

ATHABASCA UNIVERSITY

ANISHNAABEK NANADAGIN[®]: EXAMINING THE ROLE OF TRADITIONAL HEALING
WITHIN DIABETES MANAGEMENT

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Approval of Thesis

The undersigned certify that they have read the thesis entitled

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INTEGRATED DIABETES CARE MODEL**

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Abstract

The Indigenous peoples of Canada have suffered a precarious history of colonization leading to trauma from residential school experiences, health inequities resulting in poorer health outcomes and an increased burden of disease as compared to the non-Indigenous peoples. The goal of this research was to examine the role of traditional healing within diabetes management. Using Indigenous research methodology and grounding the research process in Indigenous ways of knowing, culturally safe spaces were created for participants to share. Traditional Healers and the people living with type 2 diabetes emphasize the importance of integrated care of traditional, western medical, and self-care for attaining overall wellness. Understanding the relational influence between themselves, their family, community, and ancestors was of utmost importance. Balance was achieved when mental, emotional, physical, and Spiritual aspects of self were interconnected. A conceptual model of Indigenous diabetes wellness is presented and incorporates all the representative themes of this research.

Keywords: Indigenous peoples, Indigenous research methodologies, diabetes management, traditional healing, integrated care, spiritual care, Indigenous traditional teachings, Indigenous traditional ceremonies

The first peace, which is the most important, is that which comes within the souls of people when they realize their relationship, their oneness with the universe and all its powers, and when they realize at the center of the universe dwells the Great Spirit, and that its center is really everywhere, it is within each of us.”

— **Black Elk**

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Chapter 1. Introduction

We as Indigenous people, are natural storytellers. As a part of my thesis process, I felt it was important to start this work from a decolonized lens which is achieved by situating myself and sharing more about my story, who I am, what motivates me, how I came to the decision to pursue my master's in nursing with a focus on Indigenous health (Cote-Meek, & Moeke-Pickering, 2020). I also wanted to share why I decided to focus on the importance of Spiritual health in achieving a balance in physical health. So, to start, I am an Anishinaabe-Cree kwe (woman). I am Bear Clan. I am a mother. I am daughter. I am a wife. I am a friend. I recognize that my existence is very much based on these roles and how I maintain relationships within each. I aim to find ways to honour all the gifts that Creator has given, the most important being my three boys. As many have said before me it is our children that are the future and any work that I do within my lifetime is done in hopes of making things better in theirs and the next seven generations.

Roots

I am an only child to an amazing mother, who, even though she had me at a young age, she had the strength and perseverance to provide me with a safe, stable, and loving home. I know I am who I am today because of her strength and resilience which is a common trait with the women within her family. My many amazing aunties have had great influence on my life and have given me the understanding and courage to push my own limits and always strive to try to live each new day as a better version of myself than the day before. I feel it is important to highlight that the reason I decided to go into nursing was because of my grandmother. While becoming a widow at a young age, as my grandfather passed from tuberculosis in his thirties, she decided to use her experience

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she gained in caring for him and after he passed, she decided to go to school to become a nurse to support herself and her eleven children at the time.

She spent many years in residential school but never spoke a word of her experiences, even when I used to ask her about them when I was a curious youth, she would redirect the conversation quickly. It is important to note that five of her eldest children also attended residential school, which, as a mother, I can not imagine how difficult it was to let them go when one knows how they are going to be treated and the unfairness they will face. But she had no choice because if she did not comply, they would be taken away forever. Though through it all she was still the anchor of our family, and it was hard on many when she departed from her physical form to returned home to the Spirit world in 2005. There is not a day that goes by that I do not think of her and give thanks for all that she has done for us.

I grew up away from my community. My mother made the difficult choice to live away from our family to give me different opportunities. I've been an off-reserve registered member, my entire life came with feelings of disconnect from community, culture, and identity. It has taken me many years to understand how to regain that connection. While in the past I have often felt like a foreigner to my Indigenous community, it has been this thesis work that has helped me develop my sense of belonging and understand the important role I can play in creating a safe space for our community members to exist and hopefully heal. This work has helped me in fully understanding my sacredness and how I can honour all gifts Creator has given me each and every day.

Spirit Helpers

When I reflect on my own Spiritual journey towards understanding, I can see how my Spirit helpers guided me throughout my life. I have had numerous encounters and dreams where I have connected with them, with memories going back as far as the age of four. I am continuously reminded of my Spiritual connections and how they help me live a more balanced life and to honour these connections to the land and my first family of animals and my Spirit helpers.

In my third year of the BScN program there was a call from one of the nursing professors looking for an Indigenous nursing student to work with her on a research project. I figured it was a great opportunity for learning and it ignited a part of my Spirit that had lain dormant for far too long. I started to ask more questions and that little project that, again, I really thought would be just a learning experience, ended up truly shaping who I was as an Indigenous woman and gave me a clearer understanding that I did have more to offer. It was this process that led me to finding ways to be a part of the multifaceted solution to helping my community heal, regain a part of themselves, and experience a more balanced understanding of health through the integration of traditional and western ways of knowing within my nursing care.

My connection to my Spirit strengthened over the years as I attended many ceremonies like sweat lodges, shake tents, fasting, feasts, and drum, as well as seeing a Traditional Healer (TH) regularly. Then in my seventh year of doing this work regularly I was gifted the ceremonial pipe and an eagle feather that came with the responsibility of conducting sweat lodge ceremonies for community. Being a lodge conductor has allowed me to help my community heal within their Spiritual self, beyond the aim of my previous work that mainly focused on the other aspects of self, the physical, emotional, and mental

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aspects within their diabetes care. The ceremonial pipe is seen as a direct link or communication with Creator and Spirit helpers through prayer. I now had a role and responsibility to community through this ceremony.

This research project is grounded in Indigenous ways of knowing (IWK) through the use of IRM, but also through the lens of ceremony and my reflections that I have utilized throughout this project in order to do his work in a good way. Within IWK, guidance from Ancestors is vitally important and occurs in a multitude of ways which is specific for each person. For me, my ancestors were very much a part of this research process, they helped guide me which has led us to creating a meaningful document that will be helpful for the community in their healing process as well as my own healing.

Anishnaabek Nanadagin is the name given to this research journey, in Anishnaabemowen it means “Healing the people” and of course this is a vague translation as a healer explained to me, *Nanadagin* means healing in all areas and through all forms. Healing, through the mind, body, Spirit, and emotion and using tools that could be both grounded in traditional and western ways of knowing to create that balance. This name was given to me at the start of this research process by a TH who is from Winnipeg, Manitoba. He identified that starting with a name was vital in setting the intent and grounding the research in our IWK and gaining support of the ancestors to guide me in the work.

My Connection to Diabetes Care

Diabetes is a chronic condition that has disproportionately affected the Indigenous peoples globally as they have a shared history of colonization that forced the contamination and ravaging of their land’s natural resources and ultimately the displacement of the Indigenous peoples from their traditional territories (Cunningham,

2009). As compared to the non-Indigenous population, Indigenous people in Canada are diagnosed with T2DM at a younger age (Oster et al., 2012), and experience higher rates of secondary complications (Jiang et al., 2014; Dyck et. al., 2012; Komenda et. al., 2016), and poorer treatment outcomes (Crowshoe, et al., 2018). Diabetes has impacted my family deeply, and as such, it is a condition that I have great passion about in terms of understanding the lived experience for Indigenous people, and how healthcare providers can better care for Indigenous peoples with this illness. Diabetes runs through my family. My grandmother and uncle both passed away due to complications from diabetes, and there are other family members including cousins, aunties and other uncles who are living with T2DM. These experiences fuel my desire to understand how we as health care providers (HCPs) can better serve community members living with diabetes. I worked as a diabetes nurse educator for just over eight years in an Indigenous health centre. It is fitting that my thesis work is focused in this area and I have asked questions, seeking to understand the community on a deeper level, to learn ways I can help. I have met many clients who have lived through unfathomable trauma, and I have heard their stories. I could not imagine what it was like to have to carry that burden and I was in awe of people who even through it all, would come to the clinic just to sit with me and chat. The sharing of their stories highlighted the safety of the space that we shared. I felt and still feel very honoured that they chose to share their stories with me.

Throughout the many years of my practice, I noticed a trend, where it looked like there was an interesting correlation of positive health outcomes for the clients who engaged regularly with a TH or healing services on their diabetes journey. What I noted was that clients would go from feelings of sadness, despair, and inability to care for

oneself to smiling, making better lifestyle choices, and taking control of their diabetes. It is like they gained something very important from their sessions with THs. The sessions with the Traditional Healer would be a one-on-one appointment, like a visit with a family physician, and there was a space where the traditional medicines were stored on site to make them easily accessible to be shared with the community by the Healer. People may see a TH as often or as little that was required in their healing journey. Should the TH prescribe plant medicine, for example, the Traditional Healer might connect more regularly with the client to monitor the effects of the plant medicine. Clients might be prescribed traditional ceremonies or possibly plant medicines to help them on their healing journey, the work would not just include what the client was experiencing physically, rather, there would be discussions about other aspects of self, like mental, emotional, and Spiritual.

A teaching I once received about physical health is that it is the last to display the illness, meaning that this illness originated in one of the other aspects such as Spiritual, emotional, or mental health and it is our densest self that will hold the illness. When one understands the history of the Indigenous peoples of Canada it is easier to recognize how it is possible for them to have more physical ailments given the level of trauma and suffering, they have endured (Mitchell et. al., 2019). This research seeks to understand how we as HCPs can support Spiritual health and wellness and how that can affect the client's physical health within the context of diabetes management. This research process or 'ceremony' as coined by Wilson (2008), focuses on understanding what was meant by integrating traditional and western modalities of care within ongoing diabetes care. This work explores the perspective of both TH who is providing care to people living with

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type 2 diabetes, as well as that of the people accessing care. To set the stage for this work we must understand several influencing factors to the overall health and wellness of the Indigenous community by understanding how the past and present has influenced their current state of health as related to diabetes care.

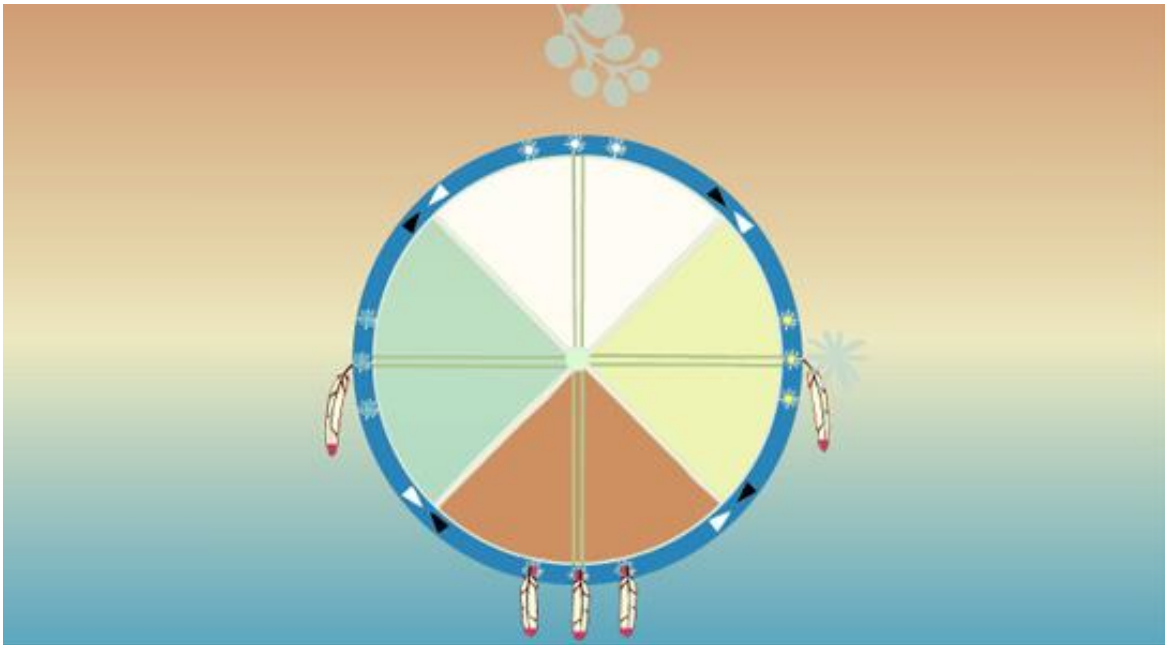
Chapter 2. Review of the Literature

The Indigenous peoples of Canada have suffered a devastating history of colonization that filled their lives with trauma from residential school experiences and the strong presence of health inequities (Crowshoe et. al., 2018). This has led to poorer health outcomes and an increased burden of disease as compared to the non-Indigenous communities (Government of Canada, 2018; National Collaborating Centre for Aboriginal Health, 2013). The term Indigenous refers to the First Nations, Métis, and Inuit people living within Canada (Government of Canada, 2023). As the healthcare system and institutions learn more about the truth of the historical harms it caused the Indigenous community, they are trying to find better ways to support them in regaining their health, the question lies in what ways the system can be most useful to Indigenous clients? What might the role of the TH be for introducing and/or supporting Indigenous ways of knowing in interprofessional diabetes care? What is the experience of people living with type 2 diabetes who have a TH on their health care team? Why is it that Indigenous peoples are three to five times more likely to develop T2DM than non-Indigenous peoples? The biomedical sees the body as solely a physical form and the Indigenous traditional knowledge (ITK) model uses ancestral traditional healing practices (such as sacred ceremonies) to balance all aspects of oneself (i.e., physical, mental, Spiritual, and emotional). What might it look like when interprofessional care includes an Indigenous TH?

Integral to the concept of health within Indigenous communities is a link to traditional ways of knowing and healing practices. Indigenous views of health move beyond the World Health Organization's (WHO, 2007) individual definition of the

‘complete physical, mental and social well-being and not merely the absence of disease or infirmity’ into a connection to the wider community and with the universe. Achieving health requires balance where everything is connected (WHO, 2007). This concept of health is best presented in traditional teachings such as the Medicine Wheel Teachings or *Nehiyawak*, which is the Cree word for that balance that we as humans can attain (Lee, 2006). *Nehiyawak* is the balance of the four aspects of self: mind, body, Spirit, and emotion. It is depicted as a circle (see Figure 1) that is divided into four quadrants and each quadrant represents one of the four directions and one of the aspects of self and in the middle is the fire which is self (Lee, 2006). These tools are used to help explain how balance deepens the understanding of oneself or one’s identity. Subsequently, this creates a space to heal the community’s Spirit and allow them to regain their traditional teachings and understanding of oneself.

Figure 1. Cree Medicine Wheel or *Nehiyawak*



Note. Nehiyawak or the Cree Medicine Wheel is a tool used to explain balance.

<https://fourdirectionsteachings.com/transcripts/cree.html#:~:text=Spring%20in%20the%20east%2C%20summer,in%20between%20is%20our%20journey.>

The goal of this research was to identify and better understand the experiences of THs and the people who have professional, caring relationships with them. I am interested in the experiences of Indigenous peoples living with diabetes, specifically the recommendations they receive from THs, how they integrate these with recommendations from western care providers, how they understand the trajectory of their illness and what they use in order to better manage and cope with their illness. The aim is to better understand how an integrated diabetes care model supports their healing journey, specifically with regard to the impacts of the connection between a client and a TH, the knowledge gained from the TH, and the ceremonies utilized during their healing journey.

Effects of Colonization on Indigenous People

Following World War II, the social and political landscape changed for Indigenous people which largely contributes to the complex health issues that the community faces today regarding the increasing impacts of chronic illnesses (Harris et al., 2016). For example, poorer health outcomes continue to be experienced by Indigenous people as compared to non-Indigenous (National Collaborating Centre for Indigenous Health [NCCIH], 2013) and life expectancy is 73-74 years of age for men and 78-80 years for women compared to the non-Indigenous population which is 79 years of age for men and 83 years for women. This gap is more profound in Inuit populations where life expectancy is 64 years of age for men and 73 years for women (Government of Canada, 2016). Health Canada found that endocrine, nutritional and

metabolic disease, including Type 2 Diabetes, was the fifth leading cause of death within Indigenous communities in Canada, compared to this being the sixth-place cause of death for non-Indigenous Canadians (Health Canada, 2014; Statistics Canada, 2014). Diabetes is considered an avoidable death. In a meta-analysis, Park, et al. (2015) reviewed study data between 1991 to 2006 for First Nation adults aged 24 to 74. Being First Nation and having diabetes increased mortality rates to 7.6% (men) and 10.6% (women) as compared to non-Indigenous people which was 3.7% (men) and 3.6% (women) (Park, et al., 2015).

These poor health outcomes are linked to colonization and the resulting inadequacy of social determinants of health such as lack of access to adequate health services, poorer living conditions, and low employment rates (Canadian Institutes of Health Research [CIHR], 2018; Kasper, 2014; Reading & Wein, 2013). This history of mistreatment has led the Indigenous people to collectively mistrust the current healthcare system and experience racism that has created a complicated barrier to care and trust (Auger et al., 2016). Until recently, Canadian Indigenous policy focused on assimilating the Indigenous peoples, dismissing treaty rights, and attempting to commit not only cultural genocide of the community as a whole, which is defined as the destruction of what makes a group unique from their communal structures and practices (Truth and Reconciliation Commission of Canada [TRCC], 2015), but also attempted genocide of Indigenous women, girls and two-spirit people (Commissioners of the National Inquiry on Missing and Murdered Indigenous Women and Girls, 2019b, p167).

The key goal of the Indian residential school (IRS) system was to remove the child from the influence of their family, community, and culture to assimilate the child

into the dominant western culture (TRCC, 2015). The IRS in Canada has a 150-year history of exposing thousands of Indigenous children to physical and sexual abuse that negatively impacted the children, their families, and communities. Poverty rates increased and their culture and languages were endangered resulting in poor health outcomes (Barnes & Joseowitz, 2018; Truth and Reconciliation of Canada, 2015). Students forced to grow up away from their families lost the opportunity to grow up in a nurturing family environment and learn about their cultural and Spiritual strengths (Hanson, 2009).

IRS is now well known for its abusive treatment of the Indigenous children (TRCC, 2015). Growing up away from their families and without nurture, care, respect, or affection and experiencing the trauma of physical, psychological, and sexual abuse (TRCC, 2015) has created lasting psychological impacts such as persistent mental health disorders, and traumatic stress reactions (Barnes & Joseowitz, 2018). Survivors of IRS were victims of unconsented and unethical health experiments, received emotional, mental, physical and sexual abuse, and were denied the strength and stability from their families. As such, this has impacted their ability to cope with day-to-day challenges (Jacklin et al., 2017). Many are frustrated with their experience of always being told what to do and have been unable to find strength and stability from their families. This has negatively impacted many people further challenging their ability to cope with the day-to-day challenges (Jacklin et al., 2017). For example, feelings of being a failure and carrying a burden of shame and anger create despair, depression, and adoption of unhealthy coping behaviours such as drug and alcohol addictions, self-harm and suicidal ideation (TRCC 2015; Wilk, et al., 2017). While these traumatic experiences may have

originated with the attendee of IRS, it continues to reverberate through subsequent generations with the same negative physiological and psychological impacts (Aguiar & Halseth, 2015; Marsh et al., 2015; Wilk, et al., 2017). This is known as *historical trauma* where the external forces inflicted destructive and distressful events on a community where members become lost. This experience is shared across Indigenous communities (Brave Heart, 2000; Evans-Campbell, 2008) and these shared trauma-based experiences have left future generations without the resources and community wisdom to regain mind, body, Spirit, and emotional balance.

Reconciliation and Moving Towards Healing

The Truth and Reconciliation Commission (TRC) of Canada is one element of the IRS Settlement and its aim is to document the truth of survivors, families, and communities affected by the Residential School System (Government of Canada, 2018). The IRS Settlement Agreement was the largest class-action settlement in Canadian history. Beginning in 2007, the TRC was founded as a platform for survivors to share their stories as a way to honour their experiences and educate the Canadian general public on the history, legacy, and effects of the Residential School system on the Indigenous people of this country (Government of Canada, 2018). At the end of the inquiry, the executive summary included 94 calls to action for the Canadian government to consider furthering the healing for both Indigenous and non-Indigenous Canadians (Government of Canada, 2018). There are nine health-related calls to action from the enquiry which addressed many different aspects that would be important for Indigenous peoples. Call #22 is most relevant to this thesis:

22. We call upon those who can affect change within the Canadian healthcare

system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders were requested by Aboriginal patients (Truth & Reconciliation Commission of Canada, 2015).

Within this thesis journey, the aim is to address a number of these calls to action but primarily item 22. I will attempt to better understand the importance of Indigenous peoples' healing practices through the voice of the clients accessing health-care services that include traditional healing and ceremonies within an interdisciplinary model of diabetes care. The experiences within traditional healing will be identified by clients who are accessing traditional healing services and attending traditional ceremonies being offered at a local Indigenous community health centre.

Diabetes in the Indigenous Population in Canada

Indigenous people in Canada continue to be overburdened with disease or health disparities and the underlying causes could be directly linked to the state of their social determinants of health (Statistics Canada, 2015; National Collaborating Centre of Aboriginal Health, 2013). For example, diabetes is an illness which was not detected within the Indigenous population prior to 1940 but has become one of the fastest growing adverse health conditions within the Indigenous community (Young et al, 1990). From 2001-2007, the average self-reported rate of diabetes increased by 27% compared to 1991 (Public Health Agency of Canada, 2011) and diabetes affects the Indigenous population more (First Nations: 9.3%; Métis: 7.5%) than the non-Indigenous population (6.5%) (Statistics Canada, 2015). Diabetes is being diagnosed at younger age, with higher rates of complications that now impacts all stages of the lifespan including gestational diabetes (Public Health Agency of Canada, 2011).

Factors contributing factors to the higher incident rates of type 2 diabetes for the Indigenous community can be linked to the community's experience with adverse health outcomes related to lifestyle, genetic susceptibility, and historic-political and psychosocial factors (Harris et al, 2017). Specifically, lifestyle factors such as diet, physical inactivity, obesity and being overweight are key contributing factors to their development of type 2 diabetes (Public Health Agency of Canada, 2011). Issues related to their access to high quality care and feeling that they have limited access to good quality food is an ongoing issue for the Indigenous community (Lavallee & Howard, 2012). The increased rates of diabetes could be linked to the increase in obesity from issues related to food insecurity and poverty (Harris et al., 2017). Data from the Community health survey conducted from 2007-2010 noted that Indigenous adults had higher obesity rates compared to non-Indigenous adults. For example, 40.2% of First Nations people on reserve were obese compared to 28.4% off reserve. Approximately 33% of Inuit and 22% of Métis people were obese compared to 17% for non-Aboriginal adults (Government of Canada, 2013). In the same survey Indigenous people were also noted to have higher rates of food insecurity at 22% as compared to 18% for non-Indigenous (Government of Canada, 2011). Secondary complications related to diabetes are higher within the Indigenous community than the non-Indigenous community and they are being experienced earlier; complications such as renal and neurologic issues are experienced as early as within five years of diagnosis (Crowshoe et al. 2018; Dart et al., 2014). There is evidence to suggest these poorer health outcomes are directly linked to the collective traumatic history of the Indigenous people living within Canada (Falco et al., 2015).

Traditional Healing Within Health

Traditional healing practices are tools that have been used by Indigenous people for centuries to help them to maintain balance and honour their connection to the land (First Nations Health Authority, 2023). Traditional healing practices vary from nation to nation but share the same purpose of using ancient traditions of our ancestors to help in healing all aspects of self, mind, body, Spirit and emotion (Anishnawbe Heath Toronto, 2000). These practices include guidance from those that have a direct connection to the Spiritual world known as our THs or elders. This guidance may include the use of traditional medicines or teachings on how to regain balance in one's life (Anishnawbe Health Toronto, 2000).

Traditional elders have varying names from nation to nation such as knowledge or wisdom keepers, medicine people, healers, and ceremonial people. They have varying abilities, but their purpose is the same, to help the people and to be a vessel for the Spirits to work through to assist people to regain balance within their lives (Anishnawbe Health Toronto, 2000). They may use traditional plant medicines, ceremonies, doctoring, Spiritual healing, or counselling to help the client in regaining their balance. Traditional teachings aim to create balance in all aspects of self (mind, body, emotion, spirit) through storytelling, some of these traditional teachings include the Anishnaabek Seven Grandfather Teachings or Medicine Wheel Teachings (Anishnawbe Health Toronto, 2000; Auger et al., 2016; Benton-Banai, 1988; TRCC, 2015).

As a result of colonization, traditional healing practices have been lost along with their underpinning beliefs and knowledge (George et al, 2018; Kirmayer et al., 2014). It is important to understand and acknowledge the diverse beliefs as it relates to ITK, as due to affects of colonization and diverse healing journeys, not all people within the

Indigenous population align with it. A recent study estimates suggest only 15% of individuals in First Nations communities use both traditional medicines and healers, and 63% reported not using either (George et al, 2018). Research indicates that those who have increased use of THs, and medicines tend to be males, of an older age, with a high school education and a strong First Nations identity (George et al., 2018). Not accessing THs and/or medicines was related to not knowing how to access services and having a lack of knowledge about THs and medicines (George et al., 2018).

Diabetes Care Using Traditional Ways of Knowing

The Indigenous community experiences many barriers, stigmas and stereotypes when accessing healthcare and it is up to their healthcare providers to help ensure that their healthcare experience is meeting their needs (Cameron et al, 2014; Turpel-Lafond, 2020). There is a growing body of research demonstrating the benefits of integration of culture in healthcare, with negative outcomes if it is not (Greenwood et al., 2017; Guerra & Kurtz, 2017; National Collaborating Centre for Aboriginal Health, 2013). Cultural safety is a term that is used to describe a practitioner's ability to go beyond cultural awareness and sensitivity to create a space where cultural differences are respected (Aboriginal Nurses Association of Canada, 2009). It also acknowledges this perception of power and how there are systemic barriers in place that could establish an inherent power imbalance between provider and client (Cutris et. al., 2017). Creating culturally safe environments that empower Indigenous clients to have a voice within their care is more likely to result in positive health outcomes (Greenwood et al., 2017; Guerra & Kurtz, 2017; National Collaborating Centre for Aboriginal Health, 2013).

Culturally safe practitioners with expertise and knowledge regarding traditional teachings can recommend appropriate ceremonies, such as smudging with traditional

medicines during the appointment, and providing space for clients to reclaim aspects of the traditions that support health and wholeness that were lost during colonization.

Indigenous traditional ways of knowing are a relationship-based model of care and holistic approach to providing quality care to clients (Auger et al., Gomes, 2016). When offered in addition to the western or biomedical model, these traditional ways of knowing may enable clients to find more self-determination, feel aligned with their traditions, and create space for a manageable healing journey (Auger et al., 2016; Oster et al., 2014).

The Diabetes Canada Clinical Practice Guidelines emphasized the importance of having preventative care rooted within culture and to have community consultation when putting together educational material for the community (Crowshoe et al., 2018). This idea of self-determination and empowerment are key concepts that need to be present within the plan of care as ways to help clients be successful in their healing journey (Harris et al, 2016; Oster et al., 2014). The act of reclaiming aspects of culture, honouring historical traumas and walking this truth as a community may be protective against developing diabetes (Oster et al., 2014). Seeing a TH or elder is important for health maintenance and promotion because they can share knowledge of the plants, medicines, ceremonies, and teachings that offer a higher level of interconnectedness to Creation and all that is within it (Anishnawbe Health Toronto, 2000). Within traditional healing there is a goal to restore that balance within one's mind, body, Spirit, and emotion as healers help us in regain balance through ceremonies and prescribing traditional plant medicines. There are many traditional teachings and ceremonies that support living a healthier lifestyle, including the Anishnaabek Seven Grandfather teachings, Medicine Wheel teachings, sweat lodge ceremonies, the use of the four sacred

medicines (sage, tobacco, sweet grass, cedar) and seeing a TH or Elder (C. Mousseau, personal communication, September 18, 2018).

Seven Grandfather Teachings

Seven Grandfather teachings help address what it means to live a balanced Spiritual life.

The Seven Grandfather teachings is an Anishnaabek legend that tells a story of how Seven Grandfathers who were powerful Spirits were given the responsibility by Creator to watch over Earth's people. When there was discord on Earth, they sent for someone to impart the Seven Grandfather teachings to share with the people of Earth so that they could find peace again. These teachings include a) Wisdom: to cherish knowledge is to know *wisdom*, b) Love: to know *love* is to know peace, c) Respect: to honour Creation is to have *respect*, d) Bravery: *bravery* is to face a foe with integrity, e) Honesty: *Honesty* is being brave and facing a situation with honesty, f) Humility: *humility* is to know yourself as a sacred part of Creation and Truth: and g) Truth: *truth* is to know all these things (Benton-Banai, 1988). The Seven Grandfather teachings can be integrated within a plan of care for a person living with type 2 diabetes to support finding a healthier balanced life. Reflecting with honesty and truthfulness about their lifestyle can support them to focus on finding love and honour within themselves (C. Mousseau, personal communications, September 18, 2018).

The Medicine Wheel

Medicine Wheel teaching is a multifaceted tool that explains how the different aspects of self (i.e., Spiritual, emotional, physical, and mental), can support balance. The Cree medicine wheel, *Nehiyawak*, contains these four aspects of self which represent the four directions (East, South, West and North), the four seasons (Spring, Summer, Fall and Winter), and the four stages of life (infancy, childhood/youth, adulthood and

elderhood) (Lee, 2006). In diabetes care, the practitioner has the opportunity to ask the client questions related to each quadrant and create a plan of care to address unmet needs (L. MacKenzie, personal communication, December 14, 2018).

The Sweat Lodge

A Sweat lodge ceremony is a powerful cleansing and or healing ceremony that responds to what the participants need (Anishnawbe Health Toronto, 2000). It is a ceremony that involves a dome-like structure with a with an inner circular pit, which gives space for the grandfather and grandmother Spirits, which are contained within the stones and heated in a sacred fire. The grandmothers and grandfathers are then bathed in water to create the purifying steam that brings cleansing and healing to those within the lodge (Anishnawbe Health Toronto, 2000). This ceremony can be used by clients living with diabetes to cleanse their Spirit and give them the ability to feel more grounded within their Spiritual self and balance the other quadrants (mind, body, and emotion).

The Sacred Medicines

Various studies regarding plant medicine used by Indigenous communities have shown benefits in the prevention of diabetes or decreasing the secondary complications of the disease (Fraser et al., 2007; Harbilas et al., 2009; Yadav, et al., 2016). These studies highlight that Indigenous peoples have a wealth of knowledge related to how plant medicine can support one to live a healthier life. Understanding and reclaiming one's connection to the plants, the animals and the earth and the importance of maintaining a respectful and reciprocal relationship with it is a powerful and empowering phenomenon (Wilson, 2008). The knowledge of the plants and their uses is something that is shared from one generation to the next through their elders (Harbilas et al., 2009).

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There are four sacred medicines. Tobacco, sage, cedar, and sweetgrass, are gifts from the Creator for everyday life (Anishnawbe Health Toronto, 2000). Tobacco is used as an offering in every ceremony and facilitates Spiritual communication; sage frees the mind of negative energy; cedar-purifies homes and other spaces; and the aroma of sweetgrass, the sacred hair of Mother Earth, creates a calming effect (Anishnawbe Health Toronto, 2000). Using medicines in clinical appointments can help ground the client's Spirit and create a culturally safe environment, to support the client to share their truth with their practitioners feel calmer managing their care (Lavallee & Howard, 2011).

Opportunities to see THs and medicine people provides clients with access to these medicines to help them with their diabetes care management. Including traditional teachings in a plan of care supports the understanding of the importance of culture within care; integrated care which supports traditional and western ways of knowing is needed to promote successful ongoing healing for the Indigenous community (Hovey et al., 2017). Seeing a TH or Elder is an important aspect of healing because they can share knowledge of the plants, medicines, ceremonies, and teachings that offer a higher level of interconnectedness to Creation and all that is within it (Anishnawbe Health Toronto, 2000).

Thesis Aims

The primary aim of this thesis research is to examine the role of traditional healing practices (e.g., attending sacred ceremonies, seeing a TH to be prescribed traditional medicines) in an inner-city diabetes clinic. The secondary aims of this research are to a) learn more about who is accessing THs to augment their western diabetes care; b) what they understand about living with diabetes and the illness trajectory; c) What or how it helps them to manage and cope. The final aim is to better

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understand the impact of the relationship between the individual and the TH with an integrated diabetes care model.

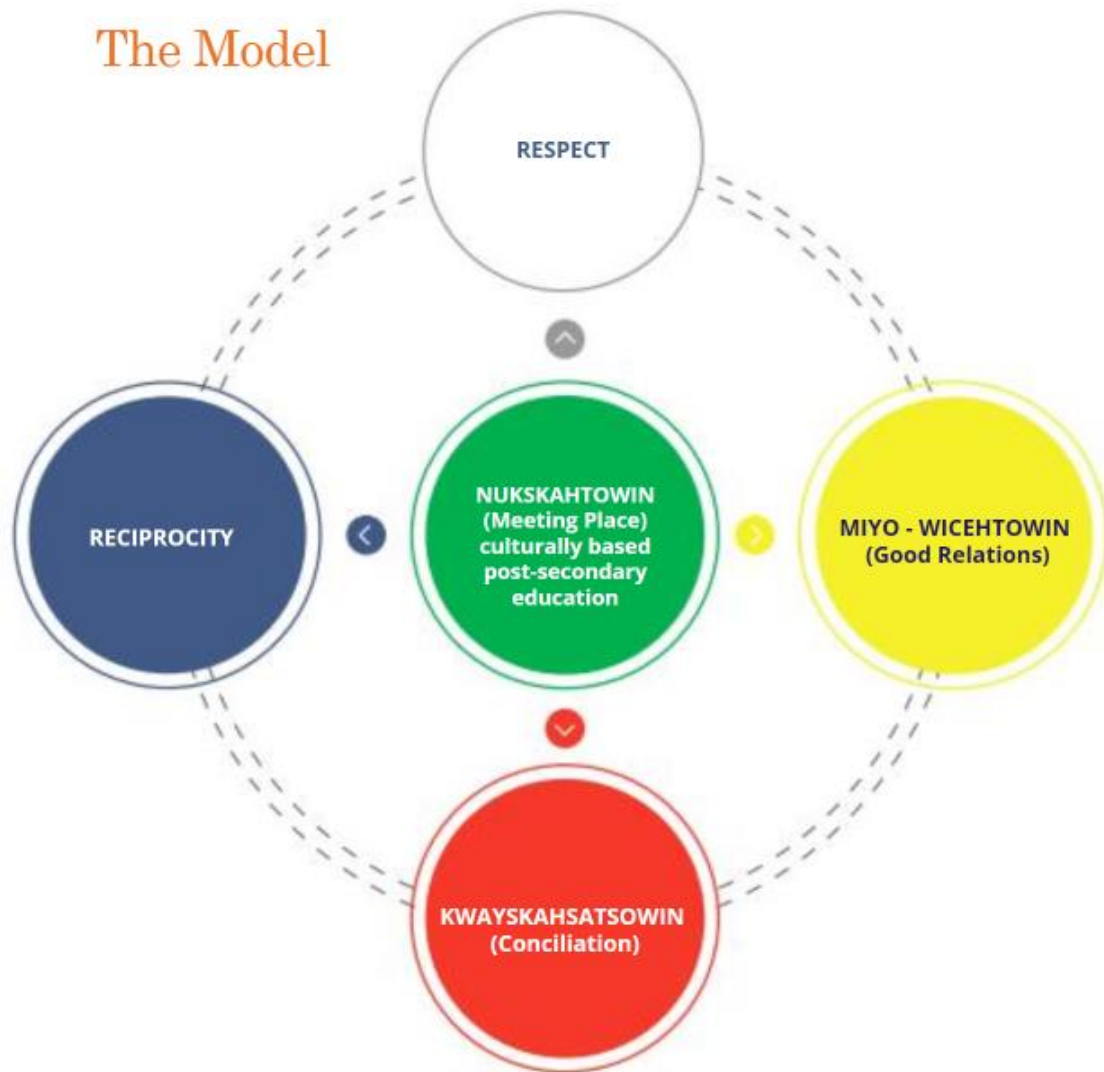
Chapter 3. Methods and Procedures

The Postcolonial Indigenous Research Paradigm (PIRP) is a framework of lived experiences and values that reflect the impact of colonization and Euro-Western research paradigms resulting in marginalization and discrimination (Chilisa, 2020; Wilson, 2008). This paradigm aligns with my Ojibway-Cree heritage and ensures that the research is grounded and respectful of Indigenous ways of knowing and the values of the people participating in the study. PIRP compliments my traditional teachings and provides a framework to create a culturally safe and respectful foundation to conduct the research. This paradigm allows me to use the teachings that I learned on my Spiritual healing journey and incorporate them into the research process in a meaningful way, in a way that I feel I am not only honouring the participants within the project but also honouring my Ancestors. It gives space where my lived experience as a diabetes educator and a ceremonialist can be combined, creating a sacred safe space for knowledge to be shared from both participant groups.

This research ceremony is rooted in Athabasca University's (2020) co-developed Miyo-Pimatisiwin model (See Figure 2). This model represents the interconnectedness of each of the four considerations: Respect, miyo-wicehtowin, kwayskahsatsowin [conciliation], and reciprocity. 1) Respect, which allows for the acknowledgement of the differing worldviews from Indigenous and non-Indigenous, allows for the self-determination, acknowledges the importance of oral traditional and its value (Athabasca University, 2020). This project and the research process will exemplify the consideration of respect as it is defined by this model, as well as considering its definition by the participants involved within the work (i.e., honouring of the exchange knowledge with

the TH/participants and myself as the research through the exchange of tobacco, which respects the traditional worldview within the space). 2) Miyo-wicehtown which relates to the laws concerning good relations; this focus ensures that there is a focus on relationship and relationship building (Athabasca University, 2020). Within the project as a seasoned diabetes care worker within the clinic, I have an established relationship with the participants which helps to build and ensure that the research interview exchange will be supportive and safe. 3) Kwayskahsatsowin (Conciliation), which is setting things right, restoring the balance and harmony in friendly relations. It helps to strengthen the research being undertaken and it acknowledges that it is the elders, leaders and ITK keepers that hold the key to Indigenous communities (Athabasca University, 2020). Within the project the utilization of Indigenous research methodology, allows for the respect and restoration of traditional ways of knowing and being in the research process, aiming to make this process a more safe and appropriate space for Indigenous peoples to navigate. 4) Reciprocity, which central to all relationships, it is about both giving and receiving, it focuses maintaining harmony and balance in exchange for knowledge, ideas and supports between land, people and all our relations (Athabasca University, 2020). This will allow for that meaningful exchange between myself as the researcher, the participants, and Athabasca University. In grounding the research ceremony in this understanding, there is an acknowledgement of the important and vital role we all carry within the project, as well as recognition of how the work aims to create a better space for the participants and consideration of all our relations.

Figure 2 Nukskahtowin’s Miyo-Pimatisiwin Model (The Good Life)



Note. Miyo-Pimatisiwin model is an Athabasca University Indigenous research model that was developed from Cree teaching received from the late Dr. Harold Cardinal.

https://issuu.com/auconnected/docs/nukskahtowin_2020_plan?fr=sODgwZDM0Nzk4Mj

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Indigenous Research Methodology

Indigenous research methodology (IRM) ensures that respect, relationship accountability, and reciprocity is integrated throughout the research process and integrates traditional tools, ongoing reflective practices, and ethical considerations specific to working with the Indigenous community (Chilisa, 2020; Hall & Cusack, 2018; Kovach 2010; Wilson, 2008). Indigenous research is as diverse as the researchers and participants engaging in it. IRM is not a method, but an umbrella term for multiple approaches, similar to qualitative research (Kovach, 2009). IRM aims to respectfully uncover the reality of Indigenous peoples' lives using their ontology, epistemology, and axiology (Wilson, 2008) to ensure their stories are grounded in their values and ways of knowing. IRM is best understood within the qualitative research paradigm, but only as a reference point, not a subset.

The four foundations of IRM are: 1) Indigenous ways of knowing are a valid knowledge system, 2) openness and relationship building between researcher and participant is natural, 3) reciprocity to the community is assumed, and 4) storytelling is a legitimate way of sharing knowledge (Kovach, 2015). These foundational pillars demonstrate that Indigenous research methodologies are rooted in respect and attempt to honour the interactions between the researcher and participant and that relationality is grounded with the land, and their ancestors and future generations (Wilson, 2001).

IWK can be used in research alongside other ways of knowing. Albert Marshall described a theoretical framework - Etuaptmunk or Two-Eyed Seeing, in which knowledge of both Indigenous and Western ways of knowing can be integrated to provide a more decolonized approach to research within the Indigenous communities (Iwana, Marshall, Marshall, & Bartlett, 2009; Martin, 2012). It is a theoretical framework

that integrates knowledge of both Indigenous and Western ways of knowing to provide a more decolonized approach to research within the Indigenous community (Martin, 2012). It allows the integration of traditional ways and teachings into a western process and gives space for the development of shared perspectives to identify the most workable solution to move forward with (Hovey et al., 2017).

Reciprocity is at the core of the Tri-council Policy Statement (TCPS) for conducting research involving First Nation, Inuit and Métis people of Canada (Government of Canada, 2018). It is also present in the First Nations Information Governance Centre's guidelines to research with the Indigenous community Ownership, Control, Access and Possession (OCAP) of the research (Government of Canada, 2018; First Nations Information Governance Centre, [FNIGC] 2014). Adhering to these guidelines will ensure that the work comes from and is for the benefit of the community. The community will have ownership of the data collected and will determine who it will be shared with (FNIGC, 2014).

Research Method Tools

The Indigenous methodological tools that have been used in this study include storytelling, story listening and narrative inquiry. Stories remind people of who they are and where they belong within a process (Kovach, 2009). Indigenous storytelling uses stories to share and teach concepts, can be told from the perspective of the storyteller or listener, and do not require that a linear storyline emerges. In this study, the use of storytelling aims to decrease the divide between western and Indigenous methodologies (Martin, 2018) and will be accomplished through the iterative sharing of stories between me and the participants. Story listening is another important concept that will be employed within this project, it is a concept that involves listening with our three ears

which includes our two ears and one heart (Archibald, 2008). Storytelling was widely used by the THs interviewed; they also used traditional teaching, legends, song, or prayer as a way to share information.

Narrative Inquiry (NI) is based on stories being told and retold and it facilitates the connection between traditions, Indigenous ways of knowing, the passing on of traditions and recovering them through lived experiences (Martin, 2018). NI is an old practice that just appears to be new; people have always wanted to share their stories with others, but this tool is a newer, more contemporary way of collecting qualitative based data (Clandinin, 2006). Using NI ensured that the participants were treated with respect and given the space to speak freely about their experiences using traditional ceremonies under the guidance of THs within their own diabetes care management. NI is a methodology that focuses on the relational aspect of the research it considers that both the research, it considers the participant has knowledge to share that might be equally beneficial (Clandinin et al., 2017) supporting an important caveat of IRM. NI within IRM has conversational method which includes distinctive characteristics: 1) a direct link to the Indigenous epistemology, 2) it is relational, 3) purposive, 4) is used as an approach to decolonize methods, 5) involves protocols defined by the specific tribe, 6) it is informal and flexible, 7) it is collaborative and 8) includes ongoing reflexivity (Kovach, 2010).

Application of NI within this research project created a more conversational method which included providing a safe quiet space for the clients to share their stories and experiences. It required ongoing engagement and reflexivity as the researcher and with the participant to give them a space to share their input as their story evolved (Martin, 2018). This gave the participants the opportunity to have input on what themes

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were emerging from their stories to ensure that what is being heard is what is being said. Additionally, Traditional medicines were present for use as needed throughout the session.

Research Process

At first contact, I shared the purpose of the study, the requirements to participate, and how I would use a voice recorder to help collect the data. Processes to ensure privacy and confidentiality included coding of demographic and interview data with the use of a Spirit animal or Spirit animal combination of the participant's choice in place of numeric coding. Associated risks of the study, which could have included resurfacing of past trauma from re-telling their story, were mitigated with the use the four sacred medicines to cleanse the space and reground the clients in the present moment (Corntassel, 2009). Though professional counselling services were available, no participants who attended the session required additional supports. Noted benefits of the research project included the opportunity to help the community by sharing their experiences and stories. Their story, once shared, may resonate with another community member and who will then choose to engage in traditional healing for diabetes care.

The participants were informed that the process was entirely voluntary, and they were given an honorarium (\$50 food voucher) for their time at each session. I assured the participant that their involvement or not, in the research would not have any impact on their service delivery within the community health centre.

Setting and Sampling

Anishnawbe Health Toronto (AHT) is an accredited community health centre in Tkaronto (Toronto), Ontario that services Indigenous clients within the greater Toronto area (Anishnawbe Health Toronto, 2011). AHT honours their clients by offering

integrated care, where both traditional and western ways of knowing are honoured. It offers care from nurse practitioners, physician, nurses, dietitians, physiotherapists, and THs (Anishnawbe Health Toronto, 2011). Integrated care creates space for both traditional and western concepts within healing and is the most therapeutic for client care (Roy et al., 2015). The centre identifies that it receives funding from the Toronto Central Local Health Integrated Network (TC-LHIN) and has an ongoing multi-sectoral service agreement with the TC-LHIN on the expectations of how the funding is to be dispersed (Anishnawbe Health Toronto, 2014). The centre offers a variety of services including THs, elders, medicine people, physician, registered nurses, registered dietitians, diabetes education service, traditional counsellors, youth based social work programs, traditional family services, mental health and addiction services, mental health workers, circle of care workers, and housing supports services (Anishnawbe Health Toronto, 2011).

Sampling

Purposeful and snowball sampling were used to deliberately sample a particular group of participants (Crestwell & Poth, 2018). Within this research project I looked at a sample of Indigenous adults living with Type 2 diabetes and Indigenous THs who work with clients living with Type 2 diabetes. Snowball sampling may identify participants unknown to the researcher but are known to the original participants (Chilisa, 2020), facilitating the culturally accepted process of word-of-mouth referrals. Word of mouth as a sampling tool highlights relational trustworthiness the reciprocity present within the approach (Kovach, 2012) as it all about sharing experiences as it is related to the research process. Participants who attend will hopefully share their positive experiences and it will allow for more participants to join the research ceremony.

The selection criteria for purposeful sampling for clients included adults aged 18+ who are living with Type 2 diabetes, who are a registered client of AHT, and accessing both traditional and western medical practitioners for diabetes care. For the TH, their inclusion criteria included that they are actively working with an Indigenous community, counselling, conducting ceremonies and sharing teachings, and that they have seen clients living with T2DM. The minimum number of participants were originally set at 10, made up of five clients and five THs. Recruitment of clients living with T2DM was challenging, I interviewed five THs and four participants living with T2DM. THs were added to the study to gain additional insight on how care is focused when working with people living with type 2 diabetes and what tools, such as ceremonies or teachings that were used to support their client on their wellness journey. The recruitment process occurred at AHT, using posters and word of mouth from healthcare practitioners. The posters outlined the inclusionary standards set for the project sample and that transportation would be offered. (See Appendix C).

Data Collection and Analysis

Data collection within IRM is considered ceremonial (Wilson, 2008). To honour this ceremony, qualitative data collection, interpretation and evaluation processes included ongoing reflection and reflexivity (Kovach, 2015; Wilson, 2008). Within this research ceremony I reflected after each session with each participant highlighting important themes (See Appendix D). IRM requires time to develop reciprocal trusting and respectful community-based research relationships (Arsenault, et. al., 2018). All participants in this research process were known to me through my previous work in diabetes care, or through my ceremonial work with the community. I met with all participants for 60 minutes or more depending on their availability. Our conversations

started with a smudge, and we connected with a catch up on our day-to-day life prior to engaging in the research conversations. This allowed for a generous amount of time for us to build on our trusting relationships and allowed for sharing stories about the participants' experiences of living with diabetes, western medical care and using traditional healing or teachings to help with diabetes management.

Respect for the community and the culture was demonstrated by offering participants and THs tobacco bundles. Tobacco is a traditional medicine given to us by Creator to be used as a ceremonial offering to open communication with the Spirit world or create a sacred encounter with THs, elder or community members (Anishnawbe Health Toronto, 2000). Tobacco exchange symbolizes the implementation of traditional ways of knowing, respect, and love for all involved and for the community, and the building of a trusting relationship with the participants in a culturally safe space to share stories.

Member checking was offered to give the participants additional opportunities to engage in conversation during the data analysis process. Member checking allows the researcher to share and verify the authenticity of their story, this ensured the credibility and validity of the data (Creswell & Poth, 2018) and demonstrated the trustworthiness of the researcher (Kovach, 2012). The number of interview sessions was based on the participants' preferences and the stories they shared. All participants only required one session for them to share their story in its entirety. All THs identified at the end of the initial interview that they did not require follow up sessions. Falcon shared that the way he saw it, as the researcher I would take away what I needed from the session to do this important work within the research project. This supports IRM strategies where the

researcher is as involved in the research ceremony as the participants (Wilson, 2008). For participants living with diabetes, three out of the four were engaged in informal follow up conversations about the research work. These were ad hoc sessions and occurred when the participants were in the facility for other appointments where we crossed paths.

Interview Process

Interviews were conducted within the PIRP, meaning the interview process was guided through relational way of knowing, demonstrated equality for participants, and promoted respect and love for all involved (Chilisa, 2020). These interviews were held in the CHC where they usually access services and feel safe. Food and beverages were offered to welcome participants to the interview, the four sacred medicines were available to the clients and each session started with the burning of sage. In one interview with a participant who was living with T2DM, a braid of sweet grass was gifted to the participant as they were experiencing many emotions throughout the session and sweet grass is known as a medicine to help calm our emotions (Anishnawbe Health Toronto, 2000).

Data was gathered through semi-structured interviews and conversations (See Appendix A) with general questions about their lived experiences with THs and ceremonies to manage their diabetes care. Open-ended questions were used to support storytelling and sharing their specific and authentic experiences (Wright et al., 2016). Interviews were recorded via a voice recorder that helped to collect data and was transcribed by me, allowing for a further reflection on the events of the session and how it all connected to the overall goal of the project.

Reflexivity Data

After each interview, I journaled my reflections and experiences about being in the interview and with the participant and, the stories shared. This information was used to help me understand how all what was being said in the sessions fits together.

Reflexivity allows the researcher to consider self-evaluation, self-critiquing, self-referencing, and self-exploration of the interview experience with the research participant (Nilson, 2017). It was a vital part in helping me develop and understand my role within the research process and to ensure that I navigated cultural safety while building understanding of how all the emerging themes will fit together within a conceptual model (See Figure 5), (Wilson, 2008; Nilson, 2017).

Preparation

I listened to the audio recordings from each interview several times to ensure the accuracy of what was being said by the participant. I used traditional medicine like sage within this process. I burned sage before I would restart this process, it was a tool I used to ground myself in the present and acknowledging the sacredness of the process and calling in my ancestors to help ensure that I am completing this work in a good way. At the completion of the coding process and reflexive practice the themes emerging from the participant's story.

The NI framework that was utilized in analyzing the data was re-storying, which is defined as method when the researcher reorganizes the stories shared by the participants (Crestwell & Poth, 2018). This process allowed for the common themes to be brought to the surface and permitted me as the researcher many opportunities for ongoing dialogue and reflection in a cyclical nature (Wang & Geele, 2016). The data was reviewed identifying common themes noted within each interview data set. The themes

were added to another sheet where theme categories were developed, and the common themes were assigned within each overarching category. As a part of my reflective analysis within the data review, visual representations of how the data correlated were identified.

Ethical Considerations

Ethics approval for this study was required by both Anishnawbe Health Toronto and Athabasca University. Research practices adhered to the Tri-Council's Policy Statement (TCPS) (Government of Canada, 2018) on research involving First Nations, Inuit, and Métis people of Canada and First Nations Information Governance Center's (FNIGC) (2014) principles on Ownership, Control, Access and Possession (OCAP). For example, the TCPS statement highlights the need for the research to be respectful to the persons involved, have concern for the welfare of the people, and be just for the community (Government of Canada, 2018). The OCAP principles ensure the community owns the research, have complete control from start to finish of the research process, has access to the data and information collected throughout the research process and keep the research data (FNIGC, 2014). These principles ground the researcher and the research process in IRM principles of respect, relationality, and reciprocity (Kovach, 2010).

My interest in this research was developed from my experiences as a diabetes nurse educator working within the Indigenous community for the last seven years, as well input received from the executive director of the Indigenous community health centre and is supported by my colleagues and the THs who work within the community health centre. This aligns with TCPS articles 9.1 and 9.2 requiring engagement with the Indigenous community in the selection process of the research topic (Government of Canada, 2018), the values of Indigenous methodology and the co-creation of knowledge

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through community action research (Holder, 2015). Using tobacco for consent when seeking help or advice (Anishnawbe Health Toronto, 2000) ensures a respectful approach and demonstrates a reciprocal relationship in recognition of the important role of the cultural practices in the research process. All of these considerations help ensure that this research work is grounded in Indigenous ways of knowing and is supportive in creating a safe and welcoming space to set the stage for the conversations between researcher and participants.

Chapter 4. Results

The goal of this study is to understand the impact and importance of THs in the care of Indigenous patients living with T2DM. After reflecting on the data that I gathered throughout the research process, I felt it would be important to honour both groups of participants individually by giving space within this paper to share a summarized version of their stories. I will present the data in two separate parts, part one focusing on THs and part two focusing on participants who are living with T2DM. It is important to share the data in this way as they each offer differing perspectives similar to the teacher vs. the student lens. The healers shared which tools they use to teach clients to live well with T2DM, and the participants shared how they are learning to manage their own ongoing healing journey as they experience T2DM. The uniqueness of each story is even captured in how the participants have chosen their own code name which was a Spirit animal that they felt represents a part of their story.

Traditional Healers

A total of five THs, four men and one woman, from Anishnawbe Health Toronto in Tkaronto (Toronto) were interviewed. Their ages ranged from 35-72 years of age. They chose to use Falcon, Marten, Cloud, Bear and Wolf as their code names.

These THs have been healers and ceremonial workers with their communities for 10 plus years. They represent the communities of Anishinaabe/Lakota, Anishinaabe/Sota, Anishinaabe/Cree, Swampy Cree, and Mohawk from across Turtle Island (North America). While each of them has unique gifts in how they teach and work with their community and types of ceremonies they conduct, they generally live and practice by the same Spiritual guiding principles and values. The TH's main focus in care is to listen to

the client's story and help them find ways to reconnect to their Spiritual selves so that they can achieve overall wellness.

The focus of my questions for these healers was to learn: 1) how they engaged their clients to help them manage their diabetes, 2) what stories or teachings they share with their clients and 3) how they support their client living with diabetes attain wellness and healing within their culture (see Appendix A. Part 1).

This section presents the data divided into five main themes: traditional teachings, traditional practices, transformative practices, healing practices for self and sense of belonging.

Traditional Teachings

The healers all use the traditional teachings as their foundation for building a relationship and providing education with their clients about how to live well while living with T2DM. Specifically, they describe the strawberry/heart berry teachings, Seven Grandfather Teachings and Medicine Wheel Teachings. Each of these are seen as sacred educational tools to help clients understand how to care for themselves within their overall health and wellness. For example, Marten highlights how these teachings help in getting someone started on their healing journey and finding a way to live in a healthy way while living with T2DM. He shared:

What are all the factors? What brought it together? Do you treat the diabetes, or do you treat the factors? Then you have to look at it all (mind, body, Spirit, and emotion) and then work your way towards the diabetes...sometimes I have to do that, to help get them in the right frame of mind.”

Heart berry teaching. Falcon explains how this traditional teaching focuses on the heart and that many stories come from within the heart: “... in our tradition, in our language, when we say that berry, it doesn't even translate into strawberry. What it

translates to in the language of heart berry... that's where we will start with those teachings. As there are many stories within the heart, how the heart cleanses itself with the help of these berries, the heart berries.”

Falcon also linked the four chambers of the heart and the four stages of life within this teaching. He stated that he uses the heart berry teaching to talk to his clients about the flow of blood within the heart and how the heart has four chambers and he also he uses this discussion to link the understanding of the four stages of life:

infancy/childhood, adolescence, adulthood and elderhood, which all come with important considerations for the client to understand as they navigate living well with T2DM.

Seven Grandfather teachings. The Seven Grandfather teachings are comprised of the teachings of the important characteristics (love, humility, courage, truth, honesty, wisdom, and respect) that we should aim to have within ourselves, our heart, and our blood flow. These teachings become more developed and understood on a deeper level as we navigate each stage of life, and they help us understand how to improve our overall health and wellness. However, colonization has impacted us in building this understanding within ourselves. Bear spoke about how the seven grandfather teachings and how colonization has impacted our practice, knowledge and understanding of how to live within these teachings. Bear says “We have learned through colonization, to be jealous of one another envious of one another. You know, the opposite of the Seven Grandfather teachings. And it takes a while to flip that around...” He also mentioned that it needs to be understood that historically we were a very communal society and we lived within the seven grandfather teachings and still did so during and after contact with the European settlers, but something changed after a while, and it was noticed “...that

some families would get more, and some families would get less.” This signaling that the switch or change in perspective happened after the introduction of new settlers to the land.

Medicine wheel teachings. The medicine wheel teaching encompasses many teachings and is a *tool* to help describe how one views themselves within the different aspects of self: mind, body, Spirit, and emotion. Cloud and Bear use the medicine wheel teachings to help them understand how the client views themselves within each of the aspects of self: “... to get a picture of who I am speaking with, I will address the four aspects of self. I will ask them where their mind is at? Where their emotion is at? I’ll ask them where their Spirit is at? And of course, because I believe this illness affects all aspects of self, I will ask them where their physical self is at?” (Cloud)

Clan system. The clan system teachings are important for the clients to learn about as they have a way of promoting wellness. The Healer encourages clients to build their understandings about their clan, its characteristics, roles, and responsibilities as it can be a starting point for them to use this teaching to feed their Spirit as well as their physical body. Marten suggests that clients start by looking at the types of food that their clan eats and try to incorporate these foods within their diet to promote healthier food choices that honour both the physical and Spiritual wellbeing.

Traditional Practices

Ceremonies. All THs mention or recommend traditional ceremonies within their client’s diabetes care management. Bear shared why ceremonies are important:

Ceremonies are just the added part that could be brought in because they (clients), feel good after ceremonies. You know, they know, that somehow with that particular type of ceremony, whatever it may be, it seemed to calm them down and make them feel better.

Ceremonies like the sweat lodge, fasting and shake tent ceremonies were mentioned by Bear, Marten, and Cloud. They shared that traditional ceremonies are used to cleanse all aspects of self (mind, body, Spirit, and emotion) and support the client's overall health and wellbeing. For Bear and Wolf, ceremonies and rituals can also be a transformative experience that release clients from feeling stuck and unbalanced depending on their attitude and belief systems. All healers describe ceremonies as 'connectors' to the Spirit or the divine through individual prayer, offering of tobacco and Spirit plates.

Medicines. Four of the THs mention the use of medicines or medicine teas to help their client's diabetes management. For example, Cloud shared that these traditional medicines used to be the norm for community. He shared:

We had connection with them (plant medicine). So, all our people used to drink traditional medicines every day and if we look at the old pics of our people, you will see that the mooshums (grandfathers) and the kookums (grandmothers) had a little weight to them; that is because we honoured their life.

Furthermore, Marten shared that the medicines are individualized to the client, their illness journey, and Falcon added to that by considering the clients understanding of all aspect of self. The use of medicines is heightened by the clients understanding of traditional teachings, of self and engagement in ceremonies (Bear). When the client understands and lives their lives in the teachings and ceremonies, the more powerful the medicines can be within their treatments with the THs (Bear). Bear shared:

That's what I use in ceremonies as well that medicine. I use it as a way to find where the person is stuck and how to bring them out of it mentally emotionally Spiritually and physically and they could be set free of that problem.

Transformative Practices

Touch. Touch is a key practice that Wolf uses within her interactions with clients.

She identified:

The laying of hands is something I do. It transmits love into affected areas of an individual. It is powerful in that the client feels the warmth of that love, is amazed at the feel of it and is transformed by it.

Rebuilding self-esteem. Helping the client in rebuilding their self-esteem is

another important role for the TH. Wolf shared:

That negative self-image is what produces sickness. It is really the body speaking and telling the individual that healing thoughts and feelings need to turn around the effects of negative self-image. As a healer, raising a person's self-esteem means you are important enough that I will take the time to know you and help you help yourself.

Healing Practices for Self

Resignation to diabetes. Falcon shared in the first session with a new client he asks about their understanding of diabetes. He said, "I start with asking the client about their own understanding of diabetes...how it is transformed, how it becomes...." This is the first step within care, the client needs to understand oneself. Then other stories would be shared with clients about how diabetes was not a condition that was not heard of 45-50 years ago when people lived off the land and how the lands provided for them.

Cloud spoke of T2DM being a condition that has greatly affected our community. He shared:

All our people have diabetes, and our agency was built on the fact that many of our people were suffering from diabetes and as a community we came to *accept it*. And this is not something that anyone can accept.

Marten shared that when he works with his clients living with T2DM, he considers his own healing journey living with T2DM from a Spiritual and human perspective. He shared:

...reflecting on that on my own personal healing as well as what can I do rather than looking at what can others do for me and coming up with some understanding of how all diabetes plagues us, and how it reflects who we are from mental, emotional, Spiritual, and physical aspects.

Further, he comments on how it is easy for the mind to be critical of oneself and how the client needs to find a way to move beyond self-criticism to a space of accepting diabetes and what is required to be healthy: “I think coming to that acceptance, (that) we can change, but we may not cure diabetes...accepting what we can do to make those positive changes in our lifestyle.”

Sacredness. Marten shared how culture teaches the importance of feeding Spirit and understanding sacredness:

I started to look and reflect on it and look at it from my culture. I am a Spiritual being, and I am sacred. So just because I don't go to ceremony I should look and reflect on my Spirit and what I feed my Spirit. You know that and look at it from that perspective. I got to do it and be mindful of making healthy choices and trying to make good decisions.

Cloud mentioned the importance of needing to understand how the client sees themselves in this way. He asks the clients to consider, “...am I valuable to myself? Am I living the good life that I could be living? am I being a good provider for my family and community?”

Finding balance. Internally clients need to check in with themselves to “assess all their aspects of self, in their mind, body, Spirit and emotion” and acknowledge that “they are all important” (Cloud). Externally clients need to understand the importance of their “relationship to the land” and to their community.” (Cloud) The healing journey goes beyond just the individual. Falcon says it “takes a community” and “family to support each other.” Marten described the important role of a TH in helping the client attain that balance, he shared:

You could change from being a Spiritual individual ... and being plagued with something like diabetes and having faith and come to see the healer. And it can

change your perspective on the Spiritual component... and find some sort of balance to get a better understanding of diabetes.

Caring for self. Lifestyle factors such as physical activity and diet need to be considered by the client with working to attain diabetes wellness. Cloud pointed out that historically, the community took better care of themselves. “We were all physical beings. We had to walk and run and crawl and climb, and we did that every day for our survival.” However, in modern times we are not required to do so in the same way, we are not required to be nomadic, nor do we hunt for our food, he mentions, “Now our permanent homes are permanent - so how do we hunt? We go to the grocery store, with everything that is foreign.” Rather, modernization has created access to foods that are not naturally grown have a negative impact on our bodies (Cloud). He mentioned:

We hunt in the grocery store and the ingredients in foods, why is there high fructose corn syrup in everything? The foods have hormones in them. Fast foods, what our people can afford. Like our people have just started to change in the last 200 years, our metabolisms. So, these foods are foreign to us they are foreign everyone.

Another aspect of caring for self and being healthier is water intake. Cloud shared how “increasing his water intake transformed his body within his own diabetes journey.” Bear pointed out that caring for oneself requires personal responsibility along with traditional healing support. He shared “It is the client’s responsibility, and a TH can only do so much for the client”, like sharing the teachings, but “...it is up the client themselves to do the work.” (Bear)

Connection between Spiritual and physical self. Wolf shared that our physical body is our densest self, and it is a resting place for negative self-image. She shared that “The physical is the densest part of who we are. It is the part of us that lives out the direction of Spirit through our soul.”

Wolf describes how “sickness of any kind (mind, body, or emotion) starts in the Spirit” and how “the Spirit is the massive self that resides within the physical self.” She explained that “our soul is the communicator between our Spiritual and physical self.”

She identified:

The intrusion of the physical brain between the Spirit and soul is basically what creates sickness...it is called the ego. The brain is a tool to be used by the soul and Spirit to help an individual experience life. When the person is under the spell of ego, sickness results.

Marten expanded on the importance of fully assessing the connection between the Spiritual and physical selves with the client when they are newly diagnosed with T2DM, as he feels it is important to know what the underlying factors are during that time. He shared:

What are all the factors? What brought it together? Do you treat the diabetes, or do you treat the factors? Then you have to look at it all (mind, body, Spirit, and emotion) and then work your way towards the diabetes...sometimes I have to do that, to help get them in the right frame of mind.”

Bear underscores the importance of understanding and adopting one’s Spiritual characteristics such as their Spirit name, colours and clan to their overall purpose. He shared how “...everything has a purpose and a reason and it's up to us in our journey to find out the meaning and the depth of all those things in order for us to know who we are as a native man or a native woman.”

Integrated care. Traditional and western medical practitioners can complement each other well, how working together is for the betterment of the client. Marten said:

We can get more of an understanding...you know these are set standards in place but from a traditional perspective. There are some standards as well you know (from a medical perspective) but I think there is a lack of communication there and dialogue especially from a client itself from a western and traditional there is no communication... you get little bits and pieces, and the client is trying to frame it all together and it could be confusing sometimes.

Further, Marten highlights the needs for a consideration of the Indigenous lens within care; it is needed so that the western practitioner can better understand how T2DM affects them as First Nation people. All THs mention the importance of western trained practitioners taking the time to connect with the client. Wolf suggested “Sit and engage in meaningful conversation with your client and listen, hear what they say and respond.” Additionally, she spoke of “...putting away the client’s chart. It’s just numbers.” She identifies that with this information “you will not get to know who you are dealing with:”

Bear shared the importance of medical and traditional practitioners working together. He identifies that we live in a different reality these days, so he asks his clients: “What does the doctor say? What is the diabetes educator is telling you? Where are you at right now? So, it gives me an indicator of where you are going. And then I do the prayers with the tobacco.”

Falcon mentioned:

I think this would work if both the healthcare system and our traditional care people would come together and share their teachings because that’s where it has to start. That beginning. The understanding of what we are going to do and where we are going to go with this thing, we call diabetes. So that we would have a common ground of our understanding and our teachings and our way of life. Then from there we can share and work together as a team to overcome this crisis because it is a crisis.”

Sense of Belonging

Roles and responsibilities. Cloud shared, “...in our old communities we had responsibility to each other, and it was based on one main factor, survival. And survival was a huge determinant of health. How was our shelter, how was our family, how was our community.” Historically, everyone had their place and role to fulfill to help the overall function of the community, whereas today due to our history of colonization our people

have been displaced from their community and their connection to each other and the land has been altered. Cloud shared:

... (there was a) circle (that) involved everybody. The circle of our community was everyone. We start off by saying that community...really was everyone that raised the children. What happened historically, (colonization and residential schools, just in the last couple of hundreds of years is that our whole way of life has been impacted...am I being a good provider for my family, my community? Our hunting looks a lot different...we cannot go to the forest.

Relationships. Taking time to get to know the client and build rapport with client is deemed necessary for the TH so that they can effectively choose an appropriate treatment pathway (Cloud, Wolf, and Falcon). Marten mentioned the importance of support for the client as they navigate their diabetes management. He shared:

Be aware of that power in ourselves and sometimes we just can't leave it to Creator. And we have to make that initiative and sometimes we need that love and support and doesn't mean that diabetes is the end.

Falcon shared the importance of being able to rely on others for support as they navigate healing. He said.

...wherever we may be within the education in health, family, community we all look at one another to support each other within this journey of healing and it take a community or family to start this with the understanding of this diabetic care.

People Living with T2DM

The second part of the results section is the account of the healing journey of Indigenous clients living with T2DM and attending Anishnawbe Health Toronto where they received care from THs. In total, three women and one man living with T2DM were interviewed and their ages ranges from 40- 56 years old. They were diagnosed between their 30s to their 40s and have been living with T2DM for three to fifteen years. The code names I chose for these participants are Crane (female), Turtle (male), Eagle (female) and Kitty (female).

The overall goal of these interviews was to understand the role and impact that THs and healing methods had within their overall diabetes care journey. My questions focused on understanding the breadth of their experiences living with T2DM ranging from what has worked well for them to the challenges they still face (see Appendix A. Part 2). Within each interview, the clients and I used traditional medicines to help ground ourselves in the present moment and help us navigate the interview process in a mutually respectful and loving way.

This section will be presented in two main overarching themes as it related to the data collected in the research process. These main themes are positive pathways (within care) and characteristics (held by participant within ongoing T2DM care).

Positive Pathways

Integrated care. All participants spoke about the importance of having support from traditional and western care providers where possible. THs were used by all participants but for varying reasons to support their overall health and wellness from diabetes to mental health. For example, Turtle and Eagle stated that they were seeing their TH specifically for ongoing diabetes care and receiving traditional medicines as a key component to their care. Access to western medical practitioners was mentioned by all as a source of support to navigate their ongoing diabetes care. Team members like nurse practitioners, family doctors, dietitians, endocrinologist to a diabetes education team were also mentioned as offering trusted relationships and helping them navigate their ongoing care (Crane, Turtle).

Participants experienced a distinction between their traditional and western practitioners and practices. For example, Crane acknowledged that at the start of her healing journey she tried western medicine and found it was not working for her:

I was using western medicine and I found that wasn't working- I was working on other stuff (trauma) prior to coming in. I had to and I think the whole thing is working on yourself, because I had trauma I never dealt with, and I didn't want to go western because they push the meds on you. And I kind of abused it because the trauma that I was living with and more of less- when he talked to me- he said that when you come here (Indigenous specific clinic). We do not prescribe mood altering drugs, you come here to really work on your stuff.

One of the key differences for the participants with the THs was the focus on emotions. For example, Crane spoke about seeing a TH who helped her learn to cope with her diabetes and with her *mourning* of living with diabetes. Kitten also mentioned that the focus of her first appointment with a TH was to talk about her emotions. She was feeling negative and was looking for some help to navigate her emotions: "Had my first visit with a healer yesterday. I felt really good...positive."

Feeling connected with their TH was another important difference in their health care experience. For example, Eagle shared that she would see her family doctor, dietitian, and a TH for her ongoing diabetes care but shared that she felt more *connected* when she was speaking with the TH and taking her traditional medicines. Turtle shared that he used to attend a hospital-based endocrinology clinic but did not feel connected to their work. "I started at a diabetes education centre at a hospital. I didn't feel comfortable there. Was more about a number. Then reconnected with diabetes education program at my clinic and went from there started seeing the healers and that. Which has dramatically changed my outlook." Feeling connected to his THs also supported Turtle's well-being through his use of traditional medicines, such as traditional teas and tobacco prescribed

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by his healers, using his pipe and support to have ceremonies. He shared “I’m in ceremony every day, from the time I wake up and go to bed. The time I wake up I do my sunrise ceremony, give my thanks. I lay my tobacco, smoke my pipe, things I have to do for my family.”

Balance. Three of the participants, Eagle, Crane and Turtle spoke about being balanced and grounded. Eagle spoke about the importance of Spirit and traditional medicines and how taking them every day helps her feel better about her herself in all aspects of self:

When I take my traditional medicines, I feel better. When I take them every day, I feel connected, more connected to the Spiritual part of me, getting more in balanced. There are times I feel off kilter and when I do more ceremonies, I feel it pulling it all back together.”

Crane spoke about using traditional tools like stones or grandfathers as she calls them and how they help ground herself:

...being Spiritual, because you know it’s all around you, these are all a part of something... even the rocks, those are something, those are grandfathers. I collect them too, and wear them and then too, it grounds the person. I recall a friend who gave me a rock and I haven’t seen anything like it before it was really round, she said it’s a healing rock and I was given another one by my counsellor, a jasper. I was told it’s a warrior stone.

Turtle spoke about how access to culture has helped in grounding himself again and how he tries to give back to his community:

It is very important to come see the healers. It’s very important even if you don’t have diabetes, it is important to reconnect yourself with our ancestors, with mother earth and turtle island- so that we can continue to do what we have to do. I am grounded I am reconnected with my mind body Spirit and emotion and everything- and that comes from my work too and giving back to community because the community has guided me and has helped me, and a big part is giving back to my community.

Support. All participants spoke about the importance of support within their healing journey. This support was broadly based across their health practitioners, family and friends. For example, in addition to the support of her nurse practitioner, Kitten identified the importance of support from her family and friends. Crane spoke about a close friend who was also living with diabetes, and how checking in on each other and sharing their questions and experiences treatment options, medications or other supports was helpful to them. Turtle spoke about his western practitioners and THs and how they both play an important role within his ongoing healing journey. He also spoke about his community and friends and how their support was also an important component within his care.

Eagle described her experience as being mostly a lack of options to see THs or western practitioners and supports because she lived outside of the city. She also mentioned she would like to have the support of a friend to help her keep on track with her diet and exercise and is still working to find that person.

Characteristics

Resiliency. Three out of the four participants spoke about the resiliency they experienced to overcome obstacles such as trauma, addictions, or homelessness in their healing journey. Crane spoke about the importance of acknowledging her hurt to heal the trauma she has experienced.

The one thing that is very important you have to work on is your stuff, your trauma. They talk about diabetes and a lack of love (self). I'm slowly getting there. I love myself a bit more now and you need to work on that stuff, even though that trauma is coming up. But I am not seeing them as big trauma. If anything, I am seeing them as little things. And I am curious as to why things are coming and falling into place. I know it is coming ...just keep at it and keep walking.

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Crane and Kitten spoke about addictions and recovery being a part of their journey.

Crane shared that she has worked through her addictions with the support of her nurse practitioner, specific addictions support from counselling to group session as well as working with a TH. Kitten shared that it was within her treatment journey where she was introduced to traditional teachings and ceremonies and appreciated this aspect of her care. Turtle shared that his journey involved him living on the streets and at the time was not participating in ceremony. He shared:

I lived on the streets and did not do my ceremonies for a long time. But now when I reground my feet, I am reconnected with my mind, body, Spirit and emotion and everything, and that comes from my work too, giving back to community because the community has guided me and has helped me. And a big part is giving back to my community.

Humility. All participants spoke about their acknowledgement of their struggles within ongoing diabetes management and how they aim to do better. Turtle shared that he understands what he needs to do like check his blood sugar more regularly but struggles with it often as he tends to forget or lose his glucometer. Turtle also shared he understands he needs to work more on losing weight and he does plan to reconnect with his diabetes education team to help him with this. Eagle spoke about her struggles with lifestyle factors such as diet and exercise. She shared:

I do have tough times. At times I do well and then at times I falls off it and I'm back to square one again. Trying to stay away from the bad foods, which I'm craving more, the bad stuff and I don't know. I just find it hard.

Eagle shared that she is still looking for the right kind of support to help her in her ongoing diabetes management. Crane shared many statements that depicted that she had a good understanding of herself and what may or may not work for her as related to her overall wellness. She acknowledged the trauma work she has been and continues to do

and how it has affected her; she acknowledged that she is still healing from this. Crane shared how there were times where she felt successful with her ongoing diabetes management but also acknowledged that she is a procrastinator and at times she would need to be reminded by her nurse practitioner to complete preventative care tasks. Kitten shared that she knows she can do better especially with her diet. She shared “I’m trying my best to eat the right foods- and I just learned yesterday to not eat so much food or junk food - I’m just trying to learn to not be so lazy - to learn how to make the foods better.” This depicts the ongoing learning that is present when living with T2DM and how she is open to the ongoing learning.

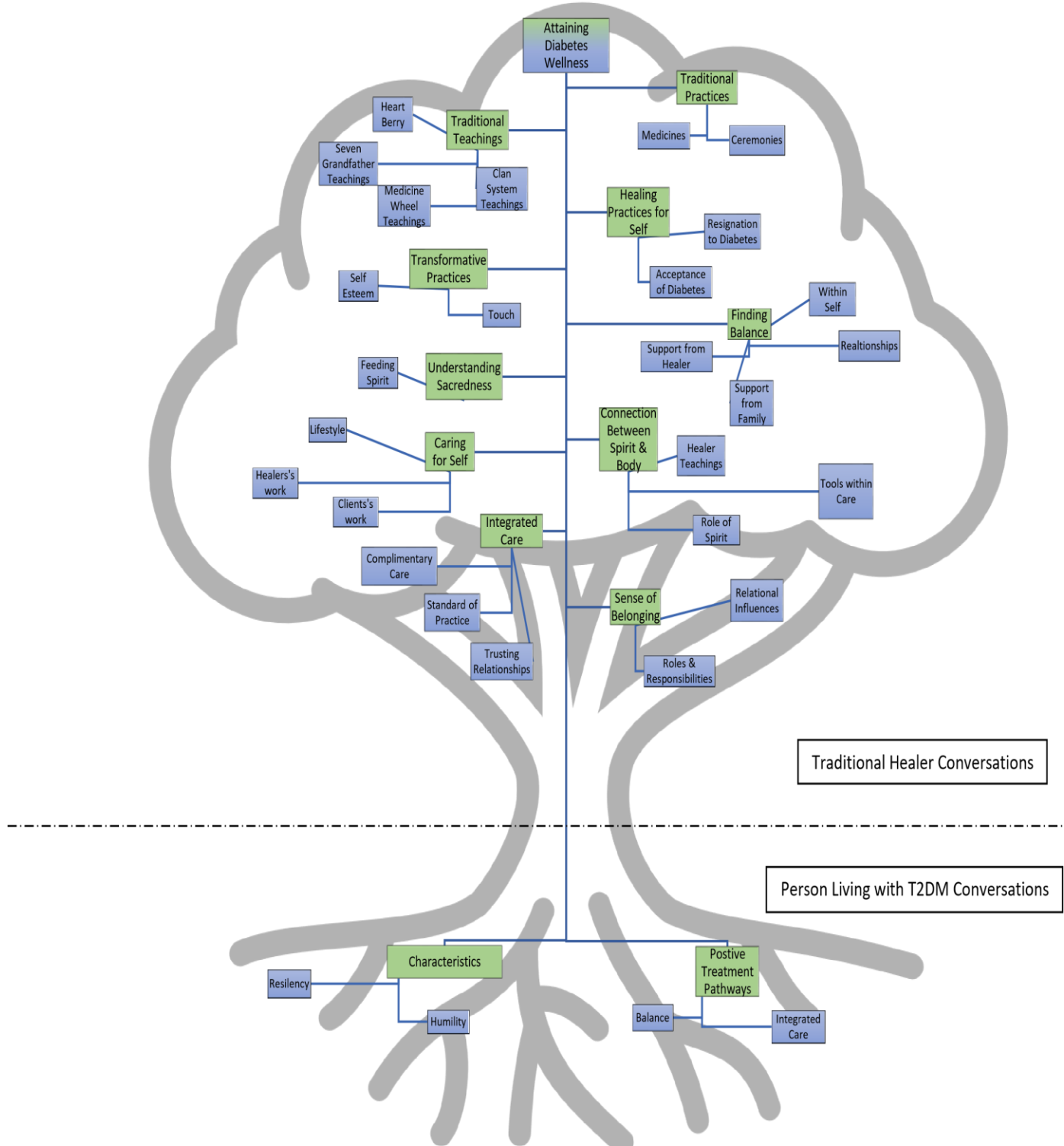
Bringing it all Together

Each participant pool brought a unique aspect to helping build the understanding of the role that traditional healing could play in the wellness journey of someone living with T2DM. The THs shared about how they would collaborate with their clients, sharing traditionally oriented tools that they use within the sessions. These tools included traditional teachings, ceremonies, and traditional medicines to help the client in understanding and accepting their reality. The participants living with T2DM shared more about their personal stories and what tools they use within their own healing and healing journey as supported by traditional and western ideology. When I reflected on how the two data sets fit together, I saw it as a tree (See Figure 3). The base and roots of the tree consisted of the client’s stories about treatment pathways that worked well. The deeper the understanding of self for the client represents deeper roots for the tree. Then the connection with the TH is represented by the branches (codes) and leaves (subcodes) within the tree. The stronger the connection to ITK helped the client better understand how these teachings fit into their own reality within their diabetes care. It is important to

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make the connection on how culture and these teachings can shape someone's understanding on how to live and manage their physical ailments through their Spiritual care. Using the IRM tools helped to deepen the understanding on why the data presented is vital in helping a client along in their journey to diabetes wellness.

Figure 3 Visual of Data



Chapter 5. Discussion

Moving into the discussion phase of this research ceremony has come with extensive consideration and reflection on how the data aligns and can be formulated for further thought and consideration within diabetes care. It is important to consider that when using IRM as the researcher, I am as much a part of the research process as the participant and my interpretation of the data is important (Kovach, 2009). It is also important to acknowledge that in IRM, data collection and analysis becomes a blended process; as you listen to the participants you are learning, as you are learning you are interpreting the information (Wilson, 2008).

The research questions presented intended to unearth valuable considerations from both the perspective of the TH who is helping a client with their care, to the client themselves and what has helped them along their journey. The results depicted key or influential factors to consider when helping an Indigenous person on their healing journey living with T2DM within the context of what it means to have culture within care.

The THs presented many important stories or teachings on how to connect the cultural knowledge to influence the clients understanding on how to care for oneself within the Spiritual, emotional, mental, and physical aspects of self. The participants living with diabetes validated the important role that they felt THs had within their overall health and wellness, inclusive of their diabetes management.

Influencing Factors to Achieving Wellness Within T2DM Care

There are many important aspects within care that HCP's need to consider when working with Indigenous clients such as the acknowledgment of the *legacy of colonization* and how it has *perpetuated a toxic social environment* for Indigenous

peoples and the *many barriers within their care* (Crowshoe et al., 2018, pS296).

Indigenous historical traumas such as residential school have created a disconnect that has affected the Indigenous person's wellbeing (Gone et al., 2019).

Within this project the THs shared perspectives on how Indigenous health issues are exacerbated not only by colonial history but also by the present-day racism that is still present within the healthcare system. However, the THs focused more on sharing meaningful solutions in combatting the diabetes epidemic in the Indigenous community. They highlighted many teachings and perspectives that need to be considered when planning care for clients. For example, the importance of relational influences one may have within their lives from their HCP, TH and with their family/community/ancestors. They shared teachings and stories about how historically the community members were connected, they all had important roles and responsibilities to ensure the community was able to not only survive but thrive together. Due to the history and the attempted removal of the Indigenous identity and perspectives many almost forgot this important connection to oneself, one's family, one's community and one's Spiritual helpers and ancestors. There is a need to rebuild the understanding of this connection or relationship that they have to themselves, their family, their community and even their ancestors (See Figure 3).

Acknowledging the significance of relationships or the connections the person has within the social constructs of their communities, families or environment plays a vital role in the concept of health and wellness as defined through an Indigenous lens (First Nations Health Authority, 2023). This highlights the necessity of helping the client in finding their connection or their sense of belonging. Having strong relational

influences within one's ongoing diabetes management has a positive impact on helping the client's overall wellbeing; a feeling of being socially disconnected can lead to loss of identity and engagement in poor coping strategies such as use of risk-taking behaviours (Hovey et al., 2014). Indigenous communities have historically lived with a sense of community, where they all had their roles and responsibilities to the community, and they contributed to the larger community (Government of Alberta, n.d). HCPs need to find ways to support positive family, community, and ancestral relations (Crowshoe et al., 2018).

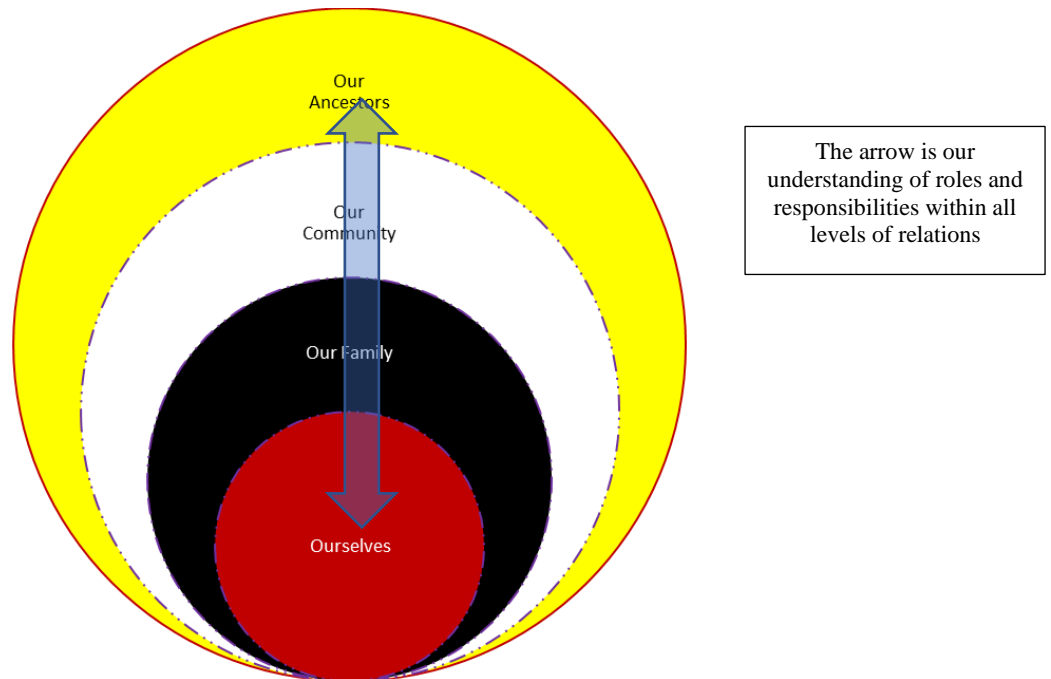
Relational influence (Figure 2) represents the interconnectedness that is experienced with the person, the family, the community and the ancestors. The THs frequently described a person's understanding of their roles and responsibilities as the defining element in how they could view their existence and/or identity. Once a person can understand this consideration within their healing then they are able to understand their importance within the relational circle and the need to care for themselves. As once they are well, they can then care for their family, which in turn allows them to care for their community. By understanding and honouring their sacredness in the circle of life they will then honour their ancestors and all the hardships that they endured just so that the person today exists in current day.

Family involvement within diabetes care has been noted to support or enable the person living with diabetes to better manage their ongoing care (Trembley et al., 2021). Further, there is the additional consideration of the relational connection to their ancestors. The THs spoke about the connection to Spirit and to the Spirit helpers. They mentioned the important teachings to honour Spirit and Spirit helpers through the use of

traditional medicines or ceremonies. It is like there is an additional level of support when Spiritual wellbeing is being maintained when Indigenous people understand how to honour themselves and their helpers. It is also important to consider decolonizing the mind in a way that in turn supports the idea and understands the value and meaningful existence that is from the perspective of the Indigenous person (Eni et al., 2021).

The participants living with T2DM then spoke more specifically about their need for ongoing support, one participant highlighted the importance of HCP support along with support from friends within her ongoing care and how that ongoing relational connection would be helpful achieving their T2DM management goals.

Figure 4 *Conceptual model of Relational Influence to person living with T2DM*



The Diabetes Canada 2018 clinical guidelines identify the key role that the healthcare provider (HCP) plays supporting their clients in their care journey and how it is vital that they (healthcare providers) operate within the Educating for Equity care framework (E4E) (Crowshoe et al., 2018). This framework specifies that HCPs need to

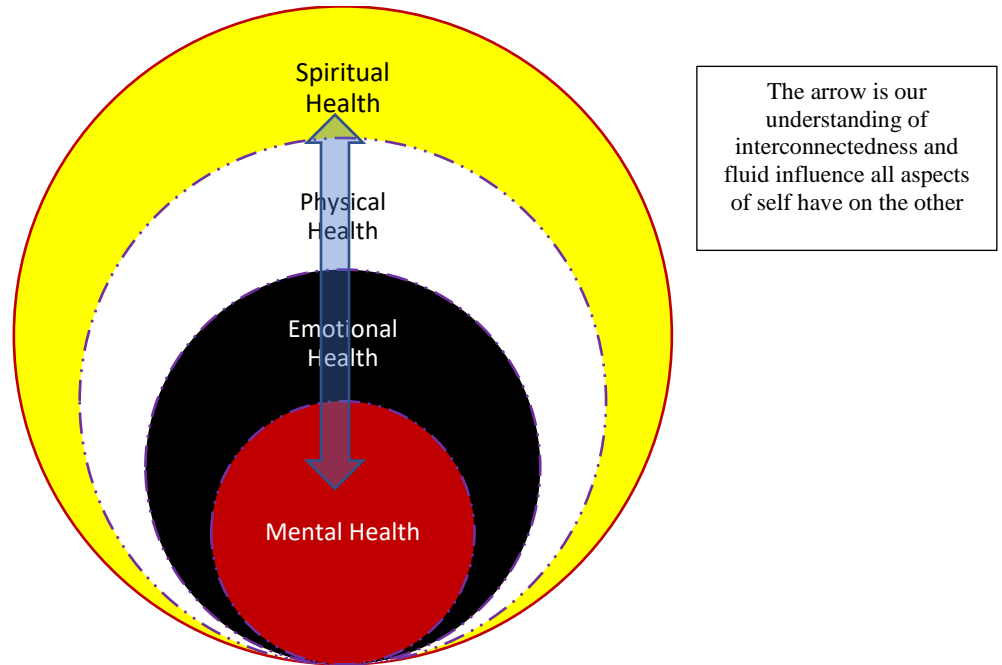
recentre the relationship between them and the person living with diabetes, taking the time to reconnect to them and understand how to support the client's own self-determination within their care on their wellness journey while living with diabetes (Crowshoe et al., 2019).

THs highlighted the importance of how T2DM can affect all aspects of self (mind, body, Spirit, and emotion). To correlate this understanding HCPs, need to assess their clients within all aspects of self, and that is where they can start in creating a plan of care that addresses their wellness journey. Understanding relational influences that occur within oneself through the understanding of various aspects of self (Spirit, mind, emotion, and body) (See Figure 3) are vital to understanding how to effectively help a client within their ongoing diabetes care (Eni et al, 2021).

There is a need for traditional and medical practitioners to work together as both perspectives are seen as valid treatment modalities for our clients who are living with T2DM. The relational considerations with the aspects of self are used as an assessment tool for the THs, the HCPs and even for the person living with diabetes. Reflection is a key tool to understanding where to start within diabetes care as diabetes affects all aspects of self. Indigenous understanding of health and wellness is grounded in this teaching of the role and relationship that our mental health, emotional health, physical health and Spiritual health play in assessing our overall wellness and aiming to live a balanced life (First Nations Health Authority, 2022). Spiritual wellness needs to be integrated into care or discussed by the HCP as it is understood that it is the measure of quality of being alive, it gives us vitality, purpose and facilitates hope in the individual (Health Canada, 2015). This emphasizes the important role THs play in an Indigenous

person's overall health and wellness with a keen focus on the Spiritual care and doing so through sharing cultural teachings and ceremonies.

Figure 5 *Conceptual model of Influencing aspects of self as a reflection inward of person living with T2DM.*



The Role of Traditional Healing in Diabetes Care

Traditional healing can play an important role in an Indigenous person's healing journey while it aims to find balance within their lives as they live with T2DM. This was clearly exhibited in the rich data that was collected from the THs and then supported through the stories and characteristics displayed by the participants who were living with T2DM. Pairing traditional or complementary medicine with western medicine creates a safe and supportive space for a client to navigate their healing journey with both the supports of the TH and the HCP (Gall, et al., 2019). Within an integrated model of care that balances traditional and western ways of knowing, there is space for both ways of

knowing to have validity within the healing journey of the client living with T2DM. The vital role of traditional healing is to remind the client of their traditional teachings and ceremonies to help raise or regain their understanding of their culture and identity.

Spiritual care helps to support the notion of ownership within one's healing journey (Auger, Howell, & Gomes, 2016). This in turn helps the client understand what tools and strategies they may need to be able to care for their T2DM.

The THs are also there to remind them of the roles and responsibilities they have to themselves, their family, and their community. Their aim is to help increase one's self esteem or feelings of self-worth, reminding the client of their sacredness and important role they have within creation. The Healer highlights the notion that the people have a duty or purpose to exist to fulfill these roles and responsibilities to themselves, to their family and their community. The THs are there to help the client understand who they are and where they come from so that they can know where they are going as they navigate our ongoing T2DM care.

Looking at it from a participant living with T2DM perspective, they feel traditional healing is important as it reminds them of the traditional teachings and ceremonies and medicines that they can carry or to take as a part of their ongoing management. It also helps them understand themselves Spiritually and how they can heal themselves.

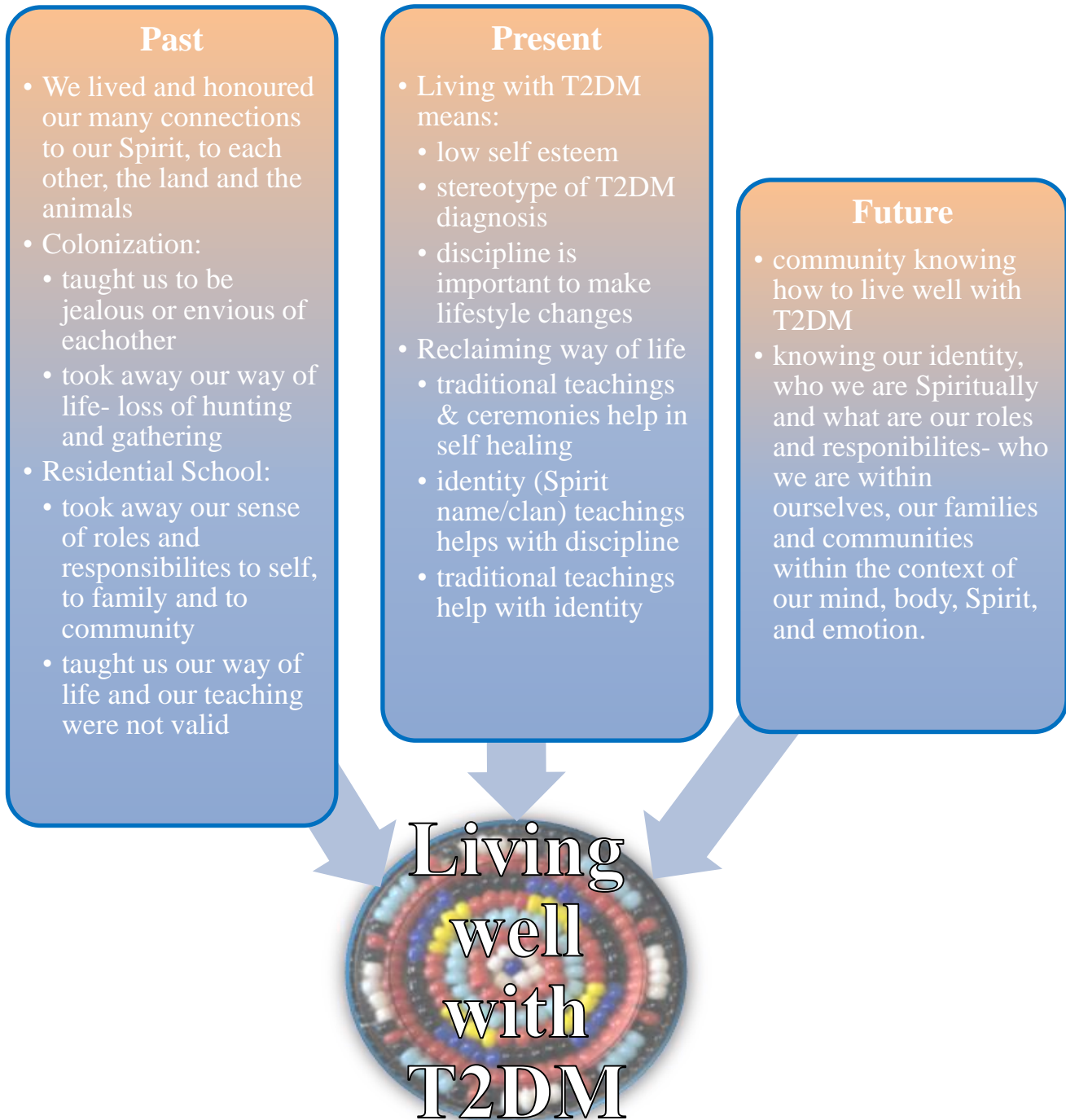
Further, conceptually, threaded through the data was the notion of time in sense that everything exists at once. The idea that who they are today is influenced by their ancestors and can influence who they want to be in future generations. It was identified that they need to understand where they come from (their history as a people, their

teachings, their ceremonies, their way of life as in roles and responsibilities) and how that has influenced who they are today and where they are currently related to their T2DM healing journey. It creates this understanding that they can make changes now that will affect their future selves and future generations.

All that has been understood within this research ceremony can all be brought together through the understanding the relational aspect of time and existence in the past, present and future (Figure 5). Within diabetes care for an individual, it is important to consider the influences of the past, like intergenerational trauma or the shared history of trauma and how that can influence one's overall health and wellness and potentially define how well they are able to cope. It is important to understand the legacy of colonialism and intergenerational trauma and the historical mistreatment that Indigenous children faced in places such as the residential school system and how those harms can influence the treatment of future generations thus passing on the trauma intergenerationally (Bombay et. al, 2009).

When we consider the present time, we must also consider what may influence the client and their ability to cope when living with T2DM. It is important that we understand the diagnosis of T2DM; what it may mean to the client and how they feel they are able to manage their illness journey; and barriers that they may face as they navigate the health system to receive care. Then once we understand the interconnectedness of these points in time then we can start to imagine the future and how we could find ways to regain our health and wellness while living with T2DM. The THs presented many teachings and stories within their conversations that help build this understanding as presented in Figure 5.

Figure 6 Conceptual model: the role of traditional healing in attaining T2DM wellness.



Strengths and Limitations

Strengths of the project evolved from the use of IRM tools within the process. Using IRM allowed me to engage in cultural practices that helped ground my work within the Spiritual space for both myself and the participants, ensuring that the work was grounded in Spirit. These tools allowed me to become a part of the research process, my thoughts and reflections after each session helped to building my understanding of what was meant by the results of the interviews with the participants. Going through the process of getting a Spirit name for the project helped frame the sacredness of the project, then I was able to honour the work Spiritually by using traditional ceremonies such as feasting or pipe ceremony. Using culturally appropriate tools such as the four sacred medicines when engaging with the participants through such acts as the exchange of tobacco for knowledge sharing allowed me the opportunity to honour the participant and what was being shared within our research ceremony together. Depicting the respect that we shared for all that we are bringing to the interview, within our mind, body, Spirit and emotion. This allowed for a safe and sacred place for people to share their truth with me. Another strength noted within the project was my professional experience as a T2DM educator within the clinic because it allowed me to engage in the *Etuaptmunk*, or Two-Eyed Seeing more easily. I have spent years prior to this project working with the Healers trying to understand how I can share with my clients a type of education that is culturally directed and will hopefully be more meaningful to them as I work to maintain T2DM Canada's clinical practice guidelines within my own professional practice.

Limitations were also noted in the research, one being the recruitment process for the people who were living with T2DM. I ended up with four out of the intended five people to interview from this group. Even though I had a structured way to recruit

through the clinic by putting posters in common areas I ended up only getting clients referred from the T2DM practitioners directly to me and none from the posters in the waiting areas.

Another limitation noted was related to intended use of a community council to support me ongoing with writing the paper after the data was collected. I started with four intended members, one TH and two people in academia and one community member but due to the constraints of their own lives and even mine the support was not ongoing as I had initially hoped it to be. I did meet with one in person and another I engaged with conversations via email, both encounters were very helpful within my research process and preparation. I ended up reaching out to other supports to help in the writing process but in a generalized way, they shared their work while using IRM within their PhD work. As much as I saw the council helping me with interpreting the results of the project and helping me make connections, it was clear to see that this research ceremony was intended to come from me and my own experiences.

Other limitations were the minimal availability of research data related to specifics of traditional teaching tools, spiritual healing and how it can affect a person's journey within their T2DM care. It was more common to consider spiritual healing within mental and emotional health rather than physical health. Additionally, the data collected varied in depth and breadth. The THs had much more to cover in the interview than the people living with diabetes. This makes sense as the responsibilities that each carry to one another is like expert to beginner and/or teacher to student. Essentially the data received from the two varying participant groups paint two very different pictures about what the role of traditional healing would look like in a person living with T2DM

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care, but both highlight the important role that traditional healing plays within ones ongoing illness journey. Also, it would be important to acknowledge the limitation of the data as it was quite specific. The study included data from one health centre in a large urban environment, with specific THs from specific Nations, and therefore may not be generalizable to other environments or other Nations.

Chapter 6. Anishnaabek Nanadagin

Anishnaabek Naanadaagin, which means ‘to heal the people’, is such a fitting conclusion name as the project results show how to help the person living with T2DM. This work highlights the role of the TH as a member of an interprofessional diabetes care team in an urban Indigenous health care service organization. The TH facilitates conversations about culture, identity, and teachings that empower people to engage in ceremony or practice that supports overall care of their physical self and management of their T2DM. The research ceremony aimed to gain better insight on what role traditional healing could play within a client’s healing journey.

As I reflect on all that has been covered within this ceremony it is clear how important the role that THs have within the clients healing journey. The healing goes beyond the physical body and considers healing the Spirit; when you heal the Spirit it creates an opportunity to heal the person and their future generations. This study presented many tools utilized within the care by the THs and demonstrate their important role supporting and rebuilding culture and Spiritual care for other HCPs.

Further, it is vital that HCPs gain an understanding of what is important and unique to the client that sits before them, asking for their help in regaining their wellness within their T2DM care. There is a need to be aware of cultural aspects that are meaningful to the clients and the possible resources that already exist, such as easily adapted traditional teaching tools like the medicine wheel to help teach the importance of balance within health and wellness. Having lists of available cultural resources in the region that the HCP is working would be vital to helping the client to regain or even start

their learning journey on how to care for their Spirit so that they can attain balance within their overall wellness.

Relational influences were also highlighted as a key consideration in helping the client accomplish the needed support so that they can help heal themselves within their lifelong journey living with T2DM. This work considers taking cultural safety to a more specific level where it is vital that HCPs recognize their limited knowledge around ceremonial practices and traditional teaching and make referrals to connect the clients to THs. Through this research project it is apparent that the rich and vast knowledge that THs carry with them. When they interact with creates a sacred exchange of knowledge that can help influence the client's health and wellness journey.

The bulk of the data presented was from the THs and they shared the many teachings, stories, ceremonies, and medicines that they use when working with a client living with T2DM. Their work aims to reignite the Spiritual being that lives within the person and they do so through connecting with their clients within all aspects of self (mind, body, Spirit, and emotion). They go beyond the physical data that is being presented within 'western' diabetes care and they take a step further consider the important role that Spiritual care plays. The data presented by the people living with T2DM considered the important role of integrated care and how it was positive for the TH to be considered within this integrated care team. They depicted the important characteristics of resiliency within their care as well as humility where the clients identified that they understood that a vast amount of learning is required for them to navigate their ongoing T2DM care.

Recommendations for Future Research

My research ceremony looked at many tools that can help the person living with T2DM make changes in how they care for all aspects of self (mind, body, Spirit and emotion) and will help clients navigate their health and wellness journey while living with type 2 diabetes. Several concepts have evolved out of these important conversations with both the THs and people living with diabetes. Within this research ceremony and it would be interesting to further our understanding within each of these areas. By engaging in this gained knowledge, all practitioners could better understand (both Traditional and Western medical) what it means to include culture within ongoing T2DM care.

1. We already understand the importance of integrating culture into healthcare planning when working with Indigenous communities as it has been acknowledged with the TRC's 94 Calls to Action- recognizing that #22 validates the important role of Indigenous ways of healing within the context of health but what does that look like? Further investigation is needed into understanding what additional culturally appropriate assessment tools could be used when working with clients living with T2DM. It is important to keep in mind that the tools used are specific to the Indigenous community being cared for. This would be the opportunity for the engagement of the community to understand their thoughts on the matter and have them help build the future. Could we adapt some questions from current assessments (like culturally specific mental health assessments) that are out there currently so that it is included in an ongoing diabetes management assessment tool that focuses on Spiritual wellness. How can the presented conceptual models support this consideration?

2. HCPs need to deepen our understanding of the link between our Spiritual and physical wellbeing within our Indigenous community. This project looked at the strong link to ITK and chronic illness management especially related to positive coping strategies related to being humble and resilient when learning to care for oneself with T2DM. There has been a strong link to culture and Spiritual wellbeing to one's mental and emotional health but little about the physiological responses to Spiritual care within one's plan of care. The clients spoke of this idea that they feel better when they partake in ceremony, what do they *mean* when they say they feel better? How does it relate to their physical wellbeing? How does this reflect on the ability to make lasting behaviour changes?
3. THs can hold a vital role in an Indigenous person's health and wellness journey while living with T2DM. It would be important to understand the perception or consideration current HCPs would have about what role a TH and or ceremonies could play in their client's health and wellness journey while living with T2DM.
4. The THs shared a lot of information related to teachings and ceremonies that they use when working with clients who are living with T2DM. How can this information be shared more universally? Could there be a workbook developed to help others who are learning more about their Spiritual connection to life and how does it change their understanding of their illness journey? What does spiritual care add to their care when they feel connected? What does feeling connected mean? There are many nations and many teachings, could they be brought together in workbook to help guide the Indigenous person through their learning while being supported by a TH?

Recommendations for Clinical Practice

As clinicians who are intending to work with our Indigenous community who are living with T2DM there are four solid recommendations that have come from this project and from the perspective of the TH who are working with clients living with T2DM and from the clients themselves.

1. Integration of cultural tools is needed to plan ongoing care. Assessments need to include the assessment of one's Spiritual self. This could be easily completed by building the understanding of inward relational understanding of varying aspects of self (as presented by figure 2). It could be used as a guide as the HCP asks their client to assess how they feel within each aspect of self (mind, body, Spirit and emotion). Then from their answers we can help them plan possible goals and objectives within care.
2. Understand that everyone has a unique story, and we need to listen to them and get to know who our client really is so that we can help them in understanding what they may need within their ongoing diabetes care. Effective diabetes management goes well beyond the numbers and medications as it is a chronic condition that requires almost a complete change in lifestyle for the client, and they need to rediscover the important sacredness that they carry as a Spiritual being having a physical experience.
3. For the HCP there is a pertinent need to understand all contextual factors that can affect a person living with T2DM and their ongoing care. This highlights the importance of having an understanding of the history of the Indigenous community, and how the history affects who the Indigenous peoples are today. This needs to be a foundational training for any and all staff working within the

- health care setting as we may never fully understand how we carry our unconscious biases towards any particular community unless we are able to see it in a different perspective. This reiterated that importance cultural safety education and how HCPs are vital in helping Indigenous clients navigate a system that has presented many barriers to achieving their optimal health and wellness.
4. Access to cultural resources is needed for the diverse urban Indigenous community. It is evident from this project the important role that our THs, elders and knowledge keepers have within our community's ongoing healing from our historical traumas. The project noted the important reminder that the Indigenous community needs to find ways to relate to their roles and responsibilities to themselves, their family, their community, and their Ancestors. There needs to be a resource age that is developed and shared with all major healthcare institutions from primary care, allied health to hospitals so that the HCP's can fully support their clients in navigating their health and healing in a way that resonates with them. Fully acknowledging the TRC call to action #22, that says Indigenous ways of healing is a valid treatment pathway.
 5. There needs to be ongoing learning opportunities and/or regular discussions about the important role of Traditional Healing with diabetes care. This could be affected by discussing this in regular team meetings, or rounds.

Chapter 7. Epilogue

I am filled with immense gratitude when I think of all that I have experienced over the last seven years of this MN program. I am especially grateful for the last four years that I took part in this ceremonial research. I have been forever changed by this work, not only was it an honour that people shared their stories with me but as I worked through preparing this paper, I feel I have reflected a lot on myself and my own personal healing. I would reflect on the ups (the sessions with the clients) and the downs (trying to manage all my own personal roles and responsibilities with being a student, an employee with a full time job and most importantly a mother to now 3 amazing boys) There had been so many occasions I would question what I was doing and why, why was I pushing myself?, the guilt of taking time away from my children has been so tough for me and again I asked for what? what was my end purpose for the work? Could it only be for career advancement or was there more? So, I wanted to share one of my reflections on why:

I am doing this for my kids, so they know they are worth it. They can accomplish anything they want when they put their heart and mind into their work. As a kid I did not think I was good enough or smart enough. I had many issues with school and learning. I have no idea how I made it through university. I did not think I was university material, but I did it, I worked hard. I do this for my community, I do this for myself...to find the real me...the one I lost due to so many things like residential schools, colonization, intergenerational trauma, it was my mother and grandmother who experienced the hurt and pain and I am trying to find a way to reclaim our ways. Who we are who I was always was meant to be... I see it now. I see how Gitchi Manitou was with me my entire

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life, from my visit with bears when I was a young child and the thunder beings taking me flying in my dreams. Seeing a bear when I was 4 years old, and even in my adult life I can see how those helpers were with me when I was still trying to deny who I was, even in my early 20s when I was the most lost Spiritually. I always wanted to end the night with putting my feet in the water. That water Spirit was calling to me...cleaning me and trying to remind me of who I am and who I have always been even when I did not know. I have been told I have a huge Spirit. one that is so big it goes beyond my physical body. I never understood that, but I feel I am starting to now. My research and completing that work is so important to me in helping my community but my family is so much more important, so I've had issues with getting work done. I need to just get this completed, to stop delaying it. I know I have it in me to do it. I always have! Find the time - fit it in. The kids will understand and always be there. I need to ask for help. I cannot do this alone. I was never meant to. I am on the path I was always meant to be. I'm with the people I was always meant to be. I just ask my helpers for that guidance again...help me put it together so that it will help my community, help the clients at the clinic, help us with our diabetes program, help me outline the role that traditional healing takes in a diabetes model of care so we can find ways to support the creation of more programs like this.

I know I started this project with trying to find my own sense of belonging, my own sense of community, but now that I am nearing the end of it all I feel I have found that and so much more. I have found my worth. I never really understood what has needed within my own healing other than learning more about my identity and culture. Throughout this whole process I've been on a journey of self-discovery. I was a regular

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at ceremonies within the clinic at sweat lodges, shake tents and fasting ceremonies. During my time in this program, I was gifted the sweat lodge ceremony from a healer who honestly has believed in me in a way that no one else ever has. I received an eagle feather from someone that I respect so highly as he has been an integral part of the improvement of the urban Indigenous community and in his time, he had to fight for a place at the table for the urban Indigenous person, his warrior nature has helped to create this space where I can as a leader operate with love, love for community and love for healing. With the sweat lodge ceremony, I was also gifted the sacred pipe or a powanguun, that I use within ceremony and I had it activated by a TH who has played a huge role with me trying to better understand those traditional teachings and how they are present in my life and all around us. So needless to say, I've always known this journey was the one I was meant to be on as it was filled with so much love and amazing things that have helped me grow as a Spiritual being having my unique human experience.

I also must mention the amazing support of my advisors, Karen and Jeff I am so grateful for all the ongoing support and encouragement to challenge myself along the way. I would not have been able to do this without you. You were able to take my crazy all over the place thoughts and dreams and help me create this beautiful research project that is as much alive as you and I. You also were patient and understanding in times when I had to navigate many aspects of life on this healing journey, because this work and paper has been exactly that a huge part of my healing, and it is helping me navigate that generational healing.

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Finally, Gitchi Manitou, the great mystery, my helpers, and my ancestors, in doing this work together you have helped me see myself in a sacred way. I see my worth, I see I am meant to be me and my love for myself, my family, my community and our ways of knowing are my tools I use to help create a brighter future filled with hope for my children and hopefully my community who are on their journey of healing from diabetes. To honour this, I have written a prayer/song.

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Anishnaabek Nanadaagin Honour song

(Single beat)

Anishnaabek Nanaadaagin

ya way ya way ya hi ho

ya way ya way ya hi ho

We need to **hear** our people

Anishnaabek Nanaadaagin

ya way ya way ya hi ho

ya way ya way ya hi ho

We need to **share** our ways with our people

Anishnaabek Nanaadaagin

ya way ya way ya hi ho

ya way ya way ya hi ho

You need to **honour** our people

Anishnaabek Nanaadaagin

ya way ya way ya hi ho

ya way ya way ya hi ho

We need to **live in our connection** to our people

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Appendix A: Interview Questions

Part 1: Traditional Healer questions

1. How would you engage a client who is seeing you for diabetes care? (stories, teachings, ceremonies)
2. Could you share your thoughts on the link between our Spiritual self and our physical body?
3. Could you share any stories of how ceremony helped your client?
4. Is there any advice you would like to give healthcare providers trying to engage Indigenous people in their diabetes care?

Part 2: Person Living with Type 2 Diabetes Interview Questions

1. Please share more information about your current diabetes care management. (length of dx, treatments used to manage T2DM, types of services being accessed? Support people within care?)
2. Do you feel you are managing your diabetes well? If yes, please explain how. If no, please explain and give any suggestions you feel may be more helpful.
3. Can you tell me about your experiences using traditional teachings or ceremonies within your diabetes care? Types of ceremonies or teachings used, how often do you participate in ceremony or see a healer?
4. Could you share where you access services to maintain your Spiritual care? (i.e., other organizations in the city, home reserves, community gatherings)
5. Do you feel there is a link to your Spiritual self and physical self? If so, please explain.

6. Is access to Traditional Healers and traditional ceremonies is important to helping you better manage your diabetes care?



Appendix B: Consent

Anishnaabek Nanadaagin: Examining the role of traditional healing in an integrated diabetes care model

Researcher: Melissa Stevenson, RN, BScN, CDE

Oral Consent Script

Introduction:

Hello. I'm Melissa Stevenson. I just wanted to start by saying Chi Miigwetch for taking the time to contact me. As you may know I am conducting interviews about our peoples lived experience with accessing both traditional and western modalities to help with their diabetes management. I'm conducting this as part of research for the Master in Nursing program at Athabasca University: Faculty of Health Disciplines and Centre of Nursing and Health Studies in Edmonton, Alberta. I'm working under the direction Dr. Karen Cook, Faculty of Health Disciplines & Dr. Jeff Vallance, Faculty of Health Disciplines. In addition to a volunteer community-based council whose aim will be to keep the research grounded in both Indigenous research methods and our traditional teachings/way of life. The council will include Dr. Lynn Lavellee, Indigenous academic, researcher and community advocate, Tyler Pennock, Indigenous academic, writer & community advocate, Stephanie Pangowish- cultural & knowledge keeper, & community advocate & Colin Mousseau- Traditional Healer.

Study procedures:

I'm inviting you to do a one-on-one interview here at the clinic that will take about 60-90 minutes. I will ask you questions about your diabetes care experiences such as "Can you tell me about your experiences using traditional teachings or ceremonies within your diabetes care? Types of ceremonies or teachings used, how often do you participate in ceremony or see a healer?" I will take handwritten notes to record your answers as well as use an audio recorder to make sure I don't miss what you say. We can set up a time and place that works for us both.

Are there any risks to doing this study?

It is not likely that there will be any serious harms or discomforts associated with the interview as it will just focus your diabetes care. However, when we share our stories sometimes, they can make us feel uncomfortable, anxious or stressed out. If this does happen it is important that you understand that we can stop at any point in the interview at your preference, our traditional medicines will be available for our use in the session to help ground us (sage, sweetgrass and cedar) and there will be services available from the clinic's counselling program if you feel you need additional support.

Benefits:

Benefits of the research project include the opportunity to help the community by sharing their experiences and stories; hopefully their story, once shared will resonate with another community member and who will then choose to engage in traditional healing for diabetes care. The project will also create a space where researchers and others may be able to gain a better understanding of the importance of using our own teachings within our health and healing. The research will hopefully help others understand the direct link from our Spiritual aspect of self to our physical self and we are all interconnected.

Privacy:

I will keep the information you tell me during the interview confidential. I will transcribe the audiorecording of your interview. No one else will see the transcript or listen to the audio. Your information will be coded using a Spirit animal name in place of your actual name. A final report will be written and shared with only Athabasca University to complete the MN program but everything else including the data will be kept at Anishnawbe Health Toronto. All information will be kept in a locked file cabinet and/or password protected documents.

At the end of the project there will be a community celebration to share the report and give an overview of the results. The research participants, their families, partners, stakeholders and community members will be invited to the event. The event will be planned with the consideration to the recommendations from the participants & Anishnawbe Health Toronto.

Voluntary participation:

- Your participation in this study is voluntary.
- You can decide to stop at any time, even part-way through the interview for whatever reason, or up until approximately December 1st, 2019.
- If you decide to stop participating, there will be no consequences to you.
- If you decide to stop, we will ask you how you would like us to handle the data collected up to that point.
- This could include returning it to you, destroying it or using the data collected up to that point.
- If you do not want to answer some of the questions you do not have to, but you can still be in the study.
- If you have any questions about this study or would like more information you can call or email Melissa Stevenson at **(416) 360 0486 ext: 244** or mstevenson@eht.ca

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- Upon completion of the interview process you will be given an honorarium for your time.

This study has been reviewed by Anishnawbe Health Toronto’s Research Ethics Board and the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this study, please contact:

Anishnawbe Health Toronto

225 Queen Street East

Toronto, ON

416.360.0486 ext 225

Or by e-mail jharrison@aht.ca

Athabasca University

Office of Research Ethics

1-800-788-9041, ext. 6718

or by e-mail to rebsec@athabascau.ca

CONSENT:

By accepting the tobacco from the researcher, I am agreeing to engage within the research project. We have reviewed the information related to the project and all of my questions have been answered to my satisfaction. I will keep a copy of this letter for my records.

My signature below confirms that:

- I understand the expectations and requirements of my participation in the research.
- I understand the provisions around confidentiality
- I understand that my participation is voluntary, and that I am free to withdraw at any time with no negative consequences.
- I am aware that I may contact the researcher, [research supervisor, if applicable], or the Office of Research Ethics if I have any questions, concerns or complaints about the research procedures.

Name: _____

Date: _____

Signature:

Appendix C: Recruitment Poster

Living with type 2 diabetes?

**Do you see a traditional healer for
your overall health?**

Want to share your story?

If you answer YES to the questions above

Please join our research project looking at
the important role of traditional healing
within diabetes care

Please contact
Melissa Stevenson
phone: 416.360.0486 ext:244
email: mstevenson@aht.ca

Appendix D: Ethics Approval



CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (AUREB) has reviewed and approved the research project noted below. The AUREB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) and Athabasca University Policy and Procedures.

Ethics File No.: 23460

Principal Investigator:

Mrs. Melissa Stevenson, Graduate Student
Faculty of Health Disciplines/Master of Nursing

Supervisor:

Dr. Jeff Vallance (Co-Supervisor)
Dr. Karen Cook (Co-Supervisor)

Project Title:

Anishnaabek Nanadagin: Examining the role of traditional healing in an integrated diabetes care model

Effective Date: June 14, 2019

Expiry Date: June 13, 2020

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

Approved by:

Date: June 14, 2019

Donna Clare, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S
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E-mail rebsec@athabascau.ca
Telephone: 780.675.6718



CERTIFICATION OF ETHICAL APPROVAL - RENEWAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 23460

Principal Investigator:

Mrs. Melissa Stevenson, Graduate Student
Faculty of Health Disciplines\Master of Nursing

Supervisor:

Dr. Jeff Vallance (Co-Supervisor)
Dr. Karen Cook (Co-Supervisor)

Project Title:

Anishnaabek Nanadagin: Examining the role of traditional healing in an integrated diabetes care model

Effective Date: June 14, 2020

Expiry Date: June 13, 2021

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

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A Project Completion (Final) Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

Approved by:

Date: June 12, 2020

Carolyn Greene, Chair
Athabasca University Research Ethics Board

Athabasca University Research Ethics Board
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Ethics File No.: 23460

Principal Investigator:

Mrs. Melissa Stevenson, Graduate Student
Faculty of Health Disciplines\Master of Nursing

Supervisor:

Dr. Jeff Vallance (Co-Supervisor)
Dr. Karen Cook (Co-Supervisor)

Project Title:

Anishnaabek Nanadagin: Examining the role of traditional healing in an integrated diabetes care model

Effective Date: June 14, 2021

Expiry Date: June 13, 2022

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

Approved by:

Date: June 14, 2021

Carolyn Greene, Chair
Athabasca University Research Ethics Board

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CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 23460

Principal Investigator:

Mrs. Melissa Stevenson, Graduate Student
Faculty of Health Disciplines/Master of Nursing

Supervisor:

Dr. Jeff Vallance (Co-Supervisor)
Dr. Karen Cook (Co-Supervisor)

Project Title:

Anishnaabek Nanadagin: Examining the role of traditional healing in an integrated diabetes care model

Effective Date: June 14, 2022

Expiry Date: June 13, 2023

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

Approved by:

Date: June 13, 2022

Carolyn Greene, Chair
Athabasca University Research Ethics Board

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CERTIFICATION OF ETHICAL APPROVAL - RENEWAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 23460

Principal Investigator:

Mrs. Melissa Stevenson, Graduate Student
Faculty of Health Disciplines\Master of Nursing

Supervisor/Project Team:

Dr. Jeff Vallance (Co-Supervisor)
Dr. Karen Cook (Co-Supervisor)

Project Title:

Anishnaabek Nanadagin: Examining the role of traditional healing in an integrated diabetes care model

Effective Date: June 13, 2023

Expiry Date: June 13, 2024

Restrictions:

Any modification/amendment to the approved research must be submitted to the AUREB for approval prior to proceeding.

Any adverse event or incidental findings must be reported to the AUREB as soon as possible, for review.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

An Ethics Final Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

Approved by:
2023

Date: June 22,

Paul Jerry, Chair
Athabasca University Research Ethics Board

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Appendix E: Reflection Journals

Conversations with Traditional Healers

Stories from the Falcon

Wow! For session one of this research, I have learned so much as to how we see ourselves as Indigenous people on Turtle Island. How we find momentous meaning to something as simple as a strawberry plant, how it grows and its characteristics and how these plants can be a reflection of traits within our human existence. Or how the physiology of the heart could be connected to the teachings like the medicine wheel and seven grandfather teachings. Falcon has much experience in working with community within the context of traditional teachings and diabetes care. It is easy to gauge the depth and breadth of his work as a Traditional Healer and as someone who is able to connect these teachings in a way that could be understood by all community members no matter their experience within Spiritual care. I am so honoured to have this opportunity to learn more about how we make these connections and create these understandings using our traditions and teachings, in a way that our ancestors use to.

Sitting with the Wolf

My session with the Wolf gave me much to reflect on. I appreciated the connection she spoke of between our physical and Spiritual self, how our physical self is the densest part of ourselves hence why sickness rests there. This is such an interesting concept as it signifies that no matter where the imbalance in is, whether it's in our mental, emotional, or Spiritual self, it is our physical self that will present the sickness, which aligns with the teaching that sickness starts in the Spirit and it last appears in our physical self. She also spoke of diabetes and how she sees it as low self-esteem, a

lifetime of it. When I reflect on my own experience when working with clients living with diabetes, I agree with this statement. I've often felt that clients who were having issues with managing their care, did not always have confidence in themselves to do the work to manage their blood sugars or many times they could be having many successes with their ongoing management and then something will happen that will trigger them and they will fall back into old ways as not caring is easier than the work to manage it all. I also liked how she said for us as HCPs to put away the charts are they are just numbers that doesn't depict the client's real story, which to some degree goes against all that we are taught in our professional training- science teaches you it is all about numbers but Spirit teaches you to listen and connect with our client's mind and emotions as a way to create a lasting diabetes management plan. Cultural tools really help us help our client find the driving force to want to care for oneself or at least start to break down any self-driven barriers. Similar to the healers I feel that as diabetes educators we can work to restore their self-esteem.

Chatting with the Cloud

When I reflect on all that we spoke of I am starting to see commonalities arise in the discussions with the healer. He shared how he uses the medicine wheel teaching to assess his clients, which is a tool that can be easily used by HCPs as well, it is as simple as asking the client about how they feel their mind, emotion, body, or Spirit is? Cloud really focused on the idea of our clients needing to understand roles and responsibilities, how historically we had complex community organizations and all individuals within the community had a role to play. Something that has been inherently lost over the last ~100 years. The loss of community or that sense of belonging is something that I have seen

with my clients over the years, it has been something that I've personally experienced. You can see how this can deeply affect a person in all aspects of self (mind, body, Spirit, and emotion), when you feel out of place or that you don't belong, it would be easy to think you don't matter. This once again reminds me of the importance of these stories that the healers share to remind us of what has been lost, remind us of the stories our Ancestors and what they have given for us to live our life today.

He spoke of the importance of us understanding our history and the trauma experienced and how as a HCP working with the community we need to understand the contextual factors to someone's state of wellness or lack thereof. The stories he shared made it easy to connect it all, understanding that our seniors today were once the children of residential school and were robbed of the opportunity to learn their culture from our elders as they were taken out of the community. This thought was so eye opening to me, again supporting this idea shared by Wolf, about how diabetes is from a lifetime of low self-esteem. How we need to help support the client in regaining it and it could effectively be done through spending time with Traditional Healers and or knowledge keepers so they can relearn our ways of knowing and being. I also appreciated Cloud's connection to his own personal journey with living with T2DM. Sharing this with his clients creates a sense that it is ok to live with T2DM and his sharing how he has worked to better manage his own care could give his client's a sense on where they can start with their own care. He also shares the importance of working with HCPs who specialize in the diabetes as they have helped him in the past, creating an understanding that medical Western medicine is also a valid tool for clients to use within their care.

Conversations with the Marten

After spending the hour with Marten and hearing the stories he shares with his clients and how he connects. I again hear about important considerations we need to understand like the effects of our history of colonization on the person and how it affects future generations. He shares how he connects with his clients through sharing his own healing journey with T2DM and the tools that has helped him along the way. He highlights the importance of acceptance related to the diabetes diagnosis and how we need to live our truth in our lives. As I sit and reflect on this session it makes me think of how pieces are all interconnected and how we can use time as a plan of care to help in better managing our ongoing diabetes care. There has been so much talk of understanding our past, who we used to be, how we used to live, what our roles and responsibilities were previously and how our troubled history has disrupted our understanding of it all. Which has in turn led us to this path of imbalance within aspects of self. Marten spoke of the importance of living truth in our lives, in a sense accepting this turbulent history of our Ancestors and accepting our diagnosis of T2DM but understanding that when we accept and understand that the change can happen within our life that can affect the future generations. This is such a SACRED thought. We are beautiful beings that can be the change agent that changes the ongoing narrative for our family and future generations! We need to understand our past, accept our present in order to make the changes for the future.

Connecting with the Bear

Again, so many interesting teachings shared within this session. Bear spoke of our history again...how colonization has taught us to forget our Seven Grandfather Teachings (Love, Respect, Truth, Honesty, Humility, Wisdom and Bravery) and rather

than helping (being filled with Love, Respect, Humility) each other, we fill the space with jealousy and have a great disconnect within our community. He did share that it can be turned around, but it just requires patience and reminding us to not be so hard on ourselves. This is such an important consideration for the people living with T2DM as our healing journey is not always direct but rather will be filled with ups and downs. We are beings created to be imperfect but with the ability to see and understand how to make changes with the aim to be and do better. This would be related to that teaching of humility. I appreciated his mention that healing is not always complete, how living with T2DM is an ongoing process, a lifetime of it. Which aligns with what I have shared with client's in my practice, how ongoing diabetes management is a dynamic process where we can find the right treatment plan that can work for a while but then something in our body changes and we may need to find a new plan and how that is ok. I also like how he shared the important emotional connection we can have to food and how we need to be aware of it as it can guide our choices. Highlighting the importance of HCPs knowing their clients on a deeper level where this could be understood. We need to try and understand our clients' story and from that we could start to work with them to prepare a plan that is unique to them and their own life story.

Our Journey Living with T2DM

Crane's Journey

Leaving this session, I am utterly amazed with the client as I have never met someone throughout all my years of work within healthcare that is so self-aware. It is easy to see how connected she is to her emotions and can easily identify when she needs to correct herself by taking breaks or even using her medicines to help clear her mind.

She connected negative experiences in her life to the role of intergenerational trauma rather than the people involved in that experience. She is very aware of her roles and responsibilities within the circle of life.

Eagle's Journey

Eagle really highlighted the importance of keeping connected with our client's even when we may feel that they are doing well with their care. As diabetes specific HCPs it is easy for us to get caught up in the new clients and/or people who are actively working to regain their health, but we need to remember to check in with our clients who are seemingly well. She identified she was still connected with her doctor, so she was getting all the needed bloodwork, but she lost connection with her dietitian and it seemed as though she felt the dietitian was probably too busy helping others and she was not as important. Which is no doubt not the intent of the practitioner. I appreciated the opportunity I had to encourage her to reconnect as if she feels she needs to check in, it would be important. Eagle also supported the notion the ongoing diabetes management is dynamic; she spoke of times she felt she was doing well and times when she was not and identified that to her diet was the most difficult part as she had trouble giving up the 'bad foods' like chips and pop. She did highlight that she felt there was a connection to her Spirit and her physical self, stating that when she uses her medicines, she feels better and tends to make better choices. As HCPs we just need to work on the integration of both traditional and western medical ways of knowing so that we can help our clients understand the traditional tools they could use to keep them 'feeling good' or building that self-esteem that will in turn get them to make better choices to maintain their ongoing overall wellness.

Kitten's Journey

Even though my time with Kitten was short and her answers may seem like they yield little data in a sense of what one would constitute research. My connection with her was still valid for many reasons; she was eager to participate and share her personal story, she did recommend the study to one of her friends showing that she felt it was a comfortable space to share her journey and even though her connection to her Spiritual care was limited she was still starting that journey and now our discussion about traditional medicines and working with the healer will hopefully support her in deciding to continue to learn and build her understanding of herself and her traditions.

Turtle's Journey

My time with Turtle really supported many of the pieces that the healers spoke of like importance of connecting to our traditional teachings and ceremonies and the importance of having the Traditional Healers available to help with that. He shared his story which identified how his culture and traditional ways saved his life. He was an addict living on the streets of Toronto but something in his Spirit pushed him to reconnect and pick up his bundle (traditional tools) again. I also really appreciated his connection to all aspects of self, how when you feed your Spirit, through ceremonies and teachings it balances the other aspects of self. It is like through Spiritual care we are able understand our importance and our responsibilities we have to help create balance within ourselves, our community and our environment.