Exploring Colonization and Mental Health from the Perspective of a First Nations

Community in Labrador

by

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Abstract

This thesis utilizes a critical discourse analysis methodology to explore the experiences of members of a First Nations community in Labrador with mental health and addictions care systems. In particular, an understanding of how colonization has impacted the mental health of this community and the ways in which colonization is or is not considered within the treatment provided within mental health and addictions services is explored from the perspective of community members.

In addition, the thesis includes a review and guide for white social work researchers to engage in politically-informed research with Indigenous communities in a way that is respectful and ethical. This includes an analysis of the role of academia, the role of research and the role of social work in preserving and reinforcing colonialist ideals, as well as the ways in which research with Indigenous communities may be decolonized in order to be more ethical, respectful, and responsible.

*Keywords***:** colonization, decolonizing, anticolonial, neoliberalism, capitalism, mental health, discourse, dispossession, anomie, critical whiteness, critical metal health, Indigenous, First Nations.

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Land Acknowledgement

I respectfully acknowledge the territory in which I live, work and write this thesis as the ancestral homelands of the Beothuk, and the island of Newfoundland as the ancestral homelands of the Mi'kmaq and Beothuk. We would also like to recognize the Inuit of Nunatsiavut and NunatuKavut and the Innu of Nitassinan, and their ancestors, as the original people of Labrador. I strive for respectful relationships with all the peoples of this province as we search for collective healing and true reconciliation and honour this beautiful land together.

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I would like to express thanks and sincere gratitude to my supervising professor, Dr. Brenda LeFrancois. Without Dr. LeFrancois' guidance, expertise, patience, and continuous words of encouragement and support, this project would not have culminated into the piece of literature that is presented today. The dedication that Dr. LeFrancois has demonstrated to me as a student through the countless hours spent on this project,

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Chapter 1: Introduction

Introduction

Mental health and addictions services have been a topic of much discussion both provincially and nationally. Indigenous populations across Canada are diagnosed with mental health issues at a higher rate compared to the general population (Pollack et al. 2016). The purpose of this thesis is to explore colonization, neoliberalism and the impacts of the biomedical model in relation to the pathologizing of the impacts of colonialism as an internal, individual deviance labelled as "trauma". Eurowestern psychiatric analysis places blame on the individual while arguably ignoring the complexities of the devastating impacts of forced assimilation and genocide on First Nations peoples. This thesis focusses on the impacts of colonization on First Nations with reference to the Innu in Labrador. This specific focus was decided on in order to minimize risk in making generalizations in experiences between Indigenous groups and to provide a more thorough and targeted analysis of First Nations experience of colonization in Labrador, including the connection to mental health frameworks and discourse used to define experiences of colonization.

With specific examples documented in Samson et al. (1999) to guide analysis, chapter 2 explores the literature that examines how First Nations people have been coerced into capitalism that resulted in a state of "anomie" across communities. Consequentially, this uprooting which resulted in anomie has extended capitalist ideals, resulting in sanist, biomedical interventions that shift blame and ignore historical and political contexts. As

such, in chapter 2 the goal of the review is to explore the literature that addresses the

effects of colonization on First Nations and how the impacts of colonization have been

pathologized as individual deficiencies under dominate mental health biomedical

discourse, defining a history of colonialism for Indigenous people that shifts blame to the

"broken Indian" (Chrisjohn & McKay, 2017). As such, the research is informed by an

anti-colonial, critical mental health, and critical whiteness lens'.

Chapter 3 explores the critical discourse analysis methodology proposed within this

research design. This chapter also reviews the ethical considerations that were identified

as pertaining to this study. Given the interruption of this research due to the COVID-19

lockdown, chapter 4 presents an analysis of the issues involved for white social work

researchers to conduct research in an ethical way; to conduct research immersed in social

justice infused understandings of the ethics and politics of knowledge production in First

Nations communities. This chapter replaces what would have been the findings chapter

for this study, had the lockdown not occurred. Finally, chapter 5 considers the

implications of this research and future plans as a concluding discussion.

Positionality

This research exploration into the connection between Indigenous mental health,

colonization, and the current mental health care system begins with my reflections on my

own positioning as a white settler and social worker. The very core of anti-oppressive

social work practice is grounded in such awareness as an essential part of reflexive,

critical social work practice (Fook, 2016). I am aware of the privileged identities I hold,

in particular through white privilege. I recognize how white women and white feminists, including social workers and researchers, have historically promoted white women's rights and ways of knowing while excluding racialized women, including Indigenous women.

White privilege is not something that is earned, as it is automatically bestowed based on skin colour, its benefits often unspoken and invisible. Whiteness influences both my personal and professional life in numerous ways. However, merely identifying the ways in which I am privileged does not exonerate me from the fact that I am a white settler and should not be mistaken to "signal innocence" (Snelgrove et al. 2014, p. 5). That is, critical race studies and critical race studies scholars note that often white researchers make a claim to innocence in suggesting that merely claiming privilege is enough to exonerate us of wrong-doing. It does not exonerate me from the fact that as a white settler, I am complicit in the day to day reinforcement of Eurocentric ways of knowing and doing at the expense of the destruction of Indigenous culture, language, and people. I am complicit in this reinforcement through my interactions with white settler social structures, as a social worker and beyond. Through this reinforcing of Eurocentric ideas, I continue to reap benefits as a white person, such as never having my privileged identity be questioned. Although I may denounce the destruction of Indigenous people, their lands, and culture through the forces of colonization, medicalization, neoliberalism, religion, and language, I am not an innocent bystander. Indeed, it may be noted that I have fallen into the "race to innocence" in a feeble attempt to shadow my own implication in the subordination and oppression of others (Fellows & Razack, 1998). My whiteness may be

defined neatly as my "invisible knapsack of privilege" (Mcintosh, 2009, p. 6), however its

power is not truly demonstrated by minimizing it to a backpack. Declaring my whiteness

does not absolve me as a white settler (Ahmed, 2004). By the seemingly simple rite of

having white skin, I have been "born into belonging" (Wise, 2005, p. 3). As a white

settler I have the privilege of my knowledge base being infiltrated into all aspects of

Canadian society. My whiteness and its collective dominance sets societal norms, is the

point of reference when comparing racialized groups, and its practices are made invisible

and unnamed (Frankenberg, 1993). White settlers have the power to provide salience to

racialized subjects as deviant, abnormal, and in need of intervention and correction,

further advancing white privilege and the white agenda (Li, 1998). Although I continue to

be educated on practices that challenge systems of oppression, being educated on such

systems of whiteness and privilege does not absolve me of wrongdoing. Indeed, such

education on the power of my unnamed and unmarked privilege might be critically

viewed as being a further product of my privilege. In fact, it may be argued that one

cannot "unlearn privilege" within an education system shaped and dominated by white

privilege (Ahmed, 2004, ¶41). This reflection is not so much a "confession" of my

whiteness and complicity with oppression. This reflection's purpose is to illustrate my

understanding of the power my whiteness and other positionalities have afforded me and

to stand in that power through a process of engaging in an ethics and politics of

knowledge production that is decolonizing and decentres white ways of knowing and

white ways of researching Indigenous peoples. This includes a practice of unlearning

colonial Eurocentric philosophies of research, as well as mental health and treatment, and

instead honouring the understandings of Indigenous intellectuals and Indigenous community members sharing in this research study.

This becomes especially important given that social work education and the profession itself have had a key role in the preservation of colonialism. Much social work education continues to lecture from a perspective which is governed by white scholars and white colonialist theory (Absolon, 2019). The profession of social work itself has also been complicit in advancing the agendas of colonialism. These practices continue through social workers acting as enforcement agents for colonialist political structures by carrying out grievous policies and practices, such as forcibly removing Indigenous children from their homes within child protections, under the guise of helping (Moreno & Mucina, 2019). As I am a social worker also practicing within colonialist systems, although I may challenge systems of oppression, I am complicit in engaging in its continued practices. This research attempts to break free from that role and instead bring the knowledges, perspectives and analyses of the colonized to bear on the Western psychiatric practices that continue unchecked within Indigenous communities. These practices go beyond counselling and psychotherapy and include: a) the diagnosing of peoples' experiences of distress, reactions to unusual events or alternate states of minds as "mental illness"; and, b) treatment through forced hospitalization, community treatment orders, forced consumption of psychotropic medication and electro-convulsive therapy.

Chapman and Withers (2019) discuss the colonial history of social work in their book *A Violent History of Benevolence: Interlocking Oppression in the Moral Economies of*

Social Working. They discuss how the very foundation of which social work is grounded, arguably Jane Adams and Hull House, is permeated in colonialist ideas and racism. For example, they note the work of Sullivan (2006) who studied the writings of Jane Adams and documents how immigrants were described in racist terms. Sullivan (2006, as cited in Chapman & Withers, 2019, p. 49) contrasts how the language Adams used to describe immigrants is similar to ways that Indigenous people were believed to be by white settlers and colonizers, that is "untamed". Sullivan (2006, as cited in Chapman & Withers, 2019, p. 49) argues that positioning non-white groups in this way acts to uphold the belief that European ways of being and doing with its so-called 'civility' made them "fully human and non-white people as less than so". Chapman and Withers (2019) also write how social work is complicit in engaging in colonialist practices through the Indian Residential Schools and child protections. They discuss the work of Blackstock (as cited in Chapman & Withers, 2019, p. 284) who notes that social workers often rationalize the historical atrocities that have occurred through social work as "exceptionalities", such as within child protections and Indian residential schools. Such a view shifts blame away from systemic issues of colonialism through explaining away deliberate policies of assimilation, genocide, and cultural destruction as "exceptional".

My social work education afforded me my first career as a mental health and addictions social worker in Labrador. Although I was not born in Labrador, much of my adolescence was spent there. My family relocated to Happy Valley-Goose Bay, NL, when I was 13 years old. I remained there until I graduated high school. I returned to Happy Valley – Goose Bay, NL in 2008 to work within mental health services and spent nearly 10 years

there before relocating again. This geographic location is home to three unique

Indigenous groups: Metis, Inuit, and Innu. As a mental health and addictions practitioner,

I was expected to provide therapeutic interventions to any person who presented

requesting services. As a white social worker and a new graduate employed within the

field of mental health, I was automatically directed towards the organizations defined best

practice models for client treatment. The dominant models of best practice from which I

was expected to use were grounded in individualized, cognitive, deficit-based approaches.

Service users were encouraged to become self-aware of their thought distortions and

unhelpful behaviours as the primary means of mental wellness.

Approaches of connecting personal issues to political systems were rarely, if ever,

discussed amongst colleagues. Having such macro level conversations with service users

was unheard of. Practicing within such a framework may offer some success in improving

service user mental wellness, however I was often left feeling that the root of the problem

was left unchallenged. These feelings were especially present through my contact with

Indigenous service users when attempting to connect their personal plight to some

'maladaptation' or 'cognitive distortion' that was often simply labeled as trauma, which

blamed the individual for their 'poor coping' and a supposed 'unwillingness to make

changes'. This Eurowestern medical discourse, which was imposed on service users, did

not sit well for me. However, when such approaches were challenged, they were met with

a gentle resistance and the organizational script of 'best practice'. Although the impacts

of colonization on client mental health was addressed by management within the mental

health and addictions services department through sporadic training events on Indigenous

history, its historical and political lens was superficially supported and not fully encouraged within direct client practice.

This research project aims to gain a deeper understanding into the meaning and impacts of colonization on service users, from the perspective of the First Nations community. Likewise, the research aims to re-centre this Indigenous knowledge and move away from the superficial understanding and applications within mental health and addictions services in Labrador.

COVID-19 Impacts to Research

This research project was unfortunately abruptly halted due to the global pandemic currently occurring from COVID-19. This research project received approval from the First Nations community in Labrador and ethics approval from the Human Research Ethics Board, as well as the support of my supervisor Dr. Brenda LeFrancois. I had arrangements made to travel to Labrador to complete the interview process when on March 19th 2020, Memorial University made the decision to suspend all research fieldwork activities. Since that time restrictions have not been lifted and therefore the data collection required for this thesis as designed and described was not completed. Therefore, the format and content of this thesis has been modified.

Chapter 2: Literature Review

A Canadian History of Colonialism

Values can be defined in a number of ways. Values envelop what is important to an individual, community, organization, or country. Values may dictate behaviours towards ourselves and others, and how we relate with society. Values may be considered the most basic aspect of self and society. The *Canadian Index of Wellbeing* documents research undertaken by the University of Waterloo (2018) into what Canadians view as key values. Through public consultations, Canadian key values identified included fairness, inclusion, diversity, democracy, equity and safety (¶3**).**

Canada as a nation has been presented as a country of tolerance, acceptance, diversity, and equality. However, Canada has a history of violence, murder, genocide, and forced assimilation, that has been methodically hidden from its citizens and the larger global society (Chrisjohn & Young, 1997; Christensen, 2003). However, over the past several decades, Indigenous peoples and their knowledge, which were systematically destabilized over hundreds of years of genocide and colonial oppression, have broken the silence. Indigenous peoples continue to protest in an unbreakable wave of resistance and rejection of white-settler colonialism. Before we can discuss the implications of white-settler colonialism on current day systems, we must go back and briefly expose its brutal history.

European invasion into Indigenous lands is documented to have begun when King Henry

VII permitted John Cabot, a European explorer from Italy, to sail west in exploration of

lands not yet claimed by the English monarchy. In his journey, John Cabot first made

contact with what is now called Canada. Although often painted as a peaceful, partnership

type of relationship, European invasion quickly escalated into violence and force to

coerce Indigenous people away from their land and other resources to then be exploited in

the name of the English monarchy. The east coast invasion and subsequent genocide

began with the eradication of the Beothuk people in Newfoundland and Labrador and

later spread through tribes and clans across Canada (Paul, 2006). For hundreds of years,

Indigenous people across North American were murdered for their land and other

resources. The acts committed against Indigenous people in Canada have been mistakenly

determined to fall short of being classified as genocide, due in part to the fact that

Indigenous people were not considered humans but rather savage beasts (Million, 2013)

and also because Chrisjohn and Young (1997) write about genocide and Indian residential

schools in detail in their work *The Circle Game*. They note that Canada refused to apply

human rights codes such as the United Nations Genocide Convention which Canada

signed in 1949 and adopted into law in 1952 to the atrocities committed against

Indigenous people in an effort to absolve and avoid potential claims of having committed

crimes against humanity. Chrisjohn and Young (1997) explain that Canadian officials

have long argued that acts committed within institutions such as Indian residential schools

were not truly genocide because annihilation and murder of the people was not a

deliberate act. However, Chrisjohn and Young (1997) argue that Canada continues to

deflect and ignore the deaths of thousands of Indian children forced into residential

schools, which through adoption of genocidal policies, the Canadian government was primarily responsible.

Daniel Paul's (2006) book *We Were Not the Savages* recounts the bloody history of the "collision" of European and First Nations civilizations in eastern Canada, documenting government policies which detail financial compensation for the scalping and murder of Indigenous men, the rape and murder of Indigenous women and children, as well as their starvation and deprivation by confining them to unfertile lands (p. 107). Violence was normalized against Indigenous people for hundreds of years in Canada. Césaire (1995) reviews how violence against Indigenous people globally has been accepted on the grounds of scientific measures which has come to be understood a scientific racism. Césaire (1995) details how non-whites have been historically defined as "inferior or degenerate races", their bodies useful only for serving the needs of the European "masters" through physical labour (p. 4). He defines this exploitation as ""a kind of expropriation for public purpose" for the benefit of nations that were stronger and better equipped", the European nation (Césaire, 1995, p. 4). Césaire (1995) discusses how colonization and its racist beliefs of white superiority are a tactic used to "ease [ones] conscious" by "seeing the other man as an animal [and therefore] accustoms himself to treating him like an animal" (p. 5). Césaire (1995) further describes how domination of racialized people through colonization has resulted in these groups being defined as "instrument[s] of production", the coercing of entire populations into "things" which advance the agenda of the oppressor (p. 6). Césaire (1995) notes that it is not that the

colonized do not have the skills or traits required to advance themselves, however, it is due to the agenda and destruction of the colonizer who "holds things back" (p. 8).

The number of publications by scholars, educators, and researchers which detail the invasion of Europeans into Indigenous land in Canada is staggering and beyond the scope of this literature review to discuss in detail.[1] However, the impacts of the hundreds of years of genocide, dispossession and deprivation cannot go unaddressed. We cannot minimize the magnitude of the importance of the historical context of colonialism. The shift from overt physical violence to institutional and political violence must also be addressed. The impacts of the *Indian Act*, residential school program, "Sixties' Scoop" and child welfare era, have been described as "assimilative colonial projects that left families and social systems in disarray" (Sinclair, 2009, p. 20). However, this change from physical violence to economic and cultural violence under neocolonialism and neoliberalism through oppressive government institutions must be underscored within this exploration. The latter discussion of the impacts of biomedical discourses of mental health treatment imposed on Indigenous experiences, redefined and reframed as "trauma" instead of recognising the effects as relating to dispossession and genocide will also be reviewed.

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[1] See instead, Chrisjohn & Young, 1997; Paul, 2006; Sinclair et al., 2009 for a wider review of this literature.

Colonization, Capitalism and Neoliberalist Ideals: The Innu of Labrador

In this section, I primarily focus on the relatively recent forced assimilation and gross invasion of neo-liberalism onto the Innu in Labrador, and its connection to the mental health biomedical discourse of "trauma". Thobani (2007) confirms that European descent upon Indigenous lands in Canada was comparable to "…turning their worlds upside down" (p. 42) and that the people were given no rights and freedoms, except those rights and freedoms that assisted in the maintenance of the colonial order (p. 47). Badwall (2014) also writes how the birth of colonial Canada "required the containment of difference to pursue a homogenous national identity as white" (p. 5). Such discourse controlled and defined who was and who was not a "rightful citizen" (Badwall, 2014, p. 5).

Samson et al. (1999) provide a thorough historical account of the devastating impacts of neoliberalism on the Innu in Labrador in *Canada's Tibet: The Killing Of the Innu.* They posit that many of the issues the Innu in Labrador face today are due to colonization, which has "dramatically destabilized Innu society and caused deep psychological trauma" (Samson et al., 1999, p. 9). This work is described by Chrisjohn and Young (1997) as "...the single clearest documentation of the destructive power of modern capitalism…" (p. 164).

The Innu of Labrador form two distinct groups[2]: the Montagnais, who primarily settled in what is now known as Sheshatshiu, and the Naskapi, who settled in Davis Inlet and later Natuashish. The Innu are historically a nomadic hunting and gathering people who lived with nature and its cycles, moving from land to sea with the seasons, following resources such as the caribou, which is described as "the heart of their way of life" (Samson et al., 1999, p. 10). The Innu worldview and way of life contrasts sharply with European culture. Central tenants within the Innu way of life include individual autonomy, restorative justice measures, non-hierarchical relations between men and women, and a deeply spiritual connection to the earth and all its beings and objects. It may be said that the Innu believe the earth to be a part of them, seeing no disconnect between themselves and she. The Innu people were well educated on the land and culture through "watching, listening, and imitating" to parents and elders, and the Innu culture was heavily involved with oral tradition (Samson et al., 1999, p. 13).

Innu way of life was first disrupted by capitalism in the 1500s through the introduction of the fur trade, whereby furs were traded for goods offered by the European invaders. Samson et al. (1999) note that the people were described by the invaders as "extraordinarily capable and ingenious" (p. 15). With such a description of admiration, it may be fair to say that the Innu people were thriving in the absence of European contact. However, this seemingly egalitarian relationship quickly turned into greed and destruction, as fur traders became ruthless in their desire for profits, English settlers

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[2] Personal communication with Fred Andersen, Inuit Scholar.

introduced Christian missionaries, and the land was artificially divided based on colonial needs (Samson et al., 1999).

In some ways, the Innu of Labrador were protected from European invasion due to the land in Labrador being considered unworthy of exploration. Furthermore, the Innu tended to avoid aggressors due to their nomadic ways, which included traditional movement into the Labrador interior seasonally to pursue the caribou. However, over time, Canada became increasingly interested in the resources in Innu territory, including its potential for hydro-electricity, mineral deposits, and military provisions. The development of 5 Wing Goose Bay in particular brought many non-Innu people directly into the "heart" of Innu land. Simultaneously, as caribou herd numbers dropped and the fur industry faded away, an increase in industrial projects accelerated difficulties in maintaining a traditional nomadic way of life (Samson et al., 1999, p. 16). Samson et al. (1999) write that the government's goal was to clear the Innu from the land to make way for economic development, and to prepare them for a better, more productive life of "economic rehabilitation" (Samson et al., 1999, p. 16). Traditional Innu cultural practices such as hunting and gathering were shunned, described as "loafing" due to being considered incompatible with the capitalism which the white settlers were imposing on the land and people (Samson et al., 1999, p.16). Innu people were pressured to settle as the only viable means of their survival. As the destruction of the Innu way of life hastened, the wishes of the Innu people were blatantly disregarded. The Innu were forced to relocate to Davis Inlet, shifting their nomadic way of life to an idle state, which was decided without any discussion with the people or respect for their needs, culture or worldview. The

impacts of colonialism for the Innu of Labrador is described hauntingly by Chrisjohn and Young (1997): "what will remain, at best, will be the ornaments, the accessories, the marginalia of how [the Innu] lived" (p. 167). Samson et al.'s (1999) work has demonstrated that "…economic development has assumed priority as the central weapon of Canada's genocide" (p. 16). The shift from a nomadic to a capitalist way of living completely disturbed the Innu and their communities.

Frantz Fanon's work on colonial exploitation, which borrows Marx's concept of alienation, has been explored by Indigenous scholars such as Coulthard (2014), who writes "for Fanon, colonial-capitalist exploitation and domination is correctly situated alongside misrecognition and alienation as fundamental sources of colonial injustice" (p. 33). Could the deleterious impacts of colonialism, alienation and misrecognition be the white elephant transformed and renamed into the more palatable biomedical term of "trauma"?

Million (2013) notes that the utilization of the language of trauma to describe impacts of Canadian colonial violence is relatively new (p. 81). Million (2013) writes that through the discourse of healing, "the colonized subject became the trauma victim" (p. 6). Chrisjohn and McKay (2017) describes how Indigenous people were first made to be dependent on government intervention and then pathologized as having a "dependency disorder" (p. 159). This disorder was reasoned to be the cause for Indigenous absence from economic and political spheres of life in Canada (Chrisjohn & McKay, 2017). Mills and LeFrancois (2018) elaborate on this idea further, describing this as a form of colonial

"parentification", which they note is grounded in "social, political, and psychological agendas of power and control" and a capitalist agenda which involves the forcing of a dependent relationship between the colonized (child) and their colonizers (parents) (p. 504). Mills and LeFrancois (2018) note that in this context "colonized people are constructed as permanently childlike and unable to develop further (Barker, 2011) and as stuck within a state of savagery and 'mental infancy' (Scott & Chrisjohn, forthcoming)" (p. 508).

The Innu people were no longer self-reliant due to the massive damage inflicted upon every aspect of their culture from forced assimilation, dispossession and the resulting state of anomie (Samson et al., 1999). The developing paternalist relationship created between government and the Innu from the systematic dispossession of the land and resulting plummet into anomie will now be considered.

The Impacts of Dispossession and Paternalism: Anomie?

The term anomie was first coined by sociologist Emile Durkheim (1897) in his research on suicide. Durkheim describes anomie as a shift in society or individuals whereby there is a breakdown of individual and community values or an absence of purpose. Million (2013) notes that the term anomie has been used to describe the results of colonialism on Indigenous groups as a "…natural outcome, [due to] their racial inability or cultural inability to adapt to encroaching white society" (p. 84). Indigenous people across the globe have had their culture and knowledge base demolished to near extinction and physical extermination due to the impacts of colonization, dispossession, and genocidal

governmental policies simply for being of Indigenous heritage. To place blame on Indigenous people's inability to cope with capitalist ideals of modernity is an unacceptable injustice which serves to further remove deliberate colonialist practices which acted to either exterminate or assimilate Indigenous people into Westernized ways of being.

In *Red Skins, White Mask,* Coulthard (2014) discusses the impacts of dispossession and posits that the physical and material shift of Indigenous people from their ancestral resource rich lands is not the lone consideration when evaluating the impacts of dispossession. Indigenous people, such as the Innu of Labrador as discussed in Samson et al. (1999), have a deep spiritual connection to the land. This "reciprocal" relationship with nature, Coulthard (2014) theorizes, informed all aspects of Indigenous worldview, including the fundamental Indigenous world view assumptions of treating each other and the earth with "non-dominance and (within) non-exploitative terms" (p. 13). As Innu people were resettled from the land into Davis Inlet, Natuashish and Sheshatshiu, they were not only dispossessed physically, they were also denied access to traditional lands and territory which informed oral traditions and cultural practices (Samson et al., 1999). Along with the physical degradation of the land, water, and air from various capitalist mega projects and military agendas, the Innu people were also literally cut off from a major spiritual aspect of their culture: the caribou (Samson et al., 1999). This dispossession, along with the government's intervention of "economic rehabilitation" by pushing Innu into the unfamiliar territory of wage-based labor and misrecognition tactics, created a deep disharmony within the people. Samuelson and Antony (2003) write about

paternalism in *Power and Resistance: Critical Thinking About Canadian Social Issues,* noting that "the Canadian state's institutionalized and oppressive economic and legal structure have played a key role in Aboriginal community underdevelopment, which has resulted in the increasing dependency of some Aboriginal peoples on the state" (p. 16).

The culmination of dispossessions enacted upon the Innu of Labrador may be attributed to ongoing community crises. These crises have been documented across the media and arguably first hitting the global stage in 1992 as a "heart wrenching cry for help[3]", a description straight from Canada's new discourse of empathy towards the "Indian problem" (Chrisjohn & Young, 1997). The Innu of Labrador were struggling, and the prescription was further Eurocentric worldview-infused interventions, which increasingly perpetuated the decades old relationship of dependency and paternalism (Chrisjohn & Young, 1997, Samson et al., 1999).

The "Disease" of Colonialism: Collective Consciousness and Anomie

The results of the coercive resettlement of the Innu may be considered using Durkheim's (1893) theoretical concepts of collective consciousness and anomie. Durkheim (1893) defined collective consciousness as "the shared beliefs and moral attitudes which operate as a unifying force within society" (p. 129). In traditional societies, such as the Innu, spirituality and religion play an essential role in the development of these beliefs and attitudes. The Innu culture is a deeply spiritual culture, viewing the earth and its beings as

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[3] CBC News: *A heart wrenching cry for help in Davis Inlet,*
http://www.cbc.ca/player/play/1769527584

an extension of self (Hart, 2002). The individualistic nature of capitalism can be said to have created a shift in the collective consciousness of the Innu people. Durkheim (1893) would likely assert that such a shift leaves society vulnerable to anomie, or a rising sense of purposelessness.

However, attributing what has transpired within the Innu community as being merely anomie, which shifts blame to the individual's and communities' incapacity to succeed, would be a critical error to make. To shift the lens of analysis away from atrocities such as the *Indian Act*, the residential school's era, the "Sixties Scoop" and the effects of ongoing child welfare policing, would disregard the impacts of larger societal structures and practices of colonialism and neoliberalism that have oppressed the Innu people for centuries. The concept of anomie does not adequately tell us why the Innu of Labrador have an incidence of suicide which is 14 times greater than that of Newfoundland (Pollack et al., 2016). Anomie is not sufficient in explaining why 20% of the total number of children apprehended by child protective services in Newfoundland and Labrador are from the Innu communities of Natuashish and Sheshatshiu, when the population is just 2,101 residents. (APTN, 2014). Anomie does not account for how substance use has "becom[e] normalized and ingrained in the lives of many Innu families" (Innu Round Table Secretariat, 2016, p. 8). Anomie does not adequately answer why the average life expectancy in Canada is 81, however for the communities of Sheshatshiu and Natuashish, the average life expectancy is just 47.5 (Innu Round Table Secretariat, 2016, p. 15). Applying concepts such as anomie to the Innu people further promotes the damaging ideology of the "Broken Indian Model", which equates reactions like suicide as being

merely individual acts that give little attention to external societal, cultural, and historical oppressions. (Chrisjohn & McKay, 2017, p. 7).

Suicide and "mental illness" may be more accurately described as "normal human reaction(s) to condition[s] of ruthless domination" as described in Chrisjohn and McKay (2017, p. 9). The pathologizing and labelling of such 'normal reactions' to colonialism, dispossession, and misrecognition through the language of dominant, western biomedical and sanist discourses has further perpetuated the goals of capitalism and colonialism (Mills & LeFrancois, 2018). Such discourse has twisted the stories and experiences of the Innu and other colonized people, neatly packaging and labelling their experiences of genocide and upheaval into the socially and biomedically acceptable term of 'trauma'. We will see that trauma and Post Traumatic Stress Disorder (PTSD), the medically-defined dominant description, defines the site for individual psychological and medical intervention, which further preserves the goals of capitalism while simultaneously placing the blame on the 'Broken Indian' instead of the systems of oppression that created such disarray (Chrisjohn & McKay, 2017).

Indigenous Healing and The Dominance of Westernized Biomedical Discourse

Michael Hart, an Indigenous scholar and activist, has written at length about traditional Indigenous healing approaches[4]. Hart (1999) identifies the Cree concept of

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[4] Cree and Innu worldviews may not be similar. The discussion of Cree traditional healing approaches is for example only and is not meant to engage in a pan-Indigenous analysis or to conflate the beliefs and practices of different First Nations peoples.

minopimatasiwin – "the good life"- as being achieved "…through the taking of

responsibility for [ones] own personal healing and growth" (p. 96). Hart (1999) describes

key aspects of Indigenous worldview and approaches, including wholeness, balance,

connectedness, harmony, growth, and healing. The concept of "healing" from an

Indigenous worldview is not a discrete, finite term, but rather a "journey" that one

partakes in daily throughout life (p. 95). Hart (1999) notes that this type of healing

requires "centeredness"- being aware of one's connection to self and community, and is

the vehicle that "restores the person, community, and nation to wholeness, connectedness,

and balance" (p. 95). Furthermore, Indigenous worldview is heavily saturated with beliefs

relating to spirituality and the notion of connectedness to self, others, and one's

environment. For example, Nadeau and Young (2006) discuss the interconnections

between the natural and spiritual world, including emphasis on cosmology.

The *Innu Healing Strategy* plan (2014) developed jointly by the Innu of Sheshatshiu and

Natuashish describes five shared Innu healing values which are identified as guiding

healing work (p. 12). The value of *respect* encompasses respect for self and others, as

well as the land and the animals. *Trust and honesty* is described as values which depend

on one another, with trust being grounded in trusting individuals to make choices which

consider the best interests of the collective. *Cooperation* is noted as Innu people working

together to support one another. The fourth value of *family* is described as "togetherness

and connection to family" which is noted as being important to Innu (p. 12). Finally, the

value of *nature* is described as "integral to the existence of the Innu as it has provided for

both our physical and spiritual needs since our creation, and will do so into the future" (p. 12).

Yet Western psychiatric discourse continues to be applied as individual pathology to define the effects of colonization. Bonnie Burstow (2003) critiques how, for example, PTSD is defined and the hegemony of psychiatry within Western forms of treatment which is inadequate in its ability to integrate the political aspects of trauma (p. 1294). Burstow (2003) discusses how diagnostic criteria and language used in the Diagnostic and Statistical Manual of Mental Illness (DSM) does not adequately take into account the experiences of oppressed individuals noting that "oppressed people are routinely worn down by the insidious trauma involved in living day after day" from engaging with an oppressive society (p. 1296). She describes PTSD as "a grab bag of contextless symptoms, divorced from the complexities of people's lives and the social structures that give rise to them. As such, the diagnosis individualizes social problems and pathologizes traumatized people" (Burstow, 2003, p. 1296). Moreover, Burstow (2003) asserts that trauma can result from merely being born into a particular oppressed social group, such as being Indigenous, which is not noted in DSM definitions (p. 1297).

In contrast, Burstow (2003) advances the need for a radical theory of trauma that is grounded in trauma survivor understandings, is devoid of psychiatric terminology and conceptualizations, and recognizes the role of social structures in trauma (p. 1302). This includes accepting trauma to be a "wound" rather than a "disorder" and viewing trauma along a continuum rather than in discrete terms (p. 1302). Burstow (2003) provides

several examples of how trauma may be redefined and reframed as a strength instead of a deficit including the enhancement of survival skills and the ability to relate to other traumatized and oppressed people (p. 1310).

The current mental health system in Canada, with its reliance on "expert" knowledge instead of what Hart (1999) describes as "knowing oneself", does not tend to integrate well with Indigenous worldviews and approaches to healing. The mental health model in Canada and other Western countries relies heavily on positivist approaches to "healing", which operate through the power and privilege provided to "medical experts" such as psychiatrists and Western diagnostic tools such as the DSM. These experts control how a problem is to be defined, which is predominately in terms of individual maladies rather than the collective as well as in biomedical terms that "blame the victim" and remove the individual's and collective's expertise into their own experiences of distress (Liegghio, 2013; Meerai et al., 2016).

In the language of "healing" and epidemiology, the effects of colonization are often identified under Western biomedicine as "trauma", which upholds the idea that they are individual problems (Morrow, 2013, p. 327). These individualistic analyses based on individual pathology depoliticize distress by shifting attention away from societal factors that coerce and distress individuals (Menzies et al., 2013; Mills, 2014; Shimrat, 2013). Chrisjohn and McKay (2017) critique the imposed 'Broken Indian Model' to describe how Indigenous suicide is attributed to personal character defects rather than "looking at the inverted pyramid of social, economic, and political forces impinging upon Aboriginal

Peoples" (p. 9). They note that these individualistic determinations do little if anything, to challenge or suggest actions to eliminate or reduce oppression (p. 10). Further to this, Chrisjohn and McKay (2017) note that state funded mental health interventions are not implemented based on research findings. However, they are implemented based on a number of other variables, such as economic feasibility and "optical criteria"- or "looking like" something is being done to help (p. 38). Million (2013) echoes similar sentiments, noting that human development projects are enmeshed with the underlying goals of neoliberalism and capitalism (p. 105).

These "experts" also dictate what is the appropriate treatment regimen for this ailment, now identified as "trauma", resulting in individualized treatment procedures entrenched with chemical control regimens. Westernized views of mental distress have reduced it to a biological disease requiring a pharmaceutical intervention, with the assumption that the person may be cured from their ailment (Smail, 2015; White & Pike, 2013) Politically, the prescription involves individuals symbolically and ideologically moving towards recovery and "healing of trauma", while attempting to neatly sweep the destruction of colonialism under the rug. Moreover, this prescription includes the infringement of biomedical, neoliberalist policies and practices onto a colonized people.

It may be argued that the violence of colonialism has been finally legitimated by the Federal Government of Canada's formal apology on June 11th 2008 by then Prime Minister Stephen Harper. However, just a few short months later, Mr. Harper made the brash comment that "[Canada] has no history of colonialism" (Reuters, 2009, ¶11). Might this be a scheme to shift blame from the Government of Canada onto colonized subjects?

Might Indigenous people be suffering from some mental ailment which keeps them from healing and moving forward? (Chrisjohn & McKay, 2017).

The effects of colonialism have been decontextualized, fragmented, and redefined to fit under the biomedical, psychiatric label of trauma, with a medical name often termed "Post Traumatic Stress Disorder" (PTSD). Likewise, neoliberalism requires a strong commitment to the capitalist market by supporting private industry and their profit making, including pharmaceutical industries, which is discussed at length in Fernando (2013). Fernando (2013) demonstrates how "drug-based psychiatry took off in a context of market forces", whereby pharmaceutical companies created new drugs to remedy the ever changing and growing illnesses defined by the Diagnostic and Statistical Manual (DSM) (p.90). However, there is little research that conclusively proves that mental illnesses, like PTSD, may be defined in purely biological terms, or that medication cures such 'disease' (Caplan and Cosgrove, 2004; Fernando, 2013; Mills, 2013; Morley, 2013). Fernando (2013) notes that even in the face of questionable diagnostic categories and effectiveness of medication "the bulk of practising psychiatrists and researchers reify diagnosis as a 'thing' that is separated from the person receiving the diagnosis; and they carry on as if the use of a diagnosis-based illness categories is fully justified…" (p. 91). Likewise, Meerai et al.(2016) refer to the "*mental health economy of Indigenizing and racing"* (p. 24, emphasis in original), whereby Westernized psychiatry has attempted to define "healing" through Eurocentric biomedical terms and supposedly embrace Indigenous methods of "healing" through inclusion. However, although vastly celebrated, such attempts are disingenuous due to "…refusing to expand the notion of appropriate

support and healing for non-white people" (Meerai et al , 2016, p. 24). This includes how

current day mental health systems are entrenched with biomedical discourse which

frames the problem as individual biological pathology and places little emphasis on the

importance of community and spiritual healing. Such practices uphold the power of

western psychiatry under the guise of recognition.

Coulthard (2014) writes a compelling analysis of colonial politics in his book *Red Skin,
White Masks*, postulating that Canadians have misinterpreted Indigenous colonial

resistance to "reconciliation" as being the "debilitating incapacity to forgive and move

on" (p.x). Indeed, the Canadian mental health system, entrenched with psychiatry and

biomedical discourse, mirrors such an understanding, equating the effects of colonization

to individual biological and cognitive shortcomings rather than ongoing and historical

oppression and genocidal systemic tactics.

However, Coulthard (2014) argues that this resistance is an indication of critical

consciousness: "…our sense of justice and injustice, and our awareness and unwillingness

to *reconcile*" (p. x, emphasis in original). Coulthard (2014) describes how Canadian

politics have focused on 'moving forward' to forget our history of colonialism while

simultaneously ignoring current day injustices committed against Indigenous people

across Canada. However, Indigenous people are 'seeing red': a rebirth of self-worth and

value for their worldview. Coulthard (2014) discusses the idea of "a politics of

recognition", whereby government "reconciles" with "accommodation", through land

claims settlements, economic development, and self-government agreements (p. 3).

However, he argues that such initiatives replicate "colonialist, racist, and patriarchal state power" (p. 3).

Coulthard (2014) points out that "… state sanctioned approaches to reconciliation tend to ideologically fabricate transition by narrowly situating the abuses of settler colonization firmly in the past. In these situations, reconciliation itself becomes temporally framed as a process of individually and collectively overcoming the harmful legacy left in the wake of this past abuse, while leaving the present structure of colonial rule largely unscathed" (p. 22).

Morrow (2013) discusses neoliberalism within mental health, which has historically favoured the biomedical discourse for resource allocation, resulting in the reinforcement of approaches that favour individualized medical regimens. In particular, Morrow (2013) notes that "recovery as a concept and a paradigm is poised to either disrupt biomedical dominance in favour of social and structural understandings of mental distress, or to continue to play into individualistic discourses of "broken brains", "chemical imbalances" and "self-management" (p. 323). Such individualistic approaches, Morrow (2013) posits, ignores larger historical, social, structural, and cultural contexts, resulting in "systemic discrimination" of people experiences, which includes how the language of epidemiology is imposed on Indigenous people's symptoms of colonization, resulting in further stigmatization and inequality (p. 325). Furthermore, Morrow (2013) notes that the "healthification" and individualization of social problems fits well with the neoliberalist agenda of economic expansion and its requirement of "manpower" (p. 329).

China Mills (2013) explores in detail the hegemony of psychiatry, global mental health, and its implications on marginalized people. Mills (2013) describes the "medicalized colonizing of lands, people's bodies, and minds" and how each may not be understood without looking contextually at the whole, including how the violent trauma and its memory is imprinted on both body and mind (p. 8). Mills (2013) discusses how being identified as "mentally ill", such as having PTSD, impacts identity formation and influences "a person's subjective experience of themselves" (p.74). Such medical labels are stigmatizing and hold particular understandings which may create further distress and hopelessness, as the power to define one's experience is delegated to expert psychiatrists. The impact of colonization on one's identity results in "identity violence", whereby the subjection of Indigenous people under colonialism "dehumanizes and objectifies" through biomedical labelling of mental illness, such as trauma, further solidifying the position of other (Mills, 2013, p. 77).

Bonita Lawrence (2002) discusses the process of identity formation and recognition which may be compared to Coulthards (2014) work. Lawrence (2002) writes that identity, both as individuals and groups, are not formed in isolation, but rather through interactions with others and systems. However, Coulthard (2014) notes that the process of such interactions which form identity are shaped and controlled by the dominant class, thus identity formation can be influenced and used as a means to dominate and suppress groups. Coulthard (2014) discusses the work of Charles Taylor on identity formation, noting that identities can also be 'deformed'. Through such deformation, "[a] person or a

group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves. Non-recognition or misrecognition can inflict harm, can be a form of oppression, imprisoning one to a false, distorted, and reduced mode of being" (Coulthard, 2014, p. 30).

The redefining of the colonial experience as trauma also replicates sanist and colonialist power which supports the agenda of capitalism. Million (2013) in her book *Therapeutic Nations* discusses how the "colonized subject became a trauma victim" (p. 6). Million (2013) describes how healing has become a universal word which shifts focus from the "wound characterized as colonization" (p. 12). The impacts of colonization and neoliberalism as explored above created a state of anomie and resulted in social problems such as substance abuse, poverty, and family breakdown, all which are viewed as a threat to development. Million (2013) also discusses how the medical evaluation of the symptoms of colonization has shifted the focus to being about health, rather than justice. Through language, Canada's history of colonialism has been reframed from being about solving the Indian problem to healing their disorder, one which requires a therapeutic, psychological intervention and diagnosis (Chrisjohn & McKay, 2017; Million, 2013). Million (2013) discusses Burstow (2003) and her critique of psychiatry and its diagnostic system base. Burstow (2003) is critical of the power provided to psychiatry to "name victims experiences", often a branding of trauma that is not consented to which holds political ramifications (as cited in Million, 2013, p. 90). Such a political shift attempts to absolve the atrocities of residential schools, child welfare regimes, and dispossession. As

Million (2013) confers, it was not that Indigenous people had not spoken out against the atrocities committed against them over hundreds of years of oppression. However, it is that these stories did not fit with acceptable Western narratives, and therefore were not legitimated in the social and political sphere, "…hav[ing] no weight as any publicly accepted truth" until its transformation to the more palatable term of "trauma" (Million, 2013, p. 93). Only when this alternative narrative was considered "authorized" through Indigenous voices, such as those within the *Truth and Reconciliation* movement, did it gain legitimacy. Million (2013) notes that this validation signaled the need for "self-examination [and] psychological evaluation", to be provided in the form of bio-medicinal interventions (p. 94). This Western capitalist and westernized approach further upholds the systems that continue to oppress Indigenous people today. Million (2013) further notes that "trauma is not only an unfortunate by product of modernity, it is an essential feature of it" (p. 74).

The neoliberal capitalist reframing of trauma as the site of biomedical intervention created what Million (2013) describes as a "healing industry" in Canada whereby Indigenous people needed to be "healed" from trauma in order to be fit to be self-determining (p. 106). However, trauma went beyond the culmination of individual bodily and psychic experiences. Million (2013) cites the work of Abadian (1999) who describes the impacts of "sociocultural" trauma which has destabilized entire Indigenous cultures and severely diminished their means of self-regulation (p. 111). Abadian (1999, as cited in Million, 2013, p. 111) describes how "alternative human potential theories" in recovering from colonization and its trauma have greater significance to Indigenous

people than medical models of intervention that currently dominate the field.

Likewise, Fernando (2014) explores at length the globalization of mental health and compares Western models of mental health care to non-Western models writing that Western medicine locates illness in the mind and body of individuals with a genetic or biomedical causation. The Western medical model of mental illness separates it from the person and its societal context. In contrast, holistic approaches may locate illness both within body and mind with the causation of illness being due to "humoral imbalance" with a "spiritual influence" (Fernando, 2014, p. 28). As such, an individual's ailment is integrated beyond self to other spheres. Fernando (2014) discusses how racist thinking in psychiatry impacted racialized groups across the globe, noting that "it was a common practice in psychiatric literature to designate anyone who was not of 'European stock' (white race) as uncivilized" (p. 37).

Alternatives to Western Mental Health Approaches: Re-centering Indigenous Worldview and Reclaiming Reconciliation

Michael Hart (2002) discusses how colonization impacts Indigenous knowledge, including through means of exclusion and marginalization. Hart (2002) posits that Indigenous people, knowledge and ideas, have historically been excluded and placed on the "periphery" while Eurocentric ideals were normalized and deemed expert. (p. 27). Moreover, the othering of Indigenous people and their knowledge creates both internalized stigma and public stigma, which may make it more difficult for people to seek supports (Poole et al., 2012).

Furthermore, Coulthard (2012) describes how "liberal-recognition based approach to Indigenous self-determination in Canada…has not only failed, but now serves to reproduce the very forms of colonial power which original demands for recognition sought to transcend" (p. 23). With such a permeating intrusion of Western, neoliberal, biomedical, sanist, racist ideology, the reclaiming and re-centering Indigenous ways of knowing is imperative.

Fernando (2014) discusses how psychiatry in the global north is lacking, including being too focused on diagnostic categories, looking for "magic pills", ignoring the voice of the service users, and lacking humanity (p. 135). Fernando (2014) notes that these services may be improved to better service clients from a holistic stance, which he describes as a "multicultural therapy" that combines religious approaches with Western therapy (p. 148). This method includes: "redressing inequalities; changing legislation; service-user involvement; less hierarchical team-work; joint inter-professional training; widen scope of treatment; controlling the pharmaceutical industry; [and], well-being recovery as a model for service provision" (Fernando, 2014, p.136).

Coulthard's (2012) theory of grounded normativity is another concept to consider in the re-centering of Indigenous worldview. Coulthard (2012) uses grounded normativity as a framework which recognizes three interrelated meanings of land: as a resource for material survival, an identity, and, as relationships. Through such a framework, the ideals of capitalism may be rejected and replaced by an Indigenous based recognition of

connection and obligation to self, community, and the land (Coulthard, 2012). Coulthard

(2012) also notes Simpson's (2011) understanding of Indigenous resurgence. Simpson

(2011, as cited in Coulthard, 2012, p. 156) wrote that we must move beyond politics

which operates within the constrictions of colonial frameworks by "re-creating the

cultural and political flourishment of the past to support the well-being of our

contemporary citizens… [and reclaim] the fluidity of our traditions, not the rigidity of

colonialism". Snelgrove et al. (2014) echo this notion, writing that "Indigenous

resurgence is ultimately about reframing the conversation around decolonization in order

to re-center and reinvigorate Indigenous nationhood" which involves "…the importance

of dismantling other power structures for Indigenous liberation" (p. 18).

The Mental Health Commission of Canada (2012) describes how colonization through

legislative and assimilative tactics across generations of First Nations people have

directly contributed to the high rates of substance use and dependence, mental health

issues, suicide behaviour, and violence (p. 98). Chrisjohn and McKay (2017) provide

suggestions on ways to improve mental health and re-center Indigenous approaches

through discussion on Indigenous suicide. They note that it is paramount that Indigenous

people recognize the power and oppression of capitalism in their day to day lives and

advocate for a taking back of the economy through "building of local capacities"

(Chrisjohn & McKay, 2017, p. 170). Political activism, such as through *Idle No More,* are

encouraged as having "the greatest potential to become *our* authentic alternative to

modern capitalism" (Chrisjohn & McKay, 2014, p. 171, emphasis in original). Chrisjohn

and McKay (2017) also discuss "informed resistance" and the importance of Indigenous

people being informed on issues relating to science, history, and so forth. They note that Indigenous people in Canada are "systematically mis-informed" about the source of social issues, which are habitually portrayed as individual pathology (p. 175). Moreover, they note "the alternative to breaking and surrendering [to capitalism] is learning" about the source of these issues (Chrisjohn & McKay 2017, p. 173).

Michael Hart (2002) in his book *Seeking Mino-Pimatisiwin*, provides a thorough description of the Indigenous Cree framework and discusses a number of foundational concepts and approaches which integrate the medicine wheel as its theoretical base. In addition to the framework as described, Hart (2002) notes use of humour as a "indirect nurturing approach that is non-confrontational and non-interfering" (p. 57). Moreover, ceremonies are the means by which healing is facilitated noting that "ceremonies provide ways to discharge emotions through crying, yelling, talking, swearing, singing, dancing, and praying (Hart, 2002, p. 58). Hart (2002) also writes about the importance of sharing circles as an alternative therapy, which places emphasis on relationships between self and others in the circle, and mutual respect through sharing and experiencing of each other's stories.

Cyndi Baskin (2016) provides a wealth of information on integrating and re-centering Indigenous approaches which may be applied to healing and mental health in her book *Strong Helper Teachings*. Baskin (2016) discusses the importance of recognizing historical trauma as a "collective trauma" when reflecting on current day issues within Indigenous communities (p. 194). She examines mental health from an Indigenous view

in particular, noting that "…respect, reciprocity and responsibility maintain positive mental health" (Baskin, 2016, p. 196). Baskin (2016) notes that the healing journey of Indigenous people "encompasses community empowerment and self-determination" (p. 196). Moreover, recognizing diversity among Indigenous people, in particular the differences in religious and spiritual beliefs, as well as Indigenous traditions, is vital (Baskin, 2016).

Concluding Thoughts

This literature review explored the history of colonialism in Canada and the resulting impacts of dispossession and anomie. The impacts of these oppressions have been pathologized to fit within the dominant biomedical discourse of mental health as the site of intervention which further

promotes western knowledge and neoliberal ideals. Much of this review was contrasted with the work of Samson et al. (1999) and their research with the Innu of Labrador. The chapter briefly explored alternative healing methods from Indigenous approaches that respects and re-centers Indigenous worldview. This exploration has left open questions for inquiry in research. Of specific interest to me is an exploration of whether mental health systems in Labrador have been responsive and respectful of the impacts of colonialism, capitalism, and neoliberalism within service delivery and design from the perspective of an Innu community. Likewise, an exploration of Innu traditional approaches to understanding mental health and healing would be of value.

Chapter 3: Methodology

Theoretical Underpinnings

This research project is grounded in critical social theory, specifically, utilizing anti-colonial, critical whiteness, and critical mental health lenses. Consistent with this theoretical framework, a critical discourse analysis (CDA) informed research design is elaborated in this chapter. CDA is a qualitative research method which is theoretically grounded in critical social theory, linguistic theory and poststructural thought, with the goal of emancipating oppressed individuals through bringing awareness of "alternative interpretations[s]" of experiences (Powers, 2007, p. 19). The approach to CDA used for this research will focus on the mainly materialist approach elaborated by Fairclough (2006) which is most consistent with the anticolonial perspective of my theoretical framework. However, some aspects of poststructuralist thought remain important in this research both in terms of the theoretical framework (such as some of the poststructuralist thinking in critical mental health and critical whiteness studies) as well as this within this methodology.

CDA focuses on the relationship between language and power and how such structural interactions of power are expressed and legitimated in language through social and structural processes (Wodak & Meyer, 2001). CDA recognizes that discourse is historically and temporally situated, and that structures of power and control are legitimated and naturalized through the ideology of the privileged class (Powers, 2007; Wodak & Meyer, 2001). CDA is utilized to 'demystify' language through exploring the

ideology of those with power in society (Wodak & Meyer, 2001). CDA is an approach

which seeks to make known the power relations which are often hidden (Wodak &

Meyer, p. 15).

Critical discourse analysis (CDA) is a valuable tool to utilize in research focusing on the

relationship between social institutions and discourse (Fairclough, 2006). As such, CDA

has been utilized in a number of studies within the field of mental health and addictions

(Boyd & Kerr, 2016; Mancini, 2011). CDA offers a diverse array of methodological

approaches and emphasizes how social practices – such as treatment planning – are

dialectically connected to societal structures (Fairclough, 2003, as cited in Mancini, 2011,

p. 649).

Research Question

What are the ways in which an understanding of colonization impacts mental health

treatment in an Innu Community in Labrador?

The purpose of this inquiry is to gain knowledge into the experiences of the research

participants, who are members of a First Nations community in Labrador, with mental

health and addictions care systems. In particular, I wish to gain an understanding into how

colonization has impacted the experiences of mental health and addictions for the First

Nations community in Labrador and ways in which colonization is or is not considered

within mental health and addictions services, from their perspective. Furthermore, I am

interested in learning culturally appropriate Indigenous healing methods (if any are

identified) as mental health and addictions interventions for members of First Nations in Labrador.

As the primary investigator (PI) for this project I am in some way considered an insider researcher (Atkins & Wallace, 2015) due to my experience of living and working in Labrador. That is, I am not fully an insider researcher as I am not a member of the community nor am I First Nations. However, I do have some insider knowledge of the community as I have experience working for several years within the field of mental health and addictions services with the regional health authority. This has allowed me to become known in the community, to gain knowledge of the community through my interactions with them and to be able to readily identify key community contacts for this research. Challenges relating to the Primary Investigator being an insider researcher have been considered. For example, Atkins and Wallace (2015) discuss key challenges to consider when partaking in research as an insider, including "…role identity and boundary conflict, confidentiality, relationships, power relations and impartiality" (p. 50). Atkins and Wallace (2015) note that these challenges are paramount to address within the research project as it leaves the researcher open to questions regarding their creditability and reliability. As I have previously provided services as a mental health practitioner within this geographic area it is recognized that I may be viewed as having access to resources not readily available to the general public. I may also be viewed as a gatekeeper to mental health resources with the power to provide or deny access.

This research is focused on exploring two main areas of inquiry. Firstly, the research aims to explore whether mental health and addictions services offered to a First Nations community in Labrador recognize or appreciate the impacts of colonization on mental health from the perspective of the First Nations participants. Secondly, the research will explore whether historical effects of colonization are pathologized as individual mental health and addiction issues, or are they viewed from a systemic historical lens, as evidenced from the perspective of the First Nations Community research recruits.

This research project has two principal objectives. Firstly, to explore whether mental health and addictions services offered in the area recognize or appreciate the impacts of colonization on mental health from the perspective of a First Nations community in Labrador. Secondly, the research aims to explore whether historical effects of colonization are pathologized as individual mental health and addictions issues or are they viewed from a systemic historical lens from the perspective of a First Nations community in Labrador. As such, the culmination of these objectives has resulted in the following research question: What are the ways in which an understanding of colonization impacts mental health treatment in an Innu Community in Labrador?

Relationship Building

The development of a relationship between community members and myself as researcher occurred throughout the research project. As I had previously been employed as a mental health practitioner as well as living in the area for some time, I was knowledgeable of several key community contacts. These contacts provided valuable

advice and allowed me to gauge if the topic was of interest to the community at the time.

Communication with key contacts was made through telephone and e-mail. The

relationship building process also included the Primary Investigator visiting the

community in April 2019 where I met with key contacts. Through these initial contacts I

was connected further to other individuals and ultimately received letters of support and

endorsements necessary for ethics approval for this project.

Data Collection

Data collection will consist of identifying and interviewing three key community contacts

who are members of an Innu First Nations community in Labrador. The *Information*

Letter for Participants will be read and provided to each participant which specifies

details on the research and interview processes (Appendix A). Additionally, a copy of the

Informed Consent form will be read and provided to the interviewees. If participants

consented to the interview, the consent will be documented with a written notation on the

form (Appendix B). Due to time constraints and small sample size, a convenience

sampling method will be utilized, which is a form of non-probability sampling utilized

when a researcher requires participants of close proximity and ease of access (Battaglia,

2008, as cited in Lavrakas, 2008, p. 149). Interview contacts were recruited based on the

researcher's personal knowledge of key community members and others involved with

providing services to members of the Innu First Nations community. I identified potential

participants through my knowledge of contacts within this Innu First Nations community

who are involved with various sectors, including but not limited to educational, health,

social development, community governance, child and youth protections, and youth

justice. Contacts were considered "key" based on my personal knowledge of who in the community has contact with the mental health and addictions system either directly or indirectly through personal, familial, volunteer or employment experiences. The semi-structured interview includes open ended questions which allow participants some freedom in how they chose to respond. Interviewees will be given the option to be provided with the interview questions ahead of the scheduled interview, if requested. In-depth face to face interviews will be completed with each participant individually during a time and at a location that is mutually agreed upon. The interviews will be audio recorded and the primary investigator will jot notes throughout the process.

The interview questions were developed around the research focus area of exploration, namely how whether or not individuals felt that mental health and addictions care services are provided in a way which recognizes the effects of colonization. A list of probing questions to explore this central theme was developed titled *Interview Probing Questions* (Appendix C). Participants will be permitted to review the interview probing questions, if requested.

Method of Data Analysis

Once the interviews are recorded and transcribed, they will be coded and analyzed using an inductive coding method due to the exploratory nature of the research question. Once the data is coded, it will be analyzed using Fairclough's (1989) framework of Critical Discourse Analysis (CDA).

The Critical Discourse Analysis (CDA) framework developed by Norman Fairclough (1989) will be utilized in this study. Blommaert (2005) notes that Fairclough's (1989) model has three dimensions: discourse as text, discourse as discursive practice, and discourse as social practice. Discourse-as-text relates to the "linguistic features" within discourse, such as "choices and patterns in vocabulary, grammar, cohesion, and text structure" (Fairclough, 1989, p. 29). Discourse-as-a-discursive-practice is described as viewing "discourse as something which is produced, circulated, distributed, [and] consumed within society" (p. 29). Finally, discourse-as-social-practice explores "the ideological effects and hegemonic processes in which discourse is seen to operate" (p. 29). Blommaert (2005) notes that "the way in which discourse is being represented, re-spoken, or re-written sheds lights on the emergence of new orders of discourse, struggles over normativity, attempts at control, and resistance against regimes of power" (p. 30). These three dimensions of CDA allow for a progression from description, to interpretation, to explanation (Blommaert, 2005). It is the final phase of explanation where the researcher applies social theory to examine the ideological foundations. This shift creates a critical analysis whereby the researcher focuses on "the larger picture in which individual instances of communication can be placed and from which they derive meaning" (Blommaert, 2005, p. 30).

A "discourse as text" approach will explore how specific spoken words and themes derived from the interviews may reflect notions of power, oppression, colonization and/or maintenance of social norms as they relate to colonization and mental health. Exploration

of the text will also allow for an examination of attitudes and interpretations of feelings as communicated through the interview process.

The "discourse as discursive practice" dimension of the model will be utilized to further explore how colonization and mental health is viewed beyond text. The transcribed interview texts along with the audio recordings will be analyzed to explore themes of power, attitudes and values as they related to the research question. This will include analysis and interpretation of what and how language is used, including any descriptive statements. Throughout the process of investigation, it is imperative to be cognizant that the interview data be considered within its subjective sociopolitical, cultural and historical contexts. Through consideration and application of these sociopolitical, cultural and historical contexts to the interview data, the researcher will interpret how they are interrelated and the relationship between context and research subject.

Finally, the "discourse as social practice" will be utilized to explore how emerging themes from the interview data, such as those relating to power and social order maintenance, may be considered as forms of control and domination. For example, this may include analysis of themes emerging in relation to the domination of Western medical approaches to mental health and addictions compared to application of traditional Indigenous healing methods as a form of white hegemony, psychiatric/medical control mechanisms, and a means through which the current "normative" oppressive sociopolitical sphere is preserved.

Ethical Considerations

Ethics is an integral part of the research process, however when working with oppressed groups, special consideration for maintaining ethical standards must be recognized. Research in and of itself may be viewed as a system of power, where the researcher is often viewed as the "knower" and most often having access to valuable resources unavailable to groups who are experiencing systemic oppression and racism, such as Indigenous people. Janes (2016) echoes this sentiment, writing that "the struggle over, the access to, as well as the production and accumulation of knowledge occurs in a network of complex power relations…" (p. 116). Janes (2016) cites the work of Henkle and Sirrat (2001) who posit that through research labels such as poor and marginalized intrinsically "…constitutes the parameters within which the participant can improve" (p. 116). Janes (2016) suggests that to complete ethical knowledge work, one must "…acknowledge that there are no "innocent" research practices and that all knowledge workers are complicit in relations of power" (p. 112). As a researcher, it is imperative that I recognize my socio-political location, the privilege that I hold and the power that I exercise. Within this, it is important to recognize my dual role as both university student and researcher, as well as being a registered social worker including being mindful of my previous experience of working within the field of mental health and addictions as a counsellor for several years in Labrador. Although I am no longer employed in the field of mental health and addictions, I may continue to be viewed as having expert knowledge, power, and access to resources in this area. The major potentiality of being viewed in this matter must be considered throughout the research process. MacDonald (2016) provides insight into how a lack of consideration into dual roles and one's own subjectivity and positionality may

impact research and its outcomes, including considering ones "gender, class, ethnicity", association with "certain authoritative dominant psychiatric or academic institutions", as well as ones "outward appearance", which may influence participant selection and outcomes (p. 139).

MacDonald (2016) discusses the concept of "conferred dominance" from Heron (2005) which is described as impacting the types of research questions asked, how the topic of inquiry is practiced, and how any resulting findings or conclusions are interpreted (p. 344, as cited in MacDonald, 2016, p. 139). Indeed, Eisner (1991, p. 225, as cited in MacDonald, 2016, p. 142) stated ever so eloquently this problem, noting that "we do not like to think of ourselves as using others as a means to our own professional ends, but if we embark upon a research study that we conceptualize, direct, and write, we virtually assure that we will use others for our purpose". Reflecting on the above, it is important that I carry out research in a way that is transparent to maintain a high degree of ethical standard. The research project as described throughout this paper is not participatory in nature. The questions of the study and the research design have been created by me in consultation with my supervising professor. Furthermore, it must be noted that as a white social worker and researcher in this dual role, I am completing this research to satisfy the necessary requirements for a Masters of Social Work Thesis designation. Due to time constraints on completing such a degree, which have been further complicated by the current ongoing global pandemic with COVID 19, formulating a participatory research project was not feasible. I nonetheless see this project as being part of a larger venture, to be conducted later utilizing a more participatory, community-based approach.

Regardless of the limitations of this current study, the way it has been designed and formulated may be understood as being at least partially emancipatory and decolonial. That is, the topic of inquiry and research questions are deeply influenced by and grounded in anti-colonial literature primarily written by Indigenous scholars who have made the links between imperialism/colonialism and mental health diagnosis and treatment within Indigenous communities in Canada (see for example, Chrisjohn & McKay, 2017; Chrisjohn & Young 1997; Million, 2013). I chose to research this general link already made by Indigenous scholars, particularly within an Innu community because as a previous mental health clinician in the community, I have witnessed how the current system of mental health and addictions services have become sites of further colonization, as discussed throughout the literature review. Further to this, the research questions and the topic of inquiry are deeply influenced by and grounded in the decolonzing literature authored by both Indigenous and non-Indigenous scholars. As a researcher in the field who is open to inquiry and new understandings, I am interested in contributing to this literature through researching the perspectives of this First Nations Community in Labrador to examine the extent to which they reflect or mirror the literature in this regard. Whether or not the experiences and understandings of this First Nations community differ from this understanding, this research may contribute not only to the literature but may also be used to change the ways in which mental health and addictions services are being provided in this community. My ultimate hope is to find ways to decolonize mental health and addictions services in this community.

Generally, research must undergo a research ethics board review to ensure, among other

things, that the likely benefits of research outcomes will outweigh any risks. The Panel on Research Ethics (2019a) notes that "ethical principles and guidelines play an important role in advancing the pursuit of knowledge while protecting and respecting research participants…" (¶4). As noted throughout this literature review, the Innu of Labrador have a lengthy history of being studied, which was often completed with marginal benefits to the community. The Panel of Research Ethics (2019b) echoes this sentiment, writing that "research involving Indigenous peoples in Canada has been defined and carried out primarily by non-Indigenous researchers. The approaches used have not generally reflected Indigenous worldviews, and the research has not necessarily benefited Indigenous peoples or communities" (¶3).

My intentions in completing this study will be clearly communicated to parties who may have an interest in such. Making one's intentions clear as a researcher is of particular importance when working with communities who have historically been oppressed and exploited by research. This might include instances where researchers have personal motives for such inquiries instead of research initiated from genuine concern and for improving social conditions for the target group. Chrisjohn and McKay (2017) discuss how research with Indigenous peoples has historically been politically driven, with much of the findings and proposed interventions being "cherry picked" and decided by policy makers who are more concerned about justifying cost-benefits than challenging "racial biases" (p. 38). Burstow (2016) in her writing on Electro Convulsive Therapy (ECT) as a mental health intervention and research also notes that there is a "disconnect between the goals of survivors and the goals of professionals", whereby professionals are largely

concerned with maintaining current mental health medical interventions through researching enhanced methods of application, regardless of the real harm such interventions may cause and often ignoring "survivor" narratives of their efficacy (p. 100). Burstow (2016) describes research activity within ECT as being driven by "the desire to exert professional control over a vulnerable population" (p. 105). One could argue that this may be considered as applicable to much of the current research and mental health interventions currently being utilized with Indigenous peoples across the globe.

For this research and to facilitate relationship building, transparency, and to embody a more ethical project, a letter of intent was forwarded to the chief of the Innu First Nations community to notify of my interest in engaging in this research study and to provide an opportunity to communicate any concerns or questions to me or my supervising professor. It is recognized that notifying community leaders of one's intent to pursue research through a simple written notice is not enough to absolve the history of misrepresented or misguided research practices which have created a sense of human exploitation for many First Nations communities nationally. As a researcher who is deeply concerned and committed to ethical studies, being certain that the research project holds value and benefit to the community is fundamental. As a white social worker and researcher, I do not wish to claim to know what is best for First Nations people in Labrador. However, I would like to offer my skill set and exercise my power from my various roles to shed light on the ways in which mental health and addictions services operate in this community with a lack of Indigenous informed and developed

understandings. Further to this, the current system of pathologizing colonization as an individual problem is a practice which requires critical reflection and calls to action to shift how we view mental health and addictions with First Nations peoples in Labrador that is consistent with community understandings. As a white social worker, I am exercising my power, specialized skillset and access to resources through research to assist in education and advocacy towards meaningful change at the institutional level within mental health and addictions services. Through utilizing an exploratory methodological approach, I hope to gain insight into the perspectives and issues as defined by the First Nations community themselves.

When engaging in research in any area, it is also important to be aware of the practical means of applying ethical standards. The Tri Council Policy Statement (TCP) (2019a) published by The Panel on Research Ethics provides guidelines for completing research in an ethical way. These guidelines include: respect for persons, concern for welfare and justice. The TCP (2019b) provides guidance specifically into how to apply the above three ethics standards in completing research with Indigenous communities.

The guideline of *respect for persons* is described as going beyond considering the individual participant. Instead, the TCP (2019b) recommends utilizing practices that respect Indigenous worldviews. This includes considering how research may impact the individual, community, as well as future and past ancestors and the natural world. For this project, to maintain *respect for persons*, I remain cognizant that First Nations people across Canada are not a homogenous group. Although there may be similarities between

communities, there are wide variations in traditions, identity, and culture which must be respected and not assumed. This may mean that the links made by Indigenous scholars from other First Nations communities about colonialism and mental health may not be viewed the same in this community. I remain open to this possibility as I learn from the community during the data collection phase. Furthermore, I have reflected on potential negative and positive impacts that this study may have on future generations. The results from this study may create negative feelings regarding mental health and addictions services which may result in individuals not accessing or being hesitant to access services that may help them with various mental health and addictions issues such as those related to suicide or domestic violence. Moreover, this study may impact how financial and other resources are dispersed or otherwise utilized within the community. I hope that this research assists in creating positive meaningful changes to mental health and addictions services provided to First Nations communities in Labrador, which might include increased funding for culturally appropriate mental health and addictions programming or further education on culturally appropriate Indigenous healing approaches for practitioners currently practicing within the region.

Concern for welfare also goes beyond focusing on the individual participant and utilizes an Indigenous worldview by also exploring potential impacts on others and community. As such, concern for welfare involves "…consideration of participants and prospective participants in their physical, social, economic and cultural environments" through "…emphasis on collective welfare as a complement to individual well being" (TCP, 2019b, ¶29). For this research project, attention was given to the potential impacts on how

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this project might enhance or inhibit the maintenance of culture and identity for both individual participants and the larger community. The current research project holds the potential for radical change in the current mental health and addictions system and beyond. Such changes may include an increase in services and programs which uphold Indigenous worldview, culture, tradition, language, and customs. Additionally, to reduce the risk of potential harm due to the sensitivity of research topic and acknowledge concern for individual participants health and wellbeing, interview participants were provided a *Supportive Services* (Appendix D) document. This document lists several local resources for mental health and physical wellness, such as local hospital and mental health and addictions services, should participants require medical or other supportive services after participation.

Finally, *justice* is the third ethical standard which is discussed in relation to working with Indigenous groups. The TCP (2019b) acknowledges that there are power relations at play between researcher and participant, which may unintentionally cause harm. The TCP (2019b) describes ways in which harm may come to Indigenous research participants, which includes but is not limited to "…misappropriation of scared songs, stories, and artefacts; devaluation of Indigenous people's knowledge as primitive and superstition; violating community norms regarding use of human tissue and remains; failure to share data and resulting benefits; [and] dissemination of information that has misrepresented or stigmatized entire communities" (¶30). This study's research design has considered several of the potential *justice* concerns as outlined above. The project has been designed to ensure that the data collected will be shared with the First Nations community. Further

to this, any research findings are agreed to be property of the First Nations community. As such, it may not be used without their express permission. Likewise, prior to publication of research findings, consultation with community leaders is paramount to ensure that information shared is not inaccurate or misrepresentative of the community.

The ethical standards outlined by the Panel on Research Ethics (2019b) as they apply to working with Indigenous communities is of paramount importance to respect when engaging in such research. To ensure that these ethical standards are understood and appreciated, both the primary investigator and the supervising professor have completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics and will abide by the standards set therein. Furthermore, this research project was reviewed and approved by the Human Research Ethics Board (HREB)(Appendix E), the regulatory body within the province of Newfoundland Labrador which is responsible for approving research projects involving human subjects. As a part of the HREB process for ethics approval, two letters of support from key community contacts in the First Nations community were received for this project (see Appendix F and Appendix G). In order for a research project to obtain such approval, practical ethical considerations were implemented within its development. This includes special care and attention paid to ensure participant information is kept confidential. To reduce risk of a confidentiality breach, precautions will be taken with the research materials such as interview notes and audio recordings being kept in a secured area, such as a locked filing cabinet. Access to the research materials must also be restricted to

reduce the risk of harm and potential confidentiality breach, and therefore the data will be

made available only to the primary investigator and supervising professor.

Chapter 4: Doing Research with Indigenous Communities: A Guide for White

Settler Social Work Researchers

"Research is a dirty word among many native
communities (Tuhiwai Smith, 1999) ...and other
communities of over studied Others" (Tuck &
Yang, 2014, p. 223)

Introduction

Scientific research and inquiry in Western societies have been almost exclusively focused

on and derived from the use of white-European ways of knowing and inquiry. The

application of the scientific method based on seeking observable evidence to refute or

support a research hypothesis holds much value within the world of research. However,

such approaches should not be considered the only means through which research may be

completed. In reality, these methods may actually cause harm when applied to research

topics which do not fit neatly into the experimental model of analysis, such as those

issues currently faced by Indigenous communities across Canada. Indigenous researchers

Absolon and Dion (2018) describe how the application of an "empirical frame" within

their research, such as the use of "baseline data instruments" felt "alienating and

pathologizing" for both researcher and research subject (p. 91). Absolon and Dion (2018)

further note that in high demand arenas such as those within research, Indigenous scholars

and Indigenous ways of knowing become "cumbersome, get compromised, and that

which is comfortable, familiar and efficient dominates (p. 92). However, concerns

pertaining to research being completed in Indigenous communities goes beyond disputes

of methodology. Historically, preferred research methods have been rooted in colonialist

practices which have not considered alternative approaches which may be better suited for working with Indigenous communities.

This chapter explores how research may be completed ethically and responsibly by white settler social work researchers. This exploration will begin with an examination of the role of academia in preserving colonialist ideals, with particular attention to social work education in embedding colonialist research methods of inquiry. Social worker "goodness" grounded in white European ideals and normative discourse, and its impact on research and social work will also be reviewed, including the importance of critical reflection and cultural safety. The chapter will examine Indigenous representation within the field of research and research ethics boards. Finally, the chapter transitions to explore ways in which research with Indigenous communities may be completed more ethically, respectfully, politically informed, and responsibly: how research may be completed that centers Indigenous values and worldviews. The section explores: more ethical frameworks for research, including Tri-Council and OCAP; the importance of developing trust; acting as allies and accomplices; the power of language and narrative production; and how to create meaningful change with Indigenous communities. The chapter closes with a summary of how to practice as a white social worker and researcher in ways that are decolonizing and re-centre Indigenous knowledge bases.

Academia and Colonialism

Social work itself must be called to account for its history of violence and harmful practices enacted on Indigenous communities. Moreno and Mucina (2019) describe how social work has been shaped by colonialism and describe atrocities sanctioned against

Indigenous people through colonialist policies, such as " … scientific experimentations; deliberate infection with lethal diseases…; forcible removal of entire communities from their homelands to allow European immigrants to access desired territories…; and incarcerating thousands of Indigenous children in residential schools where they were subjected to physical, spiritual, sexual, emotional, and cultural abuses (p. 89). Moreno and Mucina (2019) note that such policies and practices were authorized "under the guise of beneficence and care" which positioned the Indigenous way of life as inferior to white settlers (p. 89). Furthermore, such policies had underlying hidden agendas of eradicating Indigenous people through dispossession and extermination so that white settlers could more effortlessly invade Indigenous lands (Moreno & Mucina, 2019, p.89). White social work researchers must recognize how academia itself has influenced dominant methods and frameworks of reference utilized within the research field. Many research practices and methodological approaches taught within academia, including social work, are deeply embedded and place higher emphasis and value on empirical scientific study which is rooted in white ways of knowledge creation. As such, alternative ways of knowing and doing research are placed at the margins. Through the ongoing process of decolonizing social work within academia, alternative ways of knowledge production and understanding require centering. In turn, social work research may also become decolonized through embracing and welcoming Indigenous based methods of inquiry and knowledge production.

Social Work Education, Indigenism, and Decolonization

Academic units across Canadian universities and other schools of higher learning are grossly unrepresentative or ignore completely Indigenous perspectives. Although Indigenous political groups have advocated and recommended for an academy which is grounded in Indigenous culture, value, and traditions, Canada is the only circumpolar country which does not currently have a "Arctic University" (Inuit Tapiriit Kanatami, 2018, p. 27). As evidenced by the lack of a single fully Indigenous higher learning institute in Canada, schools of social work within current institutions need to shift their attention to decolonizing methods of education, with particular emphasis on a decolonization of research methodologies. Likewise, social workers who desire to practice from a decolonizing framework need to reflect critically on the current social work education system, the ways in which it produces or reinforces colonialism, as well as ways to promote and integrate Indigenous based ways of knowing into research and practice both within the field and within academia itself.

Absolon (2019) writes that schools of social work "…continue to demonstrate a lack of core curriculum that offers accurate and quality Anishinaabek/Indigenous perspectives and colonizing courses" (p. 12). Without having access to alternative ways of knowing and doing social work, Absolon (2019) notes that social work graduates will "…continue to perpetuate what they know and what they do not know. With curriculum dominated by colonial theories and perspectives, learners naturally internalize a colonial mindset of practice without the critical skills to engage in decolonizing…" (Daniel, 2018, as cited in

Absolon, 2019, p. 12). As colonizing practices are deeply embedded within academia, both students and educators must advocate to local administrators and government to systemically overhaul the education system. Schools of Social Work often pride themselves for utilizing an anti-oppressive theoretical basis, which is rooted in critical reflection of self, structures, and linking the "personal to political". However, such approaches often do little to challenge deep rooted systemic issues of racism and white privilege within academia and research. Though application of decolonizing methods of inquiry to academia, the underlying pervasive structures of an education system seeped with white knowledge bases may be revealed. Students and educators need to advocate for curriculum which teaches the history of colonialism, how neocolonialism continues to harm Indigenous peoples, other current issues impacting Indigenous communities, as well as Indigenous worldview and ways of knowing. Within research and education, this involves bringing attention to systemic racism which favours white settler knowledge while placing Indigenous and other ways of knowing at the margins. Absolon (2019) notes that "decolonizing from internalized colonialism is not easy, tidy, or comfortable; and in an academic setting it can feel unsafe when academia is constructed to reinforce colonization and its ideologies as normative" (Daniel, 2018, as cited in Absolon, 2019, p. 17). However, Absolon (2019) posits social work education cannot be decolonized without a decolonization of its educators and in turn social workers ability to partake in practice which is decolonizing.

Absolon (2019) describes the process of decolonizing powerfully, noting that it "… is not a single action but a process of unlearning, learning, grieving, angering, healing, sharing,

etc…decolonizing is a cumulative process of tackling, taking apart, and rebuilding" (p. 21). Boudreau Morris (2017) also writes about decolonization, citing the work of activist Harsha Walia (2014) who encourages a shift from "politics of solidarity" to a "practice of decolonization" with Indigenous people (as cited in Boudreau Morris, 2017, p. 457). Walia (2014) writes that "decolonization is a dramatic reimagining of relationships with land, people and the state. Much of this requires study. It requires conversation. It is a practice; it is an unlearning (as cited in Morris, 2017, p. 458). For white social workers and researchers striving to engage in practice which is responsible, ethical, and upholds Indigenous ways of knowledge creation and investigation, decolonization will be challenging. The Canadian Association of Social Workers *Code of Ethics* (CASW, 2005a) describes the professional ethical responsibilities of social workers which includes upholding a person's rights to self-determination, respect for diversity, and using power and privilege to promote social justice. Therefore, white social work researchers may be said to have an ethical duty to advocate for further Indigenizing and decolonizing of the academy.

Critical Reflection and Reflexivity: Engaging in Decolonial Practice

The process of decolonizing may begin through critical reflection, which involves situating oneself within the current social, historical and political environment, critiquing dominant discourse, and embracing challenging emotions that are attached to recognition of power and privilege (Fook & Gardner, 2007, Heron, 2005). This may be connected to how Abolson (2019) describes the process of decolonization, writing "…to decolonize is to question, to wonder, to re-think and re-theorize how, what and why we practise, teach

and research the way we do" and involves re-learning from Indigenous people how processes of colonization have "seeped into every fabric of life in such a way that we don't even know it is there (p. 17).

The process of self-inquiry is challenging. However, it is vital in moving towards completing ethical research. Boudreau Morris (2017) notes that the process of decolonization may likely cause "discomfort" however "settler discomfort…may need to be embraced instead of resisted in order to participate in the difficult work of decolonization" (p. 466). White social worker researchers must embrace their discomfort to avoid ignoring or dismissing the impacts of colonization. By refusing to reflect deeply and question why feelings are unpleasant, white social work researchers effectively reinforce colonialism through avoidance and white fragility. White fragility is a term coined by scholar Robin DiAngelo (2011). DiAngelo describes white fragility as an inability of white people to tolerate "racial stress" due to the receipt of racial privilege (p. 55). Due to this privilege, white people develop a sense of comfort, and when it is threatened it leads to reactive emotions such as "fear [and] anger", and behaviours such as "argmentation [and] silence" (p. 54). Connecting with feelings, despite being difficult, is an integral part of authentic critically reflective practice.

Moreover, the process of decolonization cannot be thought of as a one-time event or single action. Much like critical reflection, it is a lifelong journey of questioning and unlearning systems of colonist power. Within the process of critical reflection, we may reconstruct our core beliefs about society and others and the way things are. As white

social work researchers, it is imperative that critical reflection on what is defined as a collaborative process occurs to ensure such processes are not enmeshed in white privilege and authority. Absolon and Dion (2018) note that the research team is obligated to "create time and space to critically reflect, discuss, and make decisions together", a process that is especially important when working with research teams comprised of both Indigenous and non-Indigenous members to ensure there are "…ongoing discussions about who is driving the project and whose agendas are being met" (p. 94).

Cultural Safety

White social work researchers must ensure that cultural safety is addressed within research with Indigenous communities. Cultural safety is described by Shah and Reeves (2015) as "incorporating cultural awareness through recognizing difference, cultural sensitivity through respecting difference, and cultural competence through a focus on knowledge and attitudes" (p. 120). The culmination of these three aspects defines cultural safety, a means through which white social workers and researchers may critically reflect upon their values, beliefs and assumptions and recognize that they may differ from the individuals and communities with which they interact. Shah and Reeves (2015) note that through critical self-reflection, empathy is developed, which is noted to improve relationships with individuals and communities which in turn may promote further social justice activities. The model as presented by Shah and Reeves (2015) offers a valuable framework to centre within research with Indigenous communities as a white social worker and researcher.

Indigenous Representation Within Research

Hart et al. (2017) write that colonialism has resulted in an under-representation of Indigenous researchers currently in the field, reporting that they represent less than 1% of Canadian researchers (p. 332). Hart et. al. (2017) further discuss how Indigenous research itself is considered new within academia, despite how Indigenous ways of knowing have been present since time immemorial. Furthermore, Hart et. al (2017) indicate that Indigenous scholars continue to push for space within academia and research to have Indigenous ways of exploring and knowledge creation legitimated. White social work researchers must recognize that collaborating with Indigenous communities includes working as co-investigators with Indigenous people on research projects. Co-publishing academic work with Indigenous people being recognized as co-producers of knowledge aids to legitimate Indigenous voices in the field and increases Indigenous presence within academia. Placing value and emphasis on the inputs and outputs made by Indigenous communities through co-publishing or making space and/or supporting them in sole publishing de-centers white social work researchers while centering Indigenous scholars who have often been devalued or unrecognized for their contributions within research.

Ball and Janyst (2008) note that

> non-Indigenous researchers need to acknowledge that as members of the currently dominant culture and as researchers—typically with funding and university positions—they are in positions of power. The potential to oppress and exploit Indigenous people must be a matter of concern and deliberate efforts should be made to level the playing field in terms of negotiating relationships (p. 49).

Fixed year Janes (2016) underscores this, noting that "researchers may often be caught up in apologizing for their positions of power and privilege, however apologies offer little in the way of challenging current structures of oppression and act to further define the researcher as 'good'" (p. 119). White social work researchers must move beyond apologies and into action to ensure Indigenous peoples are respected, valued, and recognized for their contributions to the field of social work and research. White social work researchers need to be vigilant and aware of their power and privilege and how these aspects impact relationships with Indigenous communities, with special attention paid to historical trauma caused by 'good' social workers and researchers. White social work researchers may use their positions of power and privilege to further advance the agendas of Indigenous communities at the structural level through activities such as targeting research towards evaluating racist and colonialist governmental or organizational policies and procedures.

Ethics and Respect in Research with Indigenous Communities

Decolonizing academia and in particular social work, as well as social work practice and research, is a crucial step in creating ethical and respectful research with Indigenous communities. However, completing research in an ethical way with Indigenous communities goes beyond decolonizing the academy. The foundation of research is grounded in respect, with particular reference to ethics when working with Indigenous communities. However, research with Indigenous people has been described as being "an instrument of oppression, imperialism, and colonialism" (Durst, 2004, p. 2). Graham and McDonald (2008) offer practical suggestions for completing ethical research with

Indigenous people as white social work researchers. They note that research must show

"respect and dignity" for people and their communities, including "familiari[zing]

themselves with local traditions" and "the knowledge and experience[s] of the people"

(Graham & McDonald , 2008, p. 5). Likewise, reports and research findings must be

easily accessible to the community and written in the preferred language choice (Graham

& McDonald, 2008, p. 7).

Tri-Council Framework for Ethical Research

The Panel of Research Ethics (2018a) document *Tri-Council Policy (TCP) Statement:*

Ethical Conduct for Research Involving Humans describes their guidelines as "a

benchmark for the ethical conduct of research involving humans" (¶4). The guidelines

contain general ethics direction and framework for practice, with the addition of special

considerations given to research involving Indigenous people (The Panel of Research

Ethics, 2018a). The document discusses ethical considerations when applying the overall

general ethical framework to Indigenous communities, as well as ethical community

engagement. Areas of consideration when doing research noted within the document

include but are not limited to: respect for governing authorities, recognizing diverse

interests within communities, respect for customs and codes, the role of elders, mutual

benefits in research, and developing a collaborative research process (The Panel of

Research Ethics, 2018b).

Respect for governing authorities maintains that approval for research must be granted by

each community's leaders, in addition to research ethics boards (REB) (The Panel of

Research Ethics, 2018b). Seeking permission from community leaders to complete

research is imperative to maintain ethical practice. Indigenous community leaders are

chosen by community members to represent the best interests of the collective. Moreover,

Indigenous community leaders are not necessarily exclusively elected officials, but rather,

may include respected elders or spiritual advisors. Leaders often hold local knowledge of

unknown risks or benefits which researchers may not be aware of when pursuing

approvals.

Recognizing diverse interests within communities is another element of ethical research

with Indigenous people (The Panel of Research Ethics, 2018b). White social work

researchers may erroneously assume that Indigenous people hold the same views on

common themes often discussed in academia and the media. However, intersections of

power and oppression also exist within Indigenous communities which may result in

marginalized group voices being omitted. This may include Indigenous women,

Indigenous Youth, disabled Indigenous people and Indigenous LGBTQ people. As a

researcher, it is important to engage in inclusive research practices to ensure all voices are

heard.

Respect for customs and code is of significant importance when partaking in research in

Indigenous communities (The Panel of Research Ethics, 2018b). Many Indigenous

communities have oral traditions and codes that are not necessarily within written

documentation. It is essential for white social work researchers to be open to learning

about the customs and codes within the community and to avoid making assumptions

rooted in racist stereotypes. Furthermore, Indigenous practices, such as song and dance, are the property of Indigenous communities and its people. The reporting or recording of such practices as research has been widely critiqued and condemned. White social work researchers should ensure that they have explicit consent to document such sacred performances, and, even then, they should only be recorded if there is a valid reason and motive for doing so. Furthermore, researchers should also query why they seek to report on such performances, to whose benefit does this report service, and does such a report accurately translate from paper or video to a viewer.

The role of elders is another important aspect of consideration within research with Indigenous communities, as Elders are considered key contacts in determining community norms and customs (The Panel of Research Ethics, 2018b). Elders are generally considered to be the holders of traditional knowledge and therefore should be considered when a researcher is deciphering research outcomes or requiring ethical counsel.

Research with Indigenous communities has often been completed in ways which primarily have benefited researchers and their institutions. *Ensuring mutual benefit* for both community and researcher is imperative within an ethical practice (The Panel of Research Ethics, 2018b). Historically, research has disregarded or undervalued community desires and priorities or completed in a way which was assumed to be of value based on assumptions of white settlers. White social work researchers must ensure

that communities are engaged as experts into their needs and that their perspectives are centred and respected throughout the process.

Finally, research with Indigenous communities should also be considered a *collaborative approach*. However, Indigenous communities themselves should be granted the authority to define what such an approach involves by setting priorities and rules for engagement. Likewise, working in collaboration with Indigenous communities includes collaborating on interpreting and analysing research findings and the development of actions plans or concluding research reports (The Panel of Research Ethics, 2018b).

OCAP Framework for Ethical Research

The National Aboriginal Health Organization (2007) in its report *OCAP: Ownership, Control, Access, Possession*, describe their framework as a move towards increased "self-determination and self-governance" for Indigenous people and their communities (p. 4). For white social work researchers, the *OCAP* (2017) report is a valuable reference tool that provides guidance for research projects involving Indigenous people, which includes information on "…the right to make decisions about what, why, how and by whom information is collected, as well as how it will be used and shared." (p. 4).

The principle of *ownership* references how communities are the owners of all "cultural knowledge/data/[and] information" (OCAP, 2007, p. 4). *Control* is described within the framework as the desire for Indigenous people to "maintain and regain control of all aspects of their lives and institutions include[ing] research, information and data" (OCAP,

2007, p. 4). The concept of control is noted as being pertinent to all stages of the research project- from its inception and formulation, through data interpretation, to dissemination and management of any research data and/or findings (OCAP, 2007). The third component of the framework is *access* which notes that Indigenous people should have access to research data relating to them regardless of where it is housed or otherwise located (OCAP, 2007). The concept of access also refers to the right for Indigenous people to decide who gains access to their knowledge and data as it pertains to Indigenous people and communities (OCAP, 2007). The final concept of *possession* is related to the concept of ownership described as "a mechanism whereby ownership can be asserted and protected" (OCAP, 2007, p. 5). The framework notes that there is risk of misappropriation or access to information owned by another when it is outside of the possession of Indigenous people. Therefore, possession is an important part of the framework, in particular when there are questions regarding trust between owner and possessor (OCAP, 2007).

Each of the above four principals of *OCAP* (2007) are important to consider when doing research with Indigenous communities as white social work researchers. In relation to *ownership*, when Indigenous leaders approve of the completion of research with Indigenous communities, the data obtained is often noted to be the property of the community. Having such safeguards built into research plans may reduce the risk of data obtained being misused or presented in a way which is not representative of the community or its members.

The above also relates to the *OCAP* (2017) concept of *control.* White social work

researchers striving to practice in a way which centers Indigenous ways of knowing must

be open, encouraging and agreeable to community control of the research project.

Recognizing community *control* includes seeking consultation about research projects

with communities before they are formulated, obtaining expert guidance from Indigenous

peoples themselves, and a maintenance of continuous collaboration through open and

respectful dialogue throughout the entire research process.

Respecting *control* within research in Indigenous communities also relates to social work

core values of self-determination and functions to reduce and potentially eliminate

paternalistic ways in which social work and other helping professions have historically

oppressed Indigenous people through surveillance and control mechanisms, such as

policies and practices grounded in white settler ideas which were forced upon Indigenous

peoples within child protection services (CASW, 2005b).

The *OCAP* (2017) principal of *access* is integral to respecting Indigenous communities

as white social work researchers. It is recognized that Indigenous individuals and

communities have historically been denied access to the means required to complete

research nor the research findings itself. Likewise, Indigenous people may not be

consulted on requests from others to access research data from previous studies.

Indigenous communities must have easy access to data and be consulted on its access to

better ensure that research findings are used to promote and/or address issues which are

identified as having importance by Indigenous communities.

The final *OCAP* (2017) principal of *possession* relates to who holds research data. White social work researchers must ensure that Indigenous communities have possession of research data. Community possession of research data may reduce the risk that such information is used in harmful ways such as reinforcing racist, oppressive, and stigmatizing views of Indigenist people. It also may safeguard against the misappropriation of traditional data such as song, dance, or other rituals. White social work researchers committed to responsible and ethical practice will work in collaboration with Indigenous communities and follow the principals of *OCAP* (2017) to reduce the risk of causing harm while simultaneously showing respect for Indigenous communities.

The Limitations of Research Ethics Boards

The framework for ethical conduct provides a wealth of useful information to assist researchers in developing a project which is ethically sound. However, it should be cautioned that policy statements, such as the document provided by The Panel of Research Ethics (2018) are not intended to replace or override ethical standards, procedures and guidelines as developed by Indigenous people (Inuit Tapiriit Kanatami, 2018, p. 23).

Tuck and Yang (2014) comment on ethics within research, noting that although standards are in place, they "…do not always do enough to ensure that social science research is indeed ethical, meaningful, or useful for the individual or community being researched" (p. 223). White social work researchers engaging in ethical research practices must critically reflect on the motives behind each research inquiry. Often times research is

completed for personal gain and achievement while doing little to challenge or change systems which are racist and colonialist.

Research ethics boards have been critiqued for having an absence of Indigenous reviewers, as well as a lack of transparency in relation to the sharing of information with Indigenous organizations who may be impacted by research initiatives while they are within the ethics approval stage (Inuit Tapiriit Kanatami, 2018). White social work researchers should be cognizant of how research has often been focused on gathering evidence to confirm community pathologies and pitfalls. Such practices reinforce the view of Indigenous communities as broken and in need of white settler intervention and other paternalistic beliefs of helping. Such nuances may be revealed through ethics research boards who are educated and committed to decolonization, and in particular by Indigenous research ethics board members who hold their own unique understanding of potential implications of research projects for Indigenous communities.

When exploring frameworks of ethical practice for use when working with Indigenous communities, it should be noted that there is no universally agreed upon framework which has been designed and agreed upon within Indigenous leaders and organizations across Canada. However, Ball and Janyst (2008) note that "there is general agreement on the super-ordinate goal of advancing self-determination, control, and benefit on the parts of Indigenous individuals and communities that participate in research (p. 34). Further to this, Ball and Janyst (2008) indicate that "an over-generalized, pan-Indigenous set of practices for enacting ethics in research involving Indigenous peoples is to be avoided;

rather, each investigation should begin with relationship building and dialogue about how to proceed appropriately (p. 48). Social work researchers must avoid approaching research from a Pan-Indigenous frame of reference grounded in assumptions, and rather must learn each community's unique history and concerns through a collaborative process. Such dialogue is built upon the foundation of trusting relationships between researcher and community members. A relationship of trust promotes an environment where Indigenous people may feel safe to share their aspirations and fears regarding research or community issues. Developing trust within Indigenous communities is fundamental to doing research ethically as a white social work researcher.

Trust and Indigenous Research

The development of trust between researcher(s) and community is an integral part of doing research ethically. Ball and Janyst (2008) note that relationships built on mutual trust and respect are the "…backbone for ongoing negotiation of ethical practice in partnership research" (p. 48). Sylvestre et al. (2018) note the importance of researchers being physically present in communities and with Indigenous people as a means of "…overcoming the inherent distrust that is the product of generations of settler-colonialism" (p. 13). However, Ball and Janyst (2008) note that "the idea of trusting relationships as a foundation for ethical engagement in research is easy to endorse but difficult to enact" (p. 39).

Ball and Janyst (2008) discuss approaches to assist in the development of trusting relationships when working with Indigenous communities, including research design

flexibility, geographic constraints, time, funding, and open communication" (p. 39).

Memorandums of Understanding (MOUs) have been noted as a tool through which

research may be enacted in an ethical and respectful way by allowing easy access to

documentation which references project details and topics of contention and/or

uncertainty (Ball & Janyst, 2008). Sylvestre et al. (2018) also discuss the usefulness of

MOU's and other formal research documents, noting that MOU's must "always [be]

developed collaboratively with community representatives" and act to "...help ensure

accountability and foster understanding where relationships are still nascent…" (p . 13).

Working "With" Indigenous Communities

Historically, research pertaining to Indigenous communities has been primarily focused

on completing it "on" the community instead of working in partnership "with". The

research process itself has historically been a dichotomy of "power over" Indigenous

people by researchers who exert their privilege to further personal, organizational, or

governmental agendas. The Inuit Tapiriit Kanatami (ITK) (2018) note that although

Indigenous people are some of the most researched individuals and communities across

the globe, the primary beneficiaries from such inquiries continue to be the researchers and

the organizations they represent themselves and include "…access to funding, data,

research outcomes, and career advancement" (p. 7). This notion is echoed in the Report of

the Royal Commission on Aboriginal People (RCAP) (1996), which documents that

historically Indigenous people have "not been consulted about what information should

be collected, who should gather that information, who should maintain it, and who should

have access to it. The information gathered may or may not have been relevant to the

questions, priorities and concerns of Aboriginal peoples (p. 498).

To combat such destructive practices as white social work researchers, Carlson (2017)

writes that "settler colonial research which would promote anti-colonial, decolonial, and

solidarity content and aims must occur in relationship and dialogue with Indigenous

peoples, involve meaningful consultation with and oversight by Indigenous scholars and

knowledge keepers, and draw upon work by Indigenous scholars" (p .6). Maintaining a

collaborative approach to research with Indigenous communities as white social work

researchers is essential. Working in partnership with Indigenous communities involves

ensuring that Indigenous people are consulted and involved in all aspects of the research

project, including design and any data analysis. However, partnership goes beyond the

action of consulting. Partnership embraces difference in the co-creation of knowledge and

places value on each individual's unique perspective. For white social work researchers,

this means centering the needs and desires of Indigenous communities over the needs and

desires of self, universities or research firms. Moreover, it requires that research be

completed in a way which promotes community goals, and not merely for researcher or

organizational status, achievement or other accolades.

Another means of working with Indigenous people is identified by Inuit Tapiriit

Kanatami (ITK) (2018) through modifying current federally funded research priorities.

The ITK (2018) write that "research priorities identified by the federal government for

investment tend to reflect a biological-physical science research bias that diminishes the

prominence and attention given to other Inuit research priorities (p. 31). Most white social work researchers are trained in Western educational institutes of higher learning, where scientific methods of inquiry have been touted as superior. However, such methods do not neatly fit for studying or understanding Indigenous ways of knowing and being, which may be deeply rooted in spirituality and metaphysical aspects. As such, it is important to recognize that Indigenous ways of knowing have been historically discredited or undervalued by academia as being less rigorous or scholarly compared to other methods of inquiry. White social work researchers seeking to do research in an ethical and politically informed way with Indigenous communities must be aware of the ongoing colonialist and racist structures embedded within academic research. This involves moving beyond recognition of colonialist structures and into critical reflection of the system and through re-learning and re-valuing alternative ways of knowing.

Allies and Accomplices

Working with Indigenous communities includes acting as an "ally". The term "ally" has been critiqued by some scholars, noting that often times such language is used by oppressors to feel better about themselves as a means of "self-righteous individualism" and maintain "feel good politics" (Moreno & Mucina, 2019, p. 100). Moreno and Mucina (2019) note that taking the position of "ally" avoids "situating ourselves as colonizers upholding an oppressive state or doing the emotional challenging work of engaging with communities" (p. 100).

Indigenous Action (2014) has written about the use of the word "ally" and has provided

an in-depth analysis of the types of allies that may be encountered within the field and

offers an alternative to allyship: acting as an accomplice. Indigenous Action (2014)

discusses the term ally noting that it has become "…disembodied from any real mutual

understanding of support", that although taking the stance of ally may be well intended, it

is often undertaken inauthentically with the primary motive being one's own personal

self-interests, such as gaining notoriety (p. 3). Indigenous Action (2014) writes how the

role of academic when claiming allyship can be "patronizing" and that in "many cases the

academic maintains institutional power above the knowledge and skill base of the

community/ies in struggle" (p. 5).

When working with Indigenous communities, taking on the role of 'accomplice' as

described by Indigenous Action (2014) means that an 'ally', such as a white social work

researcher, "attack[s] colonial structures and ideals" (p. 7). An anti-colonial accomplice is

recognized through the development of trust, a move beyond recognition of land

occupation to reflecting on one's relationship with the people whose lands have been

dispossessed, and an understanding that Indigenous communities and their issues are not

homogenous, just as individual people hold different political views (Indigenous Action,

2014). White social work researchers are often well intentioned in their actions as allies,

however positioning oneself as such often does little to disturb the current colonial

system, and instead merely reproduces the notion of the 'good white social worker'

(LeFrançois, 2013). Engaging in practice that is anti-colonial involves shifting from ally

to accomplice, a positionality which challenges the current status quo by recognizing the

lasting and ongoing impacts of land dispossession and genocide while working alongside Indigenous communities towards self-determination as defined by each unique community.

Language and Narrative Production

Narratives and the use of language in research is another form of power of which researchers must be aware. Tuck and Yang (2014) discuss the concept of "refusal" in their work *R-Words: Refusing Research*. They discuss how research often leaves Indigenous communities with a "narrative that tells them that they are broken" due to current research being focused on community deficits and issues such as historical trauma and suicide (Tuck & Yang, 2014, p. 227). Likewise, Janes (2016) indicates that researchers have the power to define subjects as they see fit through the use of language, which may "oppress and constrain" and is often completed without consultation (p. 116). Janes (2016) write that "…the very nature of research itself through its labelling, use of markers, and codes such as 'marginalized' or 'mentally ill' characterize and define how an individual or community may improve" (Henkle & Shirrat, 2001, as cited in Janes, 2016, p. 116). Sylvester et al. (2018) discuss this idea within health research in academia, noting that "…in countless instances, [health research has] either wittingly or unwittingly (re)produced broad stigmatizing discourses that have perpetuated ongoing racism and violence against Indigenous populations" (p. 3). Likewise, Moreno and Mucina (2019) discuss how language and normative white discourse is applied to Indigenous people and communities in ways that does not appreciate differences in culture and worldview,

which have shown to be especially harmful in the realm of child protection and white ideas surrounding "healthy children" (p. 97).

White social workers and researchers must be aware of how research with Indigenous communities has been focused on stockpiling evidence which asserts narratives of individual pathologies while ignoring larger systemic factors and the history of violence and colonialism indorsed by white settlers. Social work researchers committed to the pursuit of social justice and ethical practice must move to uncover the intersecting webs of oppression. This involves shifting attention from simply blaming Indigenous people and individualizing issues to instead examining oppressive and destructive colonialist structures within society. Ethical social work practice with Indigenous people involves using approaches which appreciate historical factors and current neocolonial violences and reframe individual pathologies as narratives of resiliency and strength. Shifting from deficit-based language to focusing on strengths better acknowledges the impacts of historical and current colonial violence while creating space for Indigenous communities to re-story and re-define themselves and their future.

Creating Meaningful Change

Historically, research in colonialist states has been carried out on Indigenous communities in a way which downplayed and ignored their wishes while focusing on the desires and goals of academics and their organizations. Hart et al. (2017) note that "…the colonial history of Indigenous research has been marked by exploitation for personal gain and as a tool to preserve colonial relations" (p. 339). White social workers and researchers must

confront current systems of colonialism which have been left unchallenged by centering

Indigenous ways of knowing and doing into both research and practice. Hart et al. (2017)

explain that "making space for marginalized knowledges requires unsettling and

transforming the structures of privilege and power that maintain the status quo and keep

oppressed groups from gaining equitable voice" (p. 333). White social work researchers

must share their privileged spaces within academia and beyond by inviting Indigenous

people into the field while simultaneously breaking down oppressive structures by

naming colonialist systems and calling on them to decolonize. This includes schools of

social work. Moreno and Mucina (2019) echo this sentiment, writing that we must

"…call upon our intersecting privileges in ways that thoughtfully, carefully, and

collaboratively influence our actions and decision making, moving in alignment with the

expressed needs and desires of (the) Indigenous [people]..." (p. 97).

Meaningful changes may be enacted through taking up the work of Indigenous scholars,

elders, and other knowledge holders to provide the basis for alternative ways of knowing

and understanding the world both as researchers and as social service workers. Absolon

and Dion (2018) note that "…Indigenous people ought to lead re-search within our

communities to produce knowledge that is emancipatory and liberating out of colonialism

in all its forms and impacts" (p. 85). Unfortunately, Indigenous peoples have been

silenced for years, systematically through deliberate policies and practices put into place

to extinguish their voices, and through acts of violence and genocide as a means to

permanently eradicate Indigenous people. Gone and Kirmayer (2020) speak to this within

research, indicating that "the epistemic violence and injustice of silencing Indigenous

perspectives can be addressed by putting cultural safety and responsiveness at the center

of research activities from its earliest inception to its ultimate translation into shared

knowledge and practice" (p. 245). Moreover, Boudreau Morris (2017) discusses "acts of

remembering", such as storytelling, which may be considered a counteraction to

silencing, noting that "[storytelling] can work in direct opposition to the silencing,

destruction, and 'vilification of 'memory that are structural elements of the 'coloniality of

power' that serve to erase identity and community (p. 461).

Concluding Thoughts

Historically, research with Indigenous communities has not been completed ethically or

in ways which are politically informed. However, through providing special attention to

issues that are relevant to working with Indigenous communities as white social work

researchers, a mutually beneficial research relationship must be formed. Working with

Indigenous communities ethically involves recognizing the history of violence by social

service and research work, the utilization of Indigenous theoretical and methodological

approaches, continuous critical reflection within the process of decolonizing practices, the

development of strong researcher-community relationships, working with communities

towards their self-determined goals, moving from ally to accomplice, and ensuring

research work generates meaningful changes.

Absolon (2019) emphasizes that "…reconciliation remains a concept and another empty

basket without conscious decolonizing engagement (p. 25). Decolonizing engagement

with Indigenous communities for social work researchers committed to ethical practice includes introspection and reflection on the current system of social work education and research ethics procedures which both require decolonizing and a re-centering and re-valuing of Indigenous ways of knowing and doing. Although each encounter with Indigenous community research should be considered unique to avoid overgeneralizations and erroneous assumptions, through utilization of the aforementioned research practices as white social work researchers, we may be better equipped to practice in a way which respects and values Indigenous people and their communities.

Chapter 5: Conclusion

Research is an integral part of today's society. It provides the opportunity to explore and discover ways of knowing or doing, including alternative and decolonial approaches. Research can create meaningful changes through uncovering, further developing or finding alternative knowledges and methodologies. Research can also lead to increased public awareness of issues that may not normally be considered and create improvements or changes to policy and practice. This might include practices that are more culturally appropriate and policies that are increasingly inclusive.

The purpose of this research project was to gain knowledge into the experiences of the research participants, who are members of an Innu First Nations community in Labrador, with mental health and addictions care systems. In particular, I sought to gain an understanding into how colonization has impacted the experiences of mental health and addictions for the Innu First Nations community in Labrador and ways in which colonization is or is not considered within mental health and addictions services. Furthermore, I was interested in learning culturally appropriate Indigenous healing methods (if any were identified) as mental health and addictions interventions for members of Innu First Nations in Labrador.

Unfortunately, an unprecedented turn of events occurred and due to the global pandemic caused by COVID-19, on March 19th 2020 Memorial University suspended[5] all research activities in the field or that required face to face interactions. Due to these restrictions caused by the global pandemic, the research project as approved and defined was no longer possible. COVID-19 caused and continues to create a great deal of uncertainty as to when research activities such as face to face interviews may be permitted again. I considered how this research project may continue in a similar manner through alternative means of data collection, such as video conferencing. However, after considering the population (a First Nations community) as well as the sensitivity of the main topics of focus (colonization and mental health/addictions), in consultation with my supervising professor and others, it was determined that any data collection other than a face to face interview would not be ethical or appropriate. One noted consideration was the fact that the as the primary investigator who would be completing the interviews, I would not be able to respond appropriately to potential concerns or crises that might arise due to the discussion of this sensitive research topic. I determined that such risk of participant harm was not acceptable and as such the project was suspended until restrictions from COVID-19 are lifted to allow the project to continue as originally designed and approved.

However, this research remains of primary concern to me, as I continue to be deeply interested and invested in learning about the experiences of the First Nations community in Labrador's experience with mental health and addictions services. As a social worker

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[5] See *Statement on research at Memorial from Dr. Neil Bose, vice-president (research),* March 19th 2020 from https://www.mun.ca/research/news.php?id=13153&type=news

in general, I am committed to advancing social justice initiatives and serve as an agent in service to humanity, having a particular interest in the field of mental health and addictions. As a social worker who was employed within the field of mental health and addictions in Labrador for nearly six years and as someone who has deep personal connections to the area, I am eager to determine whether service provision for Indigenous people may take place in a more socially just manner.

As an alternative to the initially designed research project, I have studied the works of Indigenous, racialized and white settler scholars to explore how as a white social worker and researcher, I may do research in a politically informed and ethical way with Indigenous communities. The knowledge provided from these scholars has been considered and combined into a written chapter (chapter 5) which acts as a guide or framework for other white social work researchers who seek to do research in ethically and politically informed ways with Indigenous communities. Through the learning involved in creating this guide, I have gained new knowledge and understanding into doing research with Indigenous communities and it moves well beyond the research as I had originally designed it. As such, the knowledge documented through reviewing sources for this additional chapter in my thesis has provided an important framework which may act as a guide both for myself and other white social work researchers who wish to carry out research in a way that respects and centres Indigenous ways of knowing and doing.

Doing research in an ethical and politically informed way with Indigenous communities involves firstly recognizing my own power and privilege and the maintenance of this through oppressive systems grounded in colonialist ideas. These colonial privileges and white hegemonies are also rooted within academic units and research ethics boards within higher education, including social work. For the most part, social work continues to educate students based on white knowledge bases, while devaluing or dismissing alternative ways of knowing, including Indigenous approaches. Moreover, research ethics boards have an underrepresentation of Indigenous reviewers. It has been documented that many research ethics boards lack an education into Indigenous or decolonizing methods. As such, I recognize that social work education and research ethics boards both require decolonizing and a centering of Indigenous ways of knowing which includes educating social workers on the history of violence and dispossession through colonialist systems of oppression. Starting the process of decolonizing through continuous critical self-reflection and re-learning ways of doing and thinking about social work and research can and should begin immediately.

 Through completion of the final chapter on doing research with Indigenous communities in an ethical and politically informed way, there were numerous practical considerations which I will utilize when I complete the research project as originally designed. This thesis as a whole strongly advocates all researchers proceed in a way that shows respect for Indigenous communities as central to any research project. In particular, recognizing that Indigenous communities and matters of concerns are not homogenous and that each community must be approached as unique and devoid of researcher personal bias or

assumptions. For example, to remove myself from the role of 'expert researcher' into the role of curiosity and acceptance of each community members reality as formulated by themselves is crucial. Such information may be derived from working in collaboration with communities in open dialogue about their needs, fears, and desires in a way which creates a mutually beneficial relationship both in theory and in practice. This includes explicit consultation with community identified leaders and elders, who are the communities' most trusted individuals and who hold knowledges and perspectives relevant to the research project that may not have yet been considered.

As a white social worker and researcher, once I am able to complete the originally approved research project, I will be sure to address issues relating to cultural safety as described by Shah and Reeves (2015), which includes an incorporation of cultural awareness, cultural sensitivity, and cultural competence. However, I move beyond these issues of cultural safety in maintaining an ever-questioning ethical attitude in relation to the politics of knowledge production in social work and with Indigenous communities. This means maintaining an ethical attitude and being prepared for ambiguity and for cultural understandings that rest outside of my own worldview (Macias, 2016).

Once the research is completed, it is imperative that I ensure that Indigenous communities are owners and possessors of their research, controlling its use and its access. These standards as outlined by The National Aboriginal Health Organization (2007) in its report *OCAP: Ownership, Control, Access* and standards that I consider to be central to engaging in decolonizing and ethical research with Indigenous communities. Adhering to

frameworks such as *OCAP* (2017) within research ensures that Indigenous knowledge is used in a way that is beneficial to Indigenous communities and through potentially reducing its exploitation and misappropriation.

Finally, as a white social worker and researcher desiring to do research with Indigenous communities, I recognize that research must be completed in a way that creates meaningful changes. Completing research for the sake of collecting personal accolades or in ways which reinforce oppressive stereotypes of Indigenous people is not only unethical, it is violent and racist. As a researcher who wants to make meaningful change, I recognize that creating meaningful change is impossible without community consultation to explore Indigenous goals and wishes. Indigenous inclusion will embrace inviting Indigenous members to share my space, centering their knowledge and ways of doing research as a means of unsettling the current neocolonial systems, and in this case in relation to mental health and addiction care systems. Centering Indigenous people and their knowledge acknowledges their expertise in their own lives and communities.

As primary investigator for this research project, I am excited by the prospect of completing the originally proposed inquiry in the future. I strongly believe that the project has the potential to provide findings which will be beneficial to First Nations communities in Labrador and to the academic literature by increasing the current knowledge base on issues pertaining to colonization and mental health. Friere (1985) notes "washing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral" (p. 122). White settler social workers and

researchers must continue to reject systems of colonization that degrade Indigenous people and their knowledge by stepping outside of roles of innocence and into roles which recognize our positions of power and privilege by working as accomplices to call out systems of oppression which continue to violate and cause harm to Indigenous communities. I call on white settler social workers, researchers, and all of humanity, to work towards liberating all oppressed groups from systems of oppression, so that we may all live in a world where everyone feels safe and valued. Meaningful change can happen through collaboration with oppressed groups, and I am ready and able to continue the lifelong journey as a white settler social worker to decolonize practice, research and education. I remain committed to acting as an accomplice in rebelling against neocolonialism it all its guises.

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Appendices

Appendix A

Colonization and Metal Health: A Qualitative Exploration
Information Letter for Participants
Sarah Hunt, School of Social Work
Dr. Brenda LeFrancois, School of Social Work
Memorial University

You are invited to participate in a research project on colonization and how its effects are defined within the current mental health and addictions service system. Through an interview process, we hope to gain insight into your views on how the effects of colonization are/are not recognized within mental health care in the area. The information provided through the interviews will be used to assist in satisfying requirements for the thesis research project for the Masters of Social Work program. *The Principal Investigator (PI) for this research project is Sarah Hunt, Master of Social Work student with Memorial University. Dr. Brenda LeFrancois is the supervisor of this project.* Once the research is completed, the final report will be made available through Memorial University for viewing.

Voluntary Consent and Right to Withdrawal: You are under no obligation to participate in this interview and as such your participation in this research project is completely voluntary. You may end the interview at any time and if you choose to end the interview early, you may withdraw consent to use the information you have provided. Also, should you choose to withdraw consent to use your information, this will be kept confidential. You have the right to not respond to any question(s) you choose.

Purpose of Research: The purpose of this study is to explore how the effects of colonization are are/are not recognized within local mental health care systems.

Process: This research involves an interview which will be audio recorded, as well as hand written notes taken by the PI. The interview is comprised of 5 open ended questions, with a duration of about 1 hour. The interview will take place at a mutually agreed upon location and time. The interview information will be analyzed and a summary report written on the information provided. Information on available mental health support services will be provided to you should you feel the need to access them. The questions in the interview pertain to your views on how the effects of colonization are or are not considered within the mental health care system.

Compensation: There will be no form of compensation provided for your participation in this study

Confidentiality and Anonymity: Every effort will be made to ensure that the information collected through the research remain confidential. The research results will not be written in a way that might identify you personally, unless permission to do so is given. Only the PI and supervisor will review the interview information. All research materials will be kept in a locked cabinet. Interview materials will be transported in a locked briefcase to and from the interview site, where the audio recording device and hand- written notes will be stored. After, the notes and audio transcriptions will be entered into the computer which is password protected and stored in a secured location.

Reporting of Results: The results from this research will be used for the completion of the PI's Master of Social Work thesis project. This project will be submitted to Memorial University's School of Social Work and the Faculty of Graduate Studies and Research. The data may be utilized in future presentations, publications, or reports. Participants are welcome to request a copy of the results from the PI and/or any resulting publications or reports.

Questions on Research:

If you have any questions about this study, please contact me at slhunt@mun.ca or 709-899-3687, or PI supervisor, Dr. Brenda LeFrancois at blefrancois@mun.ca.

If you prefer to speak with someone who is not involved with the study at all, but can advise you on your rights as participant in a research study, you may contact the you may contact the Human Research Ethics Board (HREB) through Telephone: 709-777-8942/6974, or Email: hreb.nct@hrea.ca

Appendix B

Consent to Take Part in Research

TITLE: **Colonization and Metal Health: A Qualitative Exploration**

RESEARCHER(S):   Sarah Hunt
                          Phone Number:1-709-899-3687

SUPERVISOR(S):   Dr. Brenda LeFrancois
                          Email: blefrancois@mun.ca.

You are invited to participate in a research project on colonization and how its effects are defined within the current mental health and addictions service system.

For the purpose of this study, colonization has been defined as follows:

Colonization is characterized as an unequal power relationship between groups. It is the processes by which one colony exercises power and control over another through intentional policies and practices which subjugate the lower power group. Colonization also includes the formation of ideologies which rationalize the use of violence as a means to control the lower power group. (Adapted from the following sources: FemNEt North, 2016, Said 1979)

This consent form has important information to help you make your choice. It may use words that you do not understand. Please ask the researcher Sarah Hunt to explain anything that you do not understand. It is important that you have as much information as you need and that all your questions are answered. Please take as much time as you need to think about your decision to participate or not, and ask questions about anything that is not clear. You may find it helpful to discuss it with your friends and family. The researcher Sarah Hunt will tell you about the study timelines for making your decision.

1.   **Why am I being asked to join this study?**

You are being invited to join this study as a member of the Sheshatshiu Innu First nation to share your experiences with mental health systems in the area. Through an interview process, we hope to gain insight into your views on how the effects of colonization are/are not recognized within mental health care in the area. The

information provided through the interviews will be used to assist in satisfying requirements for the thesis research project for the Masters of Social Work program. The research goal and implications of this research is grounded in the researchers desire to improve mental health and addictions services provided to Mushuau and Sheshatshiu Innu in Newfoundland and Labrador through gaining a better understanding of potential gaps or barriers to services and culturally appropriate alternatives to currently provided mental health and addictions care.

2. How many people will take part in this study?

This study will be completed in Sheshatshiu. Newfoundland Labrador, Canada. 3 individuals will be interviewed in total for this research.

3. How long will I be in the study?

You will be expected to complete a onetime interview session with the researcher Sarah Hunt. The interview will last no longer than 1 hour in duration.

4. What will happen if I take part in this study?

If you agree to take part in this study, the following procedures will take place:

Interviews: You will be asked to participate in a one-time interview process During this interview, you will speak with/meet with the researcher Sarah Hunt. The interview will be about 1 hour in length and will take place as a location of your choosing in Newfoundland Labrador, Canada.   You will be asked to provide your views on how the effects of colonization are/are not recognized within mental health care in the area. You can choose not to answer questions if you wish.

Audio recording used: You will be audio recorded during the interview. The audio recording will be transcribed (written down) after the interview and will be analyzed by the researcher Sarah Hunt. The transcription will be done by the researcher Sarah Hunt. Your name or any other identifying information will not be included during the recording, except your voice. The audio recording will be destroyed after it has been transcribed and checked for accuracy.

5. Are there risks to taking part in this study?

Interview: During the interview, you may become uncomfortable or experience some anxiety, emotional and/or psychological distress due to the nature of the questions. You can skip questions, take a break or stop answering at any time. A list of local support services will be provided to you should you wish to access such services post interview. The audio recording of the interview process may pose a potential risk of loss of your

confidentiality because even though your name will not be part of the audio recording or the transcription, your voice may still be identifiable as your voice.

Inconvenience of time:
There is an inconvenience of time. Each interview will take about 1 hour to complete. The interview will be a one time commitment.

Confidentiality risk:
Despite protections being in place, there is a risk of unintentional release of information. As there is a limited number of participants requested to partake in this study, there is a potential increased risk for participants to be identifiable. Researchers will make every attempt to protect your privacy.

6. What are the possible benefits of participating in this study?

There may not be direct benefit to you from taking part in this study. We hope that the information learned from this study can be used to make improvements to mental health care services provided to First Nations people in Newfoundland Labrador

7. If I decide to take part in this study, can I stop later?

It is your choice to take part in this study, participation is voluntary. You can change your mind at any time during the research study. The researcher may ask why you are withdrawing for reporting purposes, but you do not need to give a reason to withdraw from the study if you do not want to.

8. What are my rights when participating in a research study?

You have the right to receive all information that could help you make a decision about participating in this study, in a timely manner. You also have the right to ask questions about this study at any time and to have them answered to your satisfaction.

Your rights to privacy are legally protected by federal and provincial laws that require safeguards to ensure that your privacy is respected.

Signing this form gives us your consent to be in this study. It tells us that you understand the information about the research study. When you sign this form you do not give up any of your legal rights against the researcher or involved institutions for compensation, nor does this form relieve the researcher or involved institutions of their legal and professional responsibilities.

You have the right to be informed of the results of this study once the entire study is complete. The completed thesis project will be made available through the School of Social work at Memorial University. An oral presentation will also be provided to the

community of Sheshatshiu which will be advertised once the research is completed. Attendance at this presentation is voluntary. The results of this research may be published within academic journals or other outlets.

You will be given a copy of this signed and dated consent form prior to participating in this study.

9.   What about my privacy and confidentiality?

Protecting your privacy is an important part of this study. If you decide to participate in this study, the researcher will collect and use information from your oral interview. They will only collect and use the information they need for this study, including:
- Name
- Information from interview

The personal information collected about you will have your directly identifiable information removed (i.e., name) and replaced with a code or with a "study number". There will be a master list linking the code numbers to names. The researcher is responsible for keeping it separate from the interviews/transcripts and personal information.

Study information collected during the study will kept with the researcher Sarah Hunt and stored on a Memorial University computer and in a secure, locked place that only the researcher will be able to access. After the study closes, study information will be kept as long as required by law, which will be 5 years. Upon completion of the research, the information will be stored at Memorial University. Dr. Brenda LeFrancois, thesis supervisor, is the person responsible for keeping it secure.

When the results of this study are published or presented, your name and other personal information will not be used in the publication.

All information that identifies you will be kept confidential, and to the extent permitted by applicable laws, will not be disclosed or made publicly available, except as described in this consent document. Every effort to protect your privacy will be made. Even though the risk of identifying you from the study data is very small, it can never be completely eliminated. If there is a breach of your privacy resulting from your participation in this study you will be notified.

Communication via e-mail is not absolutely secure. We do not recommend that you communicate sensitive personal information via e-mail.

10. Who will see my personal information?

The primary researcher, Sarah Hunt, and thesis supervisor Dr. Brenda LeFrancois, Memorial University, will have access to your name and audio recorded/transcribed interview data.

We may continue to review these records for which you have provided consent for a period of time after the interview in order to check that the information which we collected is correct.

Once research is completed, the final data custodian will be the Innu Nation in Labrador. As such, the Innu Nation may access any of the research data collected.

11. Conflict of Interest

A conflict of interest can occur when a person or group has more than one interest. In research, the people who run or work on studies must tell you if they have a conflict of interest.

The Primary Investigator has previous employment as a Mental Health Counselor with Labrador Grenfell Health. As such, there may be participants interested in partaking in this study who have had interactions with the mental health care system and/or the PI in a professional capacity. Given that this study is focused on experiences and perceptions on the mental health system in Labrador, participants will likely have had some personal or indirect contact with mental health services provided by Labrador Grenfell Health. However, the PI will not include participants in the study which whom she has provided professional mental health services to directly.

12. What about questions or problems?

If you have any questions about taking part in this study, you can discuss them with the principal investigator who is in charge of the study. That person is:

<div align="center">

Sarah Hunt (Primary Investigator/Researcher)
slhunt@mun.ca or 709-899-3687

</div>

Or you can speak to my supervisor(s): Dr. Brenda LeFrancois at blefrancois@mun.ca.

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through:

<div align="center">

Ethics Office at 709-777-6974
Email at info@hrea.ca

</div>

Signature Page

My signature on this consent form means:
- I have had enough time to think about the information provided and ask for advice if needed.
- All of my questions have been answered and I understand the information within this consent form.
- I understand that my participation in this study is voluntary.
- I understand that the interview process will be audio recorded and transcribed.
- I understand that I am completely free at any time to refuse to participate or to withdraw from this study at any time, without having to give a reason, and that this will not change the quality of care that I receive.
- I understand that it is my choice to be in the study and there is no guarantee that this study will provide any benefits to me.
- I am aware of the risks of participating in this study.

- I do not give up any of my legal rights by signing this consent form. I understand that all of the information collected will be kept confidential and that the results will only be used for the purposes described in this consent form.

_____

Signature of participant   Printed name   Day Month Year

_____

Signature of person conducting   Name printed   Day Month Year
the consent discussion

_____

To be signed by the investigator:

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant/substitute decision maker fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

_____

Signature of Researcher   Name Printed   Day Month Year

Participant Initial: _____

Consent Version Date: _____

Appendix C

Interview Probing Questions

1. Do you think that the history of colonialism has had an impact on the experiences of mental health and addictions in your community? If so, in what way?

2. Do you think mental health services in Labrador take into consideration the impact of colonization on the Innu people on mental health? (If so), in what way? (If not), why not?
-This might include treatment provided, approaches taken, place of psychiatry, diagnoses, medication, cultural practices, individualization of problems vs. systemic issues.

3. Are there traditional approaches to healing that may help the Innu people who have been diagnosed with mental illness? If yes, what would it look like? How is this different from western mental health services?

-Do you feel you have reasonable access to culturally appropriate mental health treatments or approaches?
-Are services and treatments provided with mental health and addictions inclusive of aboriginal worldview beliefs and healing methods and include indigenous knowledge. If so, how? If not, why?

4. Do you think activist approaches against colonialism like Idle No More (or other more local activist struggles) might have an impact on mental health? If so, in what way? If not, why not?

5. How knowledgeable are mental health care providers in your area on:
a. colonialism
b. traditional healing methods
c. alternatives to psychiatric diagnosis and treatment?

Appendix D

Supportive Services

Emergency Services: 911

North West River/Sheshatshiu Community Clinic
Sheshatshiu, NL
A0P 1M0
709-497-8202
Hours of Operation
830am-430pm Monday to Friday
(Friday afternoons for administration: emergency services available)

Mary May Healing Centre
Sheshatshiu, NL
A0P 1M0
Hours of Operation
830am-430pm Monday to Friday

Labrador Health Centre
144 Hamilton River Road
Goose Bay, NL
A0P 1E0
24 emergency room services
709-897-2000

Mental Health and Addictions Services
Labrador Health Centre
144 Hamilton River Road
709-897-2343

24 hour Mental Health Crisis Line
1-888-737-4668

Appendix E

HREB
NEWFOUNDLAND AND LABRADOR
HEALTH RESEARCH ETHICS BOARD

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

December 04, 2019

78 Hamilton Avenue
St. John's, NL
A1E 1H9

Dear Ms Hunt:

Researcher Portal File # 20200550
Reference # 2019.160

RE: Exploring how the affects of colonization are interpreted within mental health care from the perspective of Innu in Sheshatshiu: A qualitative study

Your application was reviewed by the Health Research Ethics Board (HREB) at the meeting held on August 15, 2019 and your response was revieed by the Co-Chair under the direction of the HREB and the following decision was rendered:

X	Approval
	Approval subject to changes
	Rejection

Ethics approval is granted for one year effective December 3, 2019. This ethics approval will be reported to the board at the next scheduled HREB meeting.

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

- Application, approved
- Research proposal, approved
- Information Letter for Participants, Nov 15 2019, Revision 2, approved
- Appendix C, Informed Consent, Nov 15 2019 Revision 2, approved
- Appendix A, Interview Probing Questions, Nov 15 2019 Revision 1 , approved
- Appendix D, Supportive Services, July 2019, approved
- Approval of Research, Innu Nation Sheshatshiu, approved
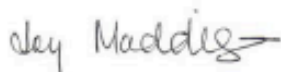
- Letter of Support, A. Qupee, approved

Please note the following:

- This ethics approval will lapse on December 3, 2020. It is your responsibility to ensure that the Ethics Renewal form is submitted prior to the renewal date.
- This is your ethics approval only. Organizational approval may also be required. It is your responsibility to seek the necessary organizational approvals.
- Modifications of the study are not permitted without prior approval from the HREB. Request for modification to the study must be outlined on the relevant Event Form available on the Researcher Portal website.
- Though this research has received HREB approval, you are responsible for the ethical conduct of this research.
- If you have any questions please contact info@hrea.ca or 709 777 6974.

The HREB operates according to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2), ICH Guidance E6: Good Clinical Practice Guidelines (GCP), the Health Research Ethics Authority Act (HREA Act) and applicable laws and regulations.

We wish you every success with your study.

Sincerely,

Jey Maddig

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Dr Joy Maddigan, Co-Chair, Non-Clinical Trials
Health Research Ethics Board

<u>You Have Received Ethics Approval, Now What?: HREB Reporting Requirements</u>

Once a study has received ethics approval from the Health Research Ethics Board (HREB), there are still associated reporting requirements. In the conduct of approved research researchers are required to report to the HREB, in a timely manner, proposed changes from approved research that affect participants at any stage of the process. This includes, but is not limited to, changes to the consent form, changes to the tasks or interventions involved in the research, or changes to measures to protect privacy and confidentiality.

Any substantive change to the research should not be implemented prior to documented approval by the HREB, except when necessary to eliminate an immediate risk(s) to the participants. Below are examples of post approval documentation that must be submitted to the HREB:

<u>Amendments</u>

Any proposed change in the conduct of a study must be submitted to the HREB, and approved, before the change may be implemented. Such changes might include modification of recruitment procedures, inclusion or exclusion criteria, revised sample size, addition or deletion of study sites, changes to an intervention, consent forms, questionnaires or scripts, etc. If there are changes in project team members or changes to funding source(s)/sponsor(s), there are specific forms to complete to report this to the HREB.

<u>Adverse Events</u>

Serious and unanticipated adverse events that occur within Newfoundland and Labrador are required to be reported to the HREB. Such events may occur in both clinical trials and in other types of research, e.g. collapse during a rehabilitation program, emotional breakdown requiring follow up care during an interview, or breach of privacy during correspondence. Serious adverse events that are fatal or life-threatening are required to be reported to the HREB as soon as the research team is aware of the event.

<u>Protocol Deviations</u>

Deviations from an approved study protocol must be reported to the HREB. Changes that eliminate immediate hazards to participants do not require prior approval, but must be reported soon as reasonably possible.

<u>Safety Reports</u>

Safety reports providing information on all serious adverse events (SAEs) occurring in a clinical trial must be provided by the sponsor to the HREB, normally on a three or six monthly basis (i.e. in accordance with the specified reporting timelines that were outlined in the approved ethics application).

<u>Investigator Brochure (IB) and Product Monograph (PM)</u>

Throughout the course of a clinical trial, changes may be implemented to study documents. All revisions to approved study documents must be submitted to the HREB to ensure the record is up to date. If the revisions include new risk or safety information there may be a requirement to notify research participants.

<u>Ethics Renewal/Study Closure</u>

Ethics approval lasts for one year. Ethics renewal is required annually, on the anniversary of the date of the HREB notification of approval. Once data collection is no longer ongoing, a study closure form is required to be submitted to the HREB for the study to remain active or to be closed in good standing.

Appendix F

Sheshatshiu Innu First Nation

Social Health Department
P. O. Box 160
Sheshatshiu, Labrador
A0P 1M0

June 5, 2019

Bus: (709) 497-8231
Fax: (709) 497-8973

Sarah Hunt

VIA EMAIL : slhunt@mun.ca

Re: Proposed research at Sheshatshit, Labrador

Dear Ms Hunt,

I have read your letter outlining the research that you would like to do to explore the connections between mental health and addictions services and the impacts of colonization as these relate to Sheshatshiu Innu. I understand your main research question is " does the current mental health system in Labrador provide services to First Nations members which acknowledges the effects of colonization on mental health?"

As the Director for Social Health programs and services for members of the Sheshatshiu Innu First Nation, I certainly see the relevance of your research. Because our community members live day to day with the impacts of colonization, we know that our own Innu health staff must build up services and supports that acknowledge and try to address the impacts of colonization. I certainly suspect that the larger provincial health system may not demonstrate the same understanding.

I can readily endorse your research proposal to undertake confidential interviews with several key informants at Sheshatshit, even as I advise that you will need to receive formal research approval from Innu Nation, as they hold the authority to grant the actual approval.

I hope this is helpful and if you have questions, please get back to me.

Sincerely,

Anastasia Qupee

Social Health Director

Sheshatshiu Innu First Nation

Appendix G

INNU NATION

PO Box 186 Natuashish, Labrador, NL   AOP1AO   T 709 478 8755   F 709 478 8833
PO Box 119 Sheshatshiu, Labrador, NL   AOP1MO   T 709 497 8398   F 709 497 8396
www.innu.ca

June 7, 2019

Sarah Hunt

VIA EMAIL: slhunt@mun.ca

Re: Proposed research at Sheshatshiu, Labrador

Dear Ms. Hunt,

I have read your letter outlining the research that you would like to explore about the connections between mental health and addictions services and the impacts of colonization as these relate to the Sheshatshiu Innu.

Please accept this letter as approval for your purposed research project. But know that any and all findings belong to the Innu Nation and the final project cannot be published without the approval of the Innu Nation.

If you have any concerns or questions feel free to contact me.

Nin,

Jodie Ashini

Cultural Guardian

Innu Nation