous traditions and practices (Orminston, 2010). The use of the narrative or storytelling has been a tool for Indigenous self-determination (Caxaj, 2015). Furthermore, Caxaj argues that storied approaches to research can facilitate reclamation to unique Indigenous histories (2015). Using Indigenous storied methodologies can help better guide culturally responsive understandings of health experiences (Caxaj, 2015). Therefore, not only is it a method that is culturally appropriate and honours traditional methods but there is evidence that demonstrates narrative has greater benefits for the Indigenous community in general.

Indigenous teachings center around oral traditions; incorporated into the voice of self is the voice of the cultural collective (Ormiston, 2010). The practice of oral traditions and histories is common practice within many Indigenous groups and creates a more authentic and approachable inquiry for participants. Therefore, having participants share their experiences relative to the research as a narrative helps not only to honour their voices but honours traditional and cultural views. The intent of the researcher is to interpret the meanings participants have about the world (Creswell & Creswell, 2018). This interpretation can create a bias in the research if the researcher interprets the narrative incorrectly or considers their culture or worldview that discounts the view of a minority. This could be the case when studying Indigenous people, therefore, extra precautions need to be ensured when formulating interpretations of narratives.

Other methods were used to collect data within the studies. One of the qualitative studies did not solely use narrative interviews but participants were given digital cameras to document people, objects, or aspects of their lives that promote well-being, health, or resilience (Hatala et al., 2020). Using multiple forms of data collection is a strength for the study because it allows participants to express themselves in more than one way. The narrative interviews used talking circles that included researchers and Elders alongside their images to have the youths' feedback and use the pictures as a point of conversation. The use of talking circles is a traditional Indigenous practice (Mehl-Madrona & Mainguy, 2014). Therefore, utilizing a culturally appropriate method of communicating, as well as the use of Elders. Elders are respected for their wisdom and knowledge in Indigenous communities. They also provide comfort for youth because of their caring nature. This is a strength and advantage for this study because the youth may be more open to talking and the Elders can provide insight to both sides. However, in this context, the researcher must be aware of the different dynamics that could be brought out in a group interview. As well as continuing to be aware of any bias they carry into the circle. For example, if the researcher is unaware of the cultural significance of an Elder.

Another aspect of the data collection that honours and utilizes Indigenous practices is the use of a talking circle to perform group interviews. Circles are sacred shapes that represent wholeness, completion, and cycles in life (First Nations Pedagogy Online, 2009). Therefore, it is a sacred space when using a talking circle. Traditionally, circles are opened with smudge and prayer (First Nations Pedagogy Online, 2009). Although, smudge and prayer may have been incorporated into other parts of the studies, only Hatala et al. (2020) explicitly stated if this was used when hosting a talking circle in their research. However, Elders were utilized in the talking circles to help facilitate and for guidance. In Indigenous communities, Elders are important

because they are the living connection to the past, therefore, they ensure cultural continuity (Hele, 2021). They are respected and serve as teachers, healers, and counsellors (Hele, 2021). Therefore, having Elders as part of the talking circle honours the culture and traditions of Indigenous people. Once again, the utilization of culturally appropriate methods helps strengthen the study because it facilitates a safer, more comfortable space for participants and utilizes their perspectives. Additionally, this practice is a movement towards decolonizing; not only through healing practices but through research. Therefore, strengthening the outcomes of the research.

Mixed-methods research utilizes parts of qualitative and quantitative data collection. In the mixed methods study used in this analysis, healthcare workers and professionals recruited 24 participants (12 women and 12 men) on reserves in the surrounding area of Sudbury, Ontario (Marsh et al., 2016). Part of this study used quantitative methods to measure trauma experience and symptoms and historical loss. Trauma symptoms were measured with the TSC-40. It has 40 items and six subscales regarding depression, dissociation, anxiety, sexual abuse, sleep disturbance, and sexual problems (Marsh et al., 2016). This checklist is commonly used to gain a better understanding of the history of childhood maltreatment and assess complex trauma symptoms in adults (Rizeq et al., 2020). Additionally, to understand the impacts of historical trauma, the Historical Loss Scale (HLS) and Historical Loss Associated Symptoms Scale (HLASS) were given. The HLASS is twelve items long and captures the impacts of historical trauma (Marshall et al., 2016). Whitbeck (2004) states that it is unknown to what extent measures of this kind can be generalized across Indigenous cultures.

When the HLC and HLASS were developed, it was within a single cultural group and so may miss aspects of other cultures or groups (Whitbeck et al., 2004). Although there is advocacy that can be utilized for other Indigenous groups, it is important to note that it was created for the

Indigenous people in the United States. There are similarities shared between the Indigenous groups of Canada and the United States but there are contextual and cultural differences. These differences are not only found country to country but nation to nation. The beliefs and culture of different Indigenous groups differ even within the context of the country. Therefore, the experiences of both groups differ in many ways and this scale may not address all of these differences appropriately.

Methods of Data Analysis

Data analysis is an important step to interpreting and understanding the information provided by participants. Qualitative data analysis utilizes the descriptions and interconnection of the phenomena with the researcher's concepts, then interprets and explains the data (Graue, 2015). The purpose of data analysis is for researchers to identify and search for meanings, patterns, and themes based on what has been seen and heard (Swanson & Holton, 2005). Therefore, once the data is collected, the researcher utilizes narrative interviews and then examines their findings to see what themes emerge based off the information that was provided. This process can utilize software programs and the research team to interpret this data.

For many of the studies, the interviews were audio-recorded and then transcribed verbatim. However, in the Ballard et al. (2020) study completed with Elders, these interviews were videotaped then analyzed. In the Hatala et al. (2020) study, there were two rounds of interviews; they used the analyzed data from the first interviews to inform the second round of interviews. The second round of interviews was completed to clarify data and ensure data saturation. Having the second round of interviews can help the outcome of the data to be more in-depth and produce more thoughtful responses from participants. As this occurred, there was peer debriefing within the research team. Themes were then coded using Dedoose Software after

the interviews and checked for consistency from the research team (Hatala et al., 2020). The Marquina-Marquez et al. (2016) study also used a program for coding; QSR NVio program. Although, programs were utilized to identify themes, these results were cross-checked by the researchers involved. Once all of the interviews had been thoroughly analyzed the research teams identified themes. This is an area that could have been improved for this study because the analysis is a simultaneous process of critical reflection and learning throughout (Swanson & Holton, 2005). Therefore, analysis creates growth in understanding through the process of performing the study. In Doty-Sweetnam and Morrissette's (2018) study, this was the intentional practice of the researchers. Once an interview was completed, the researcher would immediately listen to the audio-recorded interview to gain more awareness. This attention to detail not only helps give greater understanding to the researcher but helps to narrow the scope and refine the research.

In data analysis, it is important for researchers to hold one another accountable and reflect constantly on their own biases and perspective they bring into the analysis. In the Walsh et al. (2020) study, once the data was analyzed they invited participants back to look for any apparent inconsistencies, omissions, or alternative interpretations. This is a strength of the study because researchers bring in an outside perspective to these communities and it allows for more accountability in the research results. Similarly, in the study conducted by Graham and Martin (2016), once they completed their analysis, they shared their data with the Chief and Council of the community they were working in and received feedback. This approach is referred to as member checking in data analysis. It is where the researchers return to check with participants for accuracy and ensure that the data resonates with the participants' experiences (Birt et al., 2016). This approach incorporates Indigenous ownership over the research being completed and

provides space for Indigenous voice; therefore, this is a strength of the study. The studies included in this analysis utilized methods that incorporated Indigenous perspective and incorporated Indigenous voices through the data analysis, therefore, helping to enhance the results with an Indigenous perspective. The strategies utilized for the studies were appropriate for the purposes of the studies in this analysis.

Research Finding

The findings of the studies demonstrated areas that benefit Indigenous people in regard to the journey of better well-being and addressing disconnection. Using the 10 articles included in this analysis, I looked at the themes that had emerged from each study. I then grouped all of the themes and categorized them into new general themes that fit all of the studies. There were four dominant themes that emerged: a) the use of medicine wheel as a holistic approach; b) connection to the land and healing; c) tradition, spirituality, and interconnectedness; d) resilience and reclamation. Each theme is relevant to addressing disconnection and therapeutic approach for Indigenous people.

The Use of the Medicine Wheel as a Holistic Approach

One of the major findings revealed that the medicine wheel is an effective holistic approach to promote healing for Indigenous people (Ballard et al., 2020; Doty-Sweetnam & Morrisette, 2018; Graham & Martin, 2016; Latimer et al., 2018; Saskamoose et al., 2016; Marsh et al., 2016). The medicine wheel is a traditional symbol utilized by various Indigenous groups within North America and specifically Canada. It is important to note that the teachings and meanings of the medicine wheel can be different depending on the First Nation and their teachings (Graham & Morrisette, 2016). However, there are some general understandings of the medicine wheel and the image stays the same with sometimes a small variation. For example, the

medicine wheel is a circle divided into four equal parts. These quadrants represent different parts for different teachings and are a foundational piece when looking at Indigenous traditional teachings. The application to mental health and well-being is encompassed through the teaching that each piece represents the four parts of a person that needs to be cared for in order to promote overall well-being. The four parts are emotional, physical, spiritual, and mental. The belief behind the medicine wheel teaching is that health encompasses more than just a physical or mental state, but a more holistic approach (Saskamoose et al., 2016). Therefore, the teaching is that in order to maintain a healthy overall well-being one must care for each aspect of the medicine wheel or of oneself.

Many of the articles demonstrated that the use of a holistic approach promoted higher levels of success. In Ballard et al.'s study, the results demonstrated the desire from Elders and the community to have a holistic approach to promote healing (2020). In Latimer et al.'s study (2018), they utilized the medicine wheel as their foundation in helping youth express pain. The results demonstrated youth were able to comfortably express pain from all quadrants of the medicine wheel in comparison to previously only discussing physical pain. Therefore, by having a culturally safe space they were able to express themselves more openly and freely. The results from Graham and Martin's (2016) study stated that the four areas of physical, emotional, spiritual, and mental must be met for the development of human potential and the personal growth and survival of individual. This would mean having this holistic approach more readily available. For example, incorporating the spiritual and traditional teachings as part of the therapeutic process. Ultimately, the results demonstrate that there is a desire to see a more holistic approach available for Indigenous people within the therapeutic setting.

Connection to Land and Healing

By having land-based teachings and opportunities, the literature demonstrated that it promoted healing for Indigenous people through the opportunity of connection and teachings on the land (Ballard et al., 2020; Fast et al., 2021; Graham & Martin, 2016; Hatala et al., 2020; Marquina-Marquez et al., 2016; Walsh et al., 2020). The idea that connecting to the land was found to ultimately promote healing; therefore, demonstrating success when utilizing the land as a therapeutic tool to promote mental health. In the Marquina-Marquez et al. (2016) study, research shows that place, place attachment, and place-based identities are important aspects of health and well-being. There is a connection that takes place among traditional healing practices and the teachings of the medicine wheel: physical, mental, spiritual, and emotional well-being. An essential and integral piece to physical, mental, and emotional health and well-being is having a sense of place. This has been acknowledged as an important determinant of health within the field of therapeutic landscapes (Marquina-Marquez et al., 2016). Therefore, it should be acknowledged that it too fits within the larger theme of holistic healing and approach.

Throughout the literature, there was a common theme that emphasized the importance of land and connection to the land and that findings demonstrated positive outcomes. The opportunity and promotion to connect with the land in itself brought healing. In the Walsh et al. (2020) study, researchers utilized Elders and older individuals as part of the process to demonstrate and teach about connection. This helped encourage youth to reconnect to land, culture, and one another. Hatala et al.'s (2020) study showed in their findings that nature was a positive force and protected individuals from personal negative experiences. This study was completed in an urban setting but individuals went out and named natural environments that they would visit to find reprieve and connection to. Results demonstrated that when they were in the

presence of nature or absorbed by natural environments within the urban context, it helped to reduce stress, distract from pain or discomfort, and made them feel a deeper connection to loved ones (Hatala et al., 2020). They were asked to reflect on places they depicted that promoted healing and well-being. One aspect of this reflection was an embodied metaphor.

The use of metaphor not only allows an individual to express themselves in a way that may be better suited to their communication style. It also embodies the Indigenous practice of storytelling and teaching through story. For example, one of the participants shared how the metaphor of the autumn season stood for feelings of rebirth, opportunity, and second-chances on negative experiences (Hatala et al., 2020). This individual had taken a picture of fallen leaves and wanted to show how the fallen leaves were resting and she was there with them resting and at peace (Hatala et al., 2020). Furthermore, seeing this in nature helped the individual to feel more connected to themselves and less lost and angry (Hatala et al., 2020). Ultimately, nature and the metaphors were represented with sacred and spiritual meanings and embedded relations that helped youth ease distressing life experiences (Hatala et al. 2020). These connections help to emphasize not only the importance of well-being but why there needs to be more inclusion of land and connection in therapeutic practices, especially within the Indigenous population.

Tradition, Spirituality, and Interconnectedness

The findings found that the use of tradition, spirituality, and interconnectedness encouraged better overall well-being for Indigenous people (Ballard et al., 2020; Doty-Sweetnam & Morrisette, 2018; Fast et al., 2021; Graham & Martin, 2016; Hatala et al., 2020; Latimer et al., 2018; Maquina-Marquez et al., 2016; Marsh et al., 2016; Saskamoose et al., 2016; Walsh et al., 2020). Tradition and spirituality are two concepts that are intertwined in that in Indigenous community traditions often incorporate spirituality. This also addresses the use of

interconnectedness in the same way that these two concepts are interconnected. The use of interconnection is more than two concepts but also the way that individuals desire community and connectedness to one another and Creator. The utilization of these concepts to promote well-being in Indigenous people was found throughout the findings. The importance of tradition and spirituality is that it incorporates protective and healing functions that are inherent in Indigenous culture (Doty-Sweetnam & Morrisette, 2018). Therefore, this importance is the deep connection between culture and spirituality and how it is a present force within daily lives helps to depict why it becomes such an essential piece to well-being. The studies incorporated aspects of tradition and spirituality as part of their research. Having traditional teachings gave participants a newfound sense of purpose and possibility, healing and gratitude, and a distinct realization of the responsibility one has to carry these teachings through their lives (Fast et al., 2021). The use of traditional ceremonies provided a culturally appropriate method for Indigenous people to express their feelings (Graham & Martin, 2016). Participating in cultural events that incorporate spirituality and prayer such as a sweat, a sundance, or a pow wow improved their mental health and well-being (Graham & Martin, 2016). Findings demonstrated that individuals stated that the Creator is close, intertwined in life (Graham & Martin, 2016); therefore, emphasizing why it is such a key piece to healing.

Having methods of healing that utilize and honour traditional methods helps to engage and encourage Indigenous participants. Therefore, it only makes sense to have spirituality be a key component for wellness among Indigenous people. In Latimer et al.'s (2018) study, individuals were provided with an opportunity to express pain through art and narrative that honors an oral and visual tradition from thousands of years of knowledge sharing. It was a preferred method because stories of pain are not quantifiable but require a careful listening

approach (Latimer et al., 2018). A movement toward a future beyond mere survival requires cultural vitality and Indigenous well-being (Fast et al., 2021). Ultimately, the research demonstrated by having a culturally appropriate and traditional method for expression helped individuals cope and overcome difficulties.

Interconnectedness is a vital piece of the theme but also of Indigenous culture and tradition. Similarly found in the teaching of the medicine wheel, when one aspect of the wheel is not being cared for it affects overall well-being. Similarly, like traditional Indigenous teachings of interconnectedness and how we as people are interconnected and need a connection to one another, much of the findings were interconnected. For example, the land and teachings that come from the land are connected to spirituality, which is connected to the medicine wheel. Hatala et al.'s (2020) findings state that spiritual connections to nature and land are embodied through cultural teachings that include Turtle Island. Turtle Island is the land known as North America. Furthermore, when looking at the word culture, recognizing that the word culture encompasses many facets such as spirituality, identity (individual, family, community, and nation), and traditions (Saskamoose et al., 2016). Doty-Sweetnam and Morrisette's (2018) study demonstrated having a connection to community, tradition, and spirituality helped individuals to maintain their sobriety and continue their journey of healing. Similarly, Marsh et al.'s (2016) study utilization of tradition, spirituality, and interconnectedness helped individuals successfully complete treatment and demonstrated healing in debilitating trauma symptoms. Therefore, demonstrating the importance of utilizing Indigenous tradition and spirituality, and interconnectedness as a tool within the therapeutic setting to promote mental health and well-being.

Resilience and Reclamation

According to my analysis, it appears that resilience and reclamation are found to promote Indigenous well-being (Ballard et al., 2020; Doty-Sweetnam & Morrisette, 2018; Fast et al., 2021; Graham & Martin, 2016; Hatala et al., 2020; Saskamoose et al., 2016; Walsh et al., 2020). Resilience and reclamation encompass the resilience of Indigenous people in the desire to overcome and reclamation is the desire and will to have autonomy over healing and healing practices. The need for ownership over healing is more than the recognition that healing needs to take place; it cannot continue to be dictated by an outside source but must come from within Indigenous people on an individual level to a large scale. The studies demonstrated in their findings that having this autonomy and ability to overcome promotes the health and well-being of Indigenous people. In Fast et al.'s (2021) study, individuals expressed disconnection, a feeling that something was missing and lost, and was expressed through grief. However, the experience of reconnecting to land and culture created feelings of belonging and self-sovereignty (Fast et al., 2021). Therefore, by experiencing the other themes laid out in these findings, it provided a foundation of strength and created the desire to reclaim their healing and a better future (Fast et al., 2021). Another example is in Graham and Martin's (2016) study which identified three areas to improve mental health and well-being: taking personal responsibility, attitude, and *wícihisowin*. *Wícihisowin* is a Cree phrase that means helping oneself (Graham & Martin, 2016). This means that healing is not something that can be dictated from an outside source but is something that must come from within. Furthermore, the idea of *wícihisowin* can be applied to the larger context as well as community. By utilizing this idea, it helps to promote the well-being of Indigenous people.

Acts of reclamation, such as reconnection to culture and community, were found to create a sense of belonging and identity which promoted greater well-being. Fast et al.'s (2021) study, it created an opportunity for youth to have a greater understanding of knowledge and resistance to the colonial paradigm, create deeper relation within the Indigenous community, and become whom they have always wanted to be. Within some of the land-based camps, youth were exposed to older people trying to reconnect, this helped the youth to become more inquisitive and less shy (Fast et al., 2021). Seeing the demonstration of the older generation work towards reclamation created a foundation and path for youth to follow. Furthermore, this reconnection provided the opportunity for individuals to develop a stronger sense of cultural identity and reclamation of what has been lost, providing an opportunity for a greater future.

Findings identified that having resilience factors present in an individual's life promotes well-being. For Indigenous youth, resilience factors include a high level of general problem-solving ability, emotional stability, self-esteem, sense of meaning, having a purpose for living, positive family cohesion and attention, positive peer relations, good attitude towards school, and positive cultural identity (Latimer et al., 2018) As well as engaging with culture and having a voice about their own well-being (Latimer et al., 2018). Narratives of historical identity provide cognitive and rhetorical resources for resilience in Indigenous communities (Marquina-Marquez et al., 2016). In order to revitalize identity, it is important to recognize that it is linked to spirituality, which means a person is connected to their environment and the spiritual forces that provide guidance and healing. Within the studies around land-based retreats, participants shared that they had believed in decolonization but to experience it was different (Fast et al., 2021). The experience provided hope that change is possible and promoted patience, forgiveness, and gratitude (Fast et al., 2021). Therefore, efforts to revitalize identity require connections to

spirituality and the natural environment; this revitalization becomes a source of guidance and healing (Marquina-Marquez et al., 2016). This point once again emphasizes the theme of interconnectedness. Healing incorporates all aspects and not just a singular theme but the holistic approach and utilizing this approach promotes resilience and reclamation.

The theme of reclamation and resilience appears differently within the studies. An example of this would be the portrayal of gender roles. In Doty-Sweetnam and Morrisette's (2018) study, they referred to the historical role of Indigenous women and how women wielded power in their communities before colonization. In order to help future generations, they stated the importance of recovery and the need for continued growth (Doty-Sweetnam & Morrisette, 2018). The women in this study recognized the importance of coming to terms with their shame and the need to develop shame resilience to carry out their role for future generations (Doty-Sweetnam & Morrisette, 2018). Another aspect of resilience and reclamation that was described in a study was utilizing cultural characteristics of connectedness and resilience to create a safe space for health care experiences and listen to a quiet way of telling (Latimer et al., 2018). In Graham and Martin's (2016) study, the researchers examined what made a difference for participants. What was identified was the necessity of self-sufficiency as making a difference and to obtain optimal mental health and well-being (Graham & Martin, 2016). Resilience and reclamation are about building up strength in individuals as well as giving space for autonomy over healing and practices.

Summary of Findings

The findings helped to demonstrate that there are ways to help promote a healthy and safe space in the therapeutic setting for Indigenous people. Additionally, utilizing these practices also helps to address disconnection and how it has impacted Indigenous people's mental health. The

findings demonstrate how utilizing a holistic approach structured through the use of the medicine wheel promotes healing, well-being, and is a guide to living a healthy lifestyle. The research demonstrates the importance of having a connection to culture, tradition, spirituality, land, and community. Which helps provide a better understanding of how disconnection impacts Indigenous people and how it impacts their well-being. These are all areas that have been depleted and stripped from Indigenous people since colonization.

Throughout the literature, there was an emphasis on having a connection to the land which promotes healing. It is more than the physical aspect of being on land but how the land teaches and promotes spiritual connection and brings healing. Therefore, creating a stronger and more meaningful bond which reiterates why it is such a vital aspect of healing to Indigenous people. Land leads to spirituality, tradition, and interconnectedness, which complements the aspect of interconnectedness. Much of Indigenous tradition emphasizes interconnectedness, therefore, making it difficult to write about one aspect without it having a connection to another piece. Tradition and spirituality similarly are connected to different aspects of daily life and the Creator is viewed as impacting and being present in everyday life. Therefore, demonstrating why it is such an important piece, one cannot go a day without having a connection to Creator. This point is highlighted in the literature to promote Indigenous well-being.

The final theme that was identified is resilience and reclamation. This theme emphasized how resilience and reclamation are taking place presently but it is through the aspects of the other themes that help facilitate the final theme. Therefore, when looking towards therapeutic approaches with Indigenous clients it is important to acknowledge that there are more holistic approaches that can be utilized and promoted within the therapeutic setting. The theme throughout this whole analysis is the disconnect and loss that has been experienced for

Indigenous people. Therefore, it is not surprising to find that the ways to help promote overall well-being comes from connection and reclaiming ways that have been lost and taken.

Ethical Considerations

The next section focuses on the ethical considerations when completing research with Indigenous people. It explores the history of research within Indigenous communities and the necessary steps to complete ethical research within these communities and groups. This section explores the three core principles of human dignity and how they are applied in the analyzed studies. Lastly, there is an exploration of the professional ethics for psychologists in Canada and how the four principles of ethical decision-making are applied to the examined studies for this analysis.

History of Research with Indigenous People

There is a timelessness in the desire to search for knowledge about ourselves and the world around us. Therefore, a natural extension of this desire is research to understand and improve the world in which we live (Canadian Institutes of Health Research et al., 2018). This desire to improve encompasses and requires an ethical obligation in pursuit of greater knowledge and improvement (Government of Canada, 2018). This requires commitment from researchers to adhere to the use of professional standards to advance knowledge through mindful inquiry, rigorous inquiry, and accessible circulation of research findings (Canadian Institutes of Health Research et al., 2018). Similarly, institutions are held to a high professional standard on publications. The importance of ethics is for the participants but also for the integrity of the study. Historically there are examples of participants being unnecessarily and profoundly harmed by research, even to the point of death (Canadian Institutes of Health Research et al., 2018).

Thus, this emphasizes why ethics play such a vital role in the prevention, protection, and respect of the individuals who participate.

Historically, research on Indigenous people has been completed and carried out by non-Indigenous researchers. In Canada, there is a code of ethics that researchers must adhere to and it is the Tri-Council Policy Statement (TCPS). The TCPS has a section specifically outlined for Indigenous people of Canada which addresses some of the historical wrongs that have taken place against Indigenous people within research. Historically, research has reflected Western worldviews and not necessarily benefited Indigenous people or communities (Canadian Institutes of Health Research et al., 2018). Thus, there continues to be apprehension or mistrust toward research for Indigenous people, in particular, research that originates outside of their community (Canadian Institutes of Health Research et al., 2018). Understanding the mistrust that exists within communities emphasizes why it is imperative that extra precautions be taken when working with Indigenous individuals and communities.

Three Core Principles for Human Dignity

Three core principles that the TCPS express as the respect for human dignity are: respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research et al., 2018). Respect for persons acknowledges the intrinsic value of all human beings, the respect and consideration each person deserves. This principle requires moral obligation and respect for autonomy (Canadian Institutes of Health Research et al., 2018). When working within Indigenous communities, the importance of the recognition of distinctive cultures and identities is required, and utilizing their worldviews when developing research practice (Canadian Institutes of Health Research et al., 2018). Within five of the studies reviewed, researchers emphasized that their work was guided by Indigenous traditional or healing practices, as well as

utilizing Elders, advisory boards, or community leaders for feedback and guidance (Ballard et al., 2020; Fast et al., 2021; Graham & Martin, 2016; Marsh et al., 2016; Saskamoose et al., 2016). Mack (2005) states that respect for communities incorporates an obligation from the researcher to respect the values and interests of the community and protect the community from harm. As it has been outlined throughout this analysis, there has been a history of wrongs done to Indigenous people and their autonomy being overlooked and disregarded. Therefore, it becomes even more apparent that this principle receives special attention when working within Indigenous communities and individuals.

The second principle is a concern for welfare. This requires that researchers protect and promote the welfare of the participants by providing participants with enough information that they can appropriately assess the risks and potential benefits of participating (Canadian Institutes of Health Research et al., 2018). There has been a push from Indigenous people that research should help to maintain their cultures, languages, and identities. In addition, there has been an emphasis on collective welfare that complements individual well-being (Canadian Institutes of Health Research et al., 2018). The reviewed studies included within this analysis all intended that the research would promote a greater understanding of approaching Indigenous mental health and well-being. Graham and Martin (2016) stated that understanding the history and context of research that has been traditionally conducted in communities, it was imperative that the philosophy and research methods are endorsed and recommended by Indigenous people.

Justice is the third principle and is the obligation to treat individuals fairly and equitably. This does not always mean treating people in the same way; treatment or distribution may differ, for example, when inequities are present (Canadian Institutes of Health Research et al., 2018). Therefore, research and researchers need to ensure they are caring and account for all three

principles when completing research. Historically, there have been incidents of misappropriation of sacred songs or devaluation of Indigenous teachings. In order to prevent any miscommunication or misrepresentation of individuals or community, there is an emphasis to have the community involved and maintained over the course of the research to enhance ethical practice and the quality of research (Canadian Institutes of Health Research et al., 2018).

An example of this occurred in the research of Marsh et al. (2016) when Elders on their advisory board suggested the facilitators of Seeking Safety sharing circles should be Indigenous and have experience working with Indigenous communities; the researchers ensured to honour this advice. Similarly, Latimer et al. (2018) had four community health boards represented by Elders, band council, and health staff participate and approve their research. However, in the research of Marquina-Marquez et al. (2016), there was no research protocols or local research council in place. Therefore, the proposal was presented to representatives of public health service organizations within the community. There was approval and they used traditional methods of presenting tobacco for information. Although there was approval from community services, it was not outlined who are the individuals were, apart from these community services. In order to have more community say, perhaps there could have been the inclusion of Elders from the community or reaching out to public officials such as Chief and Council. It is unknown if the individuals from the public health service organizations were community members or Indigenous, thus, potentially impacting what may be viewed as best for the community from the community.

Professional Ethics

Dignity of Persons and Peoples. Psychologists utilize the Canadian Code of Ethics for Psychologists. Within this document it outlines four principles that a professional must adhere to

for ethical decision making. The first principle is respect for the dignity of persons and peoples. It should carry the greatest weight within ethical decision. The emphasis of this principle regards moral rights for non-discrimination, fundamental worth, and justice (Canadian Psychological Association, 2017). An aspect of this principle is informed consent. Part of informed consent is more than signed or verbal agreement; it requires that the professional provide as much information as possible, is reasonable, makes participants aware of potential benefits and harms of participating, and that all groups that may be affected are aware (Canadian Psychological Association, 2017).

In the Hatala et al. (2020) study, there was written or verbal consent from all participants but consent was not obtained from the parents/guardians of participants who were under 18. University of Saskatchewan's Behavioral Research Ethics Board and the Community Advisory Research Committee approved that youth who were 16 years or older were deemed able to consent to participate. The concerning aspect of this type of consent is that youth are considered a vulnerable group because they are not legal adults. Researchers must use methods that maximize the understanding and ability to consent of vulnerable individuals (Canadian Psychological Association, 2017). In addition, this study used youth that were recruited from local organizations and inner-city in an urban setting. Another aspect to consider is that informed consent is carried out with those who are legally responsible or appointed to give informed consent (Canadian Psychological Association, 2017). There was no reason provided as to why parents/guardians were not included in the process or whether consent had been attempted to be gained from parents/guardians. On the other hand, in the Saskamoose et al. (2016) study, youth and guardians were provided information on the study, consent forms, and letters of explanation about goals and activities for the research.

Another aspect of the first principle as part of protecting participants is to ensure and maintain confidentiality. In the Walsh et al. (2020) study, it was stated that one of the participants was already known to the second author through his work in the area of study. In addition, the other two participants were named as a hospital board member supporting local mental health interventions and the new staff member who would be continuing the land-based program (Walsh et al., 2020). Although only titles were provided for the participants, it is important to acknowledge that this work was completed in community, therefore, not large populations. When working in small communities there are a limited number of individuals and often only one or two individuals who would hold certain titles. Thus, this method of explaining who their participants were does not ensure the greatest level of anonymity nor protect their identities.

Responsible Caring. The second principle is responsible caring. This principle is generally weighted second in importance. It requires that the researcher demonstrate responsible caring through the maximization of benefit and minimization of harm in short- and long-term effects (Canadian Psychological Association, 2017). In psychology, the definition of harm and benefit are both psychological and physical dimensions. This encompasses all kinds of relationships; identity of the individual level and cultural; self-worth, trust, and safety; knowledge, both general and of self; comfort and pain (Canadian Psychological Association, 2017). An example of accounting for the effects is demonstrated in the Fast et al. (2021) study; the goal of the research was to assess the impact of teaching the histories and supporting Indigenous people by encouraging their own stories of resilience to strengthen cultural identity. This was achieved through land-based teachings (Fast et al., 2021). To monitor how youth were impacted by such histories and stories, interviews occurred throughout the course of the land-based camp, as well

as at the end of the camp. This approach helped to keep participants safe because some of these histories bring up pain and grief; ensuring that participants are monitored throughout can help to minimize risk.

Integrity in Relationships. The third principle is integrity in relationships. This principle is generally considered third in the decision-making model. This principle expects psychologists demonstrate the highest integrity in all of their relationships (Canadian Psychological Association, 2017). It requires that personal values and self-interest are put aside and be as unbiased as possible. This is a key point because all of the studies in this analysis contain narrative approaches. It is important that researchers are aware of how their own personal feelings or value can affect what assumptions they make, their selection of methods, what they observe, what they fail to observe, and how they interpret their data (Canadian Psychological Association, 2017). In the Graham and Martin (2016) study, the researchers acknowledged the historical conduct of research with Indigenous people; the primary researcher met with Chief and Council three times to discuss the research project in advance. This demonstrated a knowledge within the researchers that they carry an outside perspective that could affect the results of the research. However, the inclusion of all researchers could increase cultural understandings and decrease the potential for biases. Biases can appear in assumptions made by researchers as well. For example, in the Doty-Sweetnam and Morrisette (2018) study, the researchers stated that conversational analysis seemed fitting. Although there is research to back up this assumption, there should still be research and inquiry with Elders and the community to confirm that this would be the best method of practice for the study being completed.

Responsibility to Society. The fourth principle is responsibility to society. This principle should be considered fourth in the ethical decision-making model. It is important to recognize society in

every ethical decision, so adherence to the previous three principles must be considered (Canadian Psychological Association, 2017). However, when the welfare of an individual or group conflicts with the benefit to society, ethical decisions must find ways to benefit the society and, if possible, find ways that do not violate respect for dignity, responsible caring, or integrity (Canadian Psychological Association, 2017). Although there were different approaches explored in the studies within this analysis, the overall goal for researchers was to explore using different Indigenous traditions and healing methods to promote the overall well-being of Indigenous people in Canada. Many of the studies acknowledged the difficulties that Indigenous people have faced historically and how this continues to impact in present-day. However, when applying these types of practices on a larger scale, it should be acknowledged that there are differences amongst tribes and nations. Therefore, acknowledging that looking at the benefits for society cannot outweigh the needs of individuals and groups; in addition, to honouring individual nations and their traditions.

Recommendations for Future Research

When examining the different themes that emerged from the analysis, it is important to acknowledge that there is a further exploration that could be completed to better understand these findings. When looking at the theme of the medicine wheel as a holistic approach, the concept of the medicine wheel is a symbol and teaching that is more familiar within Indigenous contexts. However, for non-Indigenous therapists, this concept may be foreign or unfamiliar. Therefore, a research question that could be further explored is: How can the medicine wheel as a holistic approach promote healing and well-being? This question and research could help to promote a better understanding of its health advantages especially for non-Indigenous and those who do not have the knowledge or full understanding of the benefits.

Another area of exploration is the use of traditional practices that falls under the themes of tradition, spirituality, interconnectedness and connection to land and healing. The literature states that this is a beneficial method and approach to utilize for individuals. As a result of disconnection and assimilation, there remains a large number of Indigenous people who are unfamiliar and do not know their own Indigenous culture or roots. To avoid overgeneralizations, there needs to be a further exploration of the effectiveness for all Indigenous people. A research agenda should look at the use of traditional and cultural approaches with all types of Indigenous people to determine the effectiveness across a larger group. The last theme is resilience and reclamation. This theme reflects the need and desire for Indigenous people to have a say over their healing and approaches to that healing. However, much of what is presently offered continues to be within a Western framework. A final area that is recommended for further research is to have a more in-depth examination of the structures of how therapy and healing are presently and how they could be adapted with an Indigenous perspective. Having further exploration can provide greater insight and understandings not only to the findings in this analysis but provide a greater understanding to promoting overall well-being for Indigenous people.

When completing future research within Indigenous populations, recommendations are to utilize a more diverse population. Within many of the studies completed in this analysis, the populations were all from specific communities or urban settings. Studies did not demonstrate diversity within the chosen populations. Additionally, utilizing a longitudinal study would be beneficial in having a better understanding of the long-term effects of utilizing Indigenous methods and approaches for Indigenous people. Completing future research with Indigenous populations should employ alternative worldviews to help guide the research and having more

qualitative methods that complement Indigenous perspectives. Having research that is more meaningful for Indigenous people can help to create more meaningful results.

Application to Clinical Practice

Four themes were identified in the findings: the use of the medicine wheel as a holistic approach, connection to land and healing, tradition, spirituality and interconnectedness, and resilience and reclamation. This section explores how these themes are applicable to clinical practice and the setting. The findings demonstrated a desire for cultural and community connections to help promote mental health. When looking at their application to clinical practice, it is important to explore what clinical practice looks like practically and how it applies on an individual scale, as well as large-scale community practice and application.

When looking at the application of the findings to clinical practice, it is important to acknowledge the foundational importance of relationships. The significance of therapeutic alliance is an already well-known fact within the practice of psychotherapy. However, it is vital to acknowledge the relationship aspect because having a good therapeutic alliance encourages an individual's autonomy. These two pieces of therapy are important foundations when working with any client in the therapeutic setting. However, the findings demonstrated the importance for Indigenous people to reclaim and have autonomy over their health and healing. Therefore, when applying the research findings in the clinical setting for Indigenous clients, it is important to remember that all work should start with building rapport and a relationship with your client. These are not new findings to have a relationship and encourage an autonomous relationship. However, these were pieces that came up for Indigenous clients as specifically important.

In addition to having autonomy over healing to promote mental health, the need to have more traditional and cultural practices available for Indigenous clients is significant. There has

been a disconnect for Indigenous people in many ways from culture, land, language, community, etc. Therefore, this makes it notable to explore identity with clients when seeking healing for individuals. Recognizably, these approaches or practices may not be a familiar for all psychologists; however, as for any client, it is beneficial to familiarize oneself with their culture to have more cultural awareness. The expectation would not be for clinicians have to be an expert on traditional practices, however, it could be encouraging to the client to seek out community supports to get connected with culture, tradition, and ceremony, or help find resources for community supports. Finding ways and resources for clients may help them to feel connected to their culture and communities.

The medicine wheel's four parts represent a person's well-being: physical, spiritual, emotional, and mental. An example of utilizing this in clinical application is checking in with a client in all four areas are in their life. The teaching is that to be in a good space overall, we need to care for all four parts, and when one is not cared for, the others are affected. As if a table loses one leg and tries to stand on three, it falls over. The beauty of the other finding in this analysis is that they all fit into the categories of the medicine wheel. Therefore, this shows in finding ways for clients to become connected to community, teachings, tradition and culture, land, and having the autonomy to make their own decisions in their own healing. Encouraging a client to find connection and supporting them in that journey helps to set them on a path to healing and self-discovery.

There has been a push to see more land-based methodologies to teach and promote healing. This has been found to be a great way for Indigenous people to find healing and connection. The studies demonstrated that individuals were able to find connection and healing when working and learning on the land. Land-based camps and teaching also help to incorporate

a holistic approach because of the community connections, Elders, teachings from the land, ceremony, and circles. However, there remain barriers to accessibility and availability for individuals who may desire to seek out this form of treatment, or rather, to learn and be connected. This also leads to the difficulty of further applying the findings to clinical application.

Healing for Indigenous people can be found in a therapeutic setting but that is not found only in the traditional forms of how Western therapy is presently shaped. Although we can recognize that there can be benefits from Western therapy, it is important to recognize that there are other methods that may be being underutilized. The theme of disconnection has been present throughout this analysis. When working with Indigenous clients recognize that loss occurs in multifaceted ways for Indigenous people. However, it is important to allow that individual to come to terms with their loss in their own way and make the decision for how they want to approach their healing. Although, the studies promote utilizing Indigenous teachings and approaches when working with Indigenous clients, it is important to continue to allow the client to have autonomy and ownership in their healing journey. Therefore, providing them with opportunity and information is useful but coming back to traditional healing and practices cannot be prescriptive and should be the choice of an individual.

Contextualization of the Situation Locally

Counselling/therapy is a tool and method intended to benefit all types of individuals from all backgrounds. Presently, within the context of counselling and therapy settings, there is almost an exclusively Western paradigm of health that contrasts with an Indigenous worldview (Stewart, 2008). This can be problematic in that it can create barriers for effective health-promoting services because of the differences in paradigm perspectives. This includes formally trained counsellors and those who may be trained in cross-cultural or multicultural approaches

(Stewart, 2008). Furthermore, it is argued that utilizing Western approaches with Indigenous clients is a form of continued oppression and colonization and invalidates Indigenous perspectives on health and well-being (Stewart, 2008). Despite there being such large health disparities for Indigenous people, there is an underutilization of health services. Research suggests that part of the issue is that counsellors are not educated about Indigenous philosophies and worldviews (Stewart, 2008). However, it has been found that utilizing culture and culturally specific holistic interventions is foundational in achieving individual, family, and community wellness (Boksa et al., 2015). The findings in this analysis have corroborated this statement demonstrating that utilizing more culturally-friendly and familiar tools promotes mental health and well-being in Indigenous individuals.

There has been a history of mistreatment towards Indigenous people institutionally. As outlined not only through assimilation policies and tactics but through research wrong-doings, it is important to recognize this history has created distrust, loss, and hurt. The experiences of Indigenous people make it evident why an Indigenous client would be even more hesitant to trust in a therapeutic setting. Secondly, the need to be seen and heard is a requirement for any individual. Once again, acknowledgment of the historical context of Indigenous people not being provided with a say in how things have been done, said, or how they are represented is required. Demonstrating the need to have their say in their healing becomes even more imperative. This was demonstrated in the research that Indigenous individuals wanted to have a say in their healing, which may seem self-evident in that it is already been a demonstrated need in therapy. Yet, I do believe it is important to acknowledge that current research demonstrates that there must continue to be some disconnect if it still needs to be said.

Accessibility

The research demonstrated promising evidence that utilizing land-based camps and teachings is an approach that Indigenous people connect with and promotes better well-being. However, there are multiple barriers when it comes to the accessibility of such camps and teachings. The first barrier is the number of land-based camps or accessible centres for therapeutic purposes do not exist for the purpose of mental health outside of set programs. For example, there are facilities for substance use that incorporate aspects of land-based teachings into their programming. The problem is that an individual who may not need treatment specifically for substance use does not have the same accessibility for such resources. Therefore, the actual land-based camp and teaching is not readily available. Secondly, the cost to run such a camp or program is costly. Programming includes camp rentals, liability insurance, transportation, food, remuneration for Elders, extra labour (Walsh et al., 2020). These types of programs are not viewed as mental health programs, therefore, create further barriers to access funding for these types of programs. There are other forms of land-based camps promoted through education and learning but the benefits for mental health and well-being as a methodology has yet to be fully recognized and acknowledged. Third, individuals with the knowledge and ability to teach and run such programs is lacking. Especially, when looking at an urban center, there are further limitations to finding such individuals and spaces to do such teachings.

Recommendations

On an individual level, utilizing more culturally appropriate methods and Indigenous worldviews in the therapeutic setting is required to help promote better mental health outcomes and encourage Indigenous clients to seek mental health services. At the community level, having

more traditional and cultural events available and promoted for Indigenous people is required. Although there are cultural events that take place, it is not always well known to individuals who are seeking out these spaces and events. Therefore, working towards promoting such events at a larger level to help create more accessibility may be beneficial.

Secondly, another recommendation is to have workshops specifically for Indigenous people to learn more about protocol and expectations at such events. For example, there are different expectations for men and women when attending a feast. Women are expected to wear skirts and the men and women sit on separate sides of the feast. However, if someone is unfamiliar with feasts and protocol, they may be unaware of these expectations. Furthermore, I emphasize specifically for Indigenous people because as was stated in the findings, seeing other Indigenous people seeking to learn about their culture is encouraging to youth to be curious and unafraid to learn about themselves. As well as the historical disconnection, there remains large numbers of Indigenous people who are unfamiliar with their culture and its teachings. This also addresses on the federal level what more could be done to promote Indigenous well-being. When residential school survivors took the Government of Canada to court, the federal government recognized the *Truth and Reconciliation Commission of Canada: Calls to Action*, a document that outlines different actions to promote reconciliation with Indigenous people. Therefore, there is already a policy created that states how restoration for what has been taken from Indigenous people can be achieved; to honour and uphold the calls to action in health practices and provide a space for non-Western approaches and perspectives. For example, the 22nd call to action under health urges the Canadian healthcare system to value Indigenous health protocols and use them for treating Indigenous people (Truth and Reconciliation Commission of Canada, 2015). Another recommendation I make to support this policy is for the federal government to help and promote

communities and Indigenous individuals to create spaces where they can facilitate healing for their people. Furthermore, that they would have autonomy over these spaces to promote healing in a way honours their worldviews and cultural practices.

Conclusion

The purpose of this literature review has been to examine the disconnection experienced by Indigenous people in Canada and how that affects mental health and well-being. In addition, this review explored the methods and practice to address this disconnection in the therapeutic setting. I have discussed the depth of losses and disconnect that Indigenous people have experienced through colonization and assimilation policies. These losses have been experienced on all fronts from land, culture, language, tradition, and community. Furthermore, examining how these losses continue to impact Indigenous people in contemporary society and the disparities in mental health experienced by Indigenous people.

This review of the studies included a methodological analysis that explored the methods utilized by the studies to conduct their research. Following that analysis, there was an examination of the findings of the 10 selected studies. In this examination, four themes emerged: a) the use of the medicine wheel as a holistic approach; b) connection to the land and healing; c) tradition, spirituality, and interconnectedness; d) resilience and reclamation. When utilizing traditional methodologies and approaches, individuals reported positive experiences and connections. By providing opportunities for connection with culture and traditions, individuals reported better overall well-being. One of the methodologies that were explored in the literature was a holistic approach that utilizes the medicine wheel as a guide. The medicine wheel is made of four parts and each part represents a part of the self: physical, emotional, spiritual, mental. The teaching emphasizes caring for all parts of oneself in order to have a healthy lifestyle. Another

discusses utilizing the land as healing; this looks at being on the land and learning from the land. Demonstrated throughout the analysis findings was a desire to have a connection to culture, tradition, teachings, and community. The other pieces that were presented in the findings is having a connection whether that is in the form of community, tradition, or culture.

The findings demonstrated that there was a greater desire to have a connection to culture and traditions. However, the other piece was having a say in healing and reclaiming healing. Therefore, having a voice in how Indigenous people sought healing and what platforms are utilized for that healing. Recognizing and incorporating ways that healing can be cultural and traditional approaches and methods into therapeutic practice. Furthermore, creating spaces for mental health that incorporate traditional practices and methodologies that has greater availability for all Indigenous people. Yet, keeping this practice as non-prescriptive and allowing Indigenous people to have their say and autonomy in how healing looks for them.

I believe this literature review helps to provide a greater understanding of disconnection for Indigenous people but provides hope in efforts to bring healing. Additionally, it will help assist clinicians to have a better understanding of Indigenous clients and the complexities that go beyond the loss of culture by way of land. This review sheds light on the possibilities of expanding approaches and methodologies to better suit the diverse and complex needs presented. Ultimately, I believe this review brings hope not just to practitioners who want to better serve their clients but to the Indigenous people of Canada that there are avenues of healing that can bring back culture and tradition that has been historically taken from them. As well, they can have their sovereignty in what they desire to see in their communities and utilize as healing for their communities.

This study demonstrated that disconnection is present and a continuing experience for Indigenous people. However, the findings demonstrate that there are avenues to promote Indigenous healing by utilizing culturally appropriate methods and teachings. Although, there has been a growing awareness of the needs of Indigenous people. This literature review also provides an important message of hope for Indigenous people and practitioners. It demonstrates there are routes to healing and that Indigenous people can have a say in their own healing, that it does not need to be dictated by outside sources. Furthermore, this study demonstrates the value of utilizing non-Western methods within therapy and is something that all can learn from to improve our practice.

Future Aspirations

As a future practitioner, I want to provide a safe and secure space for all individuals who come through my door. I want to take the knowledge that I have gained through the experience of writing this analysis and utilize it in my own practice. I chose a topic that is important to me, as a First Nations person who has struggled with the same losses written about in this analysis. However, I want to recognize that each individual person has their own lived experiences and values. As has been demonstrated throughout this analysis, much loss has been experienced and for far too long Indigenous people have been told what they can or cannot be. One of the biggest lessons I take forward is allowing a space for Indigenous individuals to have autonomy in their identity and healing. This means always remembering to put aside my own biases and experiences to better honour who they are and their voice; furthermore, recognizing that healing can come in more than the traditional formats of Western healing practices. Maintaining an openness to other decolonized structures of approaches may provide a greater opportunity for healing and well-being.

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