Improving Community Wellness through the Inclusion of Traditional Knowledge: A Participatory Action Research Study in Nunavut

Candice M. Waddell

THESIS

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Masters Committee:

Dr. Renee Robinson R.P.N., B.Sc.M.H., M.Sc., Ph.D – Brandon University
Dr. Karen Rempel B.A., M.Ed., PhD – Brandon University
Dr. Allison Crawford MD, F.R.C.P.C – University of Toronto
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Abstract

Nunavut communities struggle with a variety of social and emotional challenges, which are evidenced by elevated rates of: completed suicides among youth, childhood sexual assault, domestic violence and addiction. However, this struggle is not congruent with traditional Inuit culture, as many of these issues have only arisen since colonization occurred in the mid 1950’s. In an effort to account for this incongruence, this participatory action research project uses the methodology of descriptive phenomenology to interview ten elders from a Nunavut community.

These interviews enlighten the reader on the traditional knowledge and lived experience of elders (including historical trauma), and put modern Inuit culture into perspective. They also identify values and beliefs that have the potential to improve community wellness. The themes that emerge include: respect, leadership, family connection, inclusion of traditional knowledge, working together, and resiliency. Unsurprisingly, the project’s results are consistent with other community wellness research projects in Nunavut that recommend community-based solutions focused on resilience and strength. This project expands on this generalization to provide concrete solutions that communities can utilize to improve community wellness.
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Chapter One – Introduction

Inuit communities have undergone incredible change over the past fifty years. This change is believed to contribute to the distress that directly influences Inuit families and communities today. A 2011 *Globe and Mail* article, entitled “The Trials of Nunavut- Lament for an Arctic Nation,” highlighted overwhelming statistics of violence, abuse, and completed youth suicides in the Territory (White, 2011). Researchers of the “Qanuippitali Inuit Health Survey” (2012) further substantiate the article’s claims by providing recent findings from a survey conducted with 1,710 Nunavummiut. The results of this survey showed that 48% of Inuit respondents thought of suicide at one point during their lives; at least 29% of these had attempted suicide; 52% of females and 22% of men reported suffering from severe sexual abuse as children; 31% reported severe physical abuse as children, 52% of females and 46% of men reported at least one form of physical violence as an adult; 62% admitted to experimenting with drugs to get high and 59% reported that they drink alcohol (Galloway, Saudny, Egeland, Young, Kirmayer & Chachamovich, 2012).

In addition to these alarming statistics, the Territory of Nunavut has also been identified as having the highest rate of completed suicides in Canada—a rate ten times the national average. The rate of individuals completing suicide in Nunavut has increased exponentially over the last three decades, and is currently 120 per 100,000 (Chachamovich & Tomlinson, 2013). These statistics highlight factors that are considered to be major problems onto themselves in the north, yet it is when the factors are examined collectively we see the devastating effect on the wellness of Inuit families and communities.
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The Problem Statement

There are significant differences in the rates of suicides, violence, and addiction between pre- and post-colonization periods within Inuit society (Kral, 2012). Researchers theorize that these increases in Nunavut are a result of social distresses caused primarily by the rapid modernization and sedentarization of Inuit communities (Kirmayer, Brass, & Tait, 2000; Kral, Idlout, Minroe, et al., 2011; Krummel, 2009; Leenaars, 2006; Lester, 2006; O’Neil, 1986; Tester & McNicoll, 2004; Stevenson, 2012; Suicide Prevention Strategy Working Group, 2010). For example, fatality by suicide has been identified as one of the major issues within modern Inuit culture, specifically among the youth. In contrast, suicide was apparent in early generations of Inuit culture but was usually limited to Inuit elders. Once elders felt that they were more of a burden than a benefit to the family unit, they would go out onto the land to die in the elements (Kral, 2012; Tester & McNicoll, 2004). This altruistic understanding of suicide is very different than the current experiences within Inuit society. Suicide has also been identified and understood more recently within Indigenous populations as an ultimate reflection of collective suffering in addition to personal suffering (Wexler & Gone, 2012).

When suicide is conceptualized as a reflection of collective and personal suffering, focusing solely on individual interventions no longer promises to eradicate the problem. Western society tends to view identity as egoistic or individualistic, whereas Inuit identity has been theorized to be ecocentric. This view of identity requires a more holistic approach which considers a broader evaluation of the individual in the context of their relationships with family,
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community, surrounding land, and animals (Kirmayer, Fletcher & Watt, 2009).

Therefore, an individual’s healing and wellness are dependent on the community at large (Fletcher & Denham, 2008). From an ecocentric perspective, the argument could be made that improving community wellness benefits individual wellness.

Considering the multiple social, economic, health, and mental health difficulties that directly influence Inuit families and communities, efforts to improve overall community wellness are imperative. Numerous academics identify the need for community wellness initiatives generated by individual communities (Adelson & Lipinski, 2008; Allen, Mohatt, Ching Ting Fok, Henry & People Awakening Team, 2009; Baber & Bean, 2009; Bjerregaard, Young, Dewailly & Ebbesson 2004; Boothroyd, Kirmayer, Spreng et al., 2001; Chandler & Lalonde, 1998; Chandler & Lalonde, 2009; Fletcher & Denham, 2008; Iarocci, Root & Burack, 2009; Kirmayer, 1994; Kirmayer, Boothroyd & Hodgins, 1998; Kral, 2012; Kral & Idlout 2009; Kral, Idlout, Minroe et al., 2011; Krummel, 2009; Silversides, 2010; Tester & McNicoll, 2004; Waldram, 2004; Wexler & Gone, 2012). Social norms, cultural values, as well as family and community expectations inevitably influence the wellness of communities and need to be considered when planning initiatives (Richmond & Ross, 2008). The traditional knowledge that is passed through generations may provide insight into these community factors. In addition, understanding and reintegrating concepts of traditional Inuit identity, values and culture may prove fruitful for planning current wellness initiatives as many of the problems that plague modern society did not exist in historical society. However, reintegrating traditional knowledge may be difficult, as it has been identified that colonization practices have
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left a discrepancy in the way that Indigenous healing and wellness practices have been handed down through generations (Robbins & Dewer, 2011).

The Potential Solution
Considering the challenges that impact present Inuit communities and the need for community wellness initiatives based on traditional knowledge, the research question of this study is: How can the traditional knowledge and lived experience of elders be used in modern Inuit culture to promote community wellness? The goal of the research is to collaborate with a Nunavut community to identify traditional knowledge that can be utilized by a community wellness committee within current day programming and community plans. The objectives within this study are to: (1) engage community partners within the research process; (2) collaborate with community members to identify elders lived experience and views on community wellness; and (3) return the knowledge of the elders back to the community to be used as a framework for community programming.

Participatory Action Research (PAR) is utilized within this study as it has been identified as an appropriate form of research among Indigenous communities (Association of Canadian Universities for Northern Studies, 2003; Baum, MacDougall, & Smith, 2006; Dickson & Green, 2001; Fisher & Ball, 2003; Loppie, 2007; Smith, Rosenzweig & Schmidt, 2010; Tuhiwai Smith, 2012; Wilson, 2008). As a methodology, PAR also empowers community members to be active within the research process by identifying key issues, methods of assessment, data analysis and the dissemination of the results.
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The Ongoing Process

By utilizing PAR, Inuit intrinsic knowledge and values are illuminated from the inception of the research planning, through data collection, and ultimately (re) presented to the community in the final report. The knowledge gained from and through the research has the potential to contribute to an increased integration of traditional values and knowledge into modern Inuit culture through the improved revitalization of community wellness programming.
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Chapter Two – Literature Review

If only the high proportion of individuals that are affected by the detrimental social determinants of health discussed in the previous chapter are considered, a dismal picture of Inuit society would be portrayed. However, these statistics alone do not represent a historical cultural truth. In fact, they could misrepresent what was until relatively recently a vibrant, healthy society. Many of today’s societal disturbances have become problematic within the last fifty years, signifying that they were not a part of traditional Inuit society, but are instead a response to rapid modernization and colonization (Tester & McNicoll, 2004).

With this historical perspective it becomes apparent that potential solutions to modern community wellness may be entrenched in the values and teachings that were honoured within traditional Inuit culture. We can contextualize the current situation within Nunavut when we ground our understandings in Inuit societal history and then consider the impact of rapid modernization and sedentarization since the 1950s. We also gain insights and identify potential gaps in our understanding by examining research focusing on Inuit suicide in the following areas: individual and societal risk factors; cultural discontinuity; community wellness; community resiliency and traditional healing. Learning from the literature and resolving to address the gaps that exist in the current knowledge base could help modern Inuit communities plan to reduce the impact that these negative occurrences have and create positive culturally appropriate ways toward wellness.
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2.1 Inuit Societal History

Historically, Inuit were concentrated within tight kinship groups that were nomadic in nature (Pauktuutit Inuit Women of Canada, 2006). These tight kinship groups lived for centuries with the ability to adjust and prosper in the harsh climate of the Arctic Tundra with very little influence and interruption from the outside world. Roles within Inuit families were clearly defined, with men, women, children and elders all contributing to the benefit of the group as a whole (Pauktuutit Inuit Women of Canada, 2006). Typically women were responsible for the upkeep of the camp and childrearing and men were responsible for hunting and safety. However, these gender-based roles needed to be pliable to be able to adapt to changing circumstances with universal skills for survival. Roles shifted in response to the circumstances, needs and availabilities within the family (Morgan, 2008). The importance of community and family therefore was essential in the establishment of Inuit identity.

Kirmayer, Fletcher & Watt (2009) conceptualize the Inuit people as ecocentric. This holistic way of being comes from the Inuit belief that they are intrinsic within this environment. In other words, other people, the environment, the land, and the animals are all connected as part of an Inuit concept of the person (Kirmayer, Brass & Tait, 2000; Morgan, 2008). Since western culture is primarily viewed as individualistic or egoistic, a dichotomy exists between the Western and the Inuit concepts of personal identity. With this historically- and culturally-based view of Inuit identity in mind, community wellness greatly influences an individual's sense of wellness (Fletcher & Denham, 2008). Subsequently, the argument could be
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made that improving wellness of a community could benefit all individuals and reduce the impact of current identified social distresses caused by rapid modernization and sedentarization.

2.2 Rapid Modernization and Sedentarization

Although Inuit historically have had contact with Europeans for centuries through numerous different means, the majority of colonization practices did not occur until the 1950’s. With the increased worries over arctic sovereignty post World War II, the Canadian government established permanent settlements within the area that is now known as Nunavut (Healey & Meadows, 2007; Kirmayer, Brass & Tait, 2000). Inuit were relocated from nomadic out-post camps to established sedentary communities. In some situations these communities were located in alternate regions from traditional hunting and gathering grounds. For instance, individuals from Northern Quebec were transported to the high arctic communities of Grise Fjord and Resolute Bay, which offered a very different environment from which those families were familiar (Crawford, 2013; Healey & Meadows, 2007).

Forced sedentarization was compounded by other associated activities and events such as the introduction of the wage based economy; development of the social welfare system; establishment of residential schools; relocation of individuals with Tuberculosis to southern sanatoriums; replacement of Inuit traditional justice with Canadian justice; and destruction of Inuit traditional practices (such as the slaughter of the dog sled teams)(Kirmayer, Brass, & Tait, 2000; Kral, Idlout, Minroe, Dyck & Kirmayer, 2011; Krummel, 2009; Leenaars, 2006; Lester, 2006; O’Neil, 1986;
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Tester & McNicoll, 2004; Stevenson, 2012; Suicide Prevention Strategy Working Group, 2010).

Stories of some of the atrocities that occurred during this time in Canadian history have led many theorists, researchers and practitioners to believe that a double bind has occurred. Although the government argued these practices and strategies were intended to improve the situation for people in the north, the consequences of these imposed changes resulted in social distresses and historical trauma within Inuit populations (Kirmayer, Brass, & Tait, 2000; Kral, Idlout, Minroe, et al., 2011; Krummel, 2009; Leenaars, 2006; Lester, 2006; O’Neil, 1986; Tester & McNicoll, 2004; Stevenson, 2012; Suicide Prevention Strategy Working Group, 2010). These numerous events have had a negative impact on Inuit culture, Inuit family and Inuit community. The cumulative effect and the associated stresses in individuals and their descendants may be considered a form of traumatic stress, specifically historical trauma (Crawford, 2013).

The struggles that Inuit have faced through this forced sedentarization and modernization are similar to the struggles of many other Indigenous groups. However, the Inuit have experienced the magnitude of these changes within a fifty-year period, which is a significantly smaller amount of time then other indigenous groups (Crawford, 2013). As a result of these rapid changes, the following distresses have been identified: loss of identity, loss of family connections, disintegrated family units, shifts in gender roles, community powerlessness and a diminished cultural identity among Inuit peoples (Kral, Idlout, Minroe, et al., 2011; Leenaars, Anowak, Hill-Keddie, Brown & Taparti, 1999; Leenaars, Ecohawk, Lester,
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& Leenaars, 2007; Tester & McNicoll, 2004; Samson, 2009; Suicide Prevention Strategy Working Group, 2010). Rapid modernization has also caused large gaps of experiences and knowledge between the elders, adults, and youth in communities. The discrepancies between traditional family values and modern professional's Southern values have often resulted in children and youth feeling like they are stuck between two cultures (Berry, 2005; Briggs, 1985; Wexler, 2006).

2.3 Suicide as a Reflection of Community Distress

The elevated rates of fatality by suicide in modern Inuit society are indicative of the distress that Inuit are facing (Kirmayer, Brass & Tait, 2000). Coming from a stance that considers suicide in Indigenous populations as ultimately a reflection of collective suffering as well as personal suffering, (Wexler & Gone, 2012), it is important to look at patterns to determine the overall wellness of a community or a population.

Nunavut historically had a very low death by suicide rate. Suicidal completions in Inuit, specifically among Inuit youth, have increased only in the past few decades, corresponding directly with rapid sedentarization and modernization (Suicide Prevention Strategy Working Group, 2010; Tester & McNicoll, 2004). As discussed in the introduction, suicide was apparent in early generations of Inuit culture but was limited to Inuit elders. Once elders felt that they were more of a burden than a benefit to the family unit, they would go out onto the land to die in the elements (Kral, 2012; Tester & McNicoll, 2004). This form of suicide was seen as altruistic or a benefit for the community as a whole, which is consistent with the idea that Inuit identity is not individualistic.
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The problem of the youth in the Territory of Nunavut completing suicides at alarming rates still remains. Modern day Inuktitut (Inuit language) does not correlate the historical word for suicide with the modern day word for suicide. Because the suicide of youth is such a new phenomenon, labelling or naming it has caused difficulty among the Inuit. Clear etiquette in regards to the discussion of suicide was apparent in traditional Inuit culture, but now the traditional language has been replaced by inappropriate slang with negative condemnations (Suicide Prevention Strategy Working Group, 2010). The modern negative translation of suicide and the stigma attached to it are seen as a barrier to Inuit youth receiving assistance for their suicidal ideation.

2.4 Individual and Societal Risk Factors

Different academics have conducted research among Canadian Inuit to try to address and identify the risk factors for fatality by suicide. The authors of research conducted in the Territory of Nunavut have found that the demographic that is the most at risk for completing suicide are males between the ages of 15-25 years of age (Boothroyd, Kirmayer, Spreng, Malus & Hodgins, 2001; Tester & McNicoll, 2004). In addition to the demographic, authors have identified numerous other risk factors for suicide completions in the Territory of Nunavut including parental use of drugs and alcohol, having a relative or peer that has completed suicide, personal use of drugs and alcohol, attachment and bonding disruptions between parents and children, lack of employment, lack of educational success, prior mental illness, prior emotional or physical abuse and a feeling of alienation from culture or community (Boothroyd, Kirmayer & Spreng et al 2001; Bjerregaard, Young, Dewailly &
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More recently, researchers within the Learning from Lives Lived: Nunavut Follow Back Study (2013) interpreted the increase in fatalities by suicide in Inuit youth as the result of the intergenerational transmission of historical trauma and its connected negative impacts such as the increase in sexual abuse and addiction (Chachamovich & Tomlinson). However, complications arise, when within that same study Chachamovich and Tomlinson (2013) also deduced that there is reason to believe that there are elevated rates of mental illness within Nunavut. They base this belief on the assumption that difficult life experiences are associated with the onset of mental disorder (Chachamovich & Tomlinson, 2013). This statement reduces the risk factors and the cause for suicide into the narrow, individualist parameters of mental illness and the western views of psychiatric diagnosis. Subsequently, it also assumes that the most effective means of suicide prevention is within evidence based psychiatric services, rather than community-based initiatives. This creates a dichotomy between psychiatric treatment and Indigenous/community-based methods of healing (Kral, 2012).

2.5 Cultural Discontinuity

The longitudinal descriptive research by Chandler et al (1998, 2006, 2009) regarding self-continuity, and cultural-continuity as a protective mechanism against youth suicide offers a differing view on the reasons and causes for suicide
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completions within Aboriginal communities. The authors compared aspects of cultural continuity to completed suicide rates within tribal groups in British Columbia. Cultural continuity was measured by the extent in which the bands had control over a) land claims b) self-government c) education services d) police and fire services e) health services f) cultural facilities g) females in government and h) child and family services. The authors concluded from their study that communities that had all eight cultural–continuity factors had no suicide completions, and communities that had none of the eight factors had very high rates of suicide completions (Chandler & Lalonde, 1998; Chandler & Lalonde, 2009; Chandler & Proulx, 2006).

Cultural-continuity in the Territory of Nunavut is unique, and it differs from other Aboriginal communities in Canada. Nunavut has a public government that includes an 85% majority of people who are of Inuit heritage, and a self-government agreement provides extensive local control over many aspects of life in the Territory (Nunavut Tunngavik Incorporated, 2004; Pauktuutit Inuit Women of Canada, 2006). Traditional language is strong--Inuktitut is the one traditional language that is not in danger of being lost. The Inuit way of traditional knowing, Inuit Qaujimajatuqangit, is incorporated in government operations and procedures (Pauktuutit Inuit Women of Canada, 2006). Either this idea of cultural-continuity as a protective factor against Inuit youth suicides does not apply to this population or culturally appropriate indices for cultural-continuity have not yet been identified in Inuit populations.
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Chandler and Lalonde (2009) also studied the effect on suicide completions by various measures of socioeconomic status indicators including: the population density per dwelling, ratio of lone to dual parent households within the community, percentage of income derived from government, rates of unemployment, labour force skills levels, and rates of education completion in contrast to the rates of suicide completion. The authors concluded that there were no significant findings between the socioeconomic statuses of tribal communities in comparison to completed suicides (Chandler & Lalonde, 2009). A definitive rationale as to the reason behind the increased rates of suicide within the Inuit population is beyond the scope of this paper. The alternate worldviews are offered to highlight that there is still much debate within the academic fields over the primary reason behind the increase in suicides. There also remains inconsistency in the determination of risk, and the strategies that are suggested to minimize that risk. The consideration of all different viewpoints when making decisions that affect communities and individuals is of vital importance. One factor that remains consistent across all forms of thought is the importance of improving community wellness by reducing the impact of the negative social determinants of health.

2.6 Community Wellness

Numerous authors who have completed research in the territory of Nunavut, Indigenous communities in Canada, and/or communities across the circumpolar region constantly and repeatedly reinforce the idea that community wellness initiatives generated and sustained by individual communities are one of the most suitable solutions for the suicide epidemic (Adelson & Lipinski, 2008; Allen, Mohatt,
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Ching Ting Fok, Henry & People Awakening Team, 2009; Baber & Bean, 2009; Bjerregaard, Young, Dewailly & Ebbesson 2004; Boothroyd, Kirmayer, Spreng et al., 2001; Chandler & Lalonde, 1998; Chandler & Lalonde, 2009; Fletcher & Denham, 2008; Iarocci, Root & Burack, 2009; Kirmayer, 1994; Kirmayer, Boothroyd & Hodgins, 1998; Kral, 2012; Kral & Idlout 2009; Kral, Idlout, Minroe et al., 2011; Krummel, 2009; Silversides, 2010; Tester & McNicoll, 2004; Waldram, 2004; Wexler & Gone, 2012). Wexler (2009) suggests that this may be accomplished by mental health professionals collaborating with communities to identify community needs, community beliefs and empowering these communities to create suicide prevention and intervention initiatives that are consistent with that specific communities culture.

It is important to recognize that rather than importing solutions based on non-Indigenous standards, it may be more effective to uncover and harness the relevant knowledge that communities already hold. Leaders can utilize this relevant knowledge to include community members as partner in the planning, implementation, and structuring of community wellness initiatives (Allen, Mohatt, Ching Ting Fok et al., 2009; Bjeeregard, Young, Dewailly & Ebbesson, 2004; Iarocci, Root & Burack, 2009; Boothroyd, Kirmayer, Spreng et al., 2001; Kirmayer, 2012; Kral, Wiebe, Nisbet, Dallas, Okalik, Enuaraq & Cinotta, 2009; Wexler & Gone, 2012). In order for community initiated wellness programs to be successful, community members must be recognized as knowledgeable, and their opinions need to be recognized (Iarocci, Root & Burack, 2009; Kral, 2012).
2.7 Community Resilience

When recognizing innate community knowledge another central concept is community resilience. Resilience has been most commonly defined as the positive adaptation through negative adversity (Fleming & Ledogar, 2008). The key concept of resilience is the ability to draw from multiple sources of strength to face, live with, manage and overcome challenges (Kirmayer, Sehdev, Whitley, Dandeneau & Isaac, 2009). As mentioned previously, despite colonization practices, Inuit have had strong retention of their traditional language. The Inuit have also negotiated one of the largest land settlement agreements in Canadian history (Berger, 2006) and through that have implemented cultural understanding within their government and within modern society (Pauktuutit Inuit Women of Canada, 2006). These actions along with other forms of political activism, reconciliation, language revitalization and promoting traditional culture have been identified as examples of individual and collective resiliency among indigenous populations (Kirmayer, Dandeneau, Marshall, Kahrenonni Phillips, & Jessen Williams, 2011).

These examples of resilience relate to Inuit as a population and refer to a cultural resilience that incorporate Inuit as a collective. This cultural resilience, although extremely important, may not resonate at the community level considering the impact that sedentarization and rapid modernization had on family connections, community powerlessness and cultural identity among the Inuit (Kral, Idlout, Minroe, et al., 2011; Leenaars, Anowak, Hill-Keddie, Brown & Taparti, 1999; Leenaars, Ecohawk, Lester, & Leenaars, 2007; Tester & McNicoll, 2004; Samson, 2009; Suicide Prevention Strategy Working Group, 2010).
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Therefore, recognition of the collective cultural resilience as well as specific community resilience may be important in the discussion of community wellness. Kirmayer, Sehdev, Whitley, Dandeneau & Isaac (2009) draw similarities between the traditional notion of wellness among aboriginal communities and the modern theories focusing on children and conclude that resilience theory provides a way to reconcile important aspects of indigenous and western values. Some of the values that are highlighted include: community responsibility for children; emphasis on language as a source of renewed culture; knowledge of history and tradition as a key element of identity and importance of connection to one another (Kirmayer, Sehdev, Whitley, Dandeneau & Isaac, 2009). Therefore, community resilience relies on the interpretation of interpersonal relationships; determination of individual feeling of belonging as part of the larger community; the impact of external influences on the community relationships and the ability of individuals to connect to appropriate sources of healing (Kirmayer, Sehdev, Whitley, Dandeneau & Isaac, 2009; Kulig, 2000).

2.8 Traditional Healing

Unfortunately, there is very little academic literature on the traditional healing practices of the Inuit. Robbins and Dewer (2011) explain this gap in the academic literature could be accounted for by the difficulty that arises when trying to define the oral nature of traditional healing. Western researchers find it difficult to incorporate the true nature of traditional healing into western paradigms. Colonization practices have also led to discrepancies in the way that Aboriginal healing practices are handed down through generations, which establishes a
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discrepancy in the modern Inuit transmission of traditional stories (Robbins & Dewer, 2011).

Despite the limitations of defining traditional healing within Western paradigms, traditional healing is recognized throughout the academic literature as a holistic approach that incorporates physical, mental, spiritual and emotional concepts (Adelson & Lipinski, 2008; Fletcher & Denham, 2008; Robbins & Dewer, 2011). Traditional healing is also recognized as a life-long process rather than a short-term solution. It goes beyond the individual to consider community processes and is more spiritually based than Western healing practices (Adelson & Lipinski, 2008; Fletcher & Denham, 2008).

This spirituality may be recognized in the relationship that Inuit feel with the natural environment. As mentioned, the Inuit concept of the person has been theorized to be ecocentric, meaning that the person is in constant transaction with the natural physical environment (Kirmayer, Brass & Tait, 2000). The traditional connection that some Inuit feel to being out on the land, eating raw meat, hunting and fishing is considered to exemplify this ecocentric nature and has been summarized as being essential to the concept of well-being (Fletcher & Denham, 2008; Kirmayer, Fletcher & Watt, 2009; Pauktuutit Inuit Women of Canada, 2006; Robbins & Dewer, 2011). Considering how spiritual and traditional values of the Inuit may conflict with Western modern concepts of mental health and wellness is important in the discussion of suicide prevention and intervention initiatives.

Historical Inuit values such as non-interference, leadership by example, self-determination, and the stifling of public emotion (Pauktuutit Inuit Women of
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Canada, 2006) may all influence the way that Inuit search out and establish therapeutic rapport and interventions.

Fletcher and Denham (2008) analyzed the meaning, experience and processes of Inuit healing through a qualitative study within a Nunavut community. Within this analysis these authors summarized the qualities that Inuit feel are important in traditional and modern counsellors. The Inuit in the community that participated in the research indicated empathy, effective listening, confidentiality and having a counsellor that was able to explain potential solutions to a problem in a personal narrative rather than directing the individual to a solution were all valuable assets for a counsellor to embody. This form of counselling as storytelling fits with other authors’ views of traditional storytelling, and parenting styles between Inuit elders, youth and children (Briggs, 1985; Iarrocci, Root & Burrach, 2009; Kirmayer, Brass & Tait, 2000; Pauktuutit Inuit Women of Canada, 2006). Storytelling as form of counselling was a natural form of support in traditional culture, however colonization may have disrupted this protective parenting and teaching mechanism

2.9 Lack of Action-Oriented Solutions

Within the literature it has been established that community-based interventions that focus on reducing the effects of negative determinants of health are a primary step in improving community wellness. It has also been identified that colonization practices may have left disparity in the relationships and the way that knowledge is transmitted between generations. Therefore, in order to rectify the dichotomy between Western ideologies and Inuit ideologies and to effectively
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minimize the effects of a legacy of rapid modernization and sedentarization, it may be necessary to revitalize the traditional knowledge that the Inuit elders hold.

Potentially more important to the social distresses that have been caused by this rapid modernization and sedentarization is the recognition of the resiliency of the Inuit to maintain cultural consistency. Resiliency within a cultural group can be viewed as the “dynamic process of adjustment, adaptation and transformation in response to challenges and demands” (Kirmayer, Dandeneau, Marshall, Kahenonni Phillips, Jessen Williams, 2011). Pauktuutit Inuit Women of Canada (2006) identify that the Inuit ability to adapt is one of the strongest and most notable traits.

There is a present lack of action-oriented solutions in order to integrate the traditional knowledge and resiliency of the Inuit elders into modern day solutions. The literature has identified that this may be a crucial piece to reducing the impact of negative social determinants of health and strengthening community wellness. The values that are integrated in traditional methods of survival and the stories of resilience may be the key to understanding what needs to be done to improve modern Inuit community wellness. Learning from the lived experiences of the elders in order to recognize traditional knowledge could improve community wellness and lead to solutions that communities can utilize to decrease the impact of colonization and increase Inuit cultural continuity.
Chapter Three—Methodology

Historically, Indigenous peoples have been the subjects of numerous scientific research studies. In fact, Indigenous individuals themselves have often stated that they are the most researched people in the world (First Nations Center, 2008; Kirmayer, Fletcher & Watt, 2009; Tuhiwai Smith, 2012; Wilson, 2008). Dehumanizing research practices, which made Indigenous peoples the object of study, resulted in a legacy of injustice that continues to impact communities. This may influence how Indigenous people and communities interpret research, research practices and researchers (Fisher & Ball, 2003; First Nations Center, 2008; Fletcher, 2003).

People that plan to engage in research projects within Indigenous communities need to be aware of the calamities of the past, and that within research communities these injustices have yet to be recognized or redressed (Tuhiwai Smith, 2012; Wilson, 2008). Research design needs to ensure that the power balance is shifted and that Indigenous communities are empowered to take an active and shaping role in research of which they are the subjects. Ensuring that research is ethical and that people are being protected is not enough. Researchers also have to be cautious to ensure the knowledge of the Indigenous people is being protected and that this knowledge is being used in an appropriate fashion.

Determining a methodology of research that protects traditional knowledge and that promotes power and equity between researchers and the researched is critical. For this reason the framework of Participatory Action Research (PAR) is utilized in this research project, which has been identified as an appropriate and
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responsible form of research among Indigenous communities (Association of
Canadian Universities for Northern Studies, 2003; Baum, MacDougall, & Smith,
2006; Dickson & Green, 2001; Fisher & Ball, 2003; Loppie, 2007; Smith, Rosenzweig
& Schmidt, 2010; Tuhiwai Smith, 2012; Wilson, 2008).

3.1 Conceptual Framework

PAR is a methodology that encourages and promotes researchers to ensure
collaboration and cooperative inquiry within all aspects of the study design,
analysis, interpretation, and knowledge dissemination (Dickson & Green, 2001;
Fisher & Ball, 2003; Loppie, 2007; Streubert & Carpenter, 2011). PAR also revolves
around the central concept that individuals have the answers to their own problems,
and that these answers are what is being collaboratively sought within the research
design. The collaborative nature of the methodology empowers individuals to solve
real world problems by assisting them to find their own knowledge and stream that
knowledge into action (Fletcher, 2003; Herr & Anderson, 2005; Streubert &
Carpenter, 2011). Participants within the research process are able to uncover their
own answers by deciding how the answer will be found, then by reflecting on the
data collected, and deciding what action should follow (Baum, McDougall & Smith,
2006).

Some PAR methodologies blur the line between the researcher and the
researched, enabling the people that are being researched to eventually become the
researchers (Baum, McDougall & Smith, 2006). However, in all PAR studies,
regardless of whether the roles remain separated or merged, the power relationship
is critical. All parties within PAR are equal within the power relationship and they
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all have an equal role in the process (Baum, McDougall & Smith, 2006). Community members within this research project are empowered to be active members of the research process, but they are involved as researchers, not in dual roles. These members are also provided access to all aspects of the research process in order to ensure equity. However, respecting this, each individual member is allowed to determine how much access and involvement he or she wants within the project. Providing members access to all aspects of the research project does not necessarily equate to these individuals choosing to be involved with all aspects of the project. The details of this relationship will be attended to in more detail in subsequent sections.

Qualitative inquiry. As mentioned previously, PAR provides the structure within the design of this research project to ensure that power equities are established and that the researchers are provided with the solutions to their own problems. However, the definition and identified concepts of PAR do not concisely depict the philosophical underpinnings for the research methodology and design. As the objective of this study is to identify and characterize community wellness based on the lived experience of elders, qualitative inquiry is used as the basic theoretical construct of this research. Qualitative research focuses on finding answers to problems in an exploratory way about individuals lived experience, and perceptions on social experiences within the natural environment (Streubert & Carpenter, 2010; Sousa, 2014). Within qualitative research design, flexibility is possible where the method, and data collection strategies may change as needed in an emergent fashion rather than being rigid and identified prior to the initiation of
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the research (Streubert & Carpenter, 2010). This flexibility was crucial within the
PAR framework of this research project, to allow for equal representation of all
parties within the process. Design of the research study, the research question, the
goals of the research and the objectives are all adapted as the Community -Based
Research Advisory Council and the student researcher collaborated together on the
project.

**Descriptive Phenomenology.** There are numerous different methodologies
that can be utilized within a qualitative framework depending on the end goal and
epistemological beliefs of the researchers. Determining the main goal and
objectives and how the objectives will be met within the research project is a critical
part of the design. For this research descriptive phenomenology was utilized as the
foundation. Descriptive phenomenology allows for researchers to determine the
meaning of an experience through an individual’s actual lived experience and not
through universal principles (Kleiman, 2004). Descriptive phenomenology also
recognizes that “it is the lived experience of the individual that presents what is true
or real in his or her own life” (Streubert & Carpenter, 2010). This methodology is
fitting within an Inuit context, as lived experience through storytelling is a crucial
aspect of knowledge translation within this population. Having a thorough
understanding of the lived experience of the Inuit elders is a beneficial way to
incorporate traditional knowledge into modern day contexts and to determine what
needs to occur in order to improve community wellness.
3.2 Research Question

As discussed in previous chapters, the numerous forced, manipulated and coerced changes that have occurred in recent Inuit history have disrupted the transition from traditional to modern Inuit community wellness. Therefore, the research question of this study is: How can the traditional knowledge and lived experience of elders be used in modern Inuit culture to promote community wellness? The goal of the research is to collaborate with a Nunavut community to identify the traditional knowledge that can be utilized by a community wellness committee within current day programming and community plans. The objectives within this study are to: (1) engage community partners within the research process; (2) collaborate with community members to identify elders lived experience and views on community wellness; and (3) return the knowledge of the elders back to the community to be used as a framework for community programming.

Within the PAR framework, the exact nature of the information collected is determined through an emergent design between the student researcher and the Community-Based Research Advisory Council. However, specific strategies are utilized in order to ensure that the proposed goals and objectives of the research are being achieved. How the objectives of: (a) engaging community partners within the research process, (b) collaborating with community members to identify elders views on community wellness, and (c) returning the knowledge of the elders back to the community will all be discussed in the following sections.

3.3 Partners in the Research Plan

Ideally, true PAR originates when members of a community or organization recognize that a problem exists, and then enlist trained researchers to assist to
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determine the solution (Streubert & Carpenter, 2010). This research project was not an ideal PAR project as the student researcher generated the project based on lived experience within the community, and in order to meet the Masters of Psychiatric Nursing thesis requirements. This discrepancy, and the ultimate goal of the student researcher to meet the requirements for her Masters were divulged to all members of the Hamlet Council and members of the Community Wellness Committee, prior to the initiation of the project. Despite the origination of the research project being from an etic standpoint, all other aspects of the research attempted to be as true to the PAR framework as possible. The relationship that was developed through the PAR process is outlined below. All attempts were made to ensure that throughout the process, the Community-Based Research Advisory Council and the community were respected. The partners in the research process were the Community-based Research Advisory Council, the student researcher and the thesis advisory committee.

Community-Based Research Advisory Council (CBRAC). The Wellness Committee within the community that the research was conducted was approached to be the CBRAC for this research project. The Wellness Committee is the community committee that is directly involved in all of the wellness initiatives that occur within the community. The decision to be involved in the research was unanimous between all the members. The CBRAC is the ultimate decision maker in regard to all of the OCAP principles. They also act as community consultants, and co-researchers within the project to ensure that all of the research that is being performed is culturally appropriate and ethical as outlined below.
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**Student researcher.** The student researcher is a Masters of Psychiatric Nursing Student through Brandon University. She is trained as a Registered Psychiatric Nurse, and has experience working within the Inuit population. As she was the Registered Psychiatric Nurse in the community where the research took place she is in a dual position. She was an “insider” in the sense that she had lived in this community for 4 years and was actively engaged in evidence based practice initiatives that focus on improving coping skills and community wellness among youth. She was an “outsider” in the sense that she was not born and raised within the community, and is not of Inuit heritage. Self-reflection was critical throughout the process to ensure that all power inequities were being addressed and that the student researcher was maintaining an equal part of the process.

Full and equal participation between the Community-Based Research Advisory Council and the student researcher was required in order to make the research project successful. The student researcher acknowledged her role as “instrument” within the research and kept self-reflection journals. These self-reflection journals documented how the research transpired through the meetings with the Community-based Research Advisory Council and the interviews with the participants of the research project. The student researcher documented what topics were discussed, if there were any disagreements, how the disagreements were resolved and if it was felt that all parties had equal representation. She also documented her personal thoughts and feelings, and her initial reflections on the meetings and the data that was being collected. This has been identified as a crucial step in PAR framework and descriptive phenomenology (Herr & Anderson, 2005;
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Kleinman, 2004; Streubert & Carpenter, 2011). These self reflection journals also assisted the student researcher who entered into the partnership from a different epistemological and cultural framework to ensure that during the process of this research both experiential and empirical evidence was gathered, and that both forms of knowledge were considered equal and important (Graham, Logan, Harris, Straus, Tetroe, Caswell & Robinson, 2006).

The student researcher brought knowledge of community wellness best practices, and knowledge into research design into the conversation that melded with the experiential knowledge of the CBRAC. The student researcher was overseen by a thesis advisory committee that consists of experienced researchers from three different streams of academia.

**Thesis advisory committee.** The thesis advisory committee oversaw all aspects of the student researchers proposed initiatives. The members of the thesis advisory committee are knowledgeable in areas of community research, psychiatric nursing research, Indigenous community research, Inuit specific initiatives and many other areas of research, which were a valuable asset to the student researcher.

### 3.4 Ethical Considerations

The members of the CBRAC are representatives from an Inuit community in Nunavut, and the research that resulted was obtained from Inuit community members. Therefore throughout the entire process it was important that the principles set forth by the National Aboriginal Health Organization and within the Tri –Council Policy Statement were all adhered to. Ethical approval for this project was obtained from the Brandon University Research Ethics Committee (Appendix E)
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and the Nunavut Research Institute (Appendix F) prior to the research being initiated in the community.

Principles of ownership, control, access and possession (OCAP). Research that is conducted within First Nations, Metis and Inuit communities in Canada is required to adhere to the principles of Ownership, Control, Access and Possession of the information (OCAP) (First Nations Center, 2007).

Ownership. Refers to the fact that First Nation Communities own their collective information just as an individual owns their personal information (First Nations Center, 2007). The CBRAC decided who owned the data that was collected prior to the research commencing. They also determined whether this data was to be shared and equitable to all parties within the partnership.

Control. Refers to the rights of First Nations Communities to control all aspects of their lives including research, information and data (First Nations Center, 2007). The CBRAC had the authority to determine the use of their resources, the methodology and the distribution of the findings throughout the entire research process.

Access. Indicates that all information and data obtained in First Nations Communities needs to be made accessible to the communities regardless of where it is held or stored (First Nations Center, 2007).

Possession. This refers to the literal possession of the data that is collected in First Nations Communities, how the data is stored, who has access to this stored data and how it is disseminated (First Nations Center, 2007). The CBRAC had all final authority on aspects of access and possession of the data obtained.
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**Ethical conduct for research involving Aboriginal people.** All research that is completed with humans must also adhere to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2)* completed by the Canadian Institutes of Health Research (CIHR); Natural Sciences and Engineering Research Council of Canada (NSERC); and the Social Sciences and Humanities Research Council of Canada (SSHRC) (2010). The key principles in the TCPS2 that need to be addressed when conducting research in Indigenous communities are identified as respect for persons, concern for welfare and justice. These principles are found in Chapter 9 of the TCPS2 policies manual (CIHR, NSERC & SSHRC, 2010).

**Respect for persons.** This principle is addressed within this research by ensuring that the participation in all aspects of the research process is free and ongoing. Specifically within Indigenous communities, careful consideration needs to be considered in the aspect of respect for the individual personal identity and respect for the community identity. In order to ensure that this was upheld, a community wellness research project collaboration agreement was written and signed between that CBRAC and the student researcher (Appendix D). This agreement outlined all of the principles that guided the project and ensured that all members of the research team had a full understanding of the agreed upon partnership. In addition, informed consents were obtained for all personal interviews that occurred (Appendix H & Appendix K).

**Concern for welfare.** This principle is concerned with both individual and community welfare within the research process. Welfare needs to be considered holistically and all aspect of the community and individual need to be considered.
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The research process, and research outcomes need to be considerably beneficial for the community and the harms that may arise from the research need to be considered and weighed prior to the research commencing. Throughout the development of this research project this was considered collaboratively between the CBRAC and the student researcher.

*Justice.* This principle addresses the importance of all individuals having equity in the research process. Equity is achieved when there is no disruption in the balance of power between individuals. The student researcher will address the issues of power inequity throughout the research process by recognizing her role as instrument and keeping a self-reflective journal to ensure that all decisions that are being made are equal and just. In addition, equity in all aspects of the research process was offered to the CBRAC. These members were provided the ultimate authority to determine what aspects of the research process they wanted to be involved with and the extent of that involvement. The guidelines that were followed throughout the research process to ensure that all OCAP and TCPS II protocols are adhered to are outlined in Table 3.1.

**Table 3.1: Guidelines for Proposed Research**

<table>
<thead>
<tr>
<th><strong>Goal 1: Engaging Community Partners in the Research Process</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The student researcher approached community representatives and invited them to participate in the research project. These individuals are identified as the Community-based research advisory council (CBRAC).</td>
</tr>
<tr>
<td>The CBRAC and the student researcher work collaboratively to establish the Community – Based Research Protocol (Appendix D) that addresses all of the</td>
</tr>
</tbody>
</table>
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Ethical considerations identified in the TCPS2 and OCAP. The protocol was adapted from *VOICE Research Project: Community Protocol for Opaskwayak Cree Nation*

*Community Circle (Rempel, 2012)*

All members of the CBRAC agree to the rate of compensation for their time and commitment to the project through funds obtained by the student researcher from the Northern Scientific Training Grant.

**Goal 2: Collaborate with Community Members to Identify Elders Views on Community Wellness**

The student researcher provides the CBRAC with insight into the different qualitative data retrieval mechanisms such as personal interviews, surveys and focus groups.

The CBRAC and the student researcher collaborate to identify the method of choice for qualitative data retrieval and to determine the participant sample.

All personal interviews are offered in both English and Inuktitut with the participant having the choice of which language they would prefer.

The CBRAC and the student researcher decide together the basic structure of the interviews. The question guide that is utilized in the participant interviews is discussed and approved by the CBRAC prior to the first interview. *(Appendix J)*

The CBRAC and the student research collaborate to determine how data analysis will occur.

Informed and ongoing consents are utilized to ensure that OCAP and TCPS2
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guidelines were met. These consents are offered in English and Inuktitut to ensure that all participants understand the consent process. (Appendix H & K)

**Goal 3: Return the Knowledge of the Elders Back to the Community to be Used as a Framework for Community Planning**

The data is analyzed and the key concepts noted. The CBRAC is offered an opportunity to reflect on the final data.

The CBRAC is offered an opportunity to decide how this data would be disseminated further.

The CBRAC has final decision on whether 1) They would like to be mentioned by name within the Masters Thesis 2) Whether they would like to be co-authors on any other publication 3) Whether they wanted the community recognized and named within the publications. In the absence of a response from the CBRAC, all personal identifying characteristics of the research are withheld in accordance with confidentiality standards.

A summary of the data gathered by the research project is submitted to the community (Appendix P). A copy of the final thesis written by the student researcher is also made available to the community.

**3.5 Participants**

In descriptive phenomenology, the focus is gathering insight into the lived experience of the individual and it is therefore important for participants to have the ability to offer prolific insight into the phenomenon that is being studied (Sousa, 2014). Hearing the lived experience of Inuit community members with an ability to
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reflect both on traditional community living and current community living was integral within this study. For this reason, all participants within the study were required to be: of Inuit descent, born and raised in the communities surrounding area, and sixty years of age or older. This criteria was determined collaboratively by the CBRAC and the student researcher to ensure that robust information was able to be gathered regarding Inuit traditional knowledge, traditional lifestyles, and lived experiences in out-post camps along with the modern realities of current community situations.

**Participant selection.** It was initially decided that participants would be recruited through local radio. An announcement was made on the local radio to offer eligible community members access to study participation (Appendix G). Only one participant identified themselves through this process, which is indicative of Inuit culture as elders typically do not identify themselves as being knowledgeable, but need to be requested directly to offer their knowledge (Pauktuutit, 2006). A collaborative decision was made between the CBRAC and the student researcher to utilize purposive sampling to recruit participants for the study, after the radio announcement did not materialize enough participants. The CBRAC members, independent of the student researcher, decided the nine other participants based on the criteria as identified. The CBRAC members approached these individuals directly to offer them a chance to be involved in the project.

**Informed consent.** Prior to initiating the personal interviews, all ten participants were provided with informed consent and a thorough description of the research. The Informed consent form was provided to participants in English
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and Inuktitut. A member of the CBRAC who was fluent in Inuktitut was available at every participant interview. This CBRAC members ensured that participants had a complete understanding of: (a) the purpose of the research; (b) participation within the research project; (c) the research process; (d) how the interview data would be stored; (e) the benefits and the risks of the research; (f) any conflict of interest; (g) the per diem the participant would be receiving; (h) confidentiality; (i) how they could back out of the research study; and (j) informed consent and personal rights (Appendix H & K). The participants were also all provided with a copy of the informed consent form and were reminded that if they had any questions about the study or any concerns that they could call a member of the CBRAC (if they were unilingual) or call any of the numbers provided on the informed consent form. This clarification was reiterated at the beginning and the end of every participant interview.

3.6 Data Collection

The CBRAC and the student researcher conducted ten interviews with six male and four female participants that met the criteria for selection outlined by the research team. These interviews occurred in person over a one-week time period, and the elder participant decided the location of the interviews. Nine of the interviews occurred in the participant’s personal dwelling and one interview occurred at the student researchers hotel. There were four different members of the CBRAC that co-led these ten interviews and there was a member of the CBRAC in attendance with the student researcher in all interviews. The CBRAC member arranged, translated and provided clarification to the participants and the student
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researcher throughout all the interviews. Throughout the project the CBRAC members, who were fluent in both English and Inuktitut, were also able to ensure that participants had a complete understanding of all aspects of the research process.

**Process of data collection.** The interviews lasted an average of 60 minutes and an interview guide that was prepared by the research team prior to the interviews commencing was utilized (Appendix J). The research plan was to conduct semi-structured interviews using the interview guide, however, it became apparent during the first interview that this method stifled the elder participants. For this reason, the remainder of the interviews were conducted in an unstructured manner with lead questions being asked, and then further questions only asked when necessary to provide clarification. This unstructured process corresponded well with the narrative nature of Inuit storytelling, and it also allowed the elders’ narratives to guide data collection.

The interviews were a blend of English and Inuktitut, and began with the student researcher asking the leading question in English, then the corresponding CBRAC member reposing the question in Inuktitut. The CBRAC member that was co-leading the interviews would translate all the elder’s statements into English, and in some circumstances the Elder participant would speak directly to the research team in English. All interviews were audiotaped, with consent from the elders that participated, and only the English portions of the interviews were transcribed.

During the interviews, it was noted that there was significant overlap and consistency in the themes that were being shared by the elder participants and the
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CBRAC and the student researcher believed that no new themes were emerging from the interviews (Streubert & Carpenter, 2011).

Another important part of the process was that the student researcher and CBRAC member conducted post interview discussions which allowed reflection on the interviews, the process and determined if alterations needed to occur in the interview process prior to the next interview. The student researcher recorded remnants of these informal discussions and personal reflections on the process in her self-reflection journals. Once data collection had been finalized, the CBRAC and the student researcher met again, to reflect on the process, decide how data analysis would occur and have some preliminary discussions on the themes that had presented in the interviews. Whether more themes would have emerged if a larger sample was used is unknown, however the repetition that was found within the interviews led the research team to believe that the major themes were captured within this project.

**Storage of the data.** As mentioned previously, the storage of the data, and who had access to the data was decided jointly between the CBRAC and the student researcher with the CBRAC having final authority according to the OCAP and TCPS II guidelines. It was decided that the raw data, which included the consent forms for participants, and the audio taped interviews, would be made accessible only to the student researcher. These consent forms are stored within the locked dwelling of the student researcher, and the audiotaped files are stored on the student researchers locked personal computer. The transcripts of the interviews, with all personal identifiers removed from the written documents, are stored on a password
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protected USB drive that available to any of the members of the CBRAC. It was decided that this USB drive would be stored in the student researchers personal dwelling when not in use by the CBRAC, and in situations where a member of the CBRAC had it in there possession, they would keep it secure. The CBRAC members all signed confidentiality agreements that outlined the protocols that were established (Appendix I). It was also decided that all raw data would be destroyed 5 years after the completion of the research. All other working documents, had community and participant identifying characteristics removed, and are stored on the student researchers locked personal computer.

3.7 Data Analysis

In traditional PAR projects, data analysis occurs in collaboration with all members of the research team. However, in this project the CBRAC made the decision that the student researcher should conduct data analysis independent of the CBRAC members. This was decided for numerous reasons including: the student researcher had recently moved out of the community so group data analysis would need to occur over video conferencing; the CBRAC members had numerous other family and community commitments and did not have the time to set aside to conduct data analysis; and there was no further funding available to reimburse CBRAC members for their time. The student researcher respected this decision, as abiding by the OCAP and TCPS II guidelines, and respecting all of the rights and decisions of the CBRAC outweighed the need to follow common research guidelines. It was also felt that due to the content, and the CBRAC member’s thorough
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involvement in all other aspects of the data collection process that analysis could occur independently without repercussions.

Since the process of data analysis occurred by the student researcher solely, the importance of bracketing was extremely important. Bracketing is an attempt to set aside all preconceptions and prior understanding about a phenomenon in order to achieve a state of neutrality (Herr & Anderson, 2005; Kleinman, 2004; Streubert & Carpenter, 2011; Wojnar & Swanson, 2007). Within the confines of this research project, this meant that the student researcher had to bracket both experiential and empirical forms of knowledge in order to allow neutrality in the analysis of the data. Examples of prior knowledge that needed to be bracketed were the student researchers personal notions and experience with: community wellness, Inuit community processes, traditional knowledge, and Inuit Qaujimajatuqangit (IQ Principles). This bracketing was accomplished by dwelling with the data for long periods of time, thorough analysis, and back checking numerous times while the themes were established.

Process of analysis. As mentioned, during the interviews with the elders, members of the CBRAC translated the content of the conversations and all of the interviews were tape-recorded. The student researcher was able to document word for word translations from these tape-recorded conversations. The transcripts were read thoroughly and labelled P1-P10, all identifying characteristics were stripped from the interview transcripts and the gender of the participants was the only identifying characteristic that remained within the transcripts.
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The process of coding began after each of the non-identifiable transcripts were read through, in completion, by the student researcher a few times. Coding is the process of line-by-line examination of the data to identify concepts, and conceptualize underlying patterns (Streubert & Carpenter, 2011). The transcripts were initially coded by adding notes in the margins of the original transcripts. These notes were then looked at separate from the transcripts to see if there were any categories forming. There was repetition in the notes from the transcripts, and those topics were combined into larger headings. The larger headings that presented after this initial step were: respect, family dynamics, community leadership, hardships, rapid modernization, teaching, sharing, purpose in life and future suggestions. From that data, an excel spreadsheet was developed to categorize specific quotations from the transcripts in regards to these heading. This spreadsheet was analyzed again, and it was determined that repetition was noted within some of the headings. These heading could be compounded into tighter topic groupings. It was also determined that some of the broad historical narratives, that were spoken about by the elders, could also be reduced into the tighter topic groupings. The final common themes within the narratives were then grouped within the topics of: respect, family connection, leadership, traditional knowledge, sharing, working together and resiliency.

3.8 Data Verification

With both descriptive phenomenology and PAR research projects, data verification is an important part of the process. Member checking is a methodology utilized to provide data verification. Member checking is used to ensure that the
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“participants recognize the findings of the study to be true to their experiences” (Streubert & Carpenter, 2011; Wojnar & Swanson, 2007). This method was utilized throughout this research project at a number of different stages. During the interviews with the elders, both the student researcher and the CBRAC members used methods of clarification to ensure that they understood the elders intended meanings. This was especially important due to the fact that all of the interviews occurred in two different languages. After all the interviews were completed, the CBRAC and the student researcher had a discussion about the initial content themes that were identified, but not analyzed completely. The CBRAC members agreed completely with the initial raw findings that presented in the interviews.

Considering that the final findings were very similar to these initial findings, only more comprehensive, led the student researcher to believe that the finding were consistent with the elders intended meaning.

Ultimately, as part of the process, member checking would occur again, after all the findings had been completely determined. This final process of member checking would be used to ensure that the researcher had correctly summarized the participant’s experience, which is the ultimate test of descriptive phenomenology (Wojnar & Swanson, 2007). However, although this was included in the initial plan with the CBRAC, when it came time to verify the final data analysis, numerous attempts were made to re-engage with the CBRAC and this was not possible. Due to other circumstances that were out of the student researchers control, all attempts to engage with the CBRAC were unsuccessful.
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An important part of PAR is to also analyse and assess the action that has been accomplished due to the knowledge that was obtained in the research process. The completion of the participant interviews showed that the process itself had spurred some community action, the CBRAC had numerous ideas of how they could implement what they had learned into action within their own committee, and the community at large. The process also appeared to renew individual members engagement in their committee’s actions. However, whether action actually occurred or not is unknown as the situation and the status of the Community Wellness Committee changed after the research was completed. This concept will be discussed more thoroughly in the following chapters.
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Chapter Four – Results

It is rare within Inuit culture for an elder to directly confront someone about a problem. Instead elders use experiential knowledge presented in storytelling narratives to advise listeners to solve problems independently (Fletcher, 2003; Kirmayer, & Valaskakis, 2009; Pauktutiit, 2010; Wilson, 2008). This form of storytelling has been used as a way to transfer traditional knowledge, values, and problem-solving skills between generations.

The elders involved in this research project use storytelling to guide the researchers through an analogous process. The interviews all begin with a broad open-ended question, which guide the elder and set the parameters for what knowledge is being sought. The lived experience shared by the elders provides clarity on the values and traditions that have potential to improve community wellness within future generations.

As mentioned in the previous chapter, using a qualitative research framework based on PAR and descriptive phenomenology allows elders to share their personal lived experiences in a culturally appropriate manner. Through the process of intuiting, analyzing, and describing these narratives, common themes emerge that explain the elder's views on community wellness. These themes relate to the importance of: respect; leadership; family connection; inclusion of traditional knowledge; working together and resiliency in improving community wellness.

4.1 Respect

Elders are highly respected for their knowledge, wisdom, and ability to provide meaningful advice, which places them in a position of high esteem within...
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families and communities (Pauktutiit, 2010). Children and youth are taught to show respect by listening, following advice and leadership, and providing assistance to elders. One participant indicates:

[Traditional Inuit] had a rule of thumb, even though it wasn’t really written in their camps. One rule was to respect elders. Even if [the elder] says something that is negative towards the younger people, the younger people could not talk back, they had to respect [the elder] (P2 – Male Participant)

This unwavering obedience was seen as the highest form of respect and was important to the hierarchical structure of life within the out-post camps. Every individual within the camp had a role. The elder’s role was to lead, instruct, teach and model for the younger generations. One participant illustrates this by stating:

Elders were usually really helpful, they wouldn’t even go out hunting they would stay in the camp and tell us stories. They would teach us about the good life, a good life for everyone. They were teaching about when they were young, they were teaching about how to survive, they have a lot of good things to say (P8 - Male Participant)

However, many of the elder’s involved in this project express that rapid modernization and relocation have caused disconnect between the traditional and modern roles of elders within families and communities. Many state that this is due to the elders not having as much of a voice with the youth (P6 & P8 -Male and Female Participants).

**Modern Inuit youth.** Participants in the project reflect that in their childhood they were taught that listening, following advice, following leadership and providing
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assistance to elders showed respect. Elders report that the younger generation’s present day actions show disrespect because youth do exactly the opposite of what the elders were taught. One participant mentions:

In today’s world compared to back then, at home we were told that we should be listening and helping the elders. Now when the [youth] are told that they forget it right away, [it’s] like it goes in one ear and goes right out the other ear. The [youth] are harder to communicate with today. (P5 - Female Participant)

Another reiterates the sentiment:

In today’s day, they don’t even say anything, they don’t acknowledge when I pass by. They don’t respect the elders and they don’t ask the elders what needs to be done. If the elders needed help back then we would help our elders. (P2 - Male Participant)

The way that youth interact with their parents and their grandparents is indicative to the elders of how the concept of respect has changed. An example of this is:

One thing that I have noticed is that [when I was young we did] not talk back to parents, none what so ever. Where as today there are many children that are talking back to their parents. (P9 - Male Participant)

Another elder reiterated this sentiment, by reflecting on her own personal experience:

When I try to tell my kids that they should be living a certain way it is just as if they are saying “no way” they are just talking back now. Before they just
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used to say yes, if I was trying to tell them how to live their lives in a positive way. (P6 - Female Participant).

Another states:

If I try to tell the younger generations that at their age we respected our parents and our elders more and that they don’t anymore. They just say that was then, it’s 2014 now. (P7 - Female Participant).

Overall, the elders express that the importance of respect between generations has changed drastically between the past and present day. Many of the elders share that within the out-post camps, showing respect was directly related to survival. Children and youth respected their elders and therefore were able to listen and learn about important strategies on how to stay safe, how to protect themselves, and how to survive within the harsh arctic climate. In the modern world, Inuit elders feel that children and youth do not learn important teachings because they do not respect or listen to their elders. One participant relates this disrespect to some of the common problems in modern communities:

Everyone doesn’t use their elders anymore, they don’t talk to their elders, there is no leader, there is more suicide and people are angry. If people were taught to respect their elders things would be better. (P2- Male Participant).

**Rationale for the disrespect.** All of the participating elders express that the value of respect is crucial to the wellness of communities and families. However, the elders also articulate differing rationales for why the value of respect has not been given prominence in the younger generations. A common sentiment among all the
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elders is that “the elders have no voice right now, if the elders could start getting their voice back that would help to build the respect again.” (P6 - Male Participant).

Many of the elders mention a lack of authority as a contributing factor to why younger generations are being disrespectful. The elders describe that the lack of authority is influenced by numerous other factors including: the change in the leadership structure within communities, an influx in new authority within children’s lives, personal life choices that adults make, and the rapid modernization of Inuit culture. All of these issues will be discussed in more detail in subsequent sections.

4.2 Leadership

The roles that individuals held were clearly defined within out-post camps. The participants state that many of the elders acted as leaders within the camps. The leaders were well respected because of their abilities and the way that they subtly commanded people to adhere to the groups standards. All of the male participants within this research project discuss the importance of strong leadership in guiding and improving community wellness. Many of them reflect on the qualities that they felt were apparent in traditional leadership. An illustration of this is that,

In the Inuit culture the leader was a good role-model. He was a hunter and [organizations] would approach him if something had to be done. That’s how come he was the leader. (P9- Male Participant).

Another suggests that there were other qualities that were represented by the leaders such as:
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The leader was voicing to the people what had to be done. They were voicing the lifestyle that they had to lead. They [would] communicate back and forth about the good lifestyle. (P8 - Male Participant).

The elders reiterate throughout the interviews that they feel this traditional form of leadership provided strength within the smaller out-post camps. Many of them suggest, “the use of more traditional ways of leading in the community would better the community as a whole” (P1 - Male Participant) because the traditional qualities that were admired in leadership, no longer exist in modern leadership.

Qualities in modern leaders. Participants allude to the fact that modern democracy has changed the way that leaders are chosen, the qualities that are considered to be important within leadership, and the way that community members are provided with authority. Specifically, one elder mentions:

Many of the Hamlet members are not even elders. They don’t have the experience for life that the elders do, and they don’t know about things because they haven’t experienced them. (P2 - Male Participant).

From this statement, it is quite apparent that experience and knowledge of traditional ways of living had a large role in leadership, within the out-post camps. All of the participants of the study refer to this knowledge as being a benefit to modern Inuit. However, modern democracy does not appear to place the same weight on traditional knowledge as the elders do and many of them express frustration with the current level of leadership within the community.
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Traditional knowledge was not the only quality that the elders feel modern leadership lacks. One elder summarizes another important quality of leadership by stating:

Back in the out-post camp we used to have a leader and the people in the camp would listen to the leader. Now we know that the Hamlet is our leader but the people do not want to listen to them when they are doing drugs and alcohol. (P8 - Male Participant)

Many of the male participants state that having individuals in a position of power who make negative lifestyle choices has affected modern leadership. They emphasize that the concepts of respect, leadership, and being a positive role-model are all intertwined and dependent on one another. Participants recognize that in order to be respected and be a good leader, it is crucial to show younger generations how to live life positively by being a positive role-model. Positive role-modeling was also seen to be a beneficial way to transfer traditional knowledge and will be discussed in more detail in later sections.

The elders also mention the importance of communication, especially transparency in communication, as a crucial part of traditional leadership. One elder refers to the importance of communication within leadership by stating:

The leader of the camp back then, even if he didn’t communicate daily or constantly, on Sundays they would get together and communicate about what was going to happen in the next week. They would plan ahead. If there was a problem they would talk about it to decide what needed to be dealt
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with, and they would talk about what needed to happen with any problems that arise, even if they didn’t vote. (P2 - Male Participant)

Another participant highlights the lack of communication within modern leadership by stating:

We know that Hamlet is our leader in the community. They are not meeting with people from the community; they are not trying to get solutions or discussion from the people of the community. The community has difficulty trying to hear what the Hamlet is saying because there is no communication. (P8 - Male Participant).

Overall, the elders express that a lack of traditional knowledge, negative role-modeling, and a lack of communication all negatively impact the leadership within communities. Modern democracy can account for some of the challenges associated with delegating leadership within modern Inuit communities, but it cannot account for all of the changes that have occurred. The complicated history of Inuit modernization and relocation also contributes to some of these challenges.

Influences on leadership. According to participants, external forces have affected leadership and power balances within communities. The factors that directly affected leadership within Inuit communities were: (a) the influx of Qallunaat \(^1\) (b) the change to the structure of families; and (c) the establishment of numerous different government departments within the larger communities. These factors were seen to have a profoundly negative effect on leadership within

\(^1\) “Inuktitut for a person of other than Inuit origin. Most commonly used to designate Caucasian people of western European origin” (Tester & McNicoll, 2004).
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One participant summarizes the influx of the Qallunaat and the result that this had on Inuit leadership as:

When I was growing up between 1940-1948, I remember that if there was a Qallunaat in the community, whatever [they said] people would do because [they] were seen as the leader. [Even though they] came from somewhere else. Everyone would think that way. Even if [they] were younger, and they weren’t an elder people would start listening to [them] because [they] were white. (P2 - Male Participant).

Another participant reiterates by stating:

If Qallunaat told them what to do, they would always listen. The elders and the adults they thought of white people as bosses or something like that, so they would listen to them, and they wouldn’t say no. (P3 - Female Participant).

The elders divulge that it was not only the influx of Qallunaat that had an effect on traditional leadership but that also the establishment of numerous different government departments. For example, one participant expresses “there are too many leaders, like the housing department has a leader, and social services has a leader. Instead the mayor should be the leader running the whole community” (P1 - Male Participant). Another elder reiterates this comment by stating:

It is hard to say what is positive in the community, because you can’t do much about it. There are so many different departments, social services, housing, RCMP, people are going to get help from so many different places
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rather than going to the leader. As elders it is hard to see those things. (P5-Male Participant).

Other participants also comments on the decline of traditional leadership styles, and the effect that this is having on elder’s feelings of powerlessness. Examples of this are:

I have seen some changes in the way people see the leader, but the same thing keeps coming up like back then, there is still a hierarchy in the departments, and they still do what they think the white man wants them to do. The elders had foreseen that the communities would all be run by white when they started coming and that the elders wouldn’t lead anymore. (P2-Male Participant)

and

There are lots of weaknesses in our community. I feel that the [Hamlet] council is not interacting with the community and that it is because of this that the younger generation is not listening to the right authority. (P7-Male Participant)

In small communities, the local leadership has a large impact on the youth in the community, so listening to the right authority becomes extremely important. The elders recognize this and advocate for strong and positive leadership.

Ways to improve leadership. Quite simply, the elders felt that one way to reverse some of the negative implications of modernization on leadership would be to embrace the things that worked within traditional leadership roles. Increasing communication, ensuring that leaders are positive role-models, and increasing elder
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involvement in decision-making are all effective changes that would make a positive impact on community wellness and community leadership.

As discussed, all the male elders express that the inundation of different government departments and their subsequent leaders caused confusion with the community as to where true leadership resides. Therefore, they suggest that leadership would be improved if more communication occurred between governmental departments. They also recommend that everyone within leadership roles be more transparent about the decisions that are being made that affect the whole community. Participant’s state that this transparency could occur by increasing the amount of communication to the community via radio shows; encouraging departments to meet together, rather than separately, to solve big issues; and expecting leaders become more responsive to the needs and the wants of the community members. An elder gave an example of effective communication in the past:

There was a time that the community had a lot of really bad things happen.

There was an interagency committee that started to have meetings. We started to see some positive changes when the community was having meetings like that. (P8 - Male Participant).

One of the suggestions made by the elders to influence positive leadership is to increase communication. Another suggestion is for leaders in the community to “be good role-models, and show people how to live the good life without drugs and alcohol” (P8 - Male Participant). Finally, a strategy to improve leadership is to have a larger elder contingent within leadership roles. Many of the participants in this
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project state that elders should be more involved in decision-making that occurs within the community and they should be the ones to assist in gathering different departments together. Interestingly, the elders within this project did not blame anyone or anything for the lack of leadership, nor did they state that it was only external factors that have forced this lack of leadership. One participant summarized the leadership role of elders moving forward as:

I don’t know why we don’t say anything about the problems we’ve faced. We need to try and talk to our younger generations because we have been in a very bad place. We don’t want to put our grandchildren in that same place. We have to talk to them. It would be even better if we the elders gather together to talk about the problems maybe we could do something about them to make things a little better. (P8 - Male Participant).

Recognizing that there is a need for elders to take back leadership role within communities and bridge conversations between the past and the present is a suggestion on how community wellness may be improved. However, simply bridging this gap may be more complicated than a simple conversation.

4.3 Family Connection

The elders, as mentioned above, suggest that improving leadership and the way that respect is valued in communities might increase community wellness. Leadership, respecting elders, and listening to the right authority are all values that are instilled within the family unit. One elder states, “wellness could start if we start talking to each other, and to our families. And tell them about how back then things
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used to be that is how things will start to get better in our community” (P3 - Female Participant).

However, communication between generations has also become more difficult than simple conversations. The elders recognize the need for positive and strong family connections, but they also recognize that is more difficult within Inuit culture because of the implications of rapid modernization. Just as the values of respect and leadership have changed in the recent history of Inuit, so have the bonds and the structural units of families.

**Transitioning into Communities.** One component of rapid modernization is the transition that Inuit made from out-post camps into larger community settings. This move caused changes in many aspects of traditional life. All of the elders that we spoke to had lived in both out-post camps and larger communities and were able to describe both situations. They describe their childhood as happy and trouble free. One elder describes his childhood as having:

No worries, no thinking about whether there was going to be a problem today. We never think about that. We never had to worry about somebody going to get drunk- no way. We never thought that we were very poor; we had everything that we needed. Sometimes we wouldn’t eat bannock that’s ok. Sometimes we didn’t eat bannock for about 6 months, but we knew that we were going to eat bannock again. We just lived a happy, happy life, even when we got angry everything was still ok. (P8 -Male Participant).
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Another elder states, “life was not that simple back then, because we had to look for food in order to survive. But there is definitely more hardship now a days” (P4 - Female Participant).

This idea is reiterated, when a different elder says:

We wouldn’t have to think about what we were going to do next, because we didn’t have anywhere to go. Today’s Inuit do have to think about going out and what they have to do. They have to think of something to keep them happy and they have to think about more daily things. (P1 - Male Participant).

The elders stories about living on the land in out-post camps include situations where their only social involvement was with their families. All of them remember this time as being difficult but also as happy. They recount how the transitions from small out-post camps into the communities caused an inundation of numerous different influences. For instance, one elder reminisces the transition from out-post camp to the community, “I noticed a difference when we moved into the community, because there were more families, and I wasn’t used to those families” (P10 - Female Participant). With new influences in the larger community setting, came new experiences, many of which the elders describe as being negative. For example;

I started realizing that my life was not only full of love when we moved into the community and I stayed out all night. Once you start seeing different things that is when you start to realize that you can do that too. (P3 - Female Participant).
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One elder suggests that it was the sheer number of individuals that had moved to the communities that caused the problems in family and community structure,

There are lots of people in the community today, compared to back then.

Due to the fact that there are many people and the population is increasing, [people] are starting to turn at each other. Just like animals. When there is abundance of certain animals, they start to turn on each other. (P9 - Male Participant).

Influences on Family. Population size and larger networks of influence definitely had an impact on families. Some of the historical traumas that Inuit faced have had a severe impact on the way that families are structured. Historical trauma is mentioned within the section on family, as ultimately the elders believe that their experiences as children dramatically influence the way families are structured today. However, many of the examples of historical trauma that the elders provide should also be considered within the context of the other topics because the ramifications of rapid modernization and intergenerational trauma are woven into all of the stories, thoughts and experiences of the elders.

A few of the specific traumas that are mentioned in these interviews include: (a) the introduction of alcohol; (b) the movement of individuals to southern tuberculosis sanatoriums; (c) the slaughter of the dog teams and (d) residential schools. It is important to consider that within the ten interviews all of the above traumas are mentioned, however, not every participant mentions all of them.

Although the collective impact of historical traumas is great among Inuit as an entire
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population, there is variation in how these traumas affect individual families and communities.

The trauma that was mentioned most frequently as a barrier to community wellness is the introduction of alcohol. The introduction of alcohol to communities is seen as a pivotal moment in the destruction of families and communities because alcohol was introduced into communities at the same time that families were transitioning from out-post camps and into settlements. One elder states:

The alcohol started to come in at that time, and everyone started to drink, even under age. The RCMP had to come to town full time, because everything started to go crazy. Alcohol started, home brew started and that is when the community started to break apart. People started breaking, families started breaking, dogs were destroyed, and everyone started to break. (P8 - Male Participant)

Another elder discusses the addition of alcohol into community life, and its’ subsequent impact on violence and suicide,

First thing is that the community itself, there was nothing scary in it. It’s when violence is out and visual, things get scary. [When] alcohol first came here that is what started it, and after the alcohol had been brought here, suicide went up, that is when suicide, was visual. (P9 - Male Participant)

One of the elders provides an example of how alcohol use had specifically caused problems within the family units. She states, “as adults we drank at home [and our] children witnessed that. That is when the children started losing respect and stopped listening to [us] their parents at home” (P10 -Female Participant).
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As mentioned previously, there were also other historical traumas that changed the relationships between family members, other than the addition of alcohol. One elder discusses how being sent to a southern tuberculosis sanatorium disrupted the relationship that he had with his family, and also disrupted his traditional language,

> When I was about five years old, I had to go down to the south for TB treatment. When I was down there I lived with someone for about three years, and I lost my language. When I came back [to the North] I had lost my language, and I didn’t know how to speak Inuktitut anymore. (P8 - Male Participant)

The implications of traditional gender roles were also influenced by the slaughter of the dog sled teams. One elder spoke a lot about this time in Inuit history.

> The dog-slaughtering, [caused people to be] empty handed. [The dogs] weren’t just transportation they were survival. They were there only means of going out hunting, they had nothing else to go out hunting, and these things that replace the dogs, these snowmobiles they cost money. So that is when it began the dog slaughter was pretty much the start of when the youth started to be lost. Parents [stopped] going out hunting even when [youth] were of the age to go out on the land to go hunting, they wouldn’t. (P9 - Male Participant)

The loss of traditional language and skills were also compounded by the introduction of residential schools at this time in history. For instance, “it’s like
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[elders] are in a confused state right now, because back then when we were in school we were told to speak English, and if we [spoke Inuktitut] we would get hit by our teacher” (P6 - Male Participant).

The legacies of residential schools have not yet ended. There is still a large discrepancy in how modern values and traditional values of Inuit culture are represented in the modern educational system. One participant mentions that her “children completely changed when they went to school” (Female Participant). This was a common statement, and although the elders recognize the need for modern education, they also emphasize the need for more common cultural values to be taught at school. One elder explains, “being home and being in school is totally different. The younger generations are really in a confused state. They are living the Qallunaat life, but they also know the Inuit traditional life” (P6 - Female Participant).

It is understandable that many of the elders directly correlate these dramatic changes with many of the problems that modern Inuit youth face. Many of these challenges were unheard of in traditional Inuit culture, which has caused the gap that exists between the generations to grow wider.

**Challenges for Modern Youth.** Many of the elders have difficulty explaining some of the changes that have occurred for modern day Inuit youth. The elders emphasize that the behavior of youth directly affects the wellness of the community as a whole. The elders suggest that suicide, violence, alcohol and drugs have all greatly impacted the lives of the youth in modern Inuit culture and negatively impacted the wellness of communities. “There is a lot to deal with right now. That is
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why the younger generations are so confused, things have changed a lot.” (P7 - Male Participant)

All of the elders had personal experience and describe how suicide has impacted their lives. One elder summarizes everything that has happened in this heartfelt statement:

I am very different now because of the things that have passed in my life. Many tragic things, like losing my children and serious illnesses. I have had children that have died by suicide. Those are probably the reasons why the things that I was able to say, or have known are not there anymore. (P9 - Male Participant)

Another states:

It's different today because the youth are very fragile, and when the elders try to tell the youth to not do things when they try to restrain the youth from doing bad things, they are too fragile and they threaten to commit suicide and things like that. It is like walking on thin ice, or like trying to keep something from falling, because they are just committing suicide today. (P4 - Female Participant)

One elder suggests that, “I see that suicide is something that is not feared anymore” (P10 -Female Participant).

Suicide was not the only struggle that was mentioned by the elders, other challenges are summarized in the following statement:

Obstacles for the youth today are alcohol and drugs, and young girls today they are prostituting. We do not respect what is not to be used, and that is
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one of our weaknesses. Today elders have to try to restrain the youth from drugs and what not. (P4 - Female Participant).

Many of the elders suggest that the challenges community youth face are directly affecting the health of the communities, “the community is unhealthier because there are so many things that are obstacles compared to what it was like in [our] childhood.” (P4 - Female Participant).

All of the external factors, historical traumas, and current challenges for youth are definite problems in the way that families interact. It is difficult to navigate the generational gaps that have appeared because of the differences within experiences. The elders express that all of these factors greatly influence the ways that Inuit parent their children and communicate within families.

Communication. Communication between family members, especially distant family members, has decreased since the transition to community life. Many of the elders discuss that even with the new technological advancements such as phone and internet, there still is not as much face-to-face contact among family members as there used to be. For instance, “families don’t interact anymore, before they used to be together a lot, they don’t see each other too often any more, even if they live right beside each other” (P7 - Male Participant).

Participants elaborate that the communication structure between youth, elders, and adults has greatly shifted since the movement to community life. Elders are often responsible to try to stop children and youth from making decisions that could potentially be harmful to them. However, at the same time, many of the elders express that disrespect from the youth makes it difficult for the elders to connect
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with the youth. One elder states, “more elders are scared of the kids now, because there is more hierarchy now a days, I guess that is why it is like that now.” (P3 - Female Participant). This hierarchy causes a disruption in the way that traditional leadership is sought, respect is offered, knowledge is shared, and parenting is accomplished.

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Despite the disconnect between generations due to the factors that have been previously discussed, the elders articulate that traditional knowledge sharing, and relationship building between generations is crucial to improve wellness within the community. The beginning of this chapter outlined storytelling as a traditional approach to knowledge sharing teaching among the Inuit. The participants within this project proclaim that the roles of elders storytelling, and role-modeling are ways for traditional knowledge and experience to be integrated into modern Inuit culture. The participants see elders within communities as critical elements in ensuring that important aspects of traditional knowledge and Inuit identity are passed along to the younger generations. Elders have a pivotal role in strengthening Inuit culture and Inuit identity to assist in creating positive change in community wellness.

Elders Role. Many of the participants discuss that within outpost camps elders played the important roles of counsellors and mediators. Elders took these roles to assist younger generations, new couples that were just starting out, and people who were experiencing violence. Elders had an innate ability to assist people that were troubled and they:
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Didn’t talk to these people right away when they were still angry, or when they were in a bad mood. The elders could tell when they were having a bad day; they would wait until they were happy or normal. They would help them but they would wait a while until that person had settled down, and there was no more anger in them. (P5 - Female Participant)

This naturally supportive role was considered to be very beneficial. One of the participants suggests that the decline of the use of elders in this supportive role has contributed to some of the issues that modern youth face. For example, “the main thing that I have seen since my childhood is the kids are not being well taught or talked to by elders, there is no counseling with the elders today” (P7 - Male Participant). Another participant elaborates, “having the elders speak to troubled kids one-on-one, or as a group, would help. That’s when they would start getting stronger.” (P3 - Female Participant). It is also mentioned that, “older generations need to talk about this more, they know lots but they are quiet. If we meet with the elders more often, if the youth could meet with the elders more often that is when things could change” (P7 - Male Participant).

One participant gave a very simplified explanation to why communication between generations is not occurring and what roles elders need to take. She states:

We are not asking enough questions now, the elders to the younger generations, about what they are dealing with or what they are thinking. We have to ask questions, we have to ask ourselves what is making us unhappy and how do we resolve our problems. (P3 - Female Participant)
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As mentioned previously, increasing communication by asking questions and assisting one another to come up with solutions is believed to be accomplished in traditional storytelling and role-modeling activities.

**Storytelling.** The elders give concrete examples of how storytelling could be used with younger generations to bridge the communication gap between generations. Elders provide an example telling stories about traditional food sources and the process of preparing game for consumption because “everything has a story in it. [Elders] could show all the uses of all the different parts [of the animal], because everything has a use” (P7 - Male Participant). This elder strongly believe that youth would benefit from these discussions because knowing about the traditional preparation of food would assist children and youth to understand their culture. It also provides an opportunity for elders to pass on important knowledge that was crucial for survival within out-post camps.

Another elder suggests that the approach to storytelling itself might have to change. Elders may need to change the way they tell stories to elicit more response from the youth, such as transmitting messages of survival and traditional knowledge in the form of ghost stories and legends. The idea that the children and youth are living between two different worlds, the traditional and the Qallunaat, is not lost on the elders. They recognize that in order to accomplish the transition and continue to keep Inuit culture relevant with Inuit youth that some things might have to change. They believe that the method of delivery, as well as the situations in which the stories are told, might need to become more modern.
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Participants identify a gap in how traditional knowledge is shared within the school system. As discussed previously, elders recognize the merit of the modern school system. However, the current disconnect between what is being taught at school and what is occurring at home is a concern. One elder suggests that:

Today in school there should be more talk about traditional ways of wellness and Inuit knowledge. The only thing that they talk about at the school is how to spell in Inuktitut. There needs to be more traditional teaching in the school today, so [children and youth] can grow up with the traditional knowledge. [Elders] should get started right away about communicating the traditions to the youth so that it will stick in their minds. (P2 - Male Participant)

Another suggests there should be a designated position within schools in which an elder, or a group of elders, could integrate traditional teachings into the educational system on a consistent basis. Many of the participants explain that they are asked to teach within the school system at times, but it is not a consistent practice. They wish that they had more opportunities to be included in the education of their young people.

**Role-modeling.** Role-modelling is another way to promote community wellness. Being a positive role-model was previously mentioned as a crucial trait in positive leadership and in promoting respect. Role-modeling is also an important way for children and youth to learn traditional knowledge and practices, for instance, “back then, when we were growing up, little girls and boys would play and
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learn by what their parents were doing. Their parents were showing and they tried to lead by example. (P8 - Male Participant).

Positive role-modeling is a way for the older generations to show important survival skills, and also to warn younger generations about potential hazards. An example of this is,

We weren’t really taught how to hunt, but we played. When we were following our father to go out on the land, that is when we learned about the things that might be dangerous. We were taught by seeing and doing. Our parent’s talked to us about the could be dangers when we were out on the land. (P8 - Male Participant)

The revival of some of these traditional methods of teaching survival would be of benefit to younger generations. One elder states:

Maybe if the [youth] were taught traditional life, like being out there on the land, and if they started learning what the older generations were doing back then maybe [the youth] would start getting calmer or they would be happier (P6 - Male Participant)

Another says, “back then we were taught and lead instead of just being told what to do. It was living wellness, it was a way of wellness for the people by doing things rather than just sitting around” (P5 - Female Participant).

The elders also recognize that life had changed, and that many of the traditional methods of survival, tools, and practices have been replaced with more modern solutions. Yet, it is still important to teach younger generations the traditional ways in order to preserve Inuit culture and identity. For example, “even
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though we are not using everything that we used back then, if that could be taught then [the children and youth] would be able to realize what was done back then” (P8 - Male Participant).

Elders believe that mixing storytelling with hands on activities is important for effective learning. “Just talking to [the youth] isn't good, at the same time you talk to them, you have to show them and have hands on work” (P5 - Male Participant). This thought is reiterated through a female elder that reflects, “when you talk to them and counsel them, it just goes in one ear and out the other ear, when you don't do hands on work” (P3 - Female Participant).

Participants also emphasize that this type of teaching does not occur quickly, and that elders and youth alike have to be patient with the process.

If younger generations follow along with the hunters they will learn, because they are seeing and doing. It can't just happen once though, it has to happen many times because it is a process. You need to learn through this process. (P9 - Male Participant)

Almost all of the elders identify that there currently is no designated location in the community where elders and youth can meet to share in some of these activities. Participants believe that a community facility designated for youth and elders would be beneficial. The facility would open spaces for traditional sharing of knowledge, increasing the role of elders in youth lives, and ultimately fostering the wellness of the community.
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4.5 Working Together

Working together is an important aspect in both traditional camps and in modern Inuit culture. In traditional camps, survival was dependent on all members of the community working together as one. The elders feel that aspects of modern culture could really benefit from this philosophy; particularly in sharing, helping one another, and collaboration.

**Traditional Sharing.** The practice of sharing has been affected by rapid modernization and the transition from out-post camps to communities. Many of the elders discuss that the transition to modern settlements from out-post camps created a disparity in the practice of sharing, which in out-post camps was considered necessary for survival. For example, one elder made the comment:

> Back then when we wanted something we didn’t get it right away, because it wasn’t there. Store bought stuff was very sparse, and when we did have it we had to divide it really equally between all the family and it was very equal (P4 - Female Participant)

Another example of this sharing was that “older people that would live out further away from the camps, they would share the tobacco, because only one person would have the tobacco so they would share it” (P2 -Male Participant).

This concept of sharing was also reflected on in the current context of modern Inuit culture. When asked, what was important for community wellness, one of the female participants stated:

> One of the main things that [influences] wellness is hunger; no one can survive being hungry. Giving hospitality and sharing food is a traditional way
Inclusion of Traditional Knowledge

that would be great to be recognized, because being hungry does not allow a person to live healthy. (P5 - Female Participant)

The elders recognize that there has been an influx of material goods and the initiation of the modern wage based economy as part of modernization. The concept of this material economy and the disparities that it has caused in traditional Inuit culture will be discussed further in the concept of resiliency.

Helping one another. Traditionally, just as it was important within the out-post camps to share items that were crucial for survival, it was also important to share human service. Helping one another was a crucial aspect of survival within the out-post camps. One of the participants noted that within modern culture this concept of helping one another is starting to diminish and he fears that as “the older generations who know things about life are starting to die. Younger generations don’t know about how to live life by helping each other, this way of life, it’s starting to dwindle” (P1 - Male Participant).

The elders describe helping one another in a holistic way, just as the concept of healing and wellness is considered holistically. Some of the elders spoke about the importance of helping with chores and helping with hunting, whereas other spoke about the importance of providing assistance to those in need by listening and counseling. For instance, “we definitely need more counseling and more people that can help other people” (P10 - Female Participant) and “there is nobody to talk to, even couple that are separated they don’t have anyone to turn too, we need lots of help, it is all over Baffin” (P7 - Male Participant). Another recognized that the
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solution might be within the communities, when he explained, “if we helped each
other more, that is when things would start getting better” (P7 - Male Participant).

As discussed previously, this natural support that elders provided to younger
generations and that people provided to one another has been disrupted. The
elders that participated in this project reflected that this is yet another important
traditional quality that can be revisited in order to increase the wellness of
communities.

Collaboration. A natural transition from the concept of sharing and helping
one another is collaboration. Recent historical events within Inuit communities, has
taken modern Inuit away from some of the historical values like consensus decision
making and working together for the common good (Pauktutiit, 2010). The elders
that participated in this project recognize that this shift has occurred and they
believe that the only solution to improve community wellness was for everyone in
the community to collaborate and work together.

I think the only way things are going to get better is if the elders get together
and talk about what is going on. We need to work together to try and solve
some of our own problems and that will help us to help our grandchildren
and our children. (P8 - Male Participant)

The same participant also discusses community members are sometimes hesitant to
welcome outside support.

We should always be welcoming of outside people that are coming into the
community that want to help the community. Sometimes people try to not
get along with them, but when they are not doing drugs and alcohol, we
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should be welcoming them and getting along with them. I don't understand why other people in the community try to dislike them. (P8 - Male Participant)

This hesitation to trust people coming in from the outside is understandable considering the events that have occurred within Inuit history over the past fifty years. However, many of the elders that were involved in this project thought that community wellness would only start to improve “if, the Qallunaat and the Inuit started working together, and not just looking down on each other” (P6, P7, P8. P9 Male Participants/Female Participants).

Revitalization of the traditional methods of respect, leadership, family connections, traditional knowledge sharing, and working together were all identified by elders as concepts that the would start to move the community into a future of wellness with the strength and resiliency of the ancestors.

4.6 Resiliency

Resiliency is the ability to recover quickly from difficult circumstances and is a concept that is very familiar to the Inuit. The elders reflect that, even with the numerous changes that have occurred within Inuit culture, resiliency is the one concept that has remained stable. All of the elders feel that the Inuit are extremely resilient and that the culture has proved itself as being one that will remain stable. However, they also recognize that this is a concept that needs to be nurtured as it can be easily forgotten with all the other distractions that occur within the modern world.
Expressions of Traditional Resilience. The elders in this project discuss the resiliency that was exhibited as traditional Inuit navigated the effects of colonization numerous times during the interviews. These individuals reflect that as the community changed and modern luxuries were added to daily life, the main goal was still survival. For instance:

When the settlements started coming. When we came in for groceries from the out-post camp we could smell the change. They could smell the Qallunaat, and they used to be able to smell like something good. We didn’t have anything back then, we didn’t have a soap to wash, and we didn’t bother to buy soap back then, because we were more struggling to survive. We would only buy things that would help us to hunt. (P2 - Male Participant).

Another elder states that:

We didn’t have much of anything to worry about or to look forward to. The only thing that we mainly thought about was food, and the only thing that we had was our teakettle. The only way we could travel was by our dog team and we would go along the flow edge to look for seals to eat. (P8 - Male Participant).

The elders clearly make the distinction between the difficulties that they faced in trying to survive and the hardships that youth face within modern Inuit culture. Although some of the elders are able to see and distinguish the differences, others struggle with some of the realities that rapid modernization has imposed. For example,
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I don’t believe when people today say that they are living poorly, or they are hungry because they have everything that they need right here. When I was younger I was only worried about surviving and I didn’t have any of that [other] stuff available. (P2- Male Participant)

Another states, “people say they are poor, but they still have all the luxuries, so they are not really poor” (P4 -Female Participant).

In trying to rationalize the differences between the different generations, one participant reflected on modern technology saying that, “there were less things to do back then, of course everything in [this room] was invisible back then. Maybe that is why things are more difficult now” (P6 - Female Participant).

The differences between the generations are compounded by the very different lifestyles that are led. The elders often speak about these differences as a way to rationalize what was happening with the younger generations.

**Expressions of Resilience.** Despite the hardships, the Elders are able to reflect on the resilience that they have seen reflected in Inuit culture within the ever-changing environment. Many of the elders express amazement with how the youth in the communities today are able to overcome obstacles and thrive within hardships. One elder identifies:

There are lots of things to see and do today. I am amazed that the younger generations are coping with that. If I were to experience what the younger generations are experiencing right now, [back then], it would have been very confusing to me. I am amazed how the kids are coping with it, the TV, the
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games, everything. I am amazed with how they are coping with everything that is going on. (P6 - Female Participant)

Other participants reflect on the resiliency of the Inuit language. One suggests “the [Inuit] language has changed because the lifestyle [historically] is not the same as the lifestyle today. So even the language has [had to adapt]” (P8 - Male Participant). Another participant corroborated this with the statement, “today’s kids are speaking today’s modern language. What they are hearing and what they are saying is different. They have adapted their culture with the modern language today. I am happy that they are able to adapt” (P5 - Male Participant).

One elder also notes that there is resiliency in traditional activities. He states, “not all the youth are having trouble. Some of the youth are doing really good. They are going into survival mode by carving. [They are finding other activities] so not all the youth are just walking around” (P9 - Male Participant).

Overall, the elders identify key concepts that may be used by younger generations to improve community wellness. The important concepts of respect, leadership, family connection, traditional knowledge sharing, working together, and resiliency in improving community wellness are all discussed. How these concepts may be used in modern Inuit communities, and how these findings are important will be discussed in subsequent chapters.
Chapter Five – Discussion

Legacies of distress and trauma over the past half-century have caused dramatic change within Inuit culture, traditions and practices. As mentioned in previous chapters, some authors connect distresses such as residential schools, forced relocation, the slaughter of the dog sled teams, and forced removal during the tuberculosis epidemic to substantial cultural discontinuity and intergenerational trauma (Chandler & Lalonde, 1998; Chandler & Lalonde, 2009; Kirmayer, Dandeneau, Marshall, Kahlenonni Phillips, Jessen Williams, 2011). Since the majority of these events have occurred within their lifetimes, all of the elders within this project had personal narratives of how colonization and rapid modernization have affected them. The elders explain emotionally charged details from their experiences with the epitome of strength and resilience, as if they were reading the story out of someone else’s biography.

However, the impact of these historical occurrences becomes apparent when the conversation shifts from the retelling of historic events to determining the elder’s interpretation on how community wellness could be improved. One interpreter stated on behalf of an elder, “She is just being insecure about what she is saying. She is saying that she doesn’t know much, so she is afraid that what she is saying is wrong” (P4 – Female Participant). Another elder asked, “Did I give you the right answers?” (P6 – Female Participant). The participants also shared insecurities about being the only voice to speak about the issues, for example, “I don’t want to say anything else, and the other elders need to have a say too” (P4 – Male Participant). In other parts of the interviews, many of the elders indicate that they
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have lost their voices. The elders show an uncertainty about sharing their knowledge in these statements and this indicates that there still seems to be questions among Inuit elders about whether their own Inuit intrinsic knowledge has a place within the context of community wellness. Most likely these doubts are a result of practices that occurred during colonization, when Inuit knowledge was considered less important than imported knowledge. This has powerful implications on community wellness. It gives the impression that elders may be looking to outside sources to provide and validate knowledge instead of trusting and utilizing their innate experience and ways of knowing.

In order to improve community wellness, elders need support to find and trust their voices and gain back their leadership roles within their communities. Literature in the field of community wellness has reiterated that initiatives that are driven by communities, and empowered by community knowledge are the initiatives that will have lasting effect (Fletcher & Denham, 2008; Iarocci, Boothroyd et al., 2001; Kirmayer, 2012; Kral, Wiebe, Nisbet, Dallas, Okalik, Enuaraq & Cinotta, 2009; Wexler & Goodwin, 2006). The remainder of this chapter will explore: how the knowledge of the elders can be shared; how outside service providers and communities could support the elders in finding their voices again; how leadership structures can adapt to promote community wellness on all levels; and how communities can prosper by focusing on resiliency.

5.1 Consistency of the Study with Current Literature

The findings from this study are consistent with similar research that has occurred in the territory. Researchers have found that the meanings of wellness,
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happiness, resilience and the protective factors for Inuit youth are correlated with: strong family connections; involvement in community; strong communication; traditional Inuit knowledge and intergenerational relationships (Kirmayer, Boothroyd & Hodgins, 2000; Kral, Idlout, Dyck, Minroe & Kirmayer, 2011; Kral, Salusky, Inuksuk, Angutimariq & Tulugardjuk, 2014; Richmond & Ross, 2008; Wexler & Goodwin, 2006). These studies also identified that these common themes were not independent of one another, but very closely intertwined (Kral, Idlout, Dyck, Minroe & Kirmayer, 2011). This study’s similarly intertwined themes, which were identified in the previous chapter, (respect, leadership, family connection, traditional knowledge sharing, working together and resiliency) will be discussed in greater detail here.

**Respect.** Many of the elders suggest that the rule of unwavering obedience between elders and youth has faltered since the move from out-post camps. They identify leadership structures within communities, the influx of new authority in children’s lives, changes in language, personal choices adults are making, and rapid modernization of Inuit culture as contributing to the decline in respect between generations. It becomes apparent within the interviews that respect is a pivotal aspect of the elder’s views of community wellness as it is entwined with all the other themes that are discussed.

The elders provide ways respect could increase within the community. In particular, elders suggest the following methods to potentially improve the levels of respect within the community and improve community wellness: (1) Provide chances for positive interaction between elders and youth;
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(2) Share values that are strong at home with the education system; (3) Provide traditional teaching to younger generations; and (4) Encourage all parents and grand-parents to act as positive role-models.

**Leadership.** Just as elders suggest that positive role-modeling is a key aspect in fostering respect amongst the generations, they also feel that it is pivotal in community leadership. Within this project, every male elder spoke about the importance of community leadership on community wellness. This is consistent with literature that suggests that strong leadership is integral in establishing community resiliency against adverse situations (Kirmayer, Sehdev, Whitley, Dandeneau & Isaac, 2009; Kulig, 2000). The leadership that was honoured in traditional out-post camps was described as the single factor that kept tight kinship groups balanced. The elders acknowledge that many qualities used to define traditional leaders, such as being a strong and reliable hunter, are no longer as relevant due to modernization. However, the traditional characteristics of leadership such as developing strong communication skills, living a healthy lifestyle, leading by example, and being transparent with the community should continue to be replicated. Elders suggest that communication and ultimately community wellness would improve if all forms of leadership within the community sustained these characteristics.

**Family connection.** Families’ connecting to one another was a critical part of life in the settlement camps and continues to be an important part of community well-being within the modern world. The elders identify that changes in influences, priorities, and social structures have all influenced how families interact and the
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roles family members take. These changes have been compounded by alterations in language, external influences of differing cultural beliefs on children, and disparity between parenting patterns among generations. Interestingly, in other studies on wellness, connection to family was listed as the primary indicator of individual wellness and was determined to be an integral protective factor against youth fatality by suicide (Kirmayer, Boothroyd & Hodgins, 2000; Kral, Idlout, Dyck, Minroe & Kirmayer, 2011). This shows that regardless of the change that Inuit families have undergone within the past fifty years, family connection is still viewed as a paramount factor in wellness.

Respect for elders, respect for Inuit values, and respect for the traditional Inuit family are all identified as being important to family and community wellness. Many of the female elders indicate that once children entered the education system basic values and beliefs tended to deteriorate. Elders believe if parents had more input into the structure of the education system and elders had more chances to become intensely involved as active contributors to the creation of programs and curriculum there may be more cohesion and balance between home and school worlds.

*Inclusion of traditional knowledge.* Elders suggest they could be more active within the school if curriculum and programs had more traditional knowledge included. Storytelling and role-modeling were ways that the elders feel that traditional experience and knowledge sharing could be integrated into modern culture. However, the elders also warn that these teachings would be ineffective without respect between the generations rooted in strong leadership, integration of
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values and beliefs between school and home, and a strong presence of elders within the community.

The elders also acknowledge that culture is not static. As communities grow and change, the ways that children and youth self-identify with being Inuit also changes. The elders recognize that this is process and many stated that they were happy that children and youth were able to change and grow in this way. They also realize that they will not only have to share their stories with the youth, but they will also have to be open to listening to the stories that the youth have to share. This reciprocal learning between generations was felt to be a way that would increase respect, minimize the generational divide, and keep Inuit traditional knowledge alive.

**Working together.** Reciprocal learning is also important amongst different cultures. The elders recognize that the influx of outside influences in Inuit community is unavoidable. They are quite aware that they cannot keep their children and youth isolated from advancements in technology and modernization. They also recognize the necessity for Inuit children, youth and adults to continue adapting to the modern way of living. The need to be able to meet with and work together with outside influences to make positive change for the future became quite apparent. However, a few times elders discussed the importance of intercultural respect and acknowledgement. The elders felt that there was a definite need for the “Qallunaat and the Inuit to start working together, and not just looking down on each other” (P6, P7, P8. P9 Male Participants/Female Participants).
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Resiliency. Examples of the resiliency within the Inuit can be seen in all aspects of modern day culture. Resiliency can be seen in the clothing, the affinity to the land, the artwork, carving, throat singing, drum dancing, the love of country food, and the language of the Inuit. With the many challenges that small isolated communities in Nunavut have to face, it may be easy to become overwhelmed, despondent, and forget the resiliency and the strong Inuit identity. However, neglecting the strengths that are apparent in communities also perpetuates problems and magnifies challenges. Even though the majority of the conversations with the elders focused on the rapid changes that had negative repercussions, all of the elders also spoke about resiliency and strength within the Inuit culture.

5.2 Importance of the Study to the Community

The evidence of saturation within the interviews is apparent within the summary of the themes. Any attempt to completely separate one theme from another is futile as all of the themes are interrelated and dependent on each other. Therefore, if a community focuses on strengthening the traditional values within one theme, they would strengthen the outcome of all the others. This concept of different values being intertwined is consistent with the Inuit holistic, ecocentric perspective, where all aspects of life are viewed as being dependent on one another (Kral, Idlout, Dyck & Kirmayer, 2011).

Identifying how values and lived experiences have changed for the Inuit is very important in understanding what needs to be done to address issues in the future to improve community wellness. The interactive nature of PAR allowed the researcher and participants to reflect on these values in order to provide actionable
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solutions. The study also provides a means to start and continue important discussions on what is needed for the community and how it could be accomplished. PAR provided community committees both a process and outcomes to push momentum for community wellness planning forward in a positive direction. This method of research is consistent with a movement in Canada to identify and meet the needs of specific communities to foster collective empowerment and agency (Kral, Wiebe, Nisbet, Dallas, Okalik, Enuaraq & Cinotta, 2009). Through the stories from elders, the following four action-oriented, problem solving solutions emerged:

(1) Providing information to service providers; (2) Strengthening family and community connections; (3) Inclusion of traditional knowledge and (4) Focusing on resiliency.

Providing information for service providers. Although there is a limited amount of research completed within Nunavut on community wellness, the previous research that is available has numerous similarities with this project. The findings were consistent with work completed in the fields of resiliency and suicide prevention initiatives that highlight the importance of non-Inuit people treading lightly when entering into an Inuit community. Non-Inuit service providers should strive to protect the fragile balance within community leadership, structures, values, and beliefs (Kral & Idlout, 2009).

Aligning with other literature (Fletcher & Denham, 2008; Kral, Idlout, Dyck & Kirmayer, 2011), many of the elders in this project stressed the importance of Inuit, and non-Inuit working together to better the community. However, because of the impact of historical trauma and power differentials, it is important to use strategies
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to limit the impacts of colonization. Decolonizing initiatives empower Inuit community members to be part of the solution, create relationships, and honour community knowledge. Elders in this study were reluctant to speak independently as “experts” in regards to community wellness, but when researchers or service providers take a decolonizing stance it is imperative not to interpret individuals or elders reluctance to speak openly about important issues as an invitation to dictate outcomes. In order for community initiated wellness programs to be successful, community members must be recognized as knowledgeable, and their opinions need to valued (Iarocci et al, 2009; Kral, 2012).

The findings from this study also support appropriate ways to provide cross-cultural consultation. This includes having an attitude of humility and respect, an open mindedness to different forms of knowledge, a willingness to engage in culturally appropriate interventions and recognition that social factors influence the well-being of Inuit (Kassam, 2006). Keeping an open mind, collaborating effectively, and allowing individuals the time to reflect on important issues become key in the implementation of community wellness initiatives.

**Strengthening family and community connections.** In traditional Inuit societies, the relationships between immediate family, extended family and community were paramount to surviving and thriving. Elders within this study, like those interviewed in similar projects, noted that the segregation between generations among the Inuit is extremely detrimental (Kral, Idlout, Minroe, Dyck & Kirmayer, 2011; Kral, Wiebe, Nisbet, Dallas, Okalik, Enuaraq & Cinotta, 2009). Ultimately, rebuilding these connections was deemed crucial to community and
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individual wellness. The social support that is offered through family connections has the biggest impact on the health and wellness of individuals and communities (Richmond & Ross, 2008). With this in mind, the importance of strong family and, ultimately, strong community leadership is essential.

The elders spoke numerous times about the importance of positive role-models to show people how to live the “good life without drugs and alcohol” (P8 – Male Participant). A study completed with Community Health Representatives from numerous different First Nations and Inuit communities found that social connection between families and communities within isolated communities have potential as either a positive or a detrimental force on wellness (Richmond & Ross, 2008). If the family norm has become dysfunction, people within the family can perpetuate negative life choices. The same would apply within a community setting. If the leaders of the community model negative life style choices, then potentially similar negative lifestyle choices will become the norm of the community. The paradigm is switched by establishing community leadership that models healthy lifestyle choices. This commitment to better the community as a whole and celebrate individual successes has the potential to radically change the wellness of a community. It is easier for the remainder of individuals to adhere to the positive pressures of social conformity for a healthy lifestyle than to be socially isolated (Richmond & Ross, 2008). Therefore, responsibility is on community and family leaders to honor the teachings of the elders, embrace traditional knowledge, and lead by the example of what you want others to follow.
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**Inclusion of traditional knowledge.** Numerous participants within this research project suggest the need for increased opportunities for different generations to interact with one another. Interestingly, a study completed in Igloolik focusing on youth resiliency showed that youth who were connected to other generations in a mentor-mentee relationship were able to cope with life stressors more effectively than individuals that felt disconnected from other generations (Kral, Salusky, Inuksuk, Angutimarik & Tulugardjuk, 2014).

The elders within this project talk about different ways that traditional knowledge could be passed along to the younger generations. One solution that came up repeatedly was a need to establish a place within the community where elders and youth could meet. The elders envisioned this location to be a special place designed for programming to occur: sharing traditional food and multiple generations teaching one another. It was reiterated that the programming that occurred within this location could not be forced, duplicated from other jurisdictions, or structured to fit a specific curriculum. Instead, programs would be initiated and led by elders and youth who had a commitment to the past and the future of the community. Elders recognized that traditional knowledge alone is not the only solution to strengthening community wellness. However, they recognized that there are still many stories to be told and knowledge to be shared about respect, family connection, positive leadership and resiliency that would benefit all age groups. Storytelling as mentioned previously is a solid way to “make meaning and define a mutual understanding of participation in a shared world” (Kirmayer, Brass and Tait, 2000). This ability to reach each one another through shared mutual
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understanding would help strengthen many of the values that elders believe to be lacking in the modern world.

The elders also discuss the importance of instilling more traditional knowledge within the school system. Elders insist that a designated position is required within the school to focus the integration of traditional knowledge into all aspects of the curriculum. This designated role would provide consistent and structured support in the local school system and recognize the knowledge that community members hold as experts within their own community. A designated position to increase involvement between community and school is consistent with finding from other studies (Kral, Salusky, Inuksuk, Angutimarik & Tulugardjuk, 2014). These designated positions may mediate some of the negative effects of residential schools and increase community ownership within the education system. Which has also been identified as a way to enhance cultural continuity (Chandler & Lalonde, 2009). Other jurisdictional research has shown when there are higher percentages of culturally relevant teachings, Inuit language, and elder support within the school system, the community will increase the support given to the schools and value the importance of academic learning more (Kral, Salusky, Inuksuk, Angutimarik & Tulugardjuk, 2014).

**Focusing on Resiliency.** Elders continually discussed the importance of sharing traditional knowledge, protecting Inuit language, and promoting traditional values. These are all initiatives that strengthen the collective Inuit voice and promote positive identity. Kirmayer, Dandeneau, Marshall, Phillips and Williamson (2011) focus on the traditional stories of transformation at a personal and a
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collective level in order to strengthen resilience among Indigenous populations. The elders established that focusing on stories that explain to youth how they were able to get through difficult transitions that they faced collectively and individually will promote resilience among the youth and in generations to come. However, they also recognize that they have been silent for too long, and the collective voice of the elders once again needs to be heard.

Interestingly, the values that the elders identified as being important to improve community wellness; respect, leadership, family connection, and the inclusion of traditional knowledge, are all consistent with factors identified in the literature as integral in improving community resilience (Fleming & Ledogar, 2008; Kirmayer, Sehdev, Whitley, Dandeneau & Isaac, 2009; Kulig, 2000). The elders innately understood that it is not only their voices that will improve community wellness but also the actions within those important values that will improve the ability of individuals and community to withstand adverse events, and therefore increase resilience.

Focusing on resilience, capacity to overcome hardships, and strength to carry on Inuit culture is essential when designing community wellness programs. The concept of identifying and elaborating on historical resilience within these populations has current meaning in mental health initiatives. Fostering a sense of hope in resiliency through community discussions, activities, and future research shifts the focus of healing within Inuit communities to empowerment rather than oppression.
5.3 Importance of the Study to the Literature

The interviews that were conducted within this project shed light on the traditional knowledge and lived experience of elders, putting modern Inuit culture and historical trauma into perspective. Values and beliefs were identified in the interviews that have the potential to improve community wellness. Unsurprisingly, the project’s results are consistent with other community wellness research projects among Inuit of Indigenous groups that recommend community-based solutions focusing on resiliency and strength (Kirmayer, Brass & Tait, 2000; Kral, Idlout, Minroe, Dyck & Kirmayer, 2011; Kral, Wiebe, Nisbet, Dallas, Okalik, Enuaraq & Cinotta, 2009; Tester & McNicoll, 2004).

However, beyond generalities about challenges and the importance of community-driven solutions, this research also identified specific strategies that could improve wellness in communities. Some of the strategies the elders identified to share traditional knowledge are consistent with interventions tried in other communities, such as storytelling and the retelling of myths, informal healing circles that involve handicrafts or a hands-on activity, land trips, and other activities that foster community pride and collaboration (Fletcher & Denham, 2008; Kirmayer, et al., 2000; Tester & McNicoll, 2004). However, this research was also able to identify new strategies for providing information to service providers, strengthening family and community connections, and focusing on resiliency. These strategies might be utilized as suggestions for other communities adding to available knowledge about community wellness and contributing further understanding of processes and solutions.
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However, the most important part of community engagement initiatives is to actually engage the community. Nothing should be tried or determined without the input and full engagement of numerous community members. Therefore, it is crucial for Inuit leaders and non-Inuit service providers to be cognizant of power differentials and allow individuals a voice. It is important to respect traditional knowledge and empower communities to come up with their own solutions. Replicating and installing southern solutions may not be the answer. There is a need for more authentic community engagement projects created with community members.

5.4 Limitations of the Research Study

Although many communities within Nunavut struggle with similar difficulties and celebrate similar successes, it is important to value the uniqueness of every community. Factors such as geographical location, historical occurrences, and land movement patterns prior to colonization all influence the culture, language and traditional teachings within each community. For this reason, this research project is most relevant to the community where the research took place. The transferability of the process that occurred within the research and the concepts that emerged may be relevant in other contexts, but only after careful consideration and involvement of local community members.

Limitations are also apparent in the study design. For instance, this research study was not a true participatory action research project. The community did not initiate this research it to solve an identified problem, instead the student researcher initiated it in order to fulfill graduate studies requirements. In addition,
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the full participation of the CBRAC was compromised when the structure of the community wellness committee dissipated due to a lack of funding. For these reasons the integrity of the PAR methodology was compromised as this affected data analysis, data verification and how the knowledge could be integrated into the community. As mentioned previously, the CBRAC requested that data analysis and coding occur independently by the student researcher, however, coding should have occurred in conjunction with the CBRAC, which caused a methodological limitation in this research. In an attempt to reconcile this, the student researcher submitted a brief synopsis of the results of the study to the local municipality where the research occurred. However, if time and financial means had permitted it there would have been more interactive dialogue about the results of the study and how those results could be incorporated into action-oriented interventions within the community.

There was also an important limitation in the fluency of language within this study. All of the elders, and the CBRAC members were fluent in Inuktitut. On the contrary, the student researcher who conducted the bulk of the analysis, interpretation, and documentation was limited to only English. In an attempt to reconcile this limitation, the CBRAC was involved in all aspects of the study design and interviews. Despite these efforts, data may have been omitted through the translation process. If the financial means to complete were available within this study, back translation of the interviews, would have been a more concise way of determining accurate transcription of the interviews.
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5.5 Suggestions for Future Research

Replicating the PAR process used in this research study would strengthen the academic knowledge base about community wellness in Inuit populations. It would allow elders in other communities to share their intrinsic knowledge and allow their voices to shape community wellness initiatives in their own communities. For this reason, further research studies on intrinsic elder knowledge and community wellness would be beneficial. Future studies to directly evaluate community programs that have incorporated traditional knowledge of Inuit elders to determine their effect on overall community wellness would also be beneficial. This study also indicated that there is a need to further research elder’s views of traditional storytelling in knowledge translation and how this can be successfully adapted within modern Inuit culture.
Inclusion of Traditional Knowledge

**Chapter Six - Conclusion**

Moving from nomadic lifestyles to settlement living has caused tremendous change for the Inuit (Pauktuutit Inuit Women of Canada, 2006). Yet communities experienced individual and collective resiliency throughout the rapid social, economic and cultural changes. This research reinforces how important identifying and elaborating historical and contemporary resilience within these populations can be for community wellness initiatives. Fostering a sense of hope in resiliency through community discussions and activities, the integration of traditional knowledge, and future research shifts the focus of healing within Inuit communities from oppression to empowerment.

The traditional knowledge offered by the elders within this research project enhances insights from other academic literature. For example, Silversides (2010) identified community driven activities that include ceremony, language, and culture as strategies to create culturally appropriate programs. Additionally, Boothroyd, Kirmayer, & Spreng (2001) suggest family and community approaches and interventions that integrate traditional aspects and focus on coping skills, conflict resolution, and interpersonal relationships are more successful results than strategies that focus on the individual. Respect, leadership, family connection, traditional knowledge sharing, working together and resiliency are themes that emerged in the interviews with elders in this project. These themes are consistent with other research completed within the Territory in relation to community wellness (Kirmayer, Boothroyd & Hodgins, 2000; Kral, Idlout, Dyck, Minroe &
Inclusion of Traditional Knowledge

Kirmayer, 2011; Kral, Salusky, Inuksuk, Angutimarik & Tulugardjuk, 2014; Richmond & Ross, 2008; Wexler & Goodwin, 2006).

This PAR study offers four action-oriented solutions to improve community wellness: providing information to outside service providers, strengthening family and community connections, sharing traditional knowledge, and focusing on resiliency. These solutions, which were generated by the intrinsic knowledge of the elders could improve relationships between generations, encourage the transmission of Inuit traditional knowledge, facilitate communication between leadership and community, and strengthen the involvement of Inuit community members with outside service providers.

This project makes evident the legacy that rapid modernization and sedentarization have left within the Inuit culture. Reconciling the effects of colonization on Inuit culture is an ongoing process that will require the inclusion of traditional knowledge. This knowledge and the values identified by the elders have relevant meaning in community wellness initiatives. Ultimately, it will be Inuit resiliency in adapting to an ever-changing environment, Inuit traditional knowledge, and Inuit strength in identity that will be the quintessential solution in improving community wellness.
Inclusion of Traditional Knowledge

References


Inclusion of Traditional Knowledge


Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), and Social Sciences and Humanities Research Council of Canada (SSHRC). (2010, December). *Tri-Council policy statement: Ethical conduct for research involving humans (TCPS2)*.


Inclusion of Traditional Knowledge

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Inclusion of Traditional Knowledge


Inclusion of Traditional Knowledge


Inclusion of Traditional Knowledge

*Native Studies, XXVII* (2), 479-501.


Inclusion of Traditional Knowledge


Inclusion of Traditional Knowledge

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Inclusion of Traditional Knowledge

Fernwood Publishing.


Waddell109
Dear Hamlet of ***** Council,

I am interested in completing research in ***** and prior to obtaining ethical approval from both my University and the Nunavut Research Institute; I am interested in obtaining the Hamlet’s support and approval to ensure that the research is in the best interest of ***** community members.

I will focus this research on community wellness. I will engage community members with a commitment to community wellness within the research process. This means that the entire research process; the research question, the method of data collection, and the sharing of the results will be decided on by the community members that are involved in the process. This is called Participatory Action Research.

The goal is to work together with community members from ***** to create a long lasting wellness plan. The co-researchers (members from the community of *****) and I will work together. I hope that the research will determine what wellness needs the community still has, and what programs need to be started to meet these needs.

It is important that all members of the research team are recognized for their contribution. I will be recognized for this work, not financially, but in the hopes that the research will grant me the Masters Degree that I am working towards. The co-researchers will have recognition in the project, and their names will be included when appropriate, and when they are in agreement with the same.

---

2 ***** - The name of the community has been removed to maintain confidentiality.
Inclusion of Traditional Knowledge

With this project it is important to honour the traditional knowledge of the ***** community. In order to allow community member’s full access to the research process, I will hire a translator. This will be done to ensure that I, the outside researcher, am not missing important information shared by community members and that I am reflecting what they wish me to reflect.

To continue with this research, I am requesting that the Hamlet Council of ***** considers this project and provides me with official approval, if you feel that this is in the best interest of *****. Once this has been considered I will move forward with obtaining ethical approvals from Brandon University (the institution that I am completing my Masters Degree with) and the Nunavut Research Institute, which is required before the research may start.

If you have any questions, please do not hesitate to contact me. Thank you for your consideration.

Sincerely,

Candice Waddell  RPN/BScPN
Registered Psychiatric Nurse
Appendix B: Hamlet Motion Approving Research

MUNICIPALITY OF

DATE: March 26, 2013

MOVED BY: Damasoak Kangoq
SECONDED BY: James E. Harrag

THAT: Council approves request from Candice Waddell to do a research on the
Community called Participatory Action research.

VOTES:

FOR: 8
AGAINST: 0
ABSTENTIONS: 0

SIGNED: P. Qiimug

SIGNED: SENIOR ADMINISTRATIVE OFFICER

Waddell12
October 2, 2013

To Whom It May Concern,

We are writing in support of the research, called the Community Wellness Project, which is being conducted by Candice Waddell from Brandon University.

As members of the Community Wellness Committee, we see the value in this type of research being performed. Because of this, we have agreed to partner with Candice, to be part of the Community Based Research Advisory Council (CBRAC) here in... As part of the CBRAC we will help to ensure that the research is meeting the guidelines set forth by the OCAP Principles, and we will help to ensure that the research is in the best interest of community members, and the community of... as a whole.

Thank you,

[Signatures]
Appendix D: Community Wellness Research Project Collaboration Agreement

Principles of the Community Wellness Research Project Collaboration between

Health and Wellness Committee of ****** and Candice Waddell (Student

Researcher from Brandon University)

Parties

This document constitutes an agreement of collaboration between the ****** Health and Wellness Committee acting as the community-based research advisory council (CBRAC) and the Brandon University student researcher Ms. Candice Waddell.

Purpose

The purpose of this document is to establish a set of principles that will guide the Community Wellness Research Project activities in the community of ******.

Duration

This collaboration agreement is for the period of May 2013 to December 2015. Participation is voluntary, and any partner of this agreement may withdraw at any time. This agreement can be amended at any time upon mutual consent of the partners of the agreement.

Activities
Inclusion of Traditional Knowledge

Activities of the collaboration include (but are not limited to) community-based research activities. The principles recognize and emphasize Inuit cultural values and perspectives as well as the spirit and intent of a community-student research alliance. This agreement includes the principles of ownership, control, access and possession (First Nations Center, 2007) and the Tri-Council Policy Statement: Ethical conduct for Research Involving Humans (TCPS2), 2010.

Administrative and Financial Responsibilities

The student researcher has overall responsibility for administrative and financial matters relating to the community wellness project. This will be completed in conjunction with the Thesis advisor as prescribed by the Northern Scientific Training Program (NSTP) Grant.

Nature of the Community-based Research Advisory Committee

The Community-based research advisory committee (CBRAC) is an informal committee established for the purpose of directing, coordinating, and supporting the community wellness research project. All stages of the community wellness research project should be characterized by a collaborative process and true partnership.

Ethical Considerations

All of the partners in this community wellness project individually and collectively share the responsibility for ethical standards for all research activities. These standards have been set out in the Tri-Council policy statement (2010). Therefore, the student researcher from Brandon University will submit applications for research ethics for the research project through Brandon University Research Ethics Committee and Nunavut Research Institute.
Inclusion of Traditional Knowledge

In addition, each member of the partnership is required to raise any ethical concerns or issues. Ethical dilemmas should be resolved collaboratively on the basis of the principles set forward by TCPS2 and OCAP.

**Guidelines for Research Collaboration**

The student researcher recognizes that she has an obligation a) to recognize the cultural perspectives and ways of knowing of the Inuit b) to respect the Hamlet of ****** governance. The principles of ownership, control, access and possession of research data address both of these.

The following outlines how these principles will be maintained throughout the community wellness project.

<table>
<thead>
<tr>
<th><strong>GUIDELINE</strong></th>
<th><strong>RESPONSIBILITY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership, control, access, and possession of research data, findings and community wellness plan.</td>
<td>The CBRAC has made all decisions regarding ownership, control, access and possession of the findings from this research.</td>
</tr>
<tr>
<td>Storage and Access to Data.</td>
<td>The CBRAC in conjunction with the student researcher decided that the raw data (password protected file that contains the personal interviews that are linked to the consent forms) would be stored on the personal computer of the student researcher within the student researchers locked personal dwelling. The consent forms (also</td>
</tr>
<tr>
<td><strong>Inclusion of Traditional Knowledge</strong></td>
<td>a form of raw data) will also be kept in a locked box within the student researchers personal dwelling. Both of these forms of raw data will only be accessible by the student researcher. Transcripts of the interviews, that have all personal identifiers removed from interviewees, will be stored on a password protected jump drive that is accessible to all members of the CBRAC. When not in use this jump drive will be stored within the locked box in the student researchers personal dwelling. When the CBRAC is in possession of the jump drive they have agreed to keep it secure (Appendix I).</td>
</tr>
<tr>
<td>**Demonstration of Hamlet Council of ***<strong>Support</strong></td>
<td>The CBRAC in conjunction with the student researcher will be responsible for acquiring Hamlet of ***** approval and support for all aspects of the research.</td>
</tr>
<tr>
<td><strong>Dissemination of Information</strong></td>
<td>The CBRAC will determine how the final evaluation framework will be disseminated. The CBRAC agrees that the student researcher will utilize the results of the</td>
</tr>
</tbody>
</table>
Inclusion of Traditional Knowledge

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research to meet Thesis requirements, which include publication. The CBRAC will have ultimate decision of whether they would like to be included as co-authors in publication outside of mandatory thesis requirements.</td>
<td></td>
</tr>
<tr>
<td>Administrative and Financial Reporting</td>
<td>All administrative and financial reporting will be the responsibility of the student researcher in collaboration with the thesis advisor.</td>
</tr>
<tr>
<td>Development of Research Plan</td>
<td>The CBRAC will work collaboratively with the student researcher to develop a research plan.</td>
</tr>
<tr>
<td>Resolution of Disagreements</td>
<td>All disagreements will be resolved in a respectful manner with consideration of all parties’ opinions.</td>
</tr>
</tbody>
</table>

**Signatures to this Agreement**

__________________________________________  ______________________________
Chair – ******* and Wellness Committee  Date

__________________________________________  ______________________________
Co-Chair – ******* and Wellness Committee  Date

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___________________________________________  __________________________
Student Researcher                                         Date
Appendix E: BUREC Ethics Certificate

Brandon University Research Ethics Committee
(BUREC)
For Research Involving Human Participants

ETHICS CERTIFICATE

The following ethics proposal has been approved by the BUREC. The approval is valid for up to five (5) years from the date approved, pending receipt of Annual Progress Reports. As per BUREC Policies and Procedures, section 6.0, "At a minimum, continuing ethics research review shall consist of an Annual Report for multi-year projects and a Final Report at the end of all projects... Failure to fulfill the continuing research ethics review requirements is considered an act of non-compliance and may result in the suspension of active ethics certification; refusal to review and approval any new research ethics submissions, and/or others as outlined in Section 10.0."

Any changes made to the protocol should be reported to the BUREC prior to implementation. See BUREC Policies and Procedures for more details.

As per BUREC Policies and Procedures, section 10.0, "Brandon University requires that all faculty members, staff, and students adhere to the BUREC Policies and Procedures. The University considers non-compliance and the inappropriate treatment of human participants to be a serious offence, subject to penalties, including, but not limited to, formal written documentation including permanently in one's personnel file, suspension of ethics certification, withdrawal of privileges to conduct research involving humans, and/or disciplinary action."

<table>
<thead>
<tr>
<th>Name of Principal Investigator:</th>
<th>Ms Candice Waddell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Project:</td>
<td>Developing Culturally Sensitive Indicators of Community Wellness in a Nunavut Community</td>
</tr>
<tr>
<td>Co-investigator(s):</td>
<td>n/a</td>
</tr>
<tr>
<td>Faculty Supervisor:</td>
<td>Dr. Renee Robinson, Faculty of Health Studies (Psychiatric Nursing)</td>
</tr>
<tr>
<td>Research Office File #:</td>
<td>21482 (2013)</td>
</tr>
<tr>
<td>Date of Approval:</td>
<td>November 26, 2013</td>
</tr>
<tr>
<td>Ethics Expiry Date:</td>
<td>November 26, 2018</td>
</tr>
</tbody>
</table>

Authorizing Signature:

Dr. Cam Symons
Acting Chair
Brandon University Research Ethics Committee
Appendix F: Nunavut Research Institute License

SCIENTIFIC RESEARCH LICENSE

LICENSE # 01 003 14N-M

ISSUED TO: Candice Waddell
Brandon University
PO Box 180
Cape Dorset, Nunavut
X0A 0C0 Canada

TEAM MEMBERS: J. Robinson, A. Crawford, K. Rempel

AFFILIATION: Brandon University

TITLE: Developing Culturally Sensitive Indicators of Community Wellness in a Nunavut Community

OBJECTIVES OF RESEARCH:
The research question for this study is: How can western and traditional knowledge be combined to promote community wellness in a Nunavut community? The goal of the proposed research is to collaborate with a Nunavut community to create a program evaluation framework that includes community wellness indicators that could be used to evaluate current wellness programing and identify future needed programming. The objectives within this study are to: engage community partners within the research process, collaborate with community members to identify indicators for community wellness, and propose an evaluation framework for community programming based on those indicators. The study will use the framework of Participatory Action Research (PAR), which engages and empowers community members to take ownership of the research process.

TERMS & CONDITIONS:

DATA COLLECTION IN NU:
DATES: October 01, 2013-December 01, 2015
LOCATION: Cape Dorset

Scientific Research License 01 003 14N-M expires on December 31, 2014
Issued at Iqaluit, NU on November 26, 2013

Mary Ellen Thomas
Science Advisor
Appendix G: Radio Announcement

The *****Wellness Committee and Candice Waddell (Student researcher from Brandon University) are looking for elders that are willing to participate in a research study entitled “Developing culturally sensitive indicators of Community Wellness in a Nunavut Community”.

The research would consist of an hour interview with Candice and a member of the *****Wellness Committee where you would be asked questions about community wellness and community health. Participation in the study is completely voluntary and you will be reimbursed for your time. Your answers will be used to develop a community program evaluation form that can be used by the Wellness Committee in the future.

If you are 60 or over, were born in or around the *****area, and would like to participate in this study please call *****any day between 9 am and noon to put your name on the list.

All potential participants will be called the week of January 27th to be given more information about the research, and to set up an interview with Candice and a member of the *****Wellness Committee.

Thank you very much, in advance for your participation!!!!
Appendix H: Informed Consent Form

Community Wellness Research Project – Informed Consent Form for Community Members

Principal Investigator: Candice Waddell
Community-based Research Advisory Council (CBRAC): Health and Wellness Committee
Educational Facility: Brandon University
Thesis Advisor: Dr. Renee Robinson (Faculty of Health Studies Brandon University)

Information and Purpose: The interview that you have been asked to participate in is part of a research study that focuses on community wellness. The purpose of this study is to identify community wellness indicators, and use these identified indicators to create an evaluation framework for community wellness programs.

Participation: You have been invited to participate in this research because of the role that you play within the community. Your participation in this research is completely voluntary, and you may refuse participation or rescind your consent to participate in the interview at any time, with no penalty.

Waddell123
Inclusion of Traditional Knowledge

**Process:** If you agree to participate you will be asked a series of questions regarding community wellness by the principal investigator. The interview will last no longer than 2 hours, and will be conducted in your language of choice, either English or Inuktitut. You are not required to answer the questions, and you may pass on any questions that make you feel uncomfortable, with no penalty. At any time you may notify the researcher that you would like to stop the interview and your participation in the study, with no penalty. After the completion of the interview, you may rescind your participation in the research project until the non-identified transcripts of your interview have been made available to the CBRAC, with no penalty.

**Storage:** If you agree, your interview will be tape-recorded. The tape-recorded interview, and this signed consent form will be available to the principal investigator only. The tape-recorded interview will be stored on a password-protected file, on the personal computer of the principal investigator within her locked personal dwelling. Your signed consent form will be stored in a locked box within the principle investigators personal dwelling. Members of the CBRAC and the student researcher will use a transcript of your interview, with all identifying characteristics removed to determine the community wellness indicators. These transcripts will be stored on a password protected USB drive (memory card). The USB drive with the de-identified transcripts will be stored primarily in a secure location within a locked box in the principle investigators personal residence. All audio files, transcripts and consent forms will be destroyed and/or deleted within 5 years of the completion of the research.
Inclusion of Traditional Knowledge

**Benefits and Risks:** The benefit of your participation within this research is that your responses will be used, along with other participant’s responses to identify indicators for community wellness. These indicators will then be used to generate an evaluation framework for current community programming. There are no risks associated with participating in this study.

**Conflict of Interest:** A conflict of interest may be perceived as the principal investigator, student researcher has been the sole psychiatric nurse in the community for the past 4 years. The student researcher will be maintaining a self-reflection journal throughout the process to ensure that the student researcher is maintaining an equal part of the process. All of the research processes will be overseen by a thesis advisory committee that consists of three different experienced researchers from three different streams of academia.

**Incentives:** A rate of $75.00 for will be offered to individuals that agree to become involved in this research process. This amount has been determined by the CBRAC and the student researcher as a fair, and equitable amount due to the traditional knowledge that will be shared, based on established elder honorarium protocols. If you chose to withdraw from the research process, there will be no penalty and honorariums will still be granted.
Inclusion of Traditional Knowledge

**Confidentiality:** The interview will be tape-recorded; however, your name will not be recorded on the tape. The interview will be stored on a password-protected file for a period of 5 years then it will be deleted. There will be no personal questions asked during the interview. Your responses to the questions will be transcribed by the student researcher from the tape onto paper for the CBRAC to review. All identifying characteristics will be removed from the paper prior to review by the CBRAC. Your name and identifying information will not be associated with any part of the written report of the research. The consent form that you sign will be locked in a safe place for 5 years, and then it will be shredded.

I agree to have my interview tape recorded

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

I agree to participate in the research.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

By signing the below I acknowledge that I have read and understand the above information. I am aware that I can discontinue my participation in this interview at any time. I am also aware that I can rescind my interview and my involvement in the research project until the non-identified transcripts of my interview have been made accessible to the CBRAC. I am also aware that by signing the consent letter I have not waived my right to any legal recourse in the event of research related harm.

Participant Name: ____________________________________________________________

Signature ___________________________ Date: ________________________________
Inclusion of Traditional Knowledge

Witness Name: ______________________________________________________________

Signature _________________________________ Date: ______________________________

_____________________________________________________________________

If you have any questions regarding the research, please contact:

Principle Investigator: Candice Waddell
1 867 292 5978

Thesis Advisor: Dr. J Renee Robinson (Brandon University)
1 204 727 9721

If you have any concerns regarding the ethical principles of this research, please contact:

Brandon University Research Ethics Committee
1 204-727-7445

Results of the study will be made available to the Hamlet of **** after the research is completed.
Appendix I: Confidentiality Agreement for Members of the CBRAC

Appendix I– Confidentiality Agreement – Members of the Community-based Research Advisory Committee

I ____________________________ agree to not disclose any information that I may receive from or about the participants during this research study. I also agree to keep the individuals that have participated in this research confidential. As a member of the Community Based Research Advisory Council, I also acknowledge that it will be my responsibility to protect the jump drive with the research data on it when it is in my possession. I will also ensure that all files on the USB drive are deleted within 5 years of the research being completed.

_______________________________________
Name

_______________________________________
Role

_______________________________________  _____________
Signature                      Date
Appendix J: Sample Interview Questions

1) How do you feel that the community has changed since your childhood?
2) What things have changed positively within the community?
3) What things have changed negatively within the community?
4) What things have remained the same?
5) What do you feel the strengths within the community are?
6) What do you feel the weaknesses within the community are?
7) What traditional knowledge do you feel should be concentrated on to strengthen some of the weaknesses?
8) If you could fix one problem within the community what would it be?
9) What do you feel makes a community healthy?
10) Do you feel that this community is healthy overall?
   a) If yes, what factors show you that the community is healthy?
   b) If no, what factors do you think need to be addressed for the community to be seen as healthy?
Appendix K: Informed Consent in Inuktitut

Inclusion of Traditional Knowledge

Waddell130
Inclusion of Traditional Knowledge

C$75.00/Lt, $75.00/200Lt, $131.00/500Lt, $262.00/1000Lt, $525.00/2000Lt, $1050.00/5000Lt. Δc$50.00/Lt, Δc$100.00/200Lt, Δc$200.00/500Lt, Δc$400.00/1000Lt, Δc$800.00/2000Lt, Δc$1600.00/5000Lt. Δc$10/Lt, Δc$20/200Lt, Δc$40/500Lt, Δc$80/1000Lt, Δc$160/2000Lt, Δc$320/5000Lt. Δc$0.00/200Lt, Δc$4.00/1000Lt, Δc$8.00/2000Lt, Δc$16.00/5000Lt. Δc$50.00/Lt, Δc$100.00/200Lt, Δc$200.00/500Lt, Δc$400.00/1000Lt, Δc$800.00/2000Lt, Δc$1600.00/5000Lt.

Δb$75.00/Lt, Δb$150.00/Lt, Δb$300.00/Lt, Δb$600.00/Lt, Δb$1200.00/Lt, Δb$2400.00/Lt, Δb$4800.00/Lt, Δb$9600.00/Lt, Δb$19200.00/Lt. Δb$50.00/200Lt, Δb$100.00/500Lt, Δb$200.00/1000Lt, Δb$400.00/2000Lt, Δb$800.00/5000Lt. Δb$75.00/Lt, Δb$150.00/Lt, Δb$300.00/Lt, Δb$600.00/Lt, Δb$1200.00/Lt, Δb$2400.00/Lt, Δb$4800.00/Lt, Δb$9600.00/Lt, Δb$19200.00/Lt.

$75.00-$150.00 Δc$10/Lt, Δc$20/200Lt, Δc$40/500Lt, Δc$80/1000Lt, Δc$160/2000Lt, Δc$320/5000Lt.

ΔPuvCDc$; $75.00-$150.00 Δc$10/Lt, Δc$20/200Lt, Δc$40/500Lt, Δc$80/1000Lt, Δc$160/2000Lt, Δc$320/5000Lt. ΔPuvCDc$; $75.00-$150.00 Δc$10/Lt, Δc$20/200Lt, Δc$40/500Lt, Δc$80/1000Lt, Δc$160/2000Lt, Δc$320/5000Lt. ΔPuvCDc$; $75.00-$150.00 Δc$10/Lt, Δc$20/200Lt, Δc$40/500Lt, Δc$80/1000Lt, Δc$160/2000Lt, Δc$320/5000Lt. ΔPuvCDc$; $75.00-$150.00 Δc$10/Lt, Δc$20/200Lt, Δc$40/500Lt, Δc$80/1000Lt, Δc$160/2000Lt, Δc$320/5000Lt.
Inclusion of Traditional Knowledge

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ᐊᑎᓕᐅᕐᓂᒃᑯᑦ ᐊᑖᓂ ᓇᓗᓇᐃᖅᓯᕗᖓ ᕿᖃᓕᒫᖅᓯᒪᓂᓐᓂᒃ ᐊᑭᓯᓂᓐᓂᓪᓗ ᖯᑉᐱᒃᑯᓇᓐᖓᑦ. ᕿᖃᐅᔨᒪᔪᖓ ᐄᖅᑲᖅᑎᒍᓐᓇᖅᑕᕋ ᐊᓚᐅᑎᓐᓂᖃ ᐱᕙᓂ ᐊᐱᖅᓱᕐᓂᕐᒥᒃ ᕿᖃᖓᑐᐃᓐᓇᑦᑎᑕᖅ. ᕿᖃᐅᔨᒪᒻᒥᔪᖓ ᐄᖅᑲᖅᑎᒍᓐᓇᖅᑕᕋ ᐊᐱᖅᓱᖅᑕᐅᓂᕋ ᐊᓚᐅᑎᓐᓂᕋᓗ ᐊᑭᓯᓂᐊᕐᓂᕐᒧᑦ ᐊᐅᓚᓂᐅᔪᒥ. ᓇᓗᓇᐃᖅᓯᒪᓐᖏᑦᑐᑦ ᕿᑎᑦᖅᑕᐅᔪᑦ ᐊᐱᖅᓱᖅᑕᐅᓂᓐᓃᕙᖓ ᕿᑐᐃᓐᓇᕈᖅᑎᑕᐅᓐᖏᓐᓂᖏᓐᓂ CBRAC-ᒥ. ᐅᑯᓐᓄᑦ ᐃᓱᒫᓘᑎᖃᕈᕕᑦ ᖇᑕᐅᑐᑦᑑᑉ ᕿᓭᖅᓯᒪᓐᖏ: ______________________________________________________

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ᐅᓪᓗᖅ: _______________________
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## Appendix L: Research Budget and Expenditures

Details of the Expenses for the Community Research Project  
Candice Waddell- Student # 011643

<table>
<thead>
<tr>
<th>DATE</th>
<th>Purpose of Expense</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Dec 5/2013</td>
<td>CBRAC Honorarium - 3 members @ $50.00 each</td>
<td>$150.00</td>
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<td>Jan 28/2014</td>
<td>CBRAC Honorarium - 4 members @ $50.00 each</td>
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<tr>
<td>Jan 29/2014</td>
<td>Interpreter/Translator Fee - 10 interviews @ $75.00 each</td>
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<td>Jan 29/2014</td>
<td>Interview Participant (Elder) Honorarium - 10 Interviews @ $75.00 each</td>
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<td>Translation of Informed Consent Form for Interview Participants 5 pages</td>
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<tr>
<td>Jan 27/2014</td>
<td>Translation of Radio Announcement for Interview Participants 1 page @ $60.00 per page</td>
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<td>Feb 4/ 2014</td>
<td>CBRAC Honorarium - 4 members @ $50.00 each</td>
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<td>TOTAL</td>
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Inclusion of Traditional Knowledge

**Appendix M: Acknowledgement of Receipt (CBRAC Honorariums)**

Date: February 4, 2014

Acknowledgement of Receipt of Community-based Research Advisory Council Honorarium.

I acknowledge that I received $50.00 for my participation as a member of the Community-based Research Advisory Council in the research project entitled, “Community Wellness Research Project”. The honorarium is for my participation in the planning meeting on February 4, 2014, with Candice Waddell, Student Researcher.

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Appendix N: Acknowledgement of Receipt (Participant Honorariums)

Date: January 29, 2014-02-09

Acknowledgement of Receipt of Interview Participation Fees

I acknowledge that I received $75.00 for my participation in the research project entitled, “Community Wellness Research Project”

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Appendix O: Acknowledgment of Receipt (Translator Honorariums)

Date: January 29, 2013

Acknowledgement of Receipt of Translation Fees

I acknowledge that I received $75.00 for translating an interview in the research project entitled “Community Wellness Research Project”

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Appendix P: Report for the Hamlet on Research Findings

Overview of the Community Wellness Project

In the spring of 2014, the Community Wellness Committee of Cape Dorset and a student researcher from Brandon University collaborated on a research project entitled “The Community Wellness Project”. The research project was designed to gather traditional knowledge on community wellness, and to identify strategies that could be used to improve community wellness in the community of Cape Dorset.

Process of the Research

Ten elders from Cape Dorset were interviewed for this project, six males and four females, and their involvement in the process was completely voluntary. An informed consent form was provided to each participant, which explained the project, and how the data from the project would be stored and utilized. This informed consent was provided and explained to the participants in both English and Inuktitut. The student researcher and a member of the community wellness team conducted the interviews. The information from the interview was analyzed and organized into themes by the student researcher. All of the elders’ names and ages were removed from the interviews to ensure participants’ anonymity.

Results of the Research

The interviews provided details on traditional knowledge and the lived experience of elders (including historical trauma). They also identified values and beliefs that have the potential to improve community wellness. The themes that
Inclusion of Traditional Knowledge

emerged included: respect, leadership, family connection, traditional knowledge sharing, working together, and resiliency. Unsurprisingly, the project’s results are consistent with other community wellness research projects in Nunavut that recommend community-based solutions focused on resiliency and strength. This project expands on this generalization to provide concrete solutions that the community can utilize to improve community wellness.

Here is some of the valuable information that our elders told us:

RESPECT

- Traditionally, elders held a high position of respect in Inuit communities.

- Traditionally, elders were taught to show respect by: listening, following advice, following leadership and providing assistance.

- The elders feel that younger generations are doing the opposite of this in their present day actions, which is showing disrespect.

- Elders now feel that they don’t have as much of a “voice” with the youth.

- This diminished voice was thought to be caused by numerous factors including: the change in the leadership structure within communities; an influx of new authority within children and youth's lives; personal life choices that adults and elders are making (ex. drug and alcohol use); and the rapid modernization of Inuit culture.

  - QUOTE: “Everyone doesn’t use their elders anymore, they don’t talk to their elders, there is no leader, there is more suicide and...
Inclusion of Traditional Knowledge

people are angry. If people were taught to respect their elders, things would be better” (Male Participant).

LEADERSHIP

• Elders recognized that positive leadership is extremely important in small hamlets and communities.

• The elders believed that modern democracy has changed the way that leaders are chosen.

• Overall the elders expressed that; a lack of traditional knowledge within leadership, a decrease in communication between leaders and the community, and leaders who do not exhibit positive lifestyle choices are all factors that negatively impact leadership within the community.

• It was felt that communication between the Hamlet and the community could increase by having representatives from the Hamlet and/or the Mayor conduct monthly radio shows to talk about the decisions that are being made on behalf of the community and to solicit feedback.

  o QUOTE: “There are lots of weaknesses in our community. I feel that the [Hamlet] council is not interacting with the community and that it is because of this that the younger generation is not listening to the right authority” (Male Participant).

FAMILY CONNECTION

• Elders recognized the need for strong family connection in improving community wellness.
Inclusion of Traditional Knowledge

- They felt that transition from small family out-post camps to the larger community setting was disruptive to family connection and family structure.

- Larger communities were associated with the increase of outside influences on children/youth and the introduction of historical traumas which all impacted family connections.

- A few of the specific traumas that were mentioned in these interviews were: introduction of alcohol; movement of individuals to southern Tuberculosis sanatoriums; the slaughter of the dog teams and residential schools.

- It is important to consider that within the ten interviews all of the above traumas were mentioned, however, not all of the participants mentioned all of them. Therefore, although the collective impact of the historical trauma is quite great, the individual impact that they had on families varies.

- All of these factors influence the structure of the family and the way that the generations communicate.
  
  o QUOTE: “There is a lot to deal with right now. That is why the younger generations are so confused, things have changed a lot” (Male Participant).

  o QUOTE: “Wellness could start if we start talking to each other, and to our families. And tell them about how back then things used to
Inclusion of Traditional Knowledge

be. That is how things will start to get better in our community” (Female Participant).

INCLUSION OF TRADITIONAL KNOWLEDGE

- The elders identified that relationship building between generations and traditional knowledge sharing are both important factors in improving community wellness.

- The elders felt that they play an important role in community wellness by: providing a natural supportive role to troubled youth and couples, and sharing the concepts of Inuit identity, culture and traditional stories.

- Elders felt that storytelling is an important way to promote some of the concepts mentioned above. They also recognized that the way that stories are delivered might have to change due to the nature of modern communities.

- The elders identified that an important role of elders in traditional out-post camps were to lead by example and to be a positive role-model. They felt that it was important for elders and adults to act positively and show the children and youth how to live positively in order to improve community wellness.

  ○ QUOTE: “Older generations need to talk about this more, they know lots but they are quiet. If we meet with the elders more often, if the youth could meet with the elders more often, that is when things could change” (Male Participant).
Inclusion of Traditional Knowledge

QUOTE: “Back then we were taught and lead instead of just being told what to do. It was living wellness, it was a way of wellness for the people by doing things rather than just sitting around” (Female Participant).

WORKING TOGETHER

• An important concept for survival in traditional out-post camps was working together, and the elders felt that this was also an important ideal in modern Inuit culture.
• Elders felt that modern Inuit community could benefit from the values of sharing, helping one another and collaboration.
• Elders identified that the concept of sharing has changed since moving into communities.
• In out-post camps it was important to share the items that were crucial for survival and it was also important to help one another.
• Collaboration was also stated to be an important part of community wellness. Many of the elders suggested that it was very important that the “Qallunaat and the Inuit started working together, and not just looking down on each other” (Male and Female Participants).

QUOTE: “Back then when we wanted something we didn’t get it right away, because it wasn’t there. Store bought stuff was very sparse, and when we did have it we had to divide it really equally between all the family and it was very equal” (Female Participant)
Inclusion of Traditional Knowledge

○ QUOTE: “The older generations who know things about life are starting to die. Younger generations don’t know about how to live life by helping each other, this way of life, it’s starting to dwindle” (Male Participant).

RESILIENCY

• Resiliency and the ability for Inuit to adapt to changing circumstances is a very important trait.

• The elders acknowledged examples of resilience in traditional Inuit society and modern Inuit society.

• The elders also felt that this resiliency should be something that is nurtured and celebrated as it is an important strength in individual, family and community wellness.

○ QUOTE: “There are lots of things to see and do today. I am amazed that the younger generations are coping with that. If I were to experience what the younger generations are experiencing right now, [back then], it would have been very confusing to me. I am amazed how the kids are coping with it, the TV, the games, everything. I am amazed with how they are coping with everything that is going on” (Female Participant)

○ QUOTE: “Today’s kids are speaking today’s modern language. What they are hearing and what they are saying is different. They have adapted their culture with the modern language today. I am happy that they are able to adapt” (Male Participant).
Inclusion of Traditional Knowledge

Based on the thoughts of the elders, here are some suggestions for ways we can improve Community Wellness:

Information for Service providers:

• Many of the elders stressed the importance of Inuit and non-Inuit working together for the betterment of the community.

• Non-Inuit need to be considerate of historical trauma and historical power differentials in order to halt the impacts of colonization.

• Inuit community members need to be part of all the solutions and the knowledge that communities already hold needs to be honoured.

• Being a positive role-model and living by example are important in community wellness.

Strengthening Family and Community Connections:

• The elders identified that the segregation occurring between generations is harmful to individual and community wellness.

• Strong family leadership and strong community leadership are important to try and rectify this segregation.

• Leading by example and showing how to “live the good life without drugs and alcohol” (Male Participant) is a first step.

• Establishing community leadership that is based on healthy lifestyle choices, a commitment to the betterment of the community as a whole and the celebration of success has the potential to radically change the wellness of a community.
Inclusion of Traditional Knowledge

• Committing to increasing the communication between the Hamlet and the community by providing regular community radio updates and shows that elicit community feedback and comments.

**Inclusion of Traditional Knowledge**

• The elders suggested identifying a community space that can be used by elders, adults, youth and children to share traditional knowledge.

• Programming within this space should not be forced, duplicated from other jurisdictions or structured to fit a specific curriculum but naturally initiated and led by elders and youth who had a commitment to the past and the future of the community.

• The elders also suggested that instilling more community focused traditional knowledge within the school system is a way to share traditional knowledge.

• They suggested that a designated position within the school that focuses on the integration of traditional knowledge into all aspects of the curriculum is required. This designated role would provide consistent and structured support in the local school system and recognize the knowledge that community members hold as experts within their own community.

**Focusing of Resiliency**

• The elders identified through all the interviews that community wellness relies on the importance of sharing traditional knowledge, protecting Inuit language and promoting traditional values.
Inclusion of Traditional Knowledge

- Focusing on this resilience, this ability to overcome hardships, and this strength to carry on Inuit culture is imperative when designing community wellness programs.

In accordance with an agreement that was written prior to the onset of this research, the information that was gathered from the elders during this project will be made accessible to the community of Cape Dorset. For that reason, it may be used by members of the community in any way that is felt will benefit the community.

The full document entitled “Improving Community Wellness through the Inclusion of Traditional Knowledge: A Participatory Action Research Study in Nunavut” will be made available to the Hamlet of Cape Dorset as soon as it is finalized in the Spring of 2015.

For any questions or comments on this research prior to the availability of the final thesis, please contact: Candice Waddell @ cwaddell@gov.nu.ca or 1 867 975 5954