

MASKIHKÎY-WATIKWÂ: TRADITIONAL INDIGENOUS MEDICINES FOR HEALTH
AND WELL-BEING IN PEACE-ATHABASCA DELTA COMMUNITIES

by

Amanda Poitras

BSW, Nicola Valley Institute of Technology, 2022

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of
MASTER OF SOCIAL WORK INDIGENOUS SPECIALIZATION
in the Department of Social Work

©Amanda Poitras, 2025

University of Victoria

All rights reserved. This thesis may not be reproduced in whole or in part, by photocopy or other means, without the permission of the author.

We acknowledge and respect the Lək̓ʷəŋən (Songhees and Xwsep̓səm/ Esquimalt) Peoples on whose territory the university stands, and the Lək̓ʷəŋən and W̱ SÁNEĆ Peoples whose historical relationships with the land continue to this day.

MASKIHKÎY-WATIKWÂ: TRADITIONAL INDIGENOUS MEDICINES FOR HEALTH
AND WELL-BEING IN PEACE-ATHABASCA DELTA COMMUNITIES

by

Amanda Poitras

BSW, Nicola Valley Institute of Technology, 2022

Supervisory Committee

Dr. Amanda LaVallee, Supervisor

Department of Social Work

Dr. Kundoqk Jacquie Green, Co-Supervisor

Department of Social Work

Abstract

This thesis investigates the role of Traditional Indigenous Medicine (TIM) among the Mikisew Cree, Athabasca Chipewyan, and Metis communities of the Peace-Athabasca Delta region in northeastern Alberta, focusing on its contribution to health and cultural resilience. Using community-based and Indigenous research methods, including storytelling, land-based experiences, and thematic analysis, this study highlights TIM's holistic approach to physical, emotional, spiritual, and mental well-being. Findings reveal the impacts of colonial disruptions on TIM knowledge and emphasize the community's active efforts in revitalizing these practices for future generations. The research also identifies access barriers to TIM and explores pathways for its integration into healthcare systems, aiming to support culturally relevant health practices that foster holistic wellness. By centering community voices and honouring traditional protocols, this work contributes to the preservation of TIM knowledge and strengthens ongoing cultural health initiatives in Indigenous communities.

Keywords: Traditional Indigenous Medicine, Mikisew Cree, cultural resilience, holistic health, community-based research.

Table of Contents

Supervisory Committee	ii
Abstract	ii
List of Figures	vi
Dedication	vi
Chapter 1: Introduction	8
Figure 1	11
Locating Self	13
Roots of the Re-Search	18
Research Aim, Questions, and Objectives	20
Chapter 2: Literature Review	22
Introduction	22
Holistic Health and Well Being	24
Traditional Indigenous Medicinal Knowledge	26
Figure 2	28
Threats to Traditional Indigenous Medicine and Health Care	33
Integration of TIM in Contemporary Healthcare Systems.....	40
Challenges & Opportunities in Sustaining the Integration of TIM	41
Chapter 3: Methodology	44
Indigenous Research Paradigm.....	44
Mikisew Cree Axiology, Epistemology, Methodology, and Ontology.....	47
Centering Methodologies within an Indigenous Research Paradigm.....	51
Nêhiyaw Conceptual Research Framework	51
Figure 3	53
Kichi-Manitow (The Starting Point)	58
Knowledge Gathering	61
Storywork (Data Analysis).....	65
Sharing the Stories (Knowledge Mobilization)	69
Kichi-Manitow (The Ending).....	70
Chapter 4: Findings.....	71
Figure 4	72
Traditional Indigenous Medicine: Perceptions of Health and Wellness.....	73
The Land is Medicine	76
Disruptions to TIM Knowledge.....	83

Historical Disruptions	83
Modern Disconnections	86
Environmental Degradation	90
Preservation of TIM	92
Integration of TIM	97
Conclusion	101
Chapter 5: Nehiyaw Pimatisiwin – Learning from the Research Journey	103
Oskâpêwis – The Path Forward with Social Workers as Helpers.....	112
Misakamepayiw – The End of the Road (Scope of Research).....	117
Nitawaskewin – Areas of Further Exploration	119
Nâtawihiwewin – Carrying the Healing Medicine Forward (Conclusion).....	120
Epilogue	122
Sakaw Pimacihwin – Giving the Traditional Knowledge Back to the Community....	122
References.....	124
Appendix A.....	137
Appendix B	140
Appendix C	142

List of Figures

Figure 1	11
Figure 2	28
Figure 3	53
Figure 4	72

Dedication

To the community of Fort Chipewyan, to the traditional Mikisew Cree territories of Allison Bay and Doghead – this work belongs to you. To the Mikisew Cree First Nation, Athabasca Chipewyan First Nation, and Metis Nation who share this land – may these pages carry our stories forward.

To my family and community, your voices echo through every word, every line – each a heartbeat in our collective story. May your voices carry into the generations to come.

To the spirit of our Traditional Indigenous Medicines, may they live on, deep-rooted in our hearts and woven into the land itself. May their strength continue to heal, guiding our hands and lifting our spirits.

To my ancestors, who have walked with me through this research ceremony – your presence and wisdom have lit the way. To our cultural traditions and ceremonies, thank you for holding me, for keeping me whole.

May this work be a continuance of our ways, to light the path through these times of great evolution and spiritual awakening.

Hiy Hiy

Chapter 1: Introduction

Miskasowin is the *Nehiyaw* word translated to English as “go to the center of yourself to find your own belonging” (Kovach, 2021, p. 3). This Cree concept informs my approach as an Indigenous research student following the protocol of introduction, as it resonates deeply with my *Nehiyaw* (Cree) heritage. My given name is Amanda Joy Poitras, and my traditional name is *Piwayisis*, translated to English as Little Bird. I was born on the traditional territory of the Cree and Dene Nations of *Thebaca*: beside the rapids, Fort Smith, Northwest Territories, and raised on the traditional territory of the Yellowknives Dene First Nation in *Denendeh*: the land of the people, Yellowknife, Northwest Territories. I am of Mikisew (Eagle) Cree, Dene, and Métis ancestry from my father, Norbert Poitras, and of Czechoslovakian descent from my mother, Karen Tomasta. My grandparents are Isabel Whitehead, George Poitras, and Lydia and Miroslav Tomasta. My family names are Poitras, Cardinal, Ladoucer, Marten, and Whitehead.

My father and grandparents are survivors of an Indian Day School (Holy Angels) which was in operation from 1874-1974 in Fort Chipewyan, Alberta. Trauma, addictions, and violence have plagued my family because of their experiences from colonization and residential school. Prior to the colonization of my family’s homelands, our people lived nomadically, following migratory patterns and camping on the trapline. Our roots were strong, and traditional lifestyles kept our families and communities secure. I grew up struggling with my identity as I never felt white enough or Native enough, and I was also missing a big piece of my Indigenous culture by being disconnected from our traditional lands and lifeways. Wilson (2008) spoke to Indigenous identity as “grounded in...relationships with the land, with...ancestors who have returned to the land, and with future generations who will come into being on the land” (p.80). I have discovered that my culture resides in my spirit and homelands, and can never be lost or stolen.

When the Holy Angels Day School was demolished in the community of Fort Chipewyan, there was a black cloud that formed over the gathering and poured down heavy rains, leading to clear blue skies and sunshine (G. Poitras, personal communication, October 1, 2023). This experience is an important part of Mikisew Cree history, and adds contextual elements to the foundations of this research, particularly in the realm of the oppression of traditional medicinal knowledge due to the influence of the church.

I have been on a journey to learn about traditional medicines, healing practices, and implications for cultivating my healing gifts through my lifetime. My great-grandfather, Chief *Mikisew* (Eagle) Marten, was our nation's first appointed chief, and along with being a leader, he was also a medicine man. His spirit speaks to me when I work with healing medicines, and his spirit is also alive on the land in our traditional territories. It is said in our family stories that he hid his *nayâhcikan* (bundle) to protect it from being destroyed when the church and police force were raiding the villages for sacred and ceremonial objects. Our family prophecy shares that a relative will one day find his *nayâhcikan* and carry on his legacy to heal our family and community. I did not know if my pilgrimage to my ancestral homeland would lead to my grandfather's bundle, but I did have a deep knowing that this journey would awaken my blood memory in ways that could forever impact my life.

My practice of Traditional Indigenous Medicine (TIM) and healing has been taught through years of study with Indigenous ceremonial leaders, mentors, spiritual healers, and through formal education in western settings. My relationship with plant medicine has

blossomed from feeling a deep connection and inner knowing that the Plant People¹ are our Elders; they were here long before humans, and they have co-evolved with us. I currently practice under the traditional title of a medicine woman and healer, and formally under the title of an herbalist and social worker in western settings. This research is personally meaningful, giving me the opportunity to actualize a long-held dream to return to my homelands and connect with my roots, a path that has taken my entire lifetime.

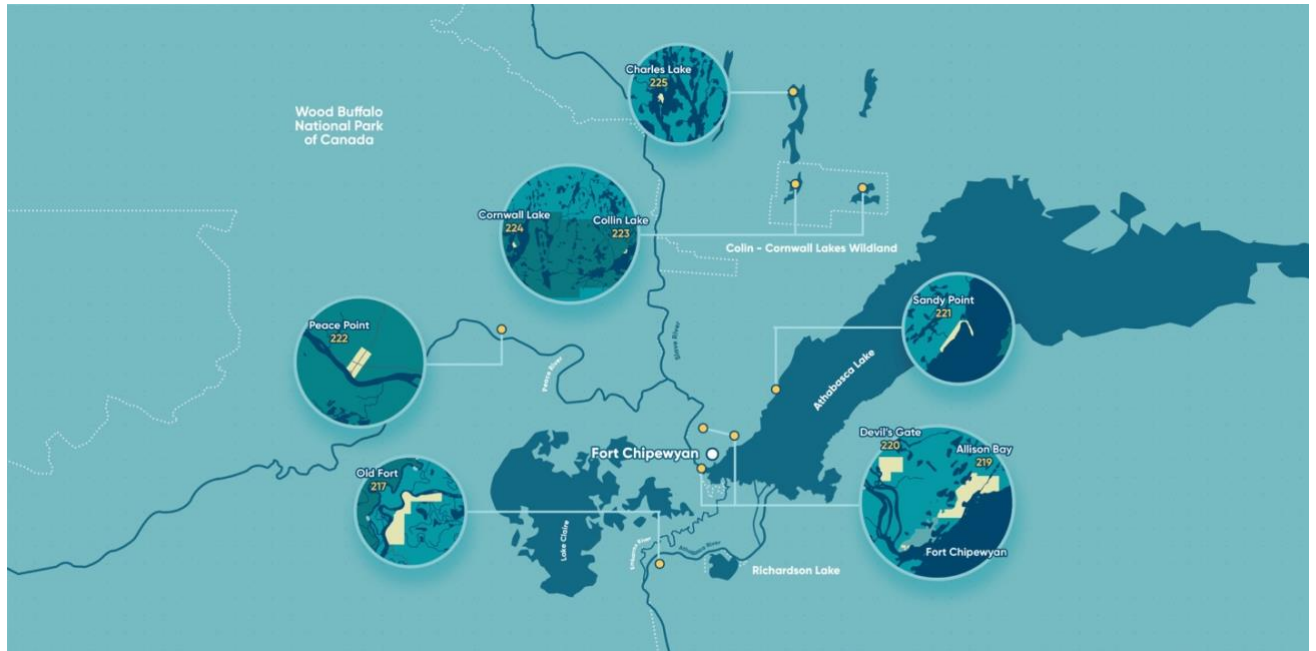
This research begins on the ancestral lands of *Waskahîkani* (Fort Chipewyan), a remote community located in the Peace-Athabasca Delta region of northeast Alberta. *Waskahîkani* is a Cree term meaning ‘houses’, which was used to identify the settlement of Fort Chipewyan as a central hub for the Fur Trade and North West Company post in 1788 (Candler et al., 2013). A time in which Indigenous peoples were living nomadic lifestyles in and around *Ayâbaskâw Sakahîkan* (Lake Athabasca) and its waterways. Acknowledged as Alberta's oldest settlement, the community possesses a rich history deeply rooted in Indigenous traditions, values, and ways of life. The Mikisew Cree belong to the Western Woods Cree cultural group, which is culturally and linguistically diverse due to their kinship ties with neighboring Denesoline (Athabasca Chipewyan) and Métis Nations (Candler et al., 2013). The Wood Buffalo National Park and the Birch Mountains on Treaty 8 Territory are the cultural heartlands of traditional and contemporary ways of life. Members of the Mikisew Cree First Nation, Athabasca Chipewyan First Nation, and Métis Nation, who reside in the communities of Fort Chipewyan and the traditional Mikisew Cree territories of Doghead and Allison Bay, have a profound connection to

¹ Plant People: In Cree creation stories, the stones were created first, they are the Elders; the First People. The Plant People were the second creation, growing as moss and lichens on the rocks. Then the Earth was ready for the third creation, the animals, who depended on the second creation for their livelihood. The two-legged were the last creation, and completely dependent on the stones, plants, and animals for their survival (Cohen, 2018).

their cultural heritage (Figure 1). A heritage that includes an intricate system of Traditional Indigenous Medicine (TIM) encompassing holistic healing practices that have been passed down through generations.

Figure 1

Mikisew Cree First Nation Traditional Territories



Note. By Mikisew Cree First Nation (MCFN), 2024; digital image from the MCFN website.

TIM is deeply intertwined with the community's spiritual beliefs, identity, and relationships with the land and nature. TIM, often referred to as *maskihkîy*, is a complex healing approach that involves the use of natural resources, including plants, minerals, and animal materials. Community members, traditional healers, and medicine people harvest and use these remedies, demonstrating their extensive knowledge of various medicinal substances. TIM is not only concerned with physical ailments but also with mental, emotional, and spiritual well-being. Traditional (Indigenous) medicine is defined by the World Health Organization (2024) as:

The sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of illness. (Traditional Medicine section, para.1)

In the context of this community-based research on TIM, it is crucial to recognize the profound impact of colonialism on Indigenous cultures, including the erosion of traditional medicinal knowledge and healing practices. Colonialism impacts resulted in the loss of ancestral wisdom, cultural heritage, and the disruption of Indigenous ways of life (Matheson et al., 2022). However, it is equally important to acknowledge the resilience and determination of Indigenous communities in their pursuit of cultural revitalization and the resurgence of traditional ways of healing. My research sought to honor this resurgence by working collaboratively with the community, respecting their protocols and traditions, and actively contributing to the preservation and promotion of Indigenous medicinal knowledge and healing practices. By doing so, I aimed to play a role in supporting the community's ongoing efforts to keep our culture strong and resilient. The knowledge and practices associated with TIM have the potential to contribute not only to the health and well-being of community members but also to the broader understanding of holistic healing modalities. This research prioritized the active involvement and engagement of community members, traditional healers, medicine people, elders, and knowledge keepers. Their perspectives, insight, and consent were integral to ensuring the research was conducted in an ethical, respectful, and culturally appropriate manner.

As a member of the Mikisew Cree Nation, my relationship with this research is deeply personal and rooted in my cultural heritage. The community of Fort Chipewyan in Alberta is the heart of my Mikisew Cree family and community, as well as our Athabasca Chipewyan and

Métis relatives. Our familial upbringings were marked by the impacts of intergenerational trauma, violence, poverty, addictions, and disconnection from language and culture. However, healing gifts are known to be passed on through our lineage of medicine people, which I have personally accepted and learned to grow into, despite not being raised traditionally. This responsibility is governed by my accountability to *kahkiyaw niwâhkômâkanitik* (all my relations), and my search for knowledge is driven by this accountability. TIM is a critical component of my Indigeneity, as it strengthens my cultural identity and fortifies community bonds (Moorehead et al., 2015).

Locating Self

During my visit to Fort Chipewyan and the traditional territories of Allison Bay and Doghead Reservations, I made many connections with community members, and although I only interviewed 12, many of them deepened and enriched my experience and research as a whole. My father's friend Lucy Fraser generously offered me a month-long stay at her bed and breakfast. Every day, I would gaze out at the lake, watching the sunrises and sunsets, and listening to the whispers of my great-grandfather's spirit. Lucy would visit to turn over the rooms, and we would talk and share stories of community life. There were transient workers who would come and go, visiting only for a short while to share travel tales and stories of working within the community. I would walk across the lakefront and visit the museum where Maureen and Tommy Clark would host me, showing me their extensive library, maps, and cultural artifacts. Maureen eventually connected me with Robert Grandjambe, a man who could guide me on the land, and soon after, I found myself in his boat, exploring the waterways and learning about the harvesting of animals and plants. We shot guns, harvested medicines, fished, and processed animals. At the time of my arrival in October, it was the beginning of the moose hunt, and many community members were

out in the bush. It was out on the land that I experienced the pristine beauty of my homelands in all of its abundance. The Indian summer made for warm weather, which quickly turned into the cold and snowy beginnings of autumn.

Robert introduced me to his wife Barbara, who took me in and fed me traditional foods, processed plant medicines, and showed me traditional crafts. Robert and Barbara treated me like family and showed me such kindness and generosity. They inspired me with their tour operations business and the continuous work they are doing to actively keep their traditions alive. Their son, Robert Jr., is one of the only young people still living in the bush with his family today. Another community member, Sonny Piche, is also working to keep their family traditions alive by passing the knowledge on to his children. Sonny happened to be on the same plane as we flew into the community, and it was our first time meeting and speaking since I was a child. My father, Norbert Poitras, introduced me to Sonny as one of my first community contacts before my arrival. He brought me out around town and showed me different places, telling stories of growing up in the community. He drove me around in his big truck and eventually offered me a spare truck that I could use for the time I was there, which helped give me more freedom and the ability to explore. There is only so far you can go on the roads before you reach water, as community members travel by boat or air in the spring, summer, and fall, and by ice road in the winter.

Sonny connected me to his mother and our oldest Mikisew Cree Elder, Madeline Piche, who was staying at the Elder Care Center in town. Sonny was my first interview, followed by an interview with his mom shortly after. It was an honor to visit Madeline and see the look on her face when she was holding and smelling the medicines that I gifted her. I could see her deep appreciation and the light in her heart from the memories it invoked. Rita Marten, another elder

community member, was also living in the same place as Madeline. Rita Marten is a language-keeper and is actively working on passing our traditional Mikisew Cree language forward to the next generations, and she helped to suggest and clarify traditional words and concepts used in this work. Rita introduced me to her sister Alice Marten, one of the final participants I interviewed, who shared a wealth of spiritual knowledge and wisdom from her own journey with TIM and ceremony. Rita and Alice grew up in the bush, like most of the elder community members, and their memories of living in the bush greatly enriched stories they shared, giving a glimpse into the past and the beautiful traditions that sustained our cultures.

The day after my arrival, I received an invitation to an elder's meeting where I met most of our Mikisew elders. One of them was Mabel Antoine, to whom I eventually began offering healing as she sought resolution from some painful ongoing health complaints. Her kindness and sweetness made me feel very nourished on a deep level, and that I could give back made my journey more purposeful. An important part of being a medicine carrier is sharing the knowledge with discernment and care. For this research, I had to consider dual relationships and power dynamics, which led me to separate the interview participants from my healing work in order to adhere to the study's ethical protocols. Although I acknowledge that when carrying out community work, the relational dynamics tend to become intertwined with the healing itself, so distinctions cannot always be made between them.

My auntie Marlene was on a work trip in the community when I arrived. She spent time with me, taking walks, exploring the resting place of our great-grandfather, visiting the graves of our family members, and sharing meals with her friends, including my aunts Margie Voyageur, Margo Vermillion, and Claris Voyageur, whom I hadn't seen since my childhood. Marlene and I cleaned our family's graves from the summer debris, not yet knowing that her mother and my

grandmother would soon pass and be buried there, making the necessary preparations for her spirit to rest. We went out on her friend Blue Eye's side-by-side 4-wheeler and explored the edges of town. Marlene was doing some deep healing work and taking trauma training so she could facilitate community healing, and it was beautiful to witness her making peace with some of the harder experiences of growing up in the community. Over the years, my family has shared their experiences of growing up in Fort Chipewyan and Doghead, and my immersion in the community allowed me to truly understand a portion of their experiences.

My grandmother, Isabel Whitehead, passed away on October 9th, 2023, and after a ceremonial wake in Edmonton, she came home to Fort Chipewyan with our family for her final rites and laying to rest. We had a sacred fire burning for her, with someone always watching over, and I had the privilege of watching the fire while resting on the land overnight. I could feel her spirit and the spirits of my ancestors resting with me, and it was a feeling that I had not ever experienced before—a deep feeling of coming home to where I belong. The whole community gathered together to sing songs, feast, visit granny, and bring her to her resting place at the graveyard. After the community had witnessed me and my family's connection and kinship ties, they then opened up more fully to welcome me and share their stories with me. One of my grandmother's greatest parting gifts was opening the doorways for the community to accept me more fully. From that point onward, I was busy gathering knowledge from the remaining community members. Alice Rigney, a friend of the family, invited me over for tea and bannock at her kitchen table, extended an invitation to join her for a Moose dinner, and generously shared her knowledge with me. She shared stories of her activism days and time spent with Neil Young and Leonardo DiCaprio in the community.

I spent most of my time visiting with community members just for the sake of building relationships, not for the story and not for the work. I visited with people even when I did not feel like being social. Community obligations and responsibilities extend far beyond the research itself, and it is this knowing that kept me moving forward and engaging as much as possible. I did not feel like I had enough time when I was there, and I felt a strong sense that I needed to return and build a cabin in the bush there someday. Our cultural grounding places have the power to call us home in ways that I was not expecting, and I still feel the strong pull today many months later.

Julia Gibot visited my Bed and Breakfast for tea and bannock, and I quickly discovered our familial ties. In fact, I found out that I was somehow related to every single one of the community members, as is the case in small communities. Judy-Ann Cardinal, who is married to my cousin Paul Tuccaro and works as a knowledge keeper and teacher at the local college, shared stories with me and provided me with contact information of a fellow young colleague named Sam McDonald. Sam was the voice of the younger generations in this study, being our youngest participant, and a very important person to offer a depth of context to this work. Judy-Ann's older brother Mike Cardinal also teaches at the school and runs ceremonies on the land. He offered me stories from his Metis cultural background and upbringing on the land. Edward Marten was another Mikisew elder who participated in an interview and guided me in making a drum. He recounted the emergence of his drum vision and its performance during a traditional ceremony known as the Tea Dance. He said that a family would start playing the drums on the land, and the whole surrounding community would hear them and gather around to play, sing, dance, and feast throughout the night. He stated that both the Tea Dance ceremony and the Shaking Tent ceremony have yet to resurface and resurrect. Ultimately, Sam provided me with

the contact details of the final interviewee, a Dene local named Mike Mercredi, whom I had the opportunity to interview upon my return home.

I came home after spending one month in Fort Chipewyan, building relationships and reconnecting with my roots and the land. My suitcase was full of gifts when I arrived and full of gifts when I came home; the community gifted me traditional foods, crafts, jewelry, and many other treasures, but the biggest gift of all was sharing in the great love that the community offers so generously to their guests. Receiving gifts from community members was an important aspect of traditional ethical protocol. Declining these gifts would have been disrespectful, as they played a vital role in relationship-building and reciprocity. I knew that if I had stayed longer, I could have learned more, as I felt that I was only scratching the surface in my short visit. It was at that time that this work became even more of a lifelong commitment and dedication to my family, community, nation, and the land. In this way, the study will not ever be complete; it will be ongoing, and it will require my long-term efforts over time, as is the case when enacting cultural obligations and responsibilities.

Roots of the Re-Search

Wilson (2008) spoke to the importance of Indigenous researchers using culturally appropriate terminology and concepts when engaging in research processes, as it is said to be a sacred ceremony through the gathering of Indigenous knowledge. My intention for this research was to engage in the research process in a similar manner as I would a sacred ceremony. Research as ceremony means that Indigenous research is based on Indigenous worldviews, which emphasize interconnectedness, spirituality, and holism. From this perspective, research is not just an intellectual pursuit of knowledge but a sacred act that connects individuals and communities with the ancestors, the land, and the Great Spirit (Wilson, 2008). Indigenous

research often involves the gathering and carrying forward of traditional knowledge passed through generations. Research as a form of ceremony acknowledges and respects the wisdom of those who came before us while honoring the evolution of modern times so that future generations may live well beyond embodying the wisdom of our Indigenous knowledges, values, and worldviews. Research as ceremony is a tool for healing through the reclamation of traditional knowledge, which validates Indigenous experiences and supports the empowerment of Indigenous peoples. Furthermore, land-based research is a ceremony that strengthens the bond between the people and the land and, therefore, fortifies the bond between the people and *Kiči Manito* (Great Spirit). It is my intention to let the ceremonial protocols of research guide every process of this research journey and allow it to inform how I engage with myself, the community, and the work.

Spiritual knowledge is said to direct research, and the forming of a respectful relationship with spirit was recognized as the first methodological principle guiding the way (Absolon, 2022). I prepared for this research journey by “clearing spiritual knowledge portals” through “attending to spirit” (Absolon, 2022, p. 231), and engaging in ceremony to become ready. I used sacred medicines as a “methodological tendency” (Absolon, 2022, p.231) and followed Mikisew Cree protocol through offerings of medicines as gifts, which signified thankfulness, reciprocal exchange, and a means for building relationships. I used Indigenous methodological search tools including: “dreams, visions, ceremonies, prayer, and guidance” (Absolon, 2022, p.232), and the enactment of these methods guided the research journey with integrity. The concept of the “use of self as a methodology” (Absolon, 2022, p.245) is related to asserting Indigenous knowledge through oral tradition, and accessing memory as a tool for the search, meaning the memory of my ancestors, and spiritual memory beyond the physical mind. “*Miyo-wicetowin* (good relations)

is the heartbeat of *Nehiyaw* culture” (Kovach, 2021, p.76), and an Indigenous paradigm is said to come “from the fundamental belief that knowledge is relational, and knowledge is shared with all Creation” (Wilson, 2008, p.56). My research journey was guided by Mikisew Cree traditional knowledge, our traditional ways of gathering knowledge, and the honoring of research in the Mikisew Cree way. Indigenous knowledge “emerges from a myriad of places, including intangible...sources such as dreams, visions, cellular memory, and intuition” (Kovach, 2021, p.69), and it is through the recognition of where my knowledge comes from that I was able to prepare myself more fully for the ceremony of research.

Research Aim, Questions, and Objectives

The purpose of this research was to understand what Traditional Indigenous Medicines (TIM) are within Mikisew Cree, Athabasca Chipewyan, and Métis cultures, how they are being used, and what health and well-being needs they are meeting. The research question proposed is:

How do the Mikisew Cree, Athabasca Chipewyan, and Métis Nations of the Peace-Athabasca Delta maintain their health and well-being using Traditional Indigenous Medicine (TIM)?

This primary question is followed by three supporting questions:

- How do Indigenous community members define and engage in the use of Traditional Indigenous Medicines?
- Do community members have access points and structured networks for connecting with and using Traditional Indigenous Medicines?
- Are Traditional Indigenous Medicines integrated into the community and their contemporary healthcare systems?

The research objectives include:

- 1) To comprehensively investigate and document the ways in which the Mikisew Cree, Athabasca Chipewyan, and Métis community of Fort Chipewyan address their health and well-being requirements through the utilization of Traditional Indigenous Medicine, revealing the specific practices, remedies, and knowledge systems that contribute to their holistic wellness.
- 2) To conduct an in-depth exploration of the Mikisew Cree, Athabasca Chipewyan, and Métis community conceptualizations of Traditional Indigenous Medicine and their pathways for accessing it, with the objective of uncovering the intricate perspectives and practices that shape their interactions with these traditional healing methods.
- 3) To determine the community's preference for enhanced availability of Traditional Indigenous Medicine and explore potential strategies for its implementation.

To understand the role of Traditional Indigenous Medicine (TIM) within the Mikisew Cree First Nation, Athabasca Chipewyan First Nation, and Métis Nation, it was imperative to delve into the community's perceptions, beliefs, and practices with these medicines. The research aims, questions, and objectives seek to unveil the cultural and personal significance of TIM within the lives of Indigenous individuals living in a community context. Access to TIM and the presence of structured networks for its utilization are pivotal factors in the continued vitality of these practices. Finally, this study seeks to assess the availability and facilitators of TIM within the Peace-Athabasca Delta communities, shedding light on the practical aspects of its integration into daily life.

Chapter 2: Literature Review

Introduction

In the broadest global context, Indigenous peoples refer to the diverse ethnic groups whose ancestors inhabited a particular region prior to colonization or the arrival of settlers (Corntassel, 2003). In Canada, the term Indigenous is commonly used to refer to First Nations, Métis, and Inuit peoples, all with distinct cultures, languages, and histories. Moreover, Indigenous communities are those with ancestral ties to specific territories and can be defined as First Nations, Métis, and Inuit (Corntassel, 2003). While Indigenous communities are often defined by ties to specific territories, it is also important to consider those Indigenous individuals living in urban areas, as well as those who cannot access governmental recognition through status or a Métis card. These groups, though not always included in definitions, also hold distinct cultural identities and connections to their culture and communities despite being acknowledged or recognized by the Canadian government. Including these groups is crucial as many have historical and familial ties to the local territories where this study was based, and their knowledge, experiences, and cultural practices contribute to the broader understanding of Indigenous identity and community dynamics within these territories. Primarily focusing on local (northeastern Alberta) Indigenous contexts, this literature review also encompasses international and national Indigenous perspectives. Providing global contexts offers comparative insights into the research topic, illustrating how Indigenous healing systems are shared and highlighting the importance of connecting local research to broader knowledge.

In the research of Traditional Indigenous Medicine (TIM) within the Peace Athabasca Delta region, this literature review adopted a broader framework grounded in Indigenous holistic health and wellness contexts. This approach recognizes health as a multifaceted concept,

intertwined with the social, environmental, spiritual, and cultural dimensions of life, as understood by Indigenous communities. By situating the study within this framework, I aimed to honor and reflect the deeply embedded knowledge systems that have sustained these communities through generations. This approach not only enriches our understanding of traditional medicinal practices but also emphasizes the importance of integrating Indigenous worldviews into contemporary health discourse, thereby supporting efforts towards culturally relevant healthcare solutions. For example, this integration allows for healthcare that incorporates TIM practices, which are often holistic and community-centered, alongside western medical interventions, creating a more inclusive and effective model of health and wellness.

I began the literature review by using key words and variable search terms: ‘Canadian Indigenous Holistic Health and Well-Being’, ‘Traditional Medicine’, ‘Traditional Healing’, ‘Traditional Indigenous Medicine’, ‘Traditional Indigenous Healing’, ‘Indigenous Health Care’, and ‘Indigenous Healing’. I limited my selection to the most recent date range, primarily choosing articles that are no more than 10 years past their publication date. I sought publications authored by Indigenous scholars and researchers on databases such as EBSCO and JSTOR under the general subject of Indigenous studies and additionally explored the CSA and SAGE databases under the subject of social work. I also searched the PubMed database under the subject of medicine. Moreover, I used the search terms with Google Scholar. The seminal authors I relied upon were Indigenous experts in the field of Traditional Indigenous Medicine and healing, which were situated outside of my geographical research area. I chose to rely on Indigenous authors to ensure the knowledge shared was grounded in Indigenous worldviews, values, and lived experiences, offering culturally authentic insights that align with the relational and holistic nature of this research. Much of the existing literature, as evidenced by a scoping

review of TIM in Canada by Redvers & Blondin (2020), was written prior to the year 2000 from an observational, commentary, and outsider perspective about Indigenous peoples and medicines by non-Indigenous scholars. However, Indigenous scholars have authored more documented TIM knowledge since 2000, but there is still a lack of Indigenous research on this specific topic (Redvers & Blondin, 2020; Redvers, 2020). Most of the academic and clinical knowledge about TIM in North America comes from a western knowledge system, which is seen from a western point of view and has implicit bias and a lack of cultural understanding. This knowledge is often inappropriate and insulting to Indigenous peoples and their knowledge (Redvers & Blondin, 2020; Redvers, 2020). This research is an effort to center Indigenous worldviews, knowledge, and ways of being within traditional and modern health care contexts. The aim of this research is to contribute to the revitalization of the community knowledge foundation of TIM, and to be able to maintain knowledge through articles, and video dissemination methods.

The emergent themes from the literature review are encompassed within a broader framework of Canadian Indigenous holistic health and well-being and include: TIM knowledge prior to colonial settler contact, threats to traditional health care as a consequence of colonial and settler contact, and colonial influence on Indigenous health care regarding TIM in direct relation to western medical systems. These key themes are explored in depth in the following sections.

Holistic Health and Well Being

The concept of holistic health and well-being in Canadian Indigenous communities encompasses a complex interplay of physical, spiritual, emotional, and mental health dimensions. Indigenous worldviews, which perceive health not as an isolated state but as a harmonious balance with the environment, community, and spiritual world, deeply root this integrative approach. Indigenous health paradigms often stress the importance of relationships,

such as those with the land, the community, and the spiritual forces that control life (Bourke et al., 2018; Graham & Martin, 2016; Thiessen et al., 2020; Turner, 2006). These relationships are fundamental to both individual and communal wellness and are reflected in the practices and rituals that define daily life and health care. For example, Thiessen et al. (2020) discussed how the maintenance of traditional diets and land-based activities is crucial not just for physical health but also for spiritual fulfillment and community cohesion.

Understanding TIM in the broad context of holistic health and well-being is crucial, as it encompasses not only a system of physical health remedies but also a culturally embedded approach to maintaining balance and harmony (Hill, 2009; Uprety et al., 2012). As scholars like Uprety et al. (2012) note, Indigenous medicinal practices encompass a variety of therapeutic modalities, including herbal remedies, spiritual healing, and community rituals, which are integral to the broader health care system. These practices are based on learning and knowing a profound understanding of ecological and spiritual interconnections, reflecting an Indigenous epistemology that views health as inherently linked to the well-being of the whole ecosystem (Hill, 2009; Uprety et al., 2012). Putting TIM into this all-encompassing framework is important for both giving a true picture of its activities and helping people understand more about how it helps health and well-being in ways that are appropriate for the culture and will last.

TIM is not only a component of Canadian Indigenous holistic health and well-being but a vital expression of this comprehensive health framework. This framework is based on culture and stresses how health is linked to environmental, social, and spiritual well-being. It gives us a better understanding of how Indigenous people access health care (Bourke et al., 2018; Graham & Martin, 2016; Thiessen et al., 2020; Turner, 2006). As we transition from this foundational understanding into more detailed explorations, the subsequent sections of this literature review

will delve into the specifics of TIM knowledge, examine the prevailing threats to these traditional health care practices, and discuss the impacts of the colonial landscape. Each of these aspects contributes to a broader understanding of how TIM is preserved, challenged, and transformed in a contemporary context, providing insights into the resilience and adaptation of Canadian Indigenous communities.

Traditional Indigenous Medicinal Knowledge

This section explores TIM specific to the Peace-Athabasca Delta region in Alberta, Canada, drawing on its historical, geographical, and cultural origins. In this section, I delve into the complexities of TIM, examining facets such as medicinal plant utilization, identification techniques, harvesting practices, and spiritual connections. I seek to provide a comprehensive understanding that honors the holistic nature of TIM within Indigenous communities.

In Mikisew Cree, Athabasca Chipewyan, and Métis communities in the Peace-Athabasca Delta, the foundations of understanding holistic health are inclusive of the *Nehiyaw* (person with four parts) belief in the balance of all aspects of the self in relation to the whole: the mental, emotional, physical, and spiritual, and is considered “a way of life” (Hill, 2009, p.2). Furthermore, the cultural belief in *ahcâhk* (spirit/animism)² and the guiding principle that all things are imbued with spirit, creates an intricate connection to the universe. Illness is therefore perceived as “a disruption in the delicate balance between individual beings and the universe” (Adekson, 2016, p. 1718). It is the cultural belief of animism that gives power to TIM, including the ceremonies and people that govern them, through the strength of the bond with *Kihci Manito* (Great Spirit/Creator of the Universe). In this way, the medicines are seen as relatives of humans.

² “Animism is the belief that human beings have spirits, or, by extension, the belief that animals, plants or even rocks have spirits; that is, that they are subjects of feeling or consciousness, or display intelligence, in ways that inspirited human beings do” (Garcia, 2020, p. 4).

This perspective creates the understanding that healing is a relational process that involves the entire community and natural world. Recognizing medicines as relatives leads to the responsibility to approach them with respect and reciprocity, deepening into the ethical protocols within and which TIM exists, while enhancing its relevance in addressing collective wellness.

Indigenous people view intelligence as the accumulation of wisdom through age and experience, coupled with the ability to adapt to natural environments for survival. In this perspective, humans are considered the youngest and least intelligent among the Four Realms, which include stone, plant, and animal (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). Plants share many traits with humans, such as growth, communication, and the ability to feel. Plant medicine stands as the oldest and most widespread healing tradition globally. The literature states Indigenous peoples recognize that plants are capable of defending themselves against disease and predators, and could offer similar protection to humans (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). The Cherokee healer Keetoowah emphasized that medicine and visions find those who are receptive (Cohen, 2018). Creator is believed to have placed on Mother Earth plants capable of curing diseases specific to particular diverse territories. This Indigenous worldview underscores the importance of harmony with nature for health and prosperity, while disease and misfortune are attributed to ingratitude and disconnection from the natural world (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). This perspective speaks to the interdependence between people and the land, resonating with the Indigenous understanding that wellness is cultivated through gratitude, respect, and sustained relationship with the land. It also sparks a reflection on how reconnection to these principles could enliven modern approaches to health, reminding us that healing extends beyond the individual to

encompass the land and community. A significant aspect of TIM that is relative to its use for health and wellness are details of its harvest and methods of preparation.

Throughout North America, a prevalent method of harvesting TIM (also known as herb gathering) involves prayer and offering tobacco. In many tribes, every aspect of the harvest is ritualized, including the timing based on the season, day, and specific plant parts (i.e., roots, stems, leaves, flowers, seeds, bark, etc.). Medicine people may gather herbs according to the plant's cardinal direction/Medicine Wheel (north, south, east, west) or in specific quantities. The Medicine Wheel (*Maskihkiy-wawiyiyaw*) in Cree terms is depicted as a circle with four equal quadrants, each one representing the parts of self, life and seasonal cycles, directions, spiritual symbols, and symbolic cultural meanings (Robertson, 2021). Different offerings and prayers in Indigenous languages are used to communicate gratitude or intentions to the plants (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). Various methods of herbal use are employed, with medicine people utilizing different plant parts and preparation techniques. Some herbs are used fresh, while others are dried, and they can be used alone or in combination with other plants. Medicine people often source the purity of materials for medicine-making, including water and other ingredients, from specific locations, whether mineral or animal-based (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015).

The people of the Boreal Forest in Canada (Figure 2) lived as nomadic hunter-gatherers, moving seasonally and adapting to various environmental and social changes over time (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015).

Figure 2

Canadian Boreal Forest Region



Note. Government of Canada (n.d.)

TIM within these communities relies on oral traditions and spiritual beliefs, emphasizing the significance of healing rituals alongside the use of plants. While plants serve as essential ingredients for remedies, the spiritual and psychological aspects of healing are considered equally, if not more, important (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). Unlike modern pharmacopeias, there is no fixed set of medicinal plants, and scientific analyses may not fully explain their traditional uses. Elders³ and medicine people from diverse cultures possess a repertoire of home remedies, some passed down through generations and others discovered independently. These remedies may originate from within the same culture, be acquired from different cultures, or be the result of individual experimentation (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). The richness of TIM is not only in the plants themselves but also in the knowledge, wisdom, and spiritual understanding passed down through generations.

³ Elder is a term used in many Indigenous communities in Canada not only to recognize the age of an individual but to acknowledge the comprehensive spiritual, cultural, and traditional knowledge they have gained. They are often seen as teachers, mentors, leaders, and healers in a community (Cohen, 2018).

TIM among the Boreal Indigenous people relies on a combination of methods for identifying and utilizing medicinal plants. The way they choose plants is based on looking at things like smell, taste, color, and shape, along with appearance, to figure out what healing properties they have (Cohen, 2018). Additionally, communication with the spirit world through dreams, visions, and occasionally with the assistance of psychoactive plants enhances the understanding of medicinal plants (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). TIM is deeply rooted in oral tradition, allowing for a diverse range of interpretations and experiences. While some plant uses may be shared among individuals, many are unique to specific families or individuals, reflecting personal discovery and interpretation (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). This individualized approach to plant knowledge preserves the diversity of TIM, while ensuring its adaptability, as teachings are passed down within families through specific stories or visions. Such as the teaching that fireweed, with its vibrant blooms, brings renewal and resilience to areas affected by forest fires. These teachings show how the land itself communicates healing properties. Furthermore, ritualistic use of plants remains integral to the spiritual well-being of Indigenous peoples, underscoring the deep connection between TIM and cultural practices.

In TIM, spiritual guidance plays a fundamental role, often directing healers toward specific combinations of plant medicines for treatment. To me, spiritual guidance encompasses both seeking wisdom from elders and knowledge keepers and paying close attention to dreams, experiences, and signs from the natural world. This guidance is a form of relational knowing, where healers connect deeply with their intuition and the spiritual realm to discern the right medicines and practices for each situation. Spirits dictate these plant combinations, unlike human-initiated selections, indicating a belief in divine instruction (Belcourt, 2007; Cohen, 2018;

Geniusz, 2015; Marles et al., 2009; Young et al., 2015). However, when such combinations are passed down through human sources, caution is advised, and validation becomes necessary. Trusting one's own discernment is crucial, urging practitioners to independently verify received knowledge. Engagement with the spiritual realm is integral to the practice, with meditation and prayer typically conducted in natural settings like the bush. In instances where spirits instruct the treatment of a patient, healers seek visions wherein spirits offer directives regarding plant medicines, potentially incorporating animal parts or minerals. These visions provide insight into which plants to use, their locations if unknown, and instructions for their combination (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). Central to this spiritual paradigm are plant spirits, viewed as assistants who convey the healer's requests to spirits and return with both information and spiritual power. The healer then channels this aid to those in need, serving as a conduit between the spiritual and physical realms (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). This interconnectedness accentuates the holistic nature of TIM, wherein spiritual guidance and plant remedies converge to address both physical and metaphysical aspects of healing.

Medicine people often rely on prayer or dreams to locate herbs, with the plants themselves acting as the primary teachers of their uses. The spirit of the plant imparts knowledge of its healing properties, which medicine professionals can discern through their own physiological responses (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). Deepening one's connection with plants enables spiritual communication and understanding. Plant medicines hold healing power through their spirit and are honored through ceremony and ritual, facilitating access to their full potential beyond their physical attributes. Contrary to the western medical perspective, which focuses on measurable chemical

effects, Indigenous practices activate a plant's healing potential through ceremony, visions, and dream instructions. Without this spiritual connection, herbs may only address symptoms rather than the underlying causes of illness, including emotional and spiritual aspects (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015).

The utilization of plants in TIM are deeply rooted in the belief that Creator (the prime force which created the earth, universe, and all beings contained within) provided them for our use, with combinations of plants having been alive for centuries. However, the last century has seen a shift toward western medicine due to government restrictions on Indigenous healing practices. This suppression led to medicine people practicing underground, risking their safety to provide assistance (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). Consequently, the era of residential schools disrupted the intergenerational transmission of knowledge, leading to the loss of many TIMs. Despite the valuable wisdom held by elders, their voices are often disregarded, a challenge further compounded by language barriers and the need for interpreters. As custodians of Indigenous traditions, elders hold insights that are essential to cultural continuity, yet these are frequently overlooked by broader society. This neglect poses a serious threat to the preservation and survival of Indigenous culture (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015).

In the Boreal Forest region, inhabited by the Cree, Dene, and Métis peoples, plants serve as crucial resources for sustenance, medicine, craftwork, and technology. These communities have sustained a tradition of harvesting from the forest in a manner that respects ecological balance for millennia. Traditional environmental knowledge among these groups is not fixed but evolves through intergenerational learning, observation of nature, and adaptation to improve livelihoods (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al.,

2015). However, settlement near trading centers and government hubs has led to geographic confinement, disrupting traditional practices. Displacement has further complicated matters, thrusting people into unfamiliar ecosystems. To address contemporary challenges facing Indigenous communities, fostering a sense of self-worth and cultural pride is vital. Preserving, validating, and transmitting traditional ecological knowledge emerges as a key strategy in achieving this objective (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). By recognizing the significance of traditional practices and integrating them into contemporary initiatives, a more holistic approach to community well-being can be cultivated, nurturing resilience and pride among Indigenous peoples (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). The literature makes a clear case for the deep meaning and importance of TIM within Indigenous cultures, establishing a strong foundation to build upon as we look at the impacts of western influence. The next sections continue to explore threats to TIM and its healthcare systems relative to local Indigenous communities, marking stark contrasts between Indigenous and western ways of approaching health and wellness.

Threats to Traditional Indigenous Medicine and Health Care

Colonization refers to the process by which foreign power imposes control over a territory and its Indigenous populations, often leading to the exploitation of resources, suppression of cultural practices, and displacement of local peoples and communities (Datta & Marion, 2021; Goulet, 2021; Greenwood et al., 2018; Lavallee & Poole, 2010). In the context of Canada, colonization began with the arrival of European explorers in the 15th and 16th centuries, followed by the establishment of settlements and trade networks. The British and French were the primary colonial powers, and their competition for dominance led to the displacement and

marginalization of Indigenous peoples (Datta & Marion, 2021; Goulet, 2021; Greenwood et al., 2018; Lavallee & Poole, 2010). Policies such as the Indian Act, the establishment of residential schools, and forced assimilation practices significantly disrupted Indigenous cultures, languages, and ways of life. The long-term impacts of colonization continue to affect Indigenous communities, shaping their socio-economic conditions, health outcomes, and cultural preservation efforts today (Datta & Marion, 2021; Goulet, 2021; Greenwood et al., 2018; Lavallee & Poole, 2010). Colonialism's direct impact on Indigenous healthcare is evident in the erosion of traditional healing practices and the imposition of western medical systems that disregarded Indigenous knowledge and holistic health approaches, creating ongoing barriers to culturally relevant healthcare access for Indigenous communities (Hill, 2009; MacDonald & Steenbeek, 2015; Manitowabi & Maar, 2018). For the purposes of this research, I will primarily focus on specific colonial acts such as residential schools, the Indian Act, and environmental encroachments on Indigenous lands, as these directly impact TIM practices and Indigenous healing – although these are only a few examples among many colonial actions that have harmed Indigenous people, lands, and knowledge systems.

Colonialism had and continues to have a profound impact on TIM through the direct loss of land, which was integral to the practice and knowledge of these healing traditions. The forced displacement and restriction of Indigenous peoples from their ancestral territories disrupted their connection to the land, which was the primary source of medicinal plants and natural resources used in TIM. This disconnection not only limited access to essential medicinal ingredients but also eroded the traditional ecological knowledge passed down through generations (Hill, 2009; MacDonald & Steenbeek, 2015; Manitowabi & Maar, 2018). TIMs are a foundational aspect to traditional Indigenous health care (Redvers et al., 2021). Knowledge keepers and elders are the

carriers of traditional knowledge of medicines and healing within Indigenous communities, and this knowledge is passed on orally through the generations (Redvers et al., 2021). Colonial disruptions to community knowledge transmission have consequentially resulted in Indigenous peoples facing “health inequities and barriers to accessing traditional medicine and healers” (Redvers, 2019, p.5). This disruption leads to the need to revitalize and protect access to TIM as an essential component of Indigenous health sovereignty, as reconnecting with traditional healing practices is about restoring health and reclaiming cultural identity and autonomy. Recognizing and supporting TIM within healthcare systems could address long-standing health disparities, empowering Indigenous communities to heal in ways that honor their traditions and values.

The imposition of western land ownership concepts, resource exploitation, and environmental degradation further diminished the availability and of TIM. Colonial policies like residential schools and the ban on cultural practices were meant to assimilate Indigenous people, and they also tried to silence and delegitimize Indigenous knowledge systems, such as TIM. This led to a significant loss of traditional knowledge and practices, impacting the health and well-being of Indigenous communities (Hill, 2009; MacDonald & Steenbeek, 2015; Manitowabi & Maar, 2018). The resilience and revitalization efforts of Indigenous peoples today are crucial in reclaiming and preserving their TIMs amidst ongoing challenges posed by historical and contemporary colonialism.

The politically sanctioned Indian Act by the Canadian Constitution made Indigenous ceremonies illegal from 1885-1951, and the suppression of TIM took hold amongst Indigenous communities (Bastien et al., 2003; Edwards & Kelton, 2020; Sayers, 2021; Thomas & Green, 2007). The imposition of the Indian Act in Canada during the late 19th century marked a

significant turning point in the colonial governance of Indigenous peoples. This legislation, enacted in 1867, with numerous amendments made up until 1951, aimed to regulate nearly every aspect of Indigenous life, including land ownership, education, and spirituality. It was under the Indian Act that the Canadian government embarked on a deliberate campaign to suppress Indigenous spiritual practices and ceremonies, which were seen as a direct challenge to the objectives of assimilation and cultural erasure (Bastien et al., 2003; Edwards & Kelton, 2020; Sayers, 2021; Thomas & Green, 2007). From 1885 to 1951, a span of over six decades, Indigenous ceremonies, including those integral to TIM, were systematically outlawed and criminalized. This legislative onslaught had a profound impact on Indigenous communities, forcing many ceremonies underground or into secrecy to evade persecution. The suppression of spiritual practices and the criminalization of Indigenous ceremonies not only disrupted the transmission of TIM knowledge but also severed the vital link between spirituality and healing that is foundational to Indigenous healthcare systems (Bastien et al., 2003; Edwards & Kelton, 2020; Sayers, 2021; Thomas & Green, 2007).

Recognizing the historical injustices and the enduring impacts of colonialism on Indigenous spirituality, cultural practices, and healthcare traditions is essential. The legacy of the Indian Act and other colonial policies underscores the importance of supporting initiatives that seek to revitalize and protect TIM. Moreover, it highlights the need for a holistic approach to Indigenous healthcare that acknowledges the interconnectedness of spiritual, cultural, and physical well-being, as well as ongoing efforts to decolonize healthcare systems and promote Indigenous self-determination. Indigenous communities in Canada have faced challenges resulting from the loss of their ancestral lands and the erosion of their cultural heritage. This has led to the displacement of Indigenous peoples and the fragmentation of their cultural practices,

including TIM (Erland et al., 2021; Kayne, 2010; Telles et al., 2014; Twarog & Kapoor, 2004). The loss of these cultural connections and the profound knowledge embedded within them have left Indigenous communities grappling with the preservation of their traditional healing practices in a rapidly changing world (Erland et al., 2021; Kayne, 2010; Telles et al., 2014; Twarog & Kapoor, 2004).

Colonialism has also led to ecological consequences that are closely intertwined with the fate of medicinal plant species. Ecosystems that have historically supported the growth and sustenance of medicinal plants have been subjected to degradation and exploitation due to colonial economic interests (Moorehead et al., 2015; Portman & Garrett, 2006; Redvers & Blondin, 2020; Redvers, 2020; Uprety et al., 2012). Industrial development and pollution, extensively documented in the literature (Moorehead et al., 2015; Portman & Garrett, 2006; Redvers & Blondin, 2020; Redvers, 2020; Uprety et al., 2012), pose the biggest threat to TIM, specifically in the Boreal Forest region, home to Mikisew Cree, Athabasca Chipewyan, and Métis communities.

Factors such as deforestation and agricultural expansion, along with the waning interest of youth and the passing of elders, are responsible for the ongoing disappearance of medicinal plants. With limited knowledge of bush survival among younger generations, the understanding of medicinal plants is dwindling (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). This loss is accelerating, forcing medicine people to venture deeper into remote areas in search of increasingly scarce resources (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). Consequently, many medicinal plants are now classified as endangered species, further threatening TIM and the biodiversity of natural ecosystems. Plants serve as early indicators of environmental degradation, emphasizing the

urgency of preserving Indigenous land-based knowledge and its holistic approach to land stewardship. The fight to preserve Indigenous lands and their respectful relationship with the land extends beyond biodiversity conservation; it is essential for all humanity's survival. The interconnectedness between Indigenous knowledge, land preservation, and the sustainability of healing plants calls for urgently protecting and respecting Indigenous territories and the wisdom contained within them (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015).

Many elders and knowledge keepers hold some elements of traditional knowledge, particularly the spiritual facets of healing and rituals, as confidential. Herbal remedies are typically blended in mixtures, with compositions kept secret to safeguard individual intellectual property rights (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). In Indigenous communities, there is significant apprehension regarding pharmaceutical companies potentially exploiting traditional remedies for profit without acknowledging or compensating the original inventors. This concern highlights the importance of safeguarding Indigenous knowledge to enhance the health and wellness of everyone, rather than commercializing it for western corporations' profit (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). In light of these challenges, there is a growing call for a reevaluation of healthcare practices, advocating for a resurgence of traditional healing methods and a reconnection with the wisdom of the elders. Embracing Indigenous knowledge and incorporating it into contemporary healthcare systems may offer a path toward holistic well-being and cultural revitalization for Indigenous peoples (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). For example, partnerships between Indigenous communities and healthcare institutions could be formed to establish cultural protocols around

the use of TIM, ensuring they are administered in ways that respect the spiritual and practical knowledge of the elders. Such collaborations could create culturally safe healthcare spaces where Indigenous people feel empowered to access both traditional and western treatments, creating a model of care that truly values and protects Indigenous knowledge and promotes holistic healing.

The literature exemplifies the need for ethnobotanical studies, specifically in the realm of “intergenerational knowledge differences related to medicinal plant use,” and “to determine how traditional (Indigenous) medicine could be given a larger place in modern health care systems” (Uprety et al., 2012, p.10). Moreover, modern health care systems have been built with a lack of regard for the cultural needs of Indigenous peoples, and epistemic racism is named as the biggest barrier to integrating TIM with western allopathic medicine (Achan et al., 2021; Hill, 2003; Hill, 2009; Redvers & Blondin, 2020). Existing barriers to accessing TIM varies and is due to limited western knowledge of complimentary therapies, lack of access to “bush medicine” because of its rural location, not knowing where or how to contact a traditional healer, and a cultural disconnection from TIM because of colonization and/or Christianization (George et al., 2017; Moorehead et al., 2015). Furthermore, recent literature has highlighted the emergent concerns related to the preservation of both Indigenous cultures and the ecosystems that support TIM. Efforts to address these concerns include cultural revitalization initiatives, documentation of traditional knowledge, conservation efforts for medicinal plants, and advocacy for the protection of Indigenous rights (Achan et al., 2021; Hill, 2003; Hill, 2009; Redvers & Blondin, 2020).

In conclusion, the threats to TIM and healthcare due to colonization have resulted in significant health inequities, cultural disruptions, and ecological degradation. Addressing these challenges requires a holistic approach that integrates Indigenous knowledge and practices into contemporary healthcare systems. This aligns with my research question, which seeks to

understand how integrating TIM into contemporary healthcare can address these inequities, promote cultural continuity, and support the health and well-being of Indigenous communities. The next section will explore how TIM can be effectively integrated into modern healthcare frameworks to promote holistic well-being and cultural revitalization for Indigenous communities.

Integration of TIM in Contemporary Healthcare Systems

Traditional Indigenous Medicine (TIM) is experiencing a resurgence within healthcare systems across the Peace-Athabasca Delta communities in northeastern Alberta. This revival is a response to growing recognition of the importance of holistic health approaches that integrate physical, emotional, spiritual, and cultural well-being. In the Peace-Athabasca Delta region, healthcare centers are beginning to incorporate Traditional Indigenous Medicine (TIM) alongside conventional treatments, acknowledging the foundational value of Indigenous knowledge in promoting health and wellness. For instance, the Nune Health Authority in Fort Chipewyan includes limited TIM offerings, such as healing circles and ceremonies led by local elders and knowledge keepers. While these practices aim to compliment western medical approaches, their scope remains restricted, and more consistent integration is needed to fully support a comprehensive patient care model. Despite these local initiatives, the reach of TIM in these health services is still limited, and broader support for Indigenous health practitioners is essential. Current efforts reflect a growing awareness, yet further commitment is required to establish TIM as a fully integrated, culturally relevant component of health services in the region (Mikisew Cree First Nation, 2024).

The resurgence of TIM within healthcare systems in the Peace-Athabasca Delta reflects a broader trend across Indigenous communities in Canada. There is a growing body of research

and numerous articles highlighting the benefits of integrating TIM into modern healthcare. Studies have shown that such integration can lead to improved health outcomes, increased patient satisfaction, and a greater sense of cultural identity and empowerment (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2023; Redvers et al., 2019). The blending of TIM with western medicine addresses the holistic nature of health, encompassing the physical, mental, emotional, and spiritual dimensions of well-being. Healthcare centers in the Peace-Athabasca Delta are not only adopting TIM practices but also actively engaging in cultural revitalization efforts. This includes the documentation and preservation of traditional knowledge, the promotion of intergenerational knowledge transfer, and the protection of medicinal plants and natural resources (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2023; Redvers et al., 2019). These initiatives are essential for sustaining TIM practices and ensuring that they remain a vital part of the community's healthcare system.

The integration of TIM into healthcare systems in the Peace-Athabasca Delta communities marks a significant step toward holistic health and well-being. By embracing TIM, healthcare centers in this region are recognizing the value of Indigenous knowledge and practices and fostering a more inclusive and culturally sensitive approach to health. This resurgence of TIM not only enhances individual and community health outcomes but also contributes to the preservation and revitalization of Indigenous cultures. The next section will explore the challenges and opportunities in sustaining the integration of TIM within contemporary healthcare frameworks.

Challenges & Opportunities in Sustaining the Integration of TIM

The integration of TIM into contemporary healthcare frameworks presents both challenges and opportunities. The resurgence of TIM in healthcare centers in the Peace-

Athabasca Delta is promising, but sustaining this integration requires addressing several barriers and supporting potential opportunities to ensure its long-term success. One of the primary challenges is the lack of understanding and acceptance of TIM within the broader healthcare system (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2023; Redvers et al., 2019). There is often skepticism about the efficacy of traditional practices among western-trained healthcare professionals. This can lead to resistance or hesitance in incorporating TIM into standard medical treatments. There are also big problems with not having enough access to traditional healers and learning about and using medicinal plants (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2023; Redvers et al., 2019). Ensuring the transmission of traditional knowledge to younger generations amidst modern influences also remains a critical concern.

Despite these challenges, there are numerous opportunities to sustain the integration of TIM in healthcare. Increasing cultural competency training for healthcare professionals can bridge the gap between western and Indigenous medical practices, fostering mutual respect and understanding (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2023; Redvers et al., 2019). Collaborative partnerships between healthcare centers and Indigenous communities can facilitate the sharing of knowledge and resources and enhance the quality of care. The growing recognition of holistic health approaches provides a strong foundation for advocating the inclusion of TIM in healthcare policies and practices (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2023; Redvers et al., 2019). Moreover, community-driven initiatives and elders' involvement in healthcare planning can guarantee the preservation and adaptation of TIM practices to modern needs. Sustaining the integration of TIM within contemporary healthcare frameworks requires a collective effort to overcome challenges and enact opportunities. By fostering collaboration, increasing cultural competency, and supporting community-driven

initiatives, healthcare systems can ensure that TIM remains a vital component of holistic health and well-being.

In the recognition that Mikisew Cree, Athabasca Chipewyan, and Metis Nations historically had access to TIMs for the treatment of ailments, a part of Indigenous peoples healing themselves is a remembrance and return to the knowledge that is inherent in cultures based on the gifts of *Okâwîmâw Askiy* (Mother Earth). The United Nations Declaration on the Rights of Indigenous Peoples (2008) states that:

Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services (Article 24).

In conclusion, the literature on TIM in Canada reflects a growing awareness of the importance of promoting holistic health and healing within Indigenous communities. It also highlights the need for respectful collaboration, cultural safety, and recognition of Indigenous rights and knowledge.

Chapter 3: Methodology

Indigenous Research Paradigm

This research blends Western and Indigenous approaches by incorporating culturally grounded elements of methodology, ontology, axiology, and epistemology within an Indigenous research paradigm. This blending is necessary in modern contexts, where Indigenous scholars often navigate multiple knowledge systems to uphold cultural integrity while meeting academic expectations (Kovach, 2021; LaVallee, 2016; Smith, 2016). This integration will be evident throughout this section, reflecting the dynamic nature of Indigenous research, ensuring it remains relevant and respectful of both traditional and contemporary ways of knowing.

The origins of Indigenous research are deeply embedded in the traditional knowledge systems and practices of Indigenous peoples (Wilson, 2008). Long before the advent of western scientific methodologies, Indigenous communities engaged in land-based inquiries grounded in their unique cultural contexts through embodied experiences of living in harmony with the land. These research practices were inherently holistic, encompassing spiritual, emotional, mental, and physical dimensions, and were passed down through generations by means of oral traditions, ceremonies, and lived experiences (Martens et al., 2016; McGuire-Adams, 2019; Vivian et al., 2016; Walker, 2015; Wilson, 2001). Indigenous research is characterized by its relational approach, where knowledge is not an abstract concept but a living, dynamic process deeply intertwined with the land, community, and ancestors. This foundational understanding has shaped contemporary Indigenous research paradigms, which seek to honor and revitalize these ancient methodologies while challenging the dominance of colonial frameworks in academic research (Martens et al., 2016; McGuire-Adams, 2019; Vivan et al., 2016; Walker, 2015; Wilson, 2001).

Grounded in an Indigenous research paradigm, this study seeks to honor and uphold the knowledge systems, lifeways, and healing practices of the Mikisew Cree, Athabasca Chipewyan, and Métis. An Indigenous research paradigm reflects a relational worldview that recognizes knowledge as holistic, interconnected, and inseparable from the land, language, and spiritual dimensions of Indigenous life. This paradigm emphasizes reciprocity, respect, and responsibility throughout the research process (Wilson, 2008). Following this, I introduce the *Nehiyaw* conceptual framework that informs my research. Rooted in *Nehiyaw* teachings, this framework reflects the values, principles and worldviews that shape how I understand, interpret, and engage with the knowledge shared by community members. While the Indigenous research paradigm provides the overarching philosophical foundation for the study, the *Nehiyaw* conceptual framework offers a culturally specific lens that guides my engagement with the research.

Building on these foundations, I describe the methodological approach, which outlines the overarching guiding principles that informed how this research was designed and carried out. This methodology is rooted in relational accountability, ensuring that all aspects of the research process, from knowledge gathering to engagement with participants, align with the values and responsibilities inherent in an Indigenous research paradigm and the *Nehiyaw* conceptual research framework. I then outline the methods, which refer to the specific actions used to implement this methodological approach. These methods include the practical steps taken to gather knowledge, build relationships with community members, and uphold cultural protocols throughout the research process. By clearly distinguishing these elements, this chapter demonstrates how an Indigenous research paradigm, a *Nehiyaw* conceptual framework, a methodological approach, and appropriate methods are weaved together to support meaningful engagement with the knowledge shared in this study.

An Indigenous research paradigm incorporates various methodologies that align with Indigenous worldviews and values. These methodologies include storytelling, which honors oral traditions and allows community members to share their knowledge and experiences in a culturally relevant manner, which are enacted through visiting and kitchen table-talk (Archibald, 2008; Archibald et al., 2019; Kovach, 2021, Smith, 2016). Another method is community-based research, which involves the community in the research process. This encourages collaboration and makes sure that the research meets the needs and priorities of the community (Archibald, 2008; Archibald et al., 2019; Kovach, 2021; Smith, 2016). Additionally, land-based methods, which involve conducting research on the land and incorporating traditional ecological knowledge, are vital for studies focused on traditional practices and healing (Martens et al., 2016; McGuire-Adams, 2019; Vivan et al., 2016; Walker, 2015; Wilson, 2001). In this study, these methodologies were applied to gather culturally grounded traditional knowledge (data) and to ensure that the research process itself was an act of community engagement and empowerment.

My Indigenous research paradigm guided every aspect of the research design, ensuring that the process was culturally relevant and respectful to the Peace-Athabasca Delta communities. The research was conducted with the intention of building and maintaining strong, reciprocal relationships with community members, recognizing their roles as co-creators of knowledge rather than subjects. I observed traditional protocols to seek permission and guidance from elders and knowledge keepers. This study design also integrated community participation at all stages, from the formulation of research questions to data (story) collection and analysis, ensuring that the findings were meaningful and beneficial to the community. By adhering to this

paradigm, the research not only sought to document traditional Indigenous medicine but also to reinforce and revitalize these local and/or traditional practices within the community.

Mikisew Cree Axiology, Epistemology, Methodology, and Ontology

I have centered this work upon my Mikisew Cree worldview that encompasses Mikisew Cree ontology, epistemology, axiology, and methodology because they are rooted in my familial lineage and are an integral part of how I see the world. *Ontology* encompasses the fundamental nature of existence as perceived by Indigenous people (Hart, 2010; Thomas, 2022; Wilson, 2001). The deep interconnectedness between all living beings including the land, animals, plants, and humans, all forms its foundation. This interconnectedness forms the basis of the holistic approach to health and healing (Candler & Olson, 2013; Candler et al., 2015). *Sakaw pimacihwin* is a Mikisew Cree term that translates to “bush way of life,” and is a philosophical concept and belief that encompasses the meaning of traditional knowledge, for in Mikisew Cree ontological perspectives, “knowledge and way of life are not separate” (Candler & Olson, 2013, p. 13).

Sakaw pimacihwin is maintained and transmitted, with Mikisew knowledge and Mikisew land use, forming linked and interdependent categories of practice. Reliable and unimpeded access to preferred areas and resources that are historically known, traditionally used, and personally familiar is integral to the transmission and current and future practice of *sakaw pimacihwin* (Candler & Olson, 2013, p. 13).

To embody *sakaw pimacihwin*, I remember harvesting with my elders, who taught me that every plant has a spirit and offers its healing through mutual respect and relationship. This memory exemplifies the inseparability of knowledge and life, as these teachings are ways of being and connecting that guide our actions, sustaining both our bodies and spirits in harmony with the

land. *Sakaw pimacihwin* therefore contextualizes the ontological underpinnings of this study, as it provides a grounding to build on the knowledge of TIM as a key component of cultural importance.

Epistemology is the way knowledge is acquired, validated, and transmitted within the community (Hart, 2010; Thomas, 2022; Wilson, 2001). In this research, elders' teachings on the medicinal properties of plants reflect epistemology, not just as facts to memorize, but as deeply rooted in experiential learning and lived wisdom (Candler, 2013; Candler et al., 2015).

Indigenous epistemology is based in the understanding that knowledge is relational, contextual, and expansive - continuously shaped by interactions with the environment and community (Hart, 2010; Dei et al., 2022; Wilson, 2001). It prioritizes the lived experiences and narratives of Indigenous peoples, recognizing the validity of traditional knowledge systems alongside academic scholarship. In this research, this epistemology also emphasizes the responsibility of researchers to engage ethically and respectfully, fostering reciprocity and mutual benefit in the research process (Hart, 2010; Dei et al., 2022; Wilson, 2001). Within my community, knowledge is passed down orally through storytelling, ceremonies, and direct experience with the land.

Wilson (2008) states that an Indigenous *methodology* is based on the foundational concept of “being accountable to your relations” (p.77), and this means defining roles and obligations within all research relationships so that they may contain the qualities of respect, reciprocity, and responsibility. “The methodology is the building of more relations” (Wilson, 2008, p.79), and it was my intention to build relationships with the community, as well as the land, the medicines, and spirit(s) throughout this process. A theoretical perspective that most aligns with my perception of Mikisew Cree methodology is Absolon’s (2022) affirmation that “our very presence in our journey enacts an Indigenous methodology,” (p.227) and this is what

she terms wholistic Indigenous methodology. Absolon (2022) states that “use of self as a methodology” (p.245) is related to asserting Indigenous knowledge through oral tradition, and accessing memory as a tool for the search, meaning the memory of my ancestors, and spiritual memory beyond the physical mind.

“*Miyo-wicetowin* (good relations) is the heartbeat of *Nehiyaw* (Cree) culture” (Kovach, 2021, p.76), and an Indigenous paradigm is said to come “from the fundamental belief that knowledge is relational, knowledge is shared with all creation” (Wilson, 2008, p.56). Indigenous knowledge “emerges from a myriad of places, including intangible...sources such as dreams, visions, cellular memory, and intuition” (Kovach, 2021, p.69). It is through the recognition of where my knowledge comes from that I was able to prepare myself more fully for the ceremony of research, with the remembrance that knowledge moves beyond the purely physical faculties of mind and intellect, which is a vitally important aspect to this search.

Spiritual knowledge is said to direct research, and the forming of a respectful relationship with spirit is recognized as the first methodological principle guiding the way (Absolon, 2022; Archibald et al., 2019). Spiritual practice, in this context, refers to intentional acts of connection with the spirit world to receive guidance, insight, and understanding. These practices are rooted in Indigenous worldviews that recognize knowledge as relational and often revealed through spiritual means. I prepared for this research journey by “clearing spiritual knowledge portals” through “attending to spirit” (Absolon, 2022, p. 231), and engaging in *Nêhiyaw-mawimosikêwin* (ceremony) to become ready. I used: “dreams, visions, ceremonies, prayer, and guidance” (Absolon, 2022, p.232), and the enactment of these methods guided the research journey with integrity. In my personal spiritual practice, I have come to rely on traditional medicine and healing as forms of attaining knowledge embedded within my ancestral memory, and this

receiving of spiritual assistance and guidance throughout my academic journey has been a tremendous help. I am not writing alone, but I am receiving guidance as I write, utilizing my intellectual capacity to serve as a conduit for spirit's information.

Finally, *axiology* is understood to refer to the values and ethical principles that guide the research process (Hart, 2010; Thomas, 2022; Wilson, 2001). Respect for cultural protocols, reciprocity, and the principle of collective well-being are central axiological themes (Candler, 2013; Candler et al., 2015). Most importantly, within Indigenous research practices, I must ensure that research findings benefit the community and are shared in a culturally appropriate manner that aligns with Mikisew Cree axiological principles. Mikisew Cree protocols were learned prior to and during community engagement for this research. I brought in all of the spiritual protocols that I had gathered throughout my years of practicing traditional ceremony, including offering tobacco, prayer, smudging, and feasting as acts of respect and relational accountability. These protocols, which I have learned through my engagement with elders, knowledge keepers, and ceremonial practices across various Indigenous communities, guided my research journey. While these practices are not exclusive to the Mikisew Cree, they are grounded in shared Indigenous values of respect, humility, and connection with spirit. Bringing these protocols into the community was appropriate as they align with the broader cultural principles that honor relationships with the land, ancestors, and community members. I took great care to ensure that these protocols were enacted in a way that demonstrated my commitment to working in a good way, respecting local teachings, and acknowledging the guidance I had received throughout my ceremonial learning.

Centering Methodologies within an Indigenous Research Paradigm

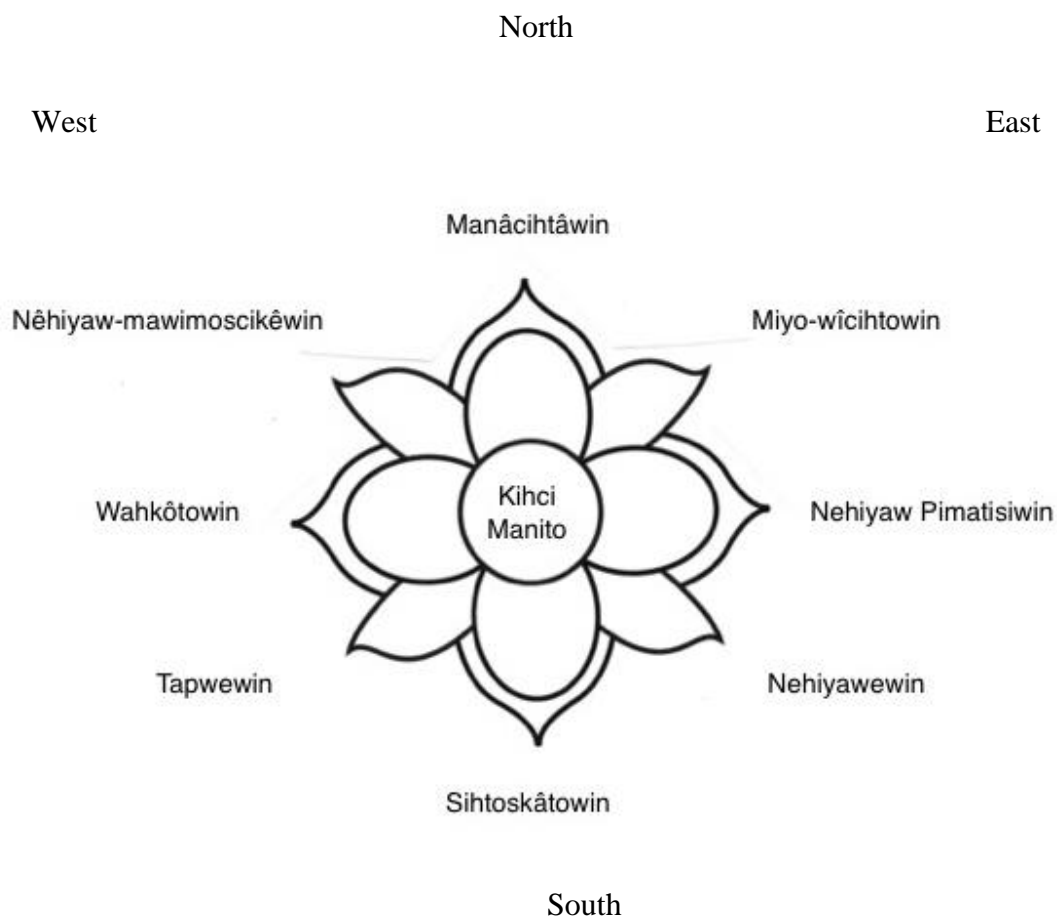
This research is centered within an Indigenous research paradigm that embodies a relational, story-based approach intertwined with community-guided ways of knowing and being (Cochran et al., 2008; Dadich et al., 2019; Drawson et al., 2017). Rather than relying on Western notions of qualitative inquiry, this approach reflects the natural flow of knowledge-sharing within Indigenous communities, where teachings are passed through stories, relationships, and lived experiences. By engaging in this way, the research became an exploration of cultural narratives and knowledge exchange, where the community's wisdom shaped the direction and meaning of the work. This process honored the relational accountability that is central to an Indigenous research paradigm, ensuring that the research was not extracted, but rather offered in service to the people, land, and spirits that carry this knowledge.

This foundation of relational accountability and story-based knowledge sharing naturally aligns with the *Nehiyaw* Conceptual Research Framework, which further guides this study. Rooted in *Nehiyaw* worldviews and teachings, this framework reflects the cultural values, principles, and spiritual understandings that shape how knowledge is sought, shared, and applied. By grounding the research in this framework, I ensured that the methodologies employed were not only culturally appropriate but also reflective on the *Nehiyaw* ways of knowing that continue to thrive in my community. The following framework is the *Nehiyaw* expression of the Indigenous research paradigm.

Nêhiyaw Conceptual Research Framework

The *Nêhiyaw* conceptual research framework outlines the traditional principles that are used to support and guide this research ceremony, acting as requirements and directions for every aspect of the journey. As in all aspects of life, these fundamental research principles are

connected in a circle with the power to influence one another. In fact, all of the principles contain elements of each other, bringing them to life as spiritual entities that work through the research ceremony when invoked. The *Nehiyaw* principles, starting from the east and proceeding clockwise, are as follows: *Nehiyaw Pimatisiwin*, *Nehiyawewin*, *Sihtoskâtowin*, *Tapwewin*, *Wahkôtowin*, *Nehiyaw-mawimoscikewin*, *Manacihtawin*, and *Miyo-Wîcihtowin*. The following image (Figure 3) is an original conceptual framework outlining the different facets of *Nêhiyaw* principles that guided this research process. There are seven principles outlined using traditional language, with an additional eighth principle: *Kihci Manito* (Great Spirit) as the center of All That Is.

Figure 3*Nêhiyaw Conceptual Research Framework*

Note. Image adapted from D. Miner (2000), *Metis & Anishinaabe Beading Templates* (p. 33), n.d. Traditional ideas taken from the Wahkohtowin Law & Governance Lodge, *Aseniwuche Winewak Nation Citizenship and Governance Research Project Report 2018–2020*.

Beginning in the east: *Nehiyaw Pimatisiwin* means the guiding laws and principles that inform the Cree way of life. This encompasses traditions, land, identity, language, spirituality, traditional ceremonies, obligations and responsibilities to the family, community, and nation (Muehlbauer, 2016; Napoleon, 2014; Settee, 2007). *Nehiyaw Pimatisiwin* informs my journey as a human being: walking, learning, and growing. The following sections will discuss these

foundational guiding laws and principles that permeated every aspect of the research journey. *Nehiyawewin*, meaning language of the Plains Cree, “provides the lens through which Cree people perceive themselves and through which they understand the world around them” (Friedland et al., 2020, *Nehiyawewin* section, para. 1). *Nehiyawewin* is maintained through oral transmission, and the passing on of stories, songs, and history. The language itself contains all of the ancient knowledge, values, worldviews, and concepts within its sounds and tones. In this sense, spoken language transcends intellectual and mental interpretations, serving as an embodied experience that connects individuals to the collective and the cosmos (Abel et al., 1995; Whiskeyjack & Napier, 2021). I have incorporated traditional words and concepts into this research to uphold this guiding principle and preserve the language within myself and my community. The principle of *Nehiyawewin* was enacted in the data collection phase by seeking traditional language meanings from the community members, translating them into the data, and using them to add depth to the data analysis.

Sihtoskâtowin means to support and care for one another, maintaining familial bonds and community cohesion (Friedland et al., 2020; Napoleon, 2014; Sadowsky, 2018). This ensures the health, well-being, safety, and protection of all community members. Upholding the principle of *sihtoskâtowin* based on one's abilities requires a strong sense of personal responsibility. This principle is based on a balance of sacred reciprocity, which means giving and receiving. The idea of *sihtoskâtowin* is what community-based research is founded upon; it involves the community in all parts of the research so that they can help decide its direction through working together (Friedland et al., 2020; Napoleon, 2014; Sadowsky, 2018). *Tapwewin* is the guiding principle of truth that governs traditional legal and governance systems (Cook et al., 2024; Friedland et al., 2020; Hart, 2007). To uphold the truth, an individual must possess honesty and integrity,

expressing it through words and actions that foster trust and accountability. Those who are listening must sit with the information respectfully and use their discernment to feel the truth of the words being spoken (Cook et al., 2024; Friedland et al., 2020; Hart, 2007). In this research, an internal sense of *tapwewin* lead me to ensure that all relationships and processes were aligned with integrity and truth, specifically when engaging in the process of storytelling and story listening.

Wahkôtowin “may be described as the principle and related laws that govern relationships and guide conduct” (Friedland et al., 2020, *Wahkôtowin* section, para. 1; Napoleon, 2014; Whiskeyjack & Napier, 2021). This principle speaks to the importance of creating healthy relationships with all our relations; including the land, animals, plants, and spiritual beings, meaning “responsibilities and obligations to all of creation” (Friedland et al., 2020, *Wahkôtowin* section, para. 2). *Wahkotowin* instills a sense of a holistic approach to the research, serving as a reminder of the interconnectedness of all research aspects. It emphasizes the significance of fulfilling important roles and responsibilities that involve my family, community, nation, and the land (Napoleon, 2014; O'Reilly-Scanlon et al., 2004; Sadowsky, 2018). *Wahkôtowin* refers to the sacred interconnectedness of all relationships, encompassing kinship ties and bonds between humans, nature, and the spiritual world. As a research methodology in this framework, *wahkôtowin* means that respectful and reciprocal relationships must be built and maintained, recognizing the interconnected nature of knowledge and its sources (Napoleon, 2014; O'Reilly-Scanlon et al., 2004; Sadowsky, 2018). This research involves a commitment to ethical engagement, ensuring that research practices honor the relational worldview and cultural values of Indigenous communities, and aims to create knowledge that benefits and sustains these relationships (Napoleon, 2014; O'Reilly-Scanlon et al., 2004; Sadowsky, 2018). By centering

wahkôtowin in this research, I am actively contributing to the well-being of my community and honoring our cultural values by fostering knowledge that strengthens relationships, sustains our interconnected responsibilities, and supports the continuation of Indigenous ways of knowing for future generations.

Nêhiyaw-mawimoscikêwin is the principle of Cree ceremony, prayer, and worship, highlighting the importance of ceremony within the research (Hart, 2007; Hoffman, 2010; Struthers, 2001). This includes prayer to the Great Spirit for myself, for my spirit guides, for my community members, and for the research journey. Ceremony has the power to connect us with *Kihci-Manitow* (Great Spirit), which therefore connects us more deeply within ourselves as extensions of the Creator. Ceremony is a way of life, not an act or an action, and living a ceremonial life means to make every part of your being a prayerful intention for becoming closer to the Creator. Hence, this research is a prayer for the Creator to hear and become one with. *Manâcihtâwin* represents respectful relationships with all beings, animate and inanimate (Friedland et al., 2020; Hart, 2007; Napoleon, 2014). There are consequences for how people treat each other and the land, and *manâcihtâwin* ensures the balance of all. This balance as a guiding principle for research requires the researcher to first become a balanced person, paying close attention to how one respects the self. A balanced and respectful researcher will project these qualities outward into their environment and consequentially create a balanced and respectful atmosphere to work within.

Furthermore, *manâcihtâwin* ensured that all aspects of the research were carried out holistically with the four parts of self (emotional, mental, spiritual, and physical) in complete harmony first within the researcher and then the community, and land. In my research, this principle unfolded as I began each day with prayer and offerings, grounding myself in intention

and seeking guidance from *Kihci-Manitow* and my spirit guides. This ceremonial practice connected me to the land and aligned my mind, heart, body, and spirit, which allowed me to approach my community with humility and respect. By honoring *manâcihtâwin*, I created spaces of shared respect and trust, building balanced and meaningful interactions with community members and the land, allowing the research to unfold in a manner that was spiritually guided and holistically grounded.

Finally, the principle of *miyo-wîcihtowin* “includes those laws encompassing the bonds of human relationships in the ways in which they are created and reaffirmed as a means of strengthening unity” (Friedland et al., 2020, *Miyo-wîcihtowin* section, para. 1). This concept solidifies the belief that we are all one family, and as such, we must treat one another with loving kindness in order to maintain a sense of wholeness that keeps the collective intact. *Miyo-wîcihtowin* is enacted through this research by the practice of visiting, which recognizes and reaffirms relationships (Friedland et al., 2020; Hart, 2007; Napoleon, 2014; Sadowsky, 2018). Visiting at the kitchen table and on the land are explored more deeply in relation to *miyo-wîcihtowin* in the following section. The conceptual framework completes its circle with *Kihci-Manitow* (Creator) at its center, serving as the highest guiding principle and encapsulating all the traditional principles (Michell et al., 2021; Napoleon, 2014; Westman & Joly, 2017). *Kihci-Manitow* is the starting point of the research journey; the traditional principles blossom from the source like a flower, and the cycle continues in a spiral from beginning to end, to beginning once again. As I further discuss my research journey and express how I applied my conceptual model, you will see that all words/concepts of the model are intertwined, existing in a circle. I have attempted to separate the concepts for ease of discussion within this framework, although the linearity of such can take away from the blending of the traditional concepts as a whole.

***Kichi-Manitow* (The Starting Point)**

At the beginning of this research ceremony, I enacted the principles of *Néhiyaw-mawimoscikêwin* (Cree ceremony) by engaging in Smudge, Prayer, Traditional Contemplative Practices (Meditation), Sweatlodge, Sundance, Vision Fast, Pipe Ceremony, and Medicine Work to seek guidance from spirit. The vision of this research project started to blossom and was shown to me in dreams, waking life, and inner knowing. The vision to begin this research journey started long before the master's program; it was a long-held dream that I would return to my home community and reconnect with my family and culture. *Wahkôtowin* as the concept of deepening kinship relationships, served to encourage the beginnings of this research journey and guide the way throughout the process. My longing to return home stemmed from various aspects of my being, including the realization that this medicine work is integral to my life's mission and purpose. As a grown woman, I needed to reconnect with the land and people, and my ancestors. Moreover, family have consistently called me home, for me, demonstrating the importance of listening to the spirit's call.

As part of my obligation and responsibility within my community and nation, *Nehiyaw pimatisiwin* began by establishing trust and accountability. As such, I met with the Mikisew Cree Chief and Council to obtain permission and approval on behalf of the community to conduct this research. After receiving approval, the Chief and Council expressed interest in continuing to support my research journey throughout. As an act of *tapwewin* and *wahkotowin*, the research agreement set up relational accountability from the start of the research process. This built trust through accountability in duties and responsibilities to relationships. *Tapwewin* meant that I stayed true to the research process outlined in the research agreement, that I spoke the truth with the Chief and Council and community members at all times, and updated them on all processes

while the research was underway. *Wahkotowin* involved establishing a continuous relationship and connection with the Chief, Council, and the community throughout the research journey, while also honoring the continuation of this relationship beyond the completion of the research. After receiving approval, my father, Norbert Poitras, a family friend, Sonny Piche, and my auntie, Marlene Poitras, assisted me in establishing connections with community members. This process was important to me as both a researcher in the Masters of Social Work Indigenous Specialization program and as a member of my community because it ensured that my research was grounded in mutual trust, respect, and relational accountability – values that reflect my commitment to honouring the voices and experiences of my people. By establishing these formal agreements and actively engaging with the Chief, Council, and community members, I am fulfilling my responsibility to protect our knowledge and ensure that this research benefits our community, strengthening our collective capacity and honouring our interconnected relationships.

My father, Norbert Poitras, has close relationships with community members from growing up in Fort Chipewyan, and his role in this research project was to facilitate community connections with kinship ties. My father recommended that I speak with Sonny Piche to ask for approval and participation in the project. Sonny Piche, a primary point of contact for this research project, is a family friend and has a strong relationship with my father. He lives in the community of Fort Chipewyan and has familial relationships with all of the people that are in his community network. As a community member, he provided valuable insights into the cultural norms, practices, and sensibilities of the community. Sonny's local knowledge helped me to navigate cultural nuances that are critical to conducting ethical and respectful research, therefore serving as a bridge between me and the community. He facilitated introductions so that I could

build rapport and gain community trust, which was essential for building relationships with people in my community. Furthermore, he provided advice on community protocols, customs, and ethical challenges, ensuring that the research respected local values and supported the creation of a research design that aligned with the community's needs and interests. Sonny offered insights into the most relevant research questions and methodologies, enhancing the impact of the study. Relationships with Norbert Poitras and Sonny Piche secured my access to the community through the principle of *sihtoskatowin*, solidifying family and community support and bonds. Family bonds were crucial for this research as they provided trusted entry points and facilitated community acceptance, which is essential in Indigenous communities that are often not accessible to outsiders.

Sonny Piche was the primary community member and access point for creating a network of potential community members to participate in this research. After establishing communication with interested community members, Sonny, with their consent, gave me their contact information. Given that I live far from my community, making long-distance contact was challenging because community members were not always open to meeting for the first time over telephone, text, or email, specifically elders. However, a few of the community members that I reached via telephone led to a deeper building of relationships, which laid the groundwork for my travel to the community in October of 2023. When I arrived to the community, I was able to meet community members in person through introductions from my auntie Marlene Poitras, who happened to be in Fort Chipewyan on a work trip for the first week of my arrival.

I engaged in *Nêhiyaw-mawimoscikêwin* when my auntie came to the community. Marlene showed me the gravesite of our great grandfather, Chief Mikisew Marten, who was buried in an unmarked grave in the backyard of my accommodations at a Bed and Breakfast – Lily's on

Wiley. This was significant because his spirit is closely aligned with mine, and I believe his spirit was guiding me through my research journey. The presence of my grandfather's spirit aligning closely with mine holds deep meaning for me, as he has been guiding me on my healing journey for years – not only in my personal healing but also in how I approach healing within my community, shaping the foundation of my work and carrying his wisdom forward in everything I do. About halfway through my visit in the community, my grandmother, Isobel Whitehead, passed away. My granny chose Fort Chipewyan as her final resting place, prompting my entire family to arrive shortly after her death to initiate the funeral rites and mourning ceremonies. After paying our respects through days of the wake, singing songs, and watching the sacred fire, we completed with a funeral procession and burial in which the whole community gathered together. My granny's parting gift was bringing my whole family and community together for the first time in my adult life, and this is what opened the doorway to my ability to access community members for my study. The opportunity to see me with my family introduced me to community members who were unfamiliar with me, fostering a sense of *wahkohtowin* and *tapwewin*, which subsequently led to a willingness to connect and share.

Knowledge Gathering

Through community connections via my father, auntie Marlene, and Sonny, I was able to interview community members. I exercised the principle of *miyo-wîcihtowin* to engage with community members in a loving and kind way to establish harmony and unity. It was a challenge for me to go into a place that I had not visited on my own for many years, and I relied on the application of *miyo-wîcihtowin* to create a sense of ease and trust in the process of building relationships. I used the method of *kîhokewin* (visiting) for the sharing of knowledge: it involved visiting community members and sharing “emotions, ideas, and food from the land” (p. 50),

moreover, the sharing of self in relation to whom I was spending time with (Gaudet, 2019).

Kîhokewin involved building personal relationships and allowed for the gradual accumulation of insights into Traditional Indigenous Medicine (TIM). Within Mikisew Cree culture, visiting involves storytelling and story listening, which often takes place at the kitchen table.

Storytelling, as I understand it within my Mikisew Cree culture, is a sacred act of connecting with others, of weaving together personal experiences, ancestral wisdom, and collective knowledge. This method was essential to my research, as it allowed community members to share insights into TIM in an organic, culturally resonant way, deepening my understanding and creating a shared space where knowledge could flow naturally through each story told and listened to.

I comprehended that the sharing of knowledge would foster and fortify *wahkotowin* (Wilson, 2008). The principle of *wahkotowin* was exercised by the offering of sacred medicine gifts as a Mikisew Cree protocol, which signified thankfulness, reciprocal exchange, and a means of building relationships. For example, when I visited the community in person, I brought gifts to share with storytellers/knowledge keepers as a method of reciprocity and for the building and strengthening of relationships, thereby maintaining *manacihtawin* (balance and harmony). In accordance with traditional protocol and reciprocity (Absolon, 2022; Kovach, 2021; Smith, 2016; Wilson, 2008), I presented community members with bundles of 5 square meters of broad cloth (yellow, red, blue, white, green) with TIM such as tobacco, sage, cedar, and sweetgrass, along with food. Traditional protocol such as gifts and food were necessary to show respect for our shared cultures and for honoring the establishment and building of our relationship through this research. Community members were given the gift at the beginning of the interview, and those who may have wished to withdraw before or during the interview would have kept the

gift/offering. Before conducting interviews, food and tea were always available at the kitchen table, and enjoyed over conversation. The traditional custom of establishing a connection before engaging in the research was enacted as a form of respectful relationship-building based on true human connection, not transaction.

Consent forms (Appendix A) were signed prior to beginning the visiting and storytelling, and consent was also given verbally using an audio recording device. *Nehiyaw pimatisiwin* (Cree way of life) was enacted when I emphasized the voluntary nature of participation and the community members' right to withdraw at any time without consequence. I also made sure that community members understood that their decision to participate, or not, would not impact any relationships they had with the researcher or the community. I practiced personal reflection to critically assess my own biases, relationships, and potential for undue influence to maintain ethical conduct throughout the research process. Different levels of comfort with recording led to the audio-recording of two community members, while one participant granted permission for note-taking. Visiting and storytelling ranged from 30-90 minutes, based on how much a community member wanted to share. I used interview questions as a general guideline (Appendix B), but the process was more organic, with new questions arising that led to unplanned discussions and enhanced the depth of the interviews. This organic approach to visiting and storytelling allowed community members to share their knowledge in a way that felt natural, directly aligning with my research question, which seeks to explore how TIM knowledge and practices are understood, valued, and sustained within the communities.

Building on *wahkotowin*, I also engaged in *tapwewin* as I sent community members their completed transcripts to uphold consent for the use of the data (transcripts, audio/video recordings, and notes) in the dissemination phase of the research. This provided community

members with the chance to modify the transcripts, grant permission for their identification in the dissemination, and specify which data, such as sensitive or protected cultural knowledge or personal experiences, they wanted to keep private and not share. Two community members requested specific edits/changes, which I completed and sent back for their approval. Member checking was an important part of the ongoing consent process, and it served to enhance the research findings by involving community members in verifying data and interpretations (Shenton, 2004).

Some community members needed to warm up to the concept of being recorded by video, as there was often a level of discomfort present, seeing as most community members were not used to being filmed. I assisted in easing their discomfort by initially posing lighter conversational questions, until I gauged their preparedness for the interview questions. Since I spoke with community members whose first language was Mikisew Cree, Dene, and/or Michif, I was aware of linguistic translations and meanings embedded within the stories, taking this into consideration when making meaning, interpreting words, and honoring the continuity of Indigenous languages by documenting them (Kovach, 2021). The methods of story-listening are highlighted as having crucial importance in how I carried myself with presence and openness—to listen with my whole being and all of my senses throughout the knowledge-gathering phase. It was a challenge to understand some of the community members who had thick accents when speaking. This necessitated attentive listening and repeated playback of the recordings during the transcription process.

Informed consent was obtained from all community members, including the option to withdraw consent at any time. I also safeguarded the confidentiality and privacy of community members as necessary. Ongoing consent was obtained through all processes of the filmmaking

and editing, ensuring community members were actively engaged and self-determined in the making, editing, and creating of the film. The film was recorded using a GoPro Hero 10 and professional media equipment, as well as an iPhone 14 Pro. I stored all media content on the GoPro Quik cloud software and iCloud software, transferred it to my password-protected computer and external hard drive. Ethics approval was granted for a professional videographer and friend, Mark Adam, to create the film using his Final Cut Pro software under my guidance and direction. The film will be completed prior to the community gathering for the knowledge mobilization phase of this research project.

All audio/video files were transferred and stored on my password-protected computer. The participant consent process included permission to use the audio/video recording for the dissemination of results. Additionally, I took photographs/footage on the land to enrich my thesis, of the landscapes themselves, or specific plant medicines. I stored all data on a secure device, either my computer or an external hard drive, ensuring complete ownership, control, access, and possession by the community (Mecredy et al., 2018). Finally, with the help of Atlas TI I was able to identify, analyze, and interpret patterns and themes within the stories shared by community members. By using thematic analysis in conjunction with Atlas TI, and holistic meaning-making, I was able to provide a comprehensive understanding of the community's perspectives on TIM.

Storywork (Data Analysis)

Twelve community members participated in this research. The community members gave consent for me to use their identity in the study, so pseudonyms and coding sheets were not needed to protect anonymity. Community member participants consisted of six men: Mike Cardinal, Robert Grandjambe, Edward Marten, Mike Mercredi, Sam McDonald, and Sonny

Piche. There were also six women: Judy-Ann Cardinal, Julia Gibot, Alice Marten, Rita Marten, Madeline Piche, and Alice Rigney. All of these community members grew up in and around Fort Chipewyan, primarily on the land. The oldest community member was Madeline Piche, aged 94, and the youngest was Sam McDonald, aged 23. Two of the community members (Judy-Ann Cardinal and Mike Mercredi) were of a younger generation than the remaining elder members. The community members will be discussed in greater detail in the following Findings chapter (Chapter 4).

Permission was granted by community members for me to keep their data indefinitely for future use, such as for a Ph.D. Preserving this data ensures its long-term availability, allowing for the possibility of revisiting and reanalyzing it to address new research questions or applying different analytical approaches. It promotes transparency and research integrity by allowing other scholars to verify and build upon the original work, fostering a broadened contribution to knowledge and academic collaboration (Athayde et al., 2017; Harding et al., 2012). The ethical responsibility to honor community members' contributions was upheld through careful data preservation, respecting their trust and investment in the research process. Lastly, retaining the data supported the building of knowledge, to enable the enrichment and advancement of future scholarship.

I applied Archibald's (2008) principles of Indigenous storywork as a basis for the oral transmission of knowledge to holistically engage the heart, mind, body, and spirit of the storytellers and story listeners. This was done through holistic learning and "holistic meaning-making...using the heart (emotions), mind (intellect), body (physical actions), and spirit (spirituality), as well as recognizing the relationships of these realms to oneself, family, community, land/environment, and wider society" (Archibald et al., 2019, p. 4). I interpreted

Indigenous storywork as a form of *Nehiyawewin*, emphasizing the significance of traditional language and stories in nourishing Cree worldviews. Storywork was specifically enacted in this process through the creation of relationality with the community members, the broader community, and the land (Archibald et al., 2019). These relations led to the practical application of the teachings embedded within the stories, further deepening relationships. The guiding principles of storywork also created a foundation for ethical responsibilities and cultural preservation (Archibald et al., 2019).

Additionally, holistic meaning-making supported my thesis by providing grounded and interconnected descriptions of the knowledge my community shared, and it also facilitated learning how to return the knowledge (Absolon, 2022). Through the process of holistic meaning-making, “authenticity and credibility may be ensured...through continuous feedback with all the research participants,” which enacts a collaborative analyzing process (Wilson, 2008, p.121). This process and part of data analysis, served to strengthen not only relationships between the researcher and the community members, but fortify the bonds between the community members themselves (Wilson, 2008), which grounded the research in collective healing through “restoring and re-storying” (Absolon, 2022, p.252). The concept of restoring and re-storying refers to the process of oral dissemination, where people actively reclaim their location and rightful position within their journey, as well as creating new stories to counteract the negative effects of colonial violence, which aims to eradicate and silence Indigenous voices and peoples (Absolon, 2022). Overall, I implemented principles of storytelling and holistic meaning-making by fully immersing myself in the process of storytelling and story-listening, utilizing the knowledge I gained to support data analysis through the application of each participant's story teachings, and allowing the storytelling to cohesively unite the research and community.

In order to find key themes within the participant's stories, I applied an Indigenous research paradigm and *Nehiyaw* conceptual framework to all aspects of this thematic analysis process with the use of Atlas TI software. While Atlas TI is a Western research tool, its application was guided by the *Nehiyaw* principles outlined in my conceptual framework. By approaching the thematic analysis through a *Nehiyaw* lens, the software became a tool to organize and reflect the deeper meanings, patterns, and teachings embedded in community member stories, ensuring that the knowledge was interpreted in a way that honored cultural understandings and spiritual insights. I applied the principles of Indigenous meaning-making through connection, finding the intersecting points within collective participant stories and weaving them together. I respected diversity by going beyond the commonalities in emerging themes to identify the distinctions and the locations where viewpoints demanded recognition. I directly applied the Cree theoretical principles of *sihtoskatowin* and *wahkotowin* to the first two phases of meaning-making, weaving family and community bonds through storytelling and honoring relationships by presenting their stories responsibly. I sought to find “cultural metaphors and forms of expression” (Yunkaporta & Moodie, 2021, p. 89) to give an interactive depth to the narratives as forms of energy exchange between the stories. Cree theoretical principles of *Nehiyaw pimatisiwin*, *Nehiyawewin*, and *tapwewin* were exercised through privileging traditional worldviews, ways of life, and genuine authenticity as a lens through which to see the stories and the roots of the storytellers.

Additionally, “revelatory or ancestrally connected insights” (Yunkaporta & Moodie, 2021, p. 91) were applied to the process of meaning-making through allowing messages to come from spirit, meditation, dreams, intuition, nature, and ceremony while sitting with the stories. I know that my ancestors were sitting with me every time I sat down to write, looking over my

shoulders and whispering in my ears. The information that was being revealed could have only come from that place of deep wisdom, cellular memory, and times of old that I would not be able to access through any existing written forms of knowledge. *Nehiyaw mawimoscikewin*, as the theoretical principle of Cree ceremony, aligned most seamlessly with this phase of meaning-making, as it was my reliance on ceremony and living a ceremonial life that gave me the clarity and silence to listen intently to the deeper messages embedded within the stories.

Overall, Cree theoretical principles of *manacihitawin* and *miyo-wicihitawin* were applied to all phases of meaning-making as a whole, honoring the elements of balance, harmony, and unity. Finding key themes and subthemes within the stories was a process of unifying all parts of storyteller narratives to create a bigger story of the collective. Coding became the system of identifying important parts of participant stories and their relevance to the focus of the study, using Atlas TI. Once I created the codes, I was able to identify the most common groupings throughout the stories and those that were more distinctive.

Sharing the Stories (Knowledge Mobilization)

The principles of *manacihitawin* and *miyo-wicihitawin* were exercised to bring the knowledge forward through balance, harmony, and unity in all aspects of this research phase. In addition to traditional academic means such as a thesis and conference presentation, I am committed to upholding ethical protocols by directly sharing research findings with community members and the larger community of Fort Chipewyan in a community presentation. This not only honors their contributions but also keeps them informed about outcomes, fostering a genuine sense of partnership in the research process (Flynn & Ford, 2020; Hutchinson et al., 2023). Moreover, my commitment extends to the broader community through publications and online platforms, ensuring that the knowledge generated benefits both the local community first

and then the global audience. By engaging with media outlets and utilizing digital platforms, I aim to translate this research into accessible formats that raise awareness, inspire dialogue, and positively impact the community and public discourse on issues relevant to TIM. Moreover, a community feast and presentation of the film will be organized to feature the research findings as a way of giving back to the community. This feast will be culturally appropriate and respectful of local customs, creating a communal space for sharing and celebration. Finally, during my oral examination on campus, I hope to showcase the film created as part of this research, allowing the academic community to experience the stories and voices of Fort Chipewyan firsthand. This approach honors the oral traditions of my community and provides an immersive experience that brings the research findings to life, bridging academic and Indigenous ways of knowing.

Kichi-Manitow (The Ending)

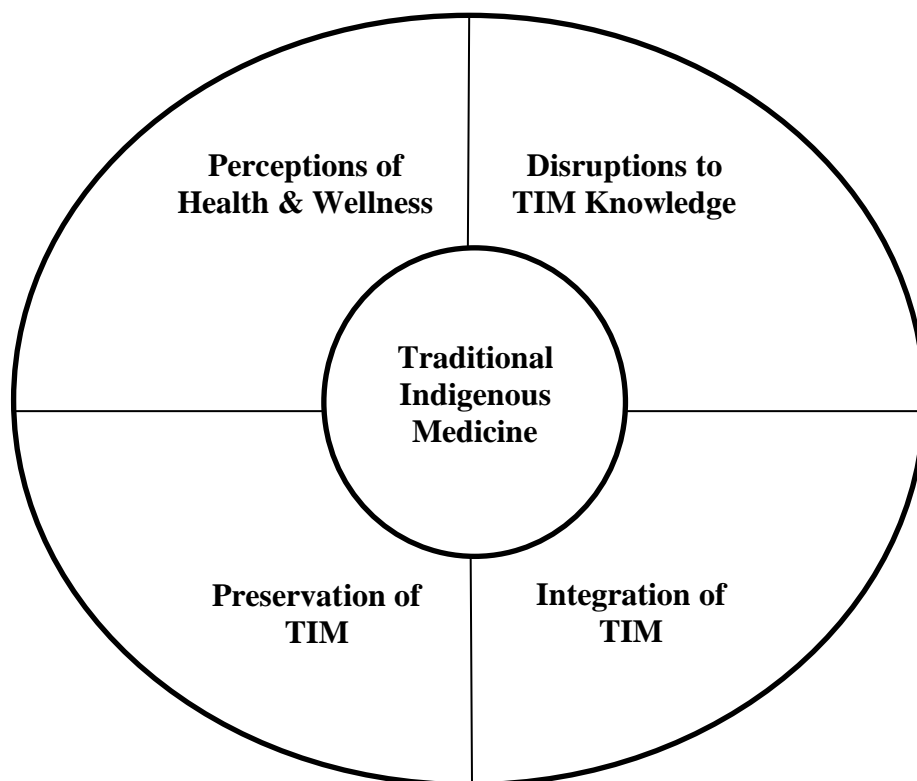
This study's methodology section has outlined the foundational principles of an Indigenous research paradigm, emphasizing the holistic and relational nature of knowledge within Mikisew Cree, Athabasca Chipewyan, and Metis communities. By integrating methodologies such as *kithokewin* (visiting), kitchen table talk, and storytelling situated within community and arts-based research, I honored the traditional knowledge systems and cultural practices of my community. The careful observance of traditional protocols, including obtaining guidance from elders and engaging in relationship-building, ensured that the research process was both respectful and culturally relevant. These approaches not only facilitated the gathering of culturally grounded stories but also reinforced the importance of community engagement and empowerment in the research process. The ending of this section of the research journey is the beginning of a new stage, giving life to the cyclical nature of Indigenous research. Through these culturally rooted methods, this study has created space for community voices and knowledge to

be shared authentically, directly addressing my research question by exploring how TIM knowledge is understood, valued, and sustained within the communities. This approach ensures that the knowledge shared here contributes to the ongoing preservation and revitalization of TIM practices for future generations, embodying the cyclical nature of Indigenous research.

Moving forward, the Findings Chapter will present the narratives and insights gathered from the community members, highlighting their experiences and perspectives on TIM. This next chapter will delve into the detailed accounts provided by the community members, illustrating the interconnectedness of their knowledge systems and the profound impact of TIM on their health and well-being. By centering the voices of the community, the findings will not only document the valuable knowledge of TIM but also contribute to its revitalization and continued relevance within the community.

Chapter 4: Findings

This chapter is organized around four main themes (Figure 4): Traditional Indigenous Medicine: Perceptions of Health and Wellness, Disruptions to TIM Knowledge, Preservation of TIM, and Integration of TIM. Each theme and sub-theme delve into specific aspects of TIM to provide an understanding of the relationship between health, culture, and the land. Through thematic analysis, this study revealed the deep cultural significance of TIM, the barriers to its transmission, and the community's efforts to revitalize and sustain this knowledge for future generations. The findings highlight both the resilience and challenges faced by the community, emphasizing the need for culturally grounded health practices that foster holistic wellness and cultural revitalization. These themes collectively address my research question by revealing how TIM is perceived, preserved, and integrated within the community, providing insights into the connection between TIM practices, community health, and the cultural landscape of the territories and peoples. These findings represent all aspects of this work as an embodiment of social work practice, demonstrating how culturally responsive and holistic health interventions are essential; they reveal how social work can support community-led initiatives that prioritize cultural continuity and the well-being of Indigenous peoples.

Figure 4*Key Themes***Traditional Indigenous Medicine: Perceptions of Health and Wellness**

Alice R. defined wellness as a state of self-awareness, “Being mindful of everything that’s around you...when I look at that person in the mirror in the morning, I feel content with that person looking back at me.” This suggested that wellness comes from within and is outwardly reflected in one’s actions and interactions with others. Community members shared their traditional worldviews of health and wellness as a balance based on the concept of oneness and all things existing in a circle to create a complete whole. Although the definitions of health and wellness were defined uniquely by each community member in this study, they all had the common thread of containing within them a holistic worldview that extended beyond the self to

the family, community, nation, and land. This holistic perspective was often reflected in how individuals viewed themselves in relation to others and their environment. One community member, Sam, expressed that, “Wellness in my eyes would be how well you're doing with the community, others around you, and how you're doing internally.”

Community members also described a sense of well-being when engaging in daily life, whether at home or out on the land, with specific references to traditional lifestyles, acquiring food and medicine, and visiting with family and the community around the kitchen table. As Julia stated,

Health and wellness for me is not only physical...but emotional wellness...you need to be healed from trauma, that's what wellness means to me...And I really believe in our medicines to help us, to help me to achieve that in my life.

Robert added that a sense of contentment and support from family are crucial elements of wellness. “You have to be happy; you have to be content...having something you enjoy doing that's paying your bills...having support from your family...that's my definition.”

Traditional Indigenous Medicine (TIM) and practices were central to the community's understanding of health and wellness. Many community members, like Sonny, spoke of TIM's profound impact on their well-being. Sonny shared a personal story about his mother, who was healed with traditional methods when conventional medicine failed. He recalled,

My mother got sick...she couldn't stand the light; it was too bright. We found a lady in Edmonton who helped her when doctors couldn't...After four days, my mother was better, and the light didn't bother her anymore...It made me believe in medicine because it's powerful. It helps many people in many ways.

Sonny's story highlighted not only a strong belief in the efficacy of TIM but also the deep, personal connection it held within his family. His journey with TIM shows its essential role in maintaining both physical and spiritual well-being, a tradition that was passed down through generations. Sonny reflected on how his understanding and use of TIM evolved over the years, illustrating that the knowledge of these healing practices is not static but rather something that required continuous learning, adaptation, and commitment throughout one's life. Overall, TIM was inseparable from the lives of the community members, just as it was from the land.

For many community members, the health of the environment directly affected their own health and that of the broader community. Ceremonies ensured that the health of the land and people remained in balance, for traditional ceremonies were said to be enacted on the land to bring about healing when needed. Ceremonies were named as central components to health and healing in community contexts. Edward recalled,

Long time ago our tradition was Tea Dance...If I want to make a Tea Dance I'll just go outside and make a nice fire and start banging on my drum and singing, the people will hear me from all over and start coming, next thing you know there's a big Tea Dance outside here. All over, down to the lake front, down to the monument, all along the lake, Tea Dances, fun.

Edward recounted memories of the Tea Dance with a smile on his face, while he simultaneously expressed grief over the disappearance of the traditional ceremonies that once brought their communities together. Edward's smile reflected a remembrance, both joy in memories of the Tea Dance and sadness for the loss of ceremonies that once unified their communities and connected them to their traditional medicines. This dual expression spoke to the impact of losing these cultural practices, showing how integral they were to both individual wellness and collective

identity. The community's emphasis on the interconnectedness of health, land, and culture indicated the need for collective approaches to wellness that honored traditional practices, ensuring access to TIM and ceremonies, and strengthening family and community ties.

Community members expressed that their extended families always consisted of many grandparents, mothers, fathers, aunties, and uncles for each and every child that was being raised in the community. This spoke to the nature of health and wellness being based on the strength of community ties. As Rita recalled, "we relied on the grandmothers, we had so many grandmothers. In my community, I probably had seven, eight grandmothers who had specialties and different things that they were able to do for us. Most of them were midwives. Most of them were healers." The communal nature of health was also reflected in how traditional knowledge and medicinal practices were shared and sustained within the community. Sonny discussed the intergenerational transmission of medicinal knowledge through families and the community, highlighting the role of elders as primary healers, "She (mom) would get it and make it for us...especially on the trapline...whatever is out there, that's what we'd use." This illustrated how the land and its resources were central to the community's health practices. The close relationship between community, knowledge, and the land expressed a core belief within community traditions – the land is medicine.

The Land is Medicine

People view the land as a fundamental source of TIM, which in turn contributes to their health and well-being. Rita reflected on growing up in the bush and relying on the land for food, medicine, and the health of her community.

We were raised on the land. And we traveled with the seasons from winter, spring, summer, fall. And we've always traveled, like that never stayed in one area. It was a

beautiful life. Our land was rich, water was pristine, we had a healthy environment, we were truly connected with our Mother Earth and everything that was provided to us.

I am reminded of the faces of the community members when they spoke of growing up on the land and returning to the land throughout their lifetimes; they would light up and their energy would feel uplifted. This confirmed that community members derived great satisfaction from being on the land and that it was a foundational aspect of their health and well-being. Alice R., described the land as her “church” and a place of profound peace, “The beauty of the pristine quietness of the land talks to me...I feel good when I’m out in the bush. It’s just good.” Alice, like many other community members, felt a strong emotional attachment to their memories of being raised on the land. It was clear that the land had offered them a beautiful and abundant life, as the times were defined by families being together and enacting their traditions. Rita continued,

Health and wellness to me is, first of all, the water is what provides life to every ecosystem to every living species, to us. It replenishes the different seasons of food we get, that's where we get a lot of food from. And anytime something is gone, the water will give life again, so that we get to have healthy vegetables, healthy medicines, because long ago we didn't have a doctor, but we did have elders who are traditional herbalists, elders who were the midwives and brought us into this world. And they knew exactly when to harvest the food, harvest the berries. And for us the water was so great that we were able to travel freely and go from one area to the other. So, we were very blessed and rich with all kinds of food. That's what I call healthy, that's what I call wellness.

The community members deeply embedded the teachings of the land into their cultures, and when they shared their stories of living on the land, a sense of embodied connection

emerged. The embodiment of being on the land meant living as one with nature, without the modern forms of separation that we see today. As Sonny expressed,

Just hunt, fish, whatever... I used to hang out with him (my uncle), my granny, my Moshum, best part of life just staying out there. I used to go down by the water and just sit there, it was just quiet, my ears were good then, you could hear the water just going down. My granny would let me go down there... We used to fish there, I would sit there for hours. And spoke straight Cree, that's all we'd speak in those days, I speak it today too, I speak it really good.

Sonny's story, along with other stories from community members, illustrated how language was embedded within their entire life experiences on the land, as they used the Cree word, *Kikāwīnaw Askiy*, to express the relationship with the earth as their Great Mother. The community closely tied the health and well-being of the land and water to their conceptions of healing, viewing the land as a relative, not separate from the family and community.

The spiritual aspect of TIM was a significant factor in using the land as medicine. Alice M. discussed sacred protocols and spiritual practices, such as offering tobacco to the earth when harvesting plants, and to medicine people when seeking healing, "Learning from elders...the different medicines, all the different protocols, the sacred protocols, especially when you work with elders, and what you seek from them, like giving the prints and that tobacco." These rituals reflected the spiritual foundation of TIM and the reciprocal relationship with nature. The sacred reciprocity of engaging in spiritual protocols ensured that healing exchanges were done in a good way, which was an essential aspect of working with TIM and the land.

TIM and the land as medicine were not just about the physical act of using herbs or other natural remedies; they involved a series of culturally embedded practices and knowledge.

Community members emphasized the significance of these practices, highlighting the integration of TIM into their daily lives and traditions. Alice continued, “families would help each other...even if one family didn’t have the medicine they needed, they would know who had it in different areas and make a special trip to ask for help. It wasn’t just family helping each other.” Community members did not divulge detailed information about the practices behind TIM use, as this sacred knowledge was kept for those who had developed a deeper relationship with the people and medicines. However, the community members clarified that numerous sacred protocols and practices, specific to families and communities, guided the use of TIM, ensuring that the spiritual aspects of the medicines laid the groundwork for healing.

TIM was universally respected among the community members as a powerful and effective means of healing that was deeply rooted in cultural beliefs. Its efficacy was often attributed to a strong belief in its power, which was rooted in a spiritual dimension. Alice M. spoke to the spiritual aspects of being on a healing journey,

So, when you begin that journey on that trail, ask Creator for help, the first thing you do is offer the Pipe, because you go through a sacred journey, and the only thing is you have to start it the right way. Usually it’s with a ceremony, the Pipe Ceremony is our way, so when you begin that journey the Creator is going to put signs on your trail.

The Pipe Ceremony was another example in which the use of TIM was enacted in a spiritual manner to assist community members in the healing, further exemplifying the community’s belief in the land as medicine. As Edward emphasized about working with TIM, “and believe in it, not just say it...it will work, guaranteed.” The cultural basis for the belief in TIM was rooted in the wisdom of the land and ancestors. Many community members shared in the understanding that when you hold a belief in the power of TIM, you open the doorway for miraculous healings

to be performed. Furthermore, community members stressed the significance of not only maintaining a spiritual belief in the land's power but also adhering to cultural protocols to maintain respectful and positive relationships with it. Alice R. shared about the protocols of working with TIM,

I saw the way my mother used to prep some medicines. I benefited from medicine made for me, and I respect when gathering that you always pay homage to Mother Earth. And even traveling really, you pay respect to the water. So, you respect everything around you. And if you have that respect, and then you go collect your medicines, and pray. You're connecting Mother Earth to you. So, when you use it, now you're passing Mother Earth on to whatever it is that you're using it for.

Rita elaborated on the importance of traditional protocols,

I believe in the traditional herbs, traditional medicines, you go and ask for help, you give the best, you offer tobacco. Ask for help that wherever you're praying for will help, the grandfathers will grant that for sure. You know, that's what we were taught.

Rita's sharing symbolized a spiritual basis found within the medicines that was directly connected to fundamental cultural and spiritual teachings. The medicines' spirit was alive on the land and in the community, residing within the spirits of the community members who had close relationships with the medicines. An important part of working with TIM was named by community members as a deep trust and relationship with the medicines. For example, Sonny recounted a transformative experience involving his granddaughter, who was healed by a traditional healer when western medicine was not helping. This experience shifted his perspective, reinforcing his trust in the power of TIM. He explained that belief was fundamental to its effectiveness, suggesting that a spiritual connection activated its healing potential.

My granddaughter was 6 years old...we took her to see a healer, and after, she started making her own blood. Before that, we had to take her to the hospital every three weeks. Now she's 27 and has never needed blood again. That's traditional medicine.

When Sonny shared the healing story of his granddaughter, he recounted that the medicine woman who healed her was the same age at the time: six years old. When he brought his granddaughter to the healing space, it was the home of the young medicine woman and her mother. Her mother hosted them for breakfast while the two children went into a room to play. The mother said that she never told her daughter how to heal; she always let her daughter decide how the healing took place and for how long. After a while, the medicine woman said that she was done, the granddaughter gifted her with a doll, and on their way home she was sharing that she could feel her own body making blood. During their subsequent hospital visit, the doctors confirmed that the granddaughter had recovered from her disease and no longer required blood transfusions. It is evident that some of the community members developed and cultivated their belief in TIM over time as proof of its efficacy, and their healing stories were reflective of this.

The role of the individual in administering TIM or participating in its traditions varies, with a strong emphasis on a community-oriented approach to health. As Sonny's previous story exemplified, healing knowledge was not exclusive to the elders; it could reside with anyone recognized by the community for their gifts, including the young. This underscored the community's role in validating the healers among them, as Mike C. shared, "Everybody fits in that circle in order for us to move forward...if you have a sickness, you must find a cure, either by medicine from the land or praying to the Creator." According to Sonny and Mike, their healers were always their parents and grandparents, as medicine people were not always easily accessible, and their families had to be able to take care of themselves while living in the bush.

This was reflective of the general idea that community members held common knowledge of TIM and that their lives were dependent upon it, especially when living on the land. Alice M. recalled how her family used the natural abundance of the land to gather different medicines, reflecting the collective responsibility for maintaining health knowledge, “We just saw them make these...like red willow, they’d boil red willow for infection...help other people with them.” Families freely shared TIM knowledge, as it served as the primary means of sustaining traditional health systems rooted in the land.

This theme explored the deep-rooted connection between TIM and the land, demonstrating the cultural and spiritual dimensions of healing. Community members viewed the land as a living source of medicine, wisdom, and guidance and believed that its healing powers were activated through respect, belief, and spiritual protocols. Moreover, stories shared by community members illustrated how TIM went beyond physical treatment, incorporating spiritual practices and ancestral teachings that sustained holistic well-being. The land was viewed as a powerful and sacred source of healing for the community, inseparable from TIM and cultural identity. The effectiveness of TIM was seen as rooted in a strong belief system and spiritual connection with the land. Community members shared that engaging with TIM involved not only using natural remedies but also adhering to sacred protocols that honored the land and ensured healing was done respectfully and reciprocally. These insights directly address my research question by showing how TIM is valued within the community, for its healing properties, and also as a practice intertwined with spiritual beliefs, cultural identity, and the land itself.

Disruptions to TIM Knowledge

A recurring theme among community members was the gradual loss of traditional knowledge related to TIM. Elders and community members had noticed a significant decline in the younger generation's knowledge of TIM. Historical factors severely impacted the erosion of TIM knowledge. Moreover, modern influences from technological advancements and subsequent lifestyle changes for younger generations had significantly impacted TIM knowledge exchange. Every community member that participated in this study had been affected by the negative impacts of colonization, residential school, and industrial pollution in their communities. The community members were either survivors of residential schools, or they were the parents or children of survivors. Most of the community members grew up on the land and had witnessed the changes that colonization and industry had brought over time, which will be explored in greater depth in this section.

Historical Disruptions

Community members reflected on the profound impacts of residential school, which had disrupted traditional lifestyles and contributed to the erosion of cultural practices, including the use of TIM. Community members like Alice M. and Edward recounted how these institutions aimed to assimilate Indigenous peoples into Western culture by actively discouraging or forbidding the use of Indigenous languages and practices, including TIM. Edward discussed how these schools disrupted traditional family and community interactions, “residential school separated you from your family, separated you from your culture...you can't speak your language, you don't do that, they scare you, they hit you.” Alice added that the legacy of these teachings had resulted in ongoing fear and mistrust within the community, “teachings of our medicines being evil...those teachings in our community are still very much alive...there's so

much fear—so much mistrust. And that all originates from the residential school.” Community members shared that this fear was instilled in them from a young age in an effort for their parents and grandparents to protect them from persecution: police charges and serving jail time. It was evident that this fear had carried on to this day, impacting the free flow of TIM knowledge transmission and driving TIM practices underground to become less accessible.

Edward elaborated on why TIM knowledge went underground and became more difficult to access, “our parents knew a lot, but they were scared to share it...the police would be there right away...they would call you a witch, they’d take you away. That’s why people were scared, that’s why it’s all stopped.” Edward’s story continued to explore the general fear and mistrust experienced by his parents and grandparents in relation to TIM use. He said that when he was a young boy, he would ask his parents and grandparents what was in the medicines they were making, only to receive responses of “never mind” or “this is not for you to know”. This instilled fear, lived on in the memory of community members which was still very evident in their stories. There were clear connections made between colonization and residential schools and the subsequent decline of TIM use.

Many families had to rely on grandparents to teach traditional ways due to the traumas inflicted by residential schools, where teachings about medicines were often suppressed or labeled as “evil” or “witchcraft.” As Edward recounted,

I could go on about residential school, I was in there for 10 years...Indian Affairs took the medicine away and the doctors needed that because they wanted to push their medicine. We have our own over here, we don’t have to go see a doctor for a cut, or ointment and bandages, we have our own. So, they don’t want that, when we get cut, they want us to go over there and see them. So, they banned our medicines, it’s bad, it’s evil.

This had led to continued fear and mistrust surrounding these practices within some parts of the community. I could feel that this quest to find traditional medicinal knowledge was safely and closely guarded and protected. As I maintain my relationships with my community, I anticipate the gradual sharing of more knowledge. After all, the nature of acquiring sacred knowledge is that it is earned with commitment and trust. It is important to note that this stated distrust may have impacted the research process by leading community members to not share as openly and/or withhold stories because of the nature of this learning and discovery being university-based.

Community members often expressed regret over not having learned more about TIM when they had the opportunity. This regret was both personal and communal, as they realized the knowledge they missed could have been passed on to the next generation. Alice R. reflected on the missed opportunities in her youth, “I would say my knowledge of traditional medicine is pretty limited, compared to my Granny...why didn’t I ask what was in there?” Edward shared a similar sentiment about the challenges of teaching younger generations, “when I started to go on my healthy journey, my kids were grown up already...but my grandkids now, I do talk to them in Cree as much as I can. I’m teaching them medicines and stuff.” Although elders regretted having missed opportunities to learn traditional knowledge, there was a strong sense of resiliency among community members to continue their healing journeys so that they could become more effective in their roles and responsibilities specific to knowledge transmission. The very act of community members engaging in this study was a testament to their commitment and dedication to seeing the revival of TIM and related health practices. Next, we will explore how historical disruptions led to modern disconnections over time.

Modern Disconnections

Historical disruptions to TIM knowledge, such as colonization and residential schools, had evolved to be met with contemporary challenges. Elders expressed significant concern over the younger generation's disconnection from traditional practices. Mike C. contrasted his experience growing up, when TIM was a regular part of life learned directly from family and community members, with the current trend where younger people are more engaged with digital technologies. He observed a decline in traditional forms of knowledge transmission, such as communal storytelling,

We're on two trails here...we have the colonial way and the traditional way...the young people forgot where they came from...we have to get our young generation back on the land...some of them will go because they're curious...eventually, these two roads will collide, and we will all be walking on the same road.

Walking on two roads that will eventually meet is a powerful metaphor for distinctly different cultures coming together to create a new pathway for evolving generations. Community members expressed the need for the younger generations to reconnect with traditional knowledge so that they might carry it forward in these rapidly changing times. There were many ideas of how to engage the youth in reclaiming their culture, and many were eager to see this work take place on a larger scale.

Judy-Ann emphasized this theme by noting, "it's important for youth to carry Traditional Indigenous Medicine forward, but it's not happening; kids aren't interested in the bush, too much technology, drugs, and alcohol, and not enough programming to learn from elders." Julia further expressed concern, stating "the younger generation...are willing to learn, but machines, gadgets, TV...are in the way. Young kids nowadays, you don't see kids playing outside like before." The

community narratives highlighted a critical tension between the persistence of traditional knowledge and the pervasive influence of modern technology and lifestyles. This tension was most evident in the younger generation's preference for digital engagement over traditional learning and practices. Alice R. pointed out, "technology has given the parents something to babysit their children...it's easier to order a meal...it's going to be pretty tough in the future...this is why we need to go back to our lands, to our medicines." Edward echoed this sentiment, noting how technology had created distance between people, "kids are leaving, it's too boring now, technology is taking over...It's not going to help, it's not going to be living high and mighty like this...we're not together no more, we don't have gatherings as family." Community members feared that if traditional knowledge was not passed on, it would be lost forever. Sam reflected, "if there wasn't a modern distraction, I would have probably been out on the land more often. Now that I'm older, I realize I should have paid attention to the elders."

Modern challenges like technological advancements and increased usage among generations had been frequently named by community members as one of the biggest concerns for the degradation of social cohesion among families and communities, based in isolating and sedentary conditions created when individuals were engaged in the use of digital technology. As Edward reflected, "my grandfather and my grandmother, and most of the elders were all your grandfathers and grandmothers...today it's totally different, it's almost like you're on your own...everybody's our own, that was our attitude." Edward spoke to traditional communal dynamics being centered on the extended family, ensuring that every child would always have many grandparents, parents, aunties, uncles, and cousins to rely on. This would also ensure that TIM knowledge and practices were passed on through family lineages.

Sam spoke about being disconnected from traditional practices due to technological distractions and changing lifestyles. However, he acknowledged a growing awareness of the importance of reconnecting with these practices, “for me, I didn’t really get taught much about harvesting...I was addicted to games, which takes a lot of time.” Sam spoke of his addiction to digital technology as a widespread affliction affecting many community members of the younger generation. He continued by saying that traditional knowledge was always available to him, but he was preoccupied with gaming and did not take the time to learn from his elders. Similar stories were shared by community members as they reflected on not seeing children playing outside as they once did.

Madeline reflected on the modern-day challenges to TIM, noting the loss of traditional practices and language among the younger generation, “lots, lots of change. Even people used to visit each other and have some tea, talking, tell stories, but now you don’t visit people. Only those (hand gestures of being on a cell phone), the kids, only this.” Madeline, as the Mikisew Cree First Nation’s oldest member, had seen the shift from a culture of families visiting and being present with one another to the breakdown of community social bonds: families no longer visiting and technology taking the attention away from each other. TIM knowledge transmission was dependent upon families and communities sharing with each other, specifically elders passing knowledge down to the younger generations, and modernization continued to widen the generational gap.

Community members also expressed concerns about the challenges in sustaining interest among younger generations. Alice R. shared her worries about the declining engagement with traditional practices, “I don’t have a very good positive feeling that it will continue...technology has taken over...how do you get the youth there is a big concern...interest is dwindling.” Alice

also highlighted the cultural shift in dietary habits and preferences, which further complicated efforts to maintain traditional practices, “if I was to cook a moose heart...I think they would just walk away...how do you get the youth there is a big concern.” Alice’s concerns reflected a broader generational gap where the values and practices that once shaped community identity, such as harvesting, preparing, and consuming traditional foods, were now less prevalent. The shift in dietary habits, influenced by the availability and preference for store-bought foods, further eroded traditional knowledge transmission, making it difficult to keep the youth interested in culturally significant activities like hunting, fishing, and medicine harvesting.

There was an underlying thread: somehow contrasting traditional and modern ways of life must be reconciled. The question remains how to bridge the generations while adopting new and evolving ways of being and maintaining traditions. To me, blending traditional and contemporary practices means embracing the strengths of both, using modern tools like digital storytelling and media to document and share TIM knowledge, thereby making it accessible to younger generations while respecting the protocols and spiritual integrity of these teachings. It was evident that the community members have voiced a significant concern about the growing disconnection between younger generations and traditional practices. While technological advancements and modern lifestyles offer new opportunities, they also present challenges to the transmission of TIM and related cultural values. The community’s reflections demonstrate a balance between modernity and tradition, where both can coexist in a way that nurtures identity and cultural continuity. Creating opportunities for intergenerational learning spaces can help to bring this balance, allowing younger generations to engage with and embody TIM within a modern context while honoring the values and principles of traditional teachings. Compounding

the suppression of TIM were the destructive impacts of industrial development on traditional territories, which are explored in the next section.

Environmental Degradation

Community members like Sonny highlighted the severe environmental degradation caused by industrial development, such as oil sands extraction, which had contaminated water sources and affected local plant and animal life. This pollution had directly impacted the availability and potency of medicinal plants, central to TIM practices. Robert noted the changes in the land and how they affected access to traditional resources, “the lack of deep water...makes getting across to certain spots for medicines...more limited. The biggest change I’ve seen is the inaccessibility to get to certain hunting areas because of lack of boating opportunities.” Furthermore, Sonny provided a detailed account of the ongoing contamination and its consequences, “the water has been contaminated for years...it’s killed a lot of our medicine...the delta, the muskegs, it settles there...now people have to travel further to get clean stuff.” Alice R. also reflected on the environmental changes and their impact on traditional practices, “living downstream from the dirtiest oil plants in the world, no our water is not safe. Our fish is not...There are scientists telling us not to eat the innards of the ducks...and that’s the kind of food that I like to cook.” Community members stressed that industrial degradation has and is severely impacting community access to clean drinking water and clean traditional foods and medicines.

There was also alarm around illnesses, such as cancer, related to the pollution of the lands, food, and water. As Sonny stated,

Maskihkiy, from the bush, our medicine...I remember some guys their hands used to be really rough, and they used to put big leaves I remember, used to put it there...there's lots

of stuff that can be used for cancer, one of the main sicknesses. We never had cancer here before when my mom was very young, if somebody had cancer in the community or wherever, they'd hear about it. Today there's the cancer that they've been finding here in Fort Chip, out of 100,000 or 10,000 people you find one, and here there's not even 2000 people they're finding 10 or 12 probably a year but then you think about it, but maybe they had medicine for it, but they didn't have cancer here before, whatever that was brought by the settlers and whoever came here, a lot of people went through here.

Alice R. elaborated on community illnesses across the generations in relation to the land, medicine, and food.

We have so many diabetic people here. My older brother is diabetic. And he's 78 he smokes like a chimney and he's had a triple quadruple bypass surgery and he still smokes. He's overweight. And so, he has trouble walking. My dad lived to be 90, he was lean. And he smoked every day. But he would have been happy with just meat and fat, boiled meat and fat, well potatoes too because we always had potatoes in the garden.

Community illnesses, such as cancer and diabetes, are related to environmental degradation and the negative impacts of pollution from industrial development, namely the Alberta tar sands. The shift from traditional to western diets was also seen as a consequence of pollution of traditional foods and an over-reliance on western foods lacking in nutritional value, such as white flour and white sugar, which in turn affects the wellbeing of people.

Environmental damage had led to a scarcity of accessible and uncontaminated foods as well as medicinal plants, which were crucial for TIM. This scarcity made TIM practices more challenging and less feasible, while also eroding the communal knowledge base as fewer people engaged in these practices. Mike C. spoke to the broader impact of environmental and cultural

changes on the community's ability to live traditionally and maintain their health, "we need to correct ourselves and slow it down, or else eventually our future generations will have nothing. Even the air, the water, it will all be polluted." The lasting effects of these disruptions threaten the vitality of TIM and the health of the community. Addressing these issues will require efforts toward cultural revitalization, environmental restoration, and renewed support for TIM to ensure its survival for future generations. These observations align with my research questions on how environmental degradation and cultural shifts affect the practice and transmission of TIM, leading to the need to explore sustainable strategies for preserving both the land and the traditional knowledge in ways that empower future generations.

Preservation of TIM

Due to the historical, modern, and environmental disruptions to TIM knowledge listed above, community members expressed a deep desire to restore, revive, and preserve it as they move into the future. The TIM knowledge gap was seen as an opportunity for the community to build new structures to see their traditions kept alive. Sonny proposed the establishment of a healing lodge or community center that emphasizes traditional practices, acting as a central location for learning and healing, "they need a healing lodge...to teach the younger people or whoever...our way of life for medicine...a place where people can go not only to learn their medicines but to get healed by issues like alcohol or drugs...the whole community can use that healing center." Edward proposed medicine camps as another way to transmit knowledge, "have a camp set, especially for that program...once a kid does something, they're proud of it, and they want to do it again...take the kids away from school or home where they have their cell phones...they'll have no choice but to learn...Get a few elders together, I would love to do that." Julia added that there was a need for hands-on learning,

It would be good for the younger generation to know what medicines are and what they do...not just sit in the classroom and look at a book...if they go out on a camp...that would be the best thing, because they need to know.

Bridging the knowledge gap requires the community to return to land-based learning and fully immerse itself in the experience of relationship-building with TIMs. While the western education system and classroom learning are valuable sources of knowledge, they are incomplete without traditional forms of land-based learning. The elders remembered this way of living and learning, and they were invested in bringing it back to the youth. With the land and knowledge sources ready to offer traditional teachings, the younger generations were seeking guidance to carry on these traditions, and they needed people who were willing to organize and facilitate these connections.

Community members called for TIM knowledge transmission to be brought into and outside of the classroom and on the land to prepare the people in a good way by making TIM knowledge and practices fully accessible and widespread. As Alice R. stated,

To begin that journey, I think we want to take our people back on the land...because I can tell you for a fact that I become a different person when I'm on the land...that's very, very critical in the teachings that we need to pass on.

There was a desire to see TIM embedded within all social systems, not only health care, which spoke to the holistic worldview of community members. TIM becoming a part of life once again moves it out of the realm of hospitals and health care clinics and back into the homes of community members where it originated. Edward and Julia spoke to the need for home-based teaching and dedicated spaces where elders could freely share their wisdom with younger generations, "if they could come out and show the people...just show them at home and their

children will pass it on...make a nice camp for the elders, where elders can freely do medicines for the people.” Julia also pointed out the importance of improving communication and outreach to ensure that all community members, especially the youth, were aware and engaged, “people don’t know that they’re here...challenging society...if they don’t know how to survive, how is it going to be for them in years to come?” Although there was hope embedded within the stories of the community members and their ideas for the future, there was a fear of the knowledge being lost, and therefore the youth becoming lost as well.

Many were taking the steps to preserve what remained of their cultural practices and to pass on their knowledge to younger generations. Initiatives like annual moose hunts and educational awareness programs served as centers for learning and practicing TIM and other cultural practices, aiming to counteract the negative impacts of historical and ongoing disruptions. Mike C. stressed the importance of fostering pride and resilience in the younger generation, “you feel good about it...we have to lift up their spirits...we would like to help our younger generation, but we have to find ways that can work, not hand it to them.” What Mike meant by “not handing it to them” was that the knowledge needed to be passed on in a way where the youth could feel like they earned it through their own hard work. Mike had been working with youth in the community for some time and had understood that the best way to teach the young ones was to show them how and let them try it for themselves.

Mike C. discussed how technology had reduced outdoor activities, leading to health problems and a loss of connection to traditional practices. He called for community action and emphasized the importance of starting at home, “when I was growing up, there was no TVs...nowadays what I see is too much games...we used to have a lot of exercise...we wonder why our students get in trouble so much...it starts in the household.” Mike also highlighted the

importance of perseverance, gratitude, and ancestral wisdom in overcoming future challenges, “be thankful...don’t give up...the younger generation, that’s our future, guide them well...they are the ones that are going to face the consequences of what’s coming.”

Community efforts also included distributing educational materials and organizing community events. Mike M. shared a positive example, “ACFN (Athabasca Chipewyan First Nation) and MCFN (Mikisew Cree First Nation)...have available additional information, free booklets...there’s stuff here that you can go to...ACFN this year gave out a whole bunch of booklets with all of the medicines they commonly use.” Sam discussed the efforts to reconnect with traditional ways, albeit infrequently, “it seems like they host (traditional activities) only a few times a year...for the fall hunt, moose hunting, duck hunting...maybe like the sweetgrass, muskeg tea, the basic medicines.” Engaging in traditional activities a few times a year was seen as a good start, but community members wanted to see more in the realms of educational programming and documentation as a means of preserving TIM knowledge.

Rita M. called for integrating TIM into school curriculums and academic studies, making language, TIM, and culture core elements of education. She stressed that traditional teachings should be woven into daily life, not just taught sporadically, “every morning when we wake up, be thankful to the Creator, to the Great Spirit be thankful...be happy to be living a good life.” Rita envisioned a future where youth embody sacred teachings like respect, honesty, and kindness every day. Her hope is that young people continue to embrace the traditional way of life, fostering a deep connection to their identity and culture. Additionally, Alice M. highlighted the importance of documenting traditional knowledge and engaging the community in meaningful ways.

Now we have to put it in action...we cannot do everything that needs to be done when we talk about reviving, and retaining our traditional knowledge and medicines...so, how can I participate and help promote this so that the community benefits?

Alice also suggested involving different groups within the community - elders, youth, parents, and other groups – to understand their unique perspectives and needs, “target groups, at first, and try and get what do the elders understand? and then what do the youth understand?...those are the biggest challenges to teaching.”

Challenges remained within the communities to create a shared vision that would sustain lasting change. There were differences between generations and, as Alice stated, unique gendered and familial needs. As an elder working for positive change in her community, Alice had experienced first-hand these barriers to action and the immense amount of work required to build new social structures. It was evident in the community member’s stories that there were many who were still on their healing journeys, creating differing capabilities for sustained community engagement. Initiating community projects to revive TIM and traditional health practices would need a strong and unified community force working for the same goals, made up of community members who were ready and willing to do the work that was required.

This particular study was a part of TIM documentation, but community members recognized there was more that needed to be done if traditional knowledge and practices were to be preserved for future generations. The people strongly advocated for the embodiment of TIM practices through land-based learning, acknowledging that learning and practicing TIM requires being on the land. During the times of institutional and classroom learning, the need for land-based embodiment must take students out of the classroom for them to truly learn the ways of TIM. Alice M. shared, “bring the people out on the land...you honor our land, you honor the

people, Mikisew Cree First Nation...you put them in a safe environment...and how we can start putting action to working together.” These insights resonate with my research questions, which seek to understand how community-led, land-based learning can support the preservation and intergenerational transmission of TIM, ensuring that younger generations have the experiential knowledge to carry these practices forward.

Integration of TIM

While there was a strong commitment to TIM, community members also recognized the need to integrate it with western medicine. This integrative approach was seen as an adaptation to contemporary health challenges, where TIM provided a spiritual and cultural complement to the physical symptom-focused western medicine. As Mike M. explained, “both, I use both (traditional and western medicine)...if I need something to help me breathe or clear my throat...lozenges and stuff like that do help, and so does drinking mint tea and even some rat root.” Similarly, Julia observed, “it seems like it’s half and half. Like some people won’t take this (TIM) if they’re taking western medicine, and doctors tell some of their patients that they could use both.” Many community members used a blend of TIM and western medicine, recognizing the value in both approaches while also acknowledging the unique benefits of TIM. However, there was a noted lack of formal integration of TIM within local healthcare systems, which, if addressed, could potentially enrich community health practices. Alice R. pointed out that while some local support existed for seeking traditional healers, there was still limited institutional support or formal pathways for integrating TIM into mainstream healthcare, “I think another thing we really need is more medical care at the clinic where we can have people...to introduce the use of traditional medicines.”

Mike C. reflected on how traditional practices were “hidden” but are now experiencing a resurgence, “traditional medicine, a person that really believes in Creator... understands that Native people knew how to survive on the land before the priests came along.” Mike expressed that Indigenous people knew how to take care of themselves fully and completely prior to contact, and they would often offer help to the settlers when they could not provide for themselves. As expressed by many of the community members, historically, TIM was a big part of the survival of Indigenous people and new settlers of the land. When western doctors and medicines of the times were unable to treat the new ailments afflicting new settlers, Indigenous community members would step into their role of helper/healer using their traditional knowledge. TIM use and practice then evolved through a blending of western influence and contemporary developments.

Community members stated that since the forced suppression and banning of TIM and ceremonies, there had been a gradual integration and acceptance of western medicines within their families and communities. Access played a significant role, making TIM less accessible and western medicine more readily available. Community members saw the value in the integration of traditional and western medicines—that they could be complimentary, and they both had an important role to serve in maintaining community health and well-being. There was some mention of Nune Health incorporating some TIM programs into their services, as well as some support from the Mikisew Cree nation in funding visits with traditional healers, although community members wanted to see more. Community members expressed a desire for healthcare systems that incorporated traditional practices, which they believed would enhance treatment outcomes and honor their cultural heritage. Rita observed, “it’s important to address health

benefits between western medicine and traditional medicine...cross-cultural awareness to our western healers...to understand that traditional health is just as important.”

Community members often navigated between TIM and western medicine based on the situation, using both to treat various ailments. This blending reflected a broader practice where traditional remedies were seen as complementary to or substitutes for western medicines, especially when conventional treatments were perceived as ineffective. As Mike M. explained, “when the doctors don’t work, they go to the traditionalists...they go seek out the healers that are out there.” Edward emphasized the practicality and benefits of using natural medicines, “teach it to our children so they don’t have to go to the drug store...our medicines have no side effects.” Edward continued to explain that TIM was a safe and effective way of healing, while comparatively pointing out the negative side effects of using western medicine, “traditional medicine...doesn’t have any side effects...it’s pure, Creator made them for you...they’re there to help.” He also discussed how the cost of western medicine poses barriers to access, and how certain pharmaceutical drugs could lead to addiction and crime within the community. The narratives reached a point where both medical traditions intersected and contrasted. Some community members had tried western medicine to then turn to TIM, or vice versa. Some community members expressed that western medicines had exacerbated their conditions, while others asserted that TIM had healed them. However, there were no personal accounts of TIM causing harm, except in some stories of “bad medicine”; medicine people using their powers to intentionally cause harm to others. Some community members preferred to rely solely on TIM, noting negative experiences that they had with both western medical doctors and pharmaceutical drugs.

The strong belief in TIM among community members significantly influenced its continued use alongside western medicine. Community members shared stories that reinforced their faith in TIM, particularly in dealing with spiritual or holistic aspects of health that western medicine might overlook. For example, Rita reflected on the reliance on traditional healers before the influence of western medicine, “we just relied on the grandmothers...most of them were midwives, most of them were healers...we were told who to go and see...being in a residential school for nine years...we were made to believe (traditional medicine) wasn't important.” It was clear that there was a deeper aspect to individual and community healing that only spiritual and holistic approaches could reach, which formed the bedrock of TIM in community contexts.

Community members saw the value and importance of TIM and its pivotal role in their healing, yet the lack of recognition within western healthcare systems created a disconnect between their visions of healing and the reality of what services were available to them. This was particularly true for elders who were unable to harvest TIM and/or be out on the land, making them more reliant on western medicine for ease of access. Alice R. shared her concerns,

I don't know if the clinic still offers it but you know, some people do go see a medicine man...medical will pay their fair to do that. So, they should be allowed to do that, you know, but to take traditional medicine. Well sadly in this community a lot of people are hooked on meds, any kind of meds, melatonin, gravol. I don't carry any of those things. Because I've had people come in here and say, you know, do you have any melatonin? And it's sad that they think that medicine like that is helping them is destroying them.

Several community members proposed solutions to bridge the gap between TIM and western medicine. One suggestion involved creating a healing lodge, as mentioned by Sonny,

which could serve as a community-centered space where traditional healing practices were formally recognized and integrated with western medical knowledge, “they need a healing lodge...a place where people can go not only to learn their medicines but to get healed...the whole community can use that healing center.” Additionally, there was a call for educational programs that could provide both healthcare professionals and the community with insights into how traditional and western medicines could complement each other. By promoting greater understanding and respect for TIM within the broader medical and patient community, such efforts could facilitate a more integrated approach to health and wellness, as stated by Rita, “I believe that that is happening now...health directors are making a big effort to try and bring (traditional and western medicine) together...to help the younger generation understand, respect, and grow with the teachings of the people.”

Overall, the findings show that community members valued a balanced approach to healing, using both TIM and western medicine, but noted a lack of formal integration within local healthcare systems. While TIM was trusted for its spiritual and holistic benefits, there was limited institutional support to incorporate it alongside western treatments. Many community members navigated between the two systems depending on their needs, often turning to TIM when western medicine was ineffective or had negative side effects. Community members proposed ways of integrating and bridging the gap between the two approaches, which was seen as essential for enhancing overall health outcomes. Because both types of medicine work well together, it was clear that people in the community would benefit from having easy access to TIM in modern health care facilities. This would make it easier for people to learn how both types of care can help patients’ health and well-being when used together.

Conclusion

As I worked with traditional medicines on the land – rat root, muskeg tea, wild mint, and diamond willow fungus – under the guidance of Robert Grandjambe, I felt deeply connected to the stories shared by the community members during my research. Each plant we harvested, every cut made, and every root unearthed carried with it the teachings, challenges, and resilience that have been passed down through generations. I realized that the medicine in my hands was not just for healing; it was a conduit for the cultural and spiritual strength of my people. As I listened to Robert's words and as we moved quietly across the land, the deeper understanding of TIM began to emerge. The health and wellness of the people, the disruptions brought by colonization, and the ongoing struggle to preserve and integrate TIM were all interwoven in the land itself.

The stories shared with me – about the personal experiences of healing, the collective loss felt through residential schools, and the efforts to bring the younger generation back to the land – manifested in the plants we gathered. I could feel the weight of these stories in my hands as I prepared each medicine. This experience reflected the broader themes of my findings: the land, culture, and medicine are inseparable, and through the act of harvesting and preparing these medicines, the community's past, present, and future were woven together in a tangible and sacred way. In these moments, I understood that the preservation and revitalization of TIM are not about remembering or recording knowledge but embodying it. Each trip out onto the land reaffirmed the connection between health, culture, and place. This embodied experience aligns with my research questions on how TIM can be preserved and transmitted intergenerationally, emphasizing Indigenous social work practices that honor the land as both healer and teacher, and recognizing that effective community healing must be grounded in the cultural and spiritual

contexts of those it serves. The healing journey is continuous, and it must be shared, taught, and passed down with the same care and intention as we harvest our medicines. Just as the land provides these medicines to heal the body, it also holds the stories that heal the spirit.

Chapter 5: *Nehiyaw Pimatisiwin* – Learning from the Research Journey

In this final chapter, I will share the insights and reflections that emerged from this research journey, guided by *Nehiyaw* principles. I will begin this exploration with a discussion of the key findings and themes revealed through community stories about TIM. Following this, I present the implications of this research for social work practice, offering ways of supporting Indigenous health and cultural resilience. I then outline contributions of this work to the community and academia, discussing ways to share knowledge and future directions. The final sections cover limitations, areas for further community-based TIM research, and closing reflections, which frame this work as part of a larger, ongoing journey of learning, healing, and reconnection with the land and traditional knowledge.

In this discussion, I reflect on the journey of this research, using the *Nehiyaw* principles of *Nehiyaw Pimatisiwin*, *Nehiyawewin*, *Sihtoskâtowin*, *Tapwewin*, *Wahkôtowin*, *Nehiyaw-mawimoscikewin*, *Manacihtawin*, and *Miyo-Wicihtowin* to guide my understanding of Traditional Indigenous Medicine (TIM) and its role in the Peace-Athabasca Delta communities. Many plants were named in the interviews, and a list was compiled to honor the medicines for their offerings and gifts of healing⁴. This inclusion was guided by community members' expressed wishes, as they emphasized the importance of documenting these plant medicines to ensure their knowledge, uses, and significance were preserved and acknowledged within this writing (see Appendix C). The themes that emerged from the community members stories are like stepping stones on the path, each revealing lessons about health, wellness, and the relationships between

⁴ I will give the english, traditional, and latin names of the medicines in a compiled list found in Appendix C. Note: this is not an exhaustive list of all plants named within the interviews with community members, nor does it include all of the diverse TIM found within this vast region. Animal medicines (beaver castor, bear gall, etc.) have not been included in the list.

people, the land, and spirit. Just as in life, this research is a circle, with all aspects interconnected. I offer my reflections not as conclusions but as part of an ongoing story, a story shaped by the teachings of the land, the elders, and the medicines themselves.

This research revealed four key themes that reflect the community's understanding and engagement with TIM: Traditional Indigenous Medicine: Perceptions of Health and Wellness, Disruptions to TIM Knowledge, Preservation of TIM, and Integration of TIM. Every aspect of this journey embodied the guiding principle of *Nehiyaw Pimatisiwin* – the Cree way of life. The Cree way of life teaches us to walk in balance and to respect the interconnectedness of all beings. The literature supported the community members' perceptions of health and wellness in relation to TIM, reflecting this balance. The land and spiritual beliefs are inherently tied to TIM and holistic health, viewing plants as relatives with spiritual roles in healing (Bourke et al., 2018; Graham & Martin; 2016; Thiessen et al., 2020; Turner, 2006). Similarly, *wahkotowin* teaches us the interconnectedness of all things, including people, animals, plants, the land, and the spiritual beings who guide us (Gesink et al., 2017). This principle was reflected in the way community members spoke about healing. This was *wahkotowin* in practice, honoring the land as a relative and recognizing that health of the community was dependent on the land. Therefore, the community attributed the disruptions to TIM knowledge to impacts of colonization and residential schools, the subsequent degradation of land due to industrial development, and modern technological and lifestyle changes.

The literature confirmed the damaging impact of colonial policies, such as the Indian Act, and the erasure of traditional practices through residential schooling (Datta & Marion, 2021; Goulet, 2021; Greenwood et al., 2018; Lavallee & Poole, 2009). Despite these disruptions, there was a strong desire within the community to revive and preserve TIM, passing forward the

ancestral teachings that sustained them for time immemorial. Community members envisioned solutions grounded in *miyo-wicihtowin*, the principle of unity and kinship (Hatala et al., 2019). They expressed a longing for the integration of community healing spaces, such as healing lodges, medicine camps, and integrated healthcare services, to bring together holistic aspects of healing across the generations. Community members spoke about spaces where traditional and modern contexts would intersect and be shared and passed down in meaningful ways. Their ‘thinking’ or analysis reflected the necessity to think through various methods for traditional and western methods to be woven.

This research was important for me because it allowed me to deepen my understanding of the relationship between TIM, the land, and the people. As someone connected to my community’s history, culture, and spiritual practices, this journey was a way to honor the teachings of my ancestors and help ensure that this knowledge was not lost. By walking through the stories, practices, and struggles of my community, I became more aware of how deeply intertwined our health is with our traditions, our environment, and our ability to pass this knowledge to future generations. It was also a personal healing journey, as I realized that this work not only restored cultural identity but strengthened my own sense of purpose in contributing to the preservation of our ways of knowing.

For my community, this research was important because they shared that it addressed the need to reconnect with traditional healing practices, which had been disrupted by colonization, residential schools, and technological and environmental changes. While there are numerous colonial acts that have broadly impacted Indigenous peoples, this research focuses specifically on those disruptions that directly affect TIM and traditional healing practices. TIM was always central to well-being, not just as a form of medicine but as a way of life. Alice R. described

wellness as a state of contentment and mindfulness, suggesting that health emanates from within and is expressed through one's relationships with the community and the land. This holistic view aligned with Indigenous worldviews that prioritized harmony and interconnectedness, indicating that wellness was a holistic state of balance and fulfillment (Belcourt et al., 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). The Cree concept of *miyo-mahcihoyan* (physical, mental, emotional, and spiritual well-being) reflected these integrated health principles, as discussed in the literature (Bourke et al., 2018; Thiesson et al., 2020). This concept was central to everything I learned throughout this research, reminding me of how much our health, identity, and traditions are rooted in the land and in our relationships with each other. *Wahkotowin*, the principle that teaches us about interconnectedness, was at the heart of the stories shared in Chapter 4. Whether stories revolved around the healing power of TIM in situations where conventional medicine failed, or the personal journeys of elders striving to preserve this knowledge, stories shared were significant as they provided tangible examples of resilience and cultural continuity. Stories offered traditional teachings that mattered to the community because they exemplified the struggle to maintain a connection with the land and traditions in the face of modern challenges, such as technological distractions and environmental degradation.

TIM and related healing traditions provided guidance for protecting and promoting individual and community health, demonstrating how deeply embedded these practices were within Indigenous cultures (Datta & Marion, 2021; Goulet, 2021; Greenwood et al., 2018; Lavalley & Poole, 2010). Greenwood et al. (2018) stated,

What we mean by spiritual health is largely left to the interpretation of the patient, practitioner, or researcher without distinguishing the concept within the complex and

various forms of culture, tradition, ceremony, healing, and healers with which it is associated. It is not surprising then, that healing the spirit is predominantly left to the initiative and resources of individuals seeking out elders, healers, and medicines outside formal health systems (p.55).

TIM, as a spiritual practice, was full of sacred protocols, where plants, the land, and the ancestors all played a role. Alice M. spoke about the care and respect required when gathering medicines, ensuring that the relationship with the land was always reciprocal. This reflects *manacihawin*, the principle of maintaining respectful and balanced relationships with all beings: human, plant, or animal (Friedland et al., 2020). The community viewed holism and health based on interconnectedness to the self, the food they ate, the water they drank, the medicine they used, their family and community connections, and their relationships with the land. This interconnectedness was echoed in the literature, where plants were seen as existing in service of humanity, which made respect of the natural world a central pillar of importance within Indigenous cultures (Belcourt et al., 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2008; Young et al., 2015). Geniusz (2015) shared,

The plants always know their place in the cycle of life. They are always willing to serve their fellow beings, for we are all brothers and sisters in the cycle together. The plants are closer than we to Creator because they were created before mankind. They are willing to give themselves to maintain the harmony, but they are owed the honor of being asked for their sacrifice (p.21).

This quote aligns with the literature's assertion that plants and the land are seen as living entities imbued with spirit, which participate in the healing process (Belcourt et al., 2007; Geniusz, 2015). However, environmental degradation caused by industrial activities had severely

impacted the availability and quality of medicinal plants and traditional foods. Literature supported these results, pointing out that environmental damage was a major threat to traditional practices and the long-term survival of TIM (Achan et al., 2021; Hill, 2003, 2009; Redvers & Blondin, 2020), which is reflected in Belcourt et al.'s (2007) account of the Métis connection with nature.

As Métis, our environment has influenced our lifestyle. Being Métis meant knowing how to survive in nature. Being Métis meant having respect for our environment. Being Métis meant being in tune with nature. Being Métis meant being in tune spiritually with our surroundings. Our culture, our lifestyle, our spirituality was and still is influenced by our environment (p. 8).

As I listened to the stories, I was struck by how deeply these practices were embedded in the fabric of the community's life. Yet, the disruption caused by colonization and residential schools was very evident. When my auntie Marlene recounted the raids on our ancestors' villages and the destruction of the medicine people's bundles and sacred objects, it instilled a deep sense of fear around TIM and its practices and ceremonies. The principle of supporting and caring for one another, *sihtoskatowin*, was weakened by colonial efforts to sever intergenerational ties (MacDonald & Steenbeek, 2015). These disruptions led to unexpected results in my research, as I realized how deep the generational gap was—much more than I had anticipated. This gap was not only resonant in my own personal story and the disconnections that I had experienced within my family and community, but in the larger communities as a whole. Modern technology and changing lifestyles had widened this gap even further (Hill, 2009; MacDonald & Steenbeek, 2015; Manitowabi & Maar, 2018). Julia and others spoke of their concern that younger generations were more interested in digital devices than learning about

traditional ways. In the literature, this concern is verified by the growing tension between traditional knowledge and modern developments (Hill, 2009; MacDonald & Steenbeek, 2015; Manitowabi & Maar, 2018). As Madeline reflected on how people no longer visit each other and share stories around the table like they used to, I thought about *tapwewin*, the principle of truth, because truth in these stories was undeniable (Auger et al., 2024). There was a disconnect shared through stories and experiences, and it needed to be healed. This healing journey encompassed many facets, ranging from the individual healing of trauma to the collective healing of lands and peoples. Additionally, the role of language extended beyond merely preserving teachings, serving as a conduit for the spiritual transmission of sacred knowledge. *Nehiyawewin*, the Cree language, as a guiding principle of this work shaped the way community members expressed themselves. The language acted as a bridge, reconnecting them to their ancestors and the land, and offering healing through connections made.

When Robert and I visited my family's old trapline on the land, I could see my ancestors gathering medicines together, our old ones teaching our young. I recalled my own upbringing when I would grow food and medicine with my mother in the garden in the backyard of our home. What was once a family tradition of living on the land has now become an evolution of living with it in contemporary contexts. Our elders have always emphasized that our cultures and practices are dynamic, constantly evolving. So, this research is not an act of bringing back the old ways in the exact same way that they were, but rather to infuse and integrate the old ways with the new ways. Just as ancestral wisdom of TIM is carried forward, it has also become integrated with western medicine, and therefore, TIM knowledge and the practices surrounding its use must also stay current to meet modern contexts. Adapting TIM to modern contexts ensures its relevance and accessibility, allowing it to address contemporary health challenges

faced by Indigenous communities while maintaining its core principles and spiritual foundations. This study has also proven that if the younger generations desire technology, we must upgrade our education systems by incorporating technological advancements and blending tradition with technology. After all, the awareness and intention put into working with technology determines its capacity to improve our lives.

Community members saw the blending of TIM and western medicine as an integrated approach to health that could leverage strengths of both systems. However, the challenge lied in creating healthcare frameworks that formally recognized and supported the use of TIM alongside western medical practices. The literature echoed these challenges, noting the polarized views of health and wellness between Indigenous and western health systems and the power differentials that complicated true integration (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2022; Redvers et al., 2019). Rita's call for integrating traditional practices with western healthcare services resonated with Redvers et al. (2019), who argued that collaborative health frameworks offer a more holistic approach to well-being. The blending of healing systems aligns with *miyowichitowin* and reflects a broader movement toward holistic healthcare that benefits all people, not only Indigenous communities (Hatala et al., 2019). The literature supported this perspective, indicating that strengthening cultural identity, community integration, and political empowerment contributes to improving health outcomes for Indigenous peoples (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2022; Redvers et al., 2019).

These stories matter most to elders, who are the knowledge keepers, but they also matter to youth, who are in danger of losing access to this wisdom. The research matters more than ever because we are at a point where the disconnection between generations could lead to further erosion of our cultural practices if we do not act to preserve them. It is relevant not just for my

community but also for the province and nation because Indigenous healing practices offer valuable insights into holistic wellness, sustainability, and respectful relationships with the land, ideas that are increasingly important as we navigate issues like environmental degradation, widespread and growing mental health concerns, and cultural reconciliation (Corntassel & T'lakwadzi, 2009; McGregor, 2018; Nelson & Wilson, 2017). TIM has the potential to transform broader healthcare frameworks and remind us that healing is about more than just the body; it is about land, spirit, and community (Achan et al., 2021; Hill, 2003, 2009; Redvers & Blondin, 2020).

***Oskâpêwis* – The Path Forward with Social Workers as Helpers**

The key themes from this study have important implications for social work practice, particularly within Indigenous communities. One of the central findings is the holistic view of health and wellness, deeply embedded in Indigenous worldviews, and the balance of all aspects of the individual, family, community, and nation. This view aligns with *Nehiyaw pimatisiwin*, the Cree way of life, where health is about achieving said balance (Greenwood et al., 2018). This also mirrors the conceptualization of health found in the literature, particularly in frameworks like the Medicine Wheel, which similarly highlights the interconnectedness of all aspects of life (Graham & Martin, 2016; Bourke et al., 2018). As such, social work practice must integrate these holistic perspectives, moving away from an individualistic approach to wellness and extending the web of practice to the family, community, nation, and land. To promote well-being in Indigenous communities and uphold the principle of *wahkotowin*, which says that all relationships are sacred and connected, interventions that are sensitive to culture and take into account the roles of family, community, and the land are necessary.

Furthermore, social workers should support programs that help Indigenous people keep their connections to the land, seeing it as a source of healing and cultural identity (Bruyere et al., 2020). This is in line with anti-colonial and Indigenist ideas about the relationship between Indigenous people and their environments. The findings affirm the literature's assertions of land-based health approaches, particularly given the critical role of the land in TIM. Indigenous understandings, as expressed by many community members, link the health of the environment directly to human health (Belcourt, 2007; Cohen, 2018; Geniusz, 2015; Marles et al., 2009; Young et al., 2015). For me, this would involve facilitating land-based programs that bring community members, particularly youth, onto the land to learn TIM practices directly from elders, thereby fostering intergenerational knowledge transfer and reinforcing cultural identity through direct engagement with the land.

Manacihawin, the principle of respect for all living beings, also holds relevance for social work. As such, social workers must cultivate knowledge of and respect for TIM as a vital part of the community's health practices. This aligns with the literature that calls for social workers to engage with traditional practices as a part of culturally competent social work (Bruyere et al., 2020; Wendt & Gone, 2011). Social workers can facilitate the integration of TIM with western medicine, advocating for healthcare models that honor and incorporate traditional practices. In this way, the responsive benefits of working with TIM as preventative medicine would lend themselves to further transforming the reactive and symptom-based approach of western care. As the literature on cultural safety states, health interventions should create environments that are safe for Indigenous people to access healthcare without the threat of having their cultural identity challenged (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2022; Redvers et al., 2019). Social workers can work collaboratively with traditional healers,

ensuring their presence in healthcare settings and promoting and/or learning about the recognition of TIM's spiritual and cultural dimensions alongside western medicine. This would also help to remedy systemic racism that exists in the colonial institution of healthcare. For example, as is stated in Recommendation 10 of the In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care Report (2020), "that design of hospital facilities...include partnership with local Indigenous peoples and the nations on whose territories these facilities are located, so that health authorities create culturally-appropriate, dedicated physical spaces in health facilities for ceremony and cultural protocol" (p.62). Afterall, *Nehiyaw-mawimoscikewin*, the principle of Cree ceremony, was a guide for this entire research journey, and found to be an important part of community traditions, which should be included for true integration within healthcare settings.

The disruption in the transmission of traditional knowledge due to colonization and residential schools, as well as the cultural changes influenced by technology and modern lifestyles, stresses the need for culturally responsive social work practices within the community contexts of this study. In this research, elders have voiced concerns about the disconnect between generations, which is reflected in *sihtoskatowin*, the principle of support and care for one another. In fact, *sihtoskatowin*, is the underlying guiding principle of a traditional Indigenous approach to social work practice, as it embodies the traditional understanding of social workers as helpers. The findings reflect what the literature describes as a gap in the generational transmission of TIM knowledge (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2022; Redvers et al., 2019), which has left younger generations disconnected from traditional practices. Social workers should support initiatives that revitalize traditional knowledge, such as medicine camps and healing lodges, which create spaces for intergenerational learning and community

healing. These initiatives align with the Cree *mino-pimatisiwin* approach in social work, which focuses on “the restoration of wholeness, balance, relationships, and harmony,” and living “life in the fullest, healthiest sense (Bruyere et al., 2020, p. 36).” These findings contribute new insights into how social work can facilitate the reconnection between younger generations and their cultural roots. Intergenerational learning is a key to sustaining Indigenous knowledge (Achan et al., 2021; Allen et al., 2020), which is a foundational concept that has emerged through this research.

Social workers must also address lingering effects of intergenerational trauma, as evidenced by participants’ reflections about impacts of residential schools and the ongoing unhealed wounds resulting in addiction and mental health issues within their communities. The findings align with the literature on historical trauma, which emphasizes the need for trauma-informed care that recognizes the complex, cumulative impact of colonization on Indigenous peoples’ health (Bruyere et al., 2020; Duran, 2006; Lavallie & Yurach, 2022; Pride et al., 2021). Social workers can help create spaces for healing by supporting trauma-informed practices, facilitating storytelling and cultural expressions, and advocating for the inclusion of appropriate health services. *Tapwewin*, as the principle of truth teaches, teaches that truth and honesty are essential to healing, and social workers must engage in practices that honor the truth of these lived experiences and promote trust within community. As we have seen in the literature, solely western-based approaches to care are not effective in addressing Indigenous health disparities (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2022; Redvers et al., 2019). This leads to the central factor in the need for social work in Indigenous communities to be governed by *tapwewin* and traditional principles of practice that move beyond the limitations of western practice, giving voice to the stories that are wanting to be heard. While sitting around my

granny's sacred fire, I remember my cousin's voice telling me that people who come to gather knowledge in their communities never return. In order for us to nurture the truth, we must build trust, and that requires the commitment and dedication to consistently show up for our communities as their helpers. For me, this means approaching social work as a service and a commitment to my community – a dedication to building relationships grounded in *tapwewin* and cultural integrity, where healing is nurtured through consistent presence, honoring truths, and supporting Indigenous-led pathways to wellness.

Further, findings point to the significant barriers Indigenous peoples face when accessing TIM, including the impacts of environmental degradation, loss of traditional lands, and the legacy of colonialism. Social workers should address the broader social determinants of health by advocating for policies and programs that mitigate these impacts. Social workers can collaborate with community leaders and elders to promote environmental restoration projects, ensuring that the land continues to serve as a source of health and medicine for future generations. This is a powerful way to enact *wahkotowin* and promote social justice, aligning with calls in the literature for addressing environmental inequities affecting Indigenous communities (Gobby, 2020; McGregor, 2022). Given the intricate nature of industrial development in communities, it is crucial to devise solutions that prioritize healing both the land and the people, all while upholding social structures that ensure livelihoods of community members. The balance between maintaining cultural traditions and allowing for the evolution of social structures leads us to the next piece about integration.

As traditional and western medicine become more integrated, social workers can push for more comprehensive and culturally sensitive healthcare models. This would help with the bigger social factors that affect health. Social workers can work within healthcare systems to promote

the formal recognition and integration of TIM, ensuring that traditional practices are respected and supported. This might involve developing policies that allow for the use of TIM in conjunction with western treatments, training healthcare professionals in cultural competency, and facilitating partnerships between healthcare providers and traditional healers (Achan et al., 2021; Allen et al., 2020; Asamoah et al., 2022; Redvers et al., 2019). This approach can also serve as a framework for social work practice in general, promoting a more inclusive, culturally responsive model of care that respects diverse healing traditions and prioritizes collaboration across healthcare systems. This approach is consistent with the principles of culturally competent practice, which requires understanding and respecting the cultural contexts and values of clients (Bruyere et al., 2020; Herring et al., 2012; Wendt & Gone, 201). Immersed in the world of herbalism and holistic health care for over a decade, I have witnessed firsthand the gaps in western healthcare settings, particularly the lack of formal integration of TIM, and the growing call from the herbalism and holistic health communities for this integration to occur. TIM must first be recognized by social workers as an essential form of healing within Indigenous communities to then build the capacity to create space for TIM within existing healthcare frameworks.

***Misakamepayiw* - The End of the Road (Scope of Research)**

While this research provides important insights into the health and wellness practices of the community, it is important to acknowledge its limitations. Honoring the whole story, including aspects not fully captured, is a central teaching of *tapwewin*, the principle of truth. This study relied on stories and experiences shared by a limited number of community members, and while their voices are important, they represent only part of a much broader narrative. As the literature reminds us, Indigenous communities are incredibly diverse, with varying perspectives

on TIM and health across families, generations, and regions (Redvers & Blondin, 2020; Redvers, 2020). The stories of elders, adults, and youth may differ, and the findings here reflect only a small section of that diversity. To truly embody *wahkotowin*, which speaks to the interconnectedness of all relations, future research must seek a wider circle, particularly including voices of Indigenous youth, to understand the evolving significance of TIM in modern contexts.

Another limitation lies in the interpretation of these stories. I made every effort to respect *tapwewin* by truthfully representing the community members' voices, but my own background and experiences inevitably shaped the analysis and discussion of the findings. As a visitor to my homelands, I have been honored to reconnect with my roots, but not living in the community full-time has created some separation. *Manacihawin*, the principle of respectful relationships, reminds us that to fully understand and engage with a community's knowledge, one must be deeply immersed in its day-to-day life. My outsider perspective, while informed by a deep sense of care and responsibility, has influenced how I interpreted the findings. Future studies could build on this work by incorporating more participatory approaches, allowing for greater collaboration and deeper immersion in community life.

Lastly, the historical and ongoing impacts of colonization and environmental degradation, which are central to the challenges faced by TIM, are complex and far-reaching. *Nehiyaw Pimatisiwin* teaches us that wellness is about the health of the land and the community, and the relationship between them. Industrial development, environmental damage, and the continuing effects of colonization are long-term, systemic issues that this study could only touch upon. As the literature indicates, these challenges will require more extensive community-led efforts and long-term solutions (Hill, 2009; MacDonald & Steenbeek, 2015; Manitowabi & Maar, 2018). In

order to address these deeply rooted issues, we must continue the work, honoring *wahkotowin* by bringing together the voices of the land, the people, and the broader systems that impact them. Only by doing so can we begin to fully embody the holistic visions of health and wellness that TIM offers.

***Nitawaskewin* – Areas of Further Exploration**

The following recommendations aim to guide further research to support the revitalization of TIM in the Peace-Athabasca Delta, as well as other Indigenous communities within Canada. Grounded in this study's findings, they encompass intergenerational knowledge transfer, community resilience, and integrating TIM into healthcare. Furthermore, by addressing environmental impacts and systemic challenges, these recommendations offer pathways for Indigenous healing practices and improved health outcomes for Indigenous communities. These include:

1. Explore research or use storywork approaches to engage youth in traditional teachings, examining methods that blend cultural practices with modern technology to help younger generations connect with TIM in contemporary contexts.
2. Examine the long-term impacts of dedicated healing spaces, such as medicine camps, on community resilience, cultural revitalization, and improved health outcomes.
3. Look into how industrialization affects the quality and availability of medicinal plants and how this relates to the documentation of TIMs. Also, examine how land protection and justice affect traditional practices and the health of the community.
4. Conduct a comprehensive health study to delve into the Peace-Athabasca Delta communities, examining the linkages between industrial development and environmental degradation, and their direct impact on TIM and health practices.

5. Look into structured partnerships between traditional healers and the use of TIM with healthcare providers to establish integrated healthcare services for Indigenous patients.
6. Future research can seek decolonized healthcare models that address the systemic impacts of colonization, supporting Indigenous communities by aligning healthcare services with traditional values and practices.

***Natawihewin* - Carrying the Healing Medicine Forward (Conclusion)**

This journey began as a call from the land itself, a quiet invitation from my homelands to reconnect with the spirit of the medicines rooted in its soil. For as long as I can remember, there was a deep calling within me, a pull to return home, to reconnect with my family and community. This calling persisted over time, becoming clear through visions in ceremony, each one guiding me closer to where my roots lay. Guided by *sakaw pimacihwin*, or our “bush way of life”, I set out not just to study Traditional Indigenous Medicine (TIM) but to meet it as a living, breathing part of our culture. This research was not only about gathering knowledge; it was about honoring the spirits of the plants, the wisdom of elders, and the ancestral traditions we hold.

As I immersed myself in research, I found the words of other Indigenous scholars and community members reflecting our shared struggles and resilience. Yet, the heart of the work lay on the land itself, where the medicines taught me directly. Rat Root, strong in the wetlands, embodied resilience and cleansing; Muskeg Tea offered gentle power and healing, while Diamond Willow Fungus, growing on ancient trees, gave me its transformative and protective energy. Harvesting these medicines was a sacred process, a reminder that our healing is tied to the land, to each plant’s spirit, and to the ancestors who passed down these teachings.

Now, as I bring this work back home, I feel a sense of coming full circle. The film we created is my gift to the community, a way to let the voices of the plants and our elders live on.

Together we will remember and imagine how this knowledge will carry forward. It is my hope that the spirits of these medicines, honored in each story and each sip of tea, will guide future generations along their own paths, helping them find strength in our ways and wisdom in the land that holds us. This journey is not an ending but a bridge to the next steps in reconnecting with our TIM and honoring the healing that flows through every part of our lives.

Epilogue

***Sakaw Pimacihwin* – Giving the Traditional Knowledge Back to the Community**

To ensure that the knowledge gathered during this research is accessible and meaningful to the community, I undertook the creation of a documentary film as a way to bring the work to life for those who shared their stories. This film, developed as a part of my knowledge dissemination plan, aligns with Indigenous storytelling practices, which resonate with our oral traditions. Seeing this film as a contemporary form of digital storywork, I made an ethics amendment to include my friend and filmmaker, Mark Adam, whose collaboration allowed for a visual journey that could honor and reflect the community's voices.

The concept of traditional knowledge, or *sakaw pimacihwin* in Mikisew Cree, literally translates to “bush way of life.” This term embodies the essence of knowledge as it is born, nurtured, and sustained within our culture. This understanding of *sakaw pimacihwin* is the guiding principle for my approach to gifting knowledge back to the community. In November 2024, a community gathering and feast will take place in Fort Chipewyan, creating a space where community members can come together to view the documentary film, engage with my research journey, and discuss pathways for future work. This gathering will be an invitation to shape the next steps of this research, drawing from the desires and needs of community members who envision how this work can evolve.

While the narrative of the film is crafted through my lens, the true depth of the story comes from the voices of the community, as participants share their experiences with Traditional Indigenous Medicine (TIM). Through the film, I also share my own journey, reconnecting with my roots, rediscovering home, and uncovering the spiritual layers of medicine work that hold deep meaning for our people. I intend the film not only as an educational tool, but also as a

means to transmit these stories to future generations. Ultimately, it will be for the community to decide how best to carry this gift forward. By returning to the community with this offering, I am completing a cycle, connecting to the next steps toward revitalizing TIM and its practices. For me, this is the beginning of a lifelong journey, a way to deepen my roots and witness the ripples of knowledge and healing that I hope will extend far beyond this moment.

In addition to engaging with the community, community members expressed a desire to produce a film about their TIM, utilizing Indigenous visual storywork as a form of gifting the knowledge back to the community. By employing audio and film recording techniques, I was able to capture the essence of the community narratives, preserving and honoring the wisdom embedded within them. Central to this endeavor was the commitment to reciprocity and community empowerment. As such, the short film was given back to the community, thereby amplifying their voices and nurturing cultural continuity (Archibald et al., 2019; Hammond et al., 2018; Rice & Mundell, 2018; Stanton et al., 2016). Filming community members during their storytelling and while on the land aligned with community interests which, in my view, empowered them by giving them a voice and platform to share their perspectives and experiences. Recognizing that academic works are often written and may not be accessible or engaging for all community members, it was imperative to disseminate research findings using this method (Archibald et al., 2019; Hammond et al., 2018; Rice & Mundell, 2018; Stanton et al., 2016).

References

- Abel, K., Wolfart, H. C., Ahenakew, F., & Russell, D. R. (1995). The Cree language is our identity: The La Ronge Lectures of Sarah Whitecalf. *The American Indian Quarterly*, 19(4), 590. <https://doi.org/10.2307/1185580>
- Absolon, K. (2010). Indigenous Wholistic Theory: a knowledge set for practice. *First Peoples Child & Family Review an Interdisciplinary Journal Honouring the Voices Perspectives and Knowledges of First Peoples*, 5(2), 74–87. <https://doi.org/10.7202/1068933ar>
- Absolon, K. E. (2022). *Kaandossiwin, 2nd Edition: How We Come to Know: Indigenous Research Methodologies*. Fernwood Publishing.
- Achan, G. K., Eni, R., Kinew, K. A., Phillips-Beck, W., Lavoie, J. G., & Katz, A. (2021). The two Great Healing Traditions: Issues, opportunities, and recommendations for an Integrated First Nations healthcare system in Canada. *Health Systems & Reform*, 7(1). <https://doi.org/10.1080/23288604.2021.1943814>
- Adekson, M. (2016). Indigenous healing and globalization. *Primary Health Care*, 6(3). <https://doi.org/10.4172/2167-1079.1000232>
- Allen, L., Hatala, A., Ijaz, S., Courchene, E. D., & Bushie, E. B. (2020). Indigenous-led health care partnerships in Canada. *Canadian Medical Association Journal*, 192(9), E208–E216. <https://doi.org/10.1503/cmaj.190728>
- Archibald, J. (2008). Indigenous storywork: educating the heart, mind, body, and spirit. *Choice Reviews Online*, 46(01), 46–0373. <https://doi.org/10.5860/choice.46-0373>
- Archibald, J. a. Q. Q., Lee-Morgan, J. B. J., & De Santolo, J. (2019). *Decolonizing research: Indigenous Storywork as Methodology*. Zed Books.
- Asamoah, G., Khakpour, M., Carr, T., & Groot, G. (2023). Exploring indigenous traditional healing programs in Canada, Australia, and New Zealand: A scoping review. *Science Direct*, 19(1), 14–25. <https://www.sciencedirect.com/science/article/pii/S155083072200074X>

- Athabasca Tribal Council. (n.d.). *Athabasca Tribal Council*. Retrieved October 23, 2024, from <https://www.atcfn.ca/>
- Athayde, S., Silva-Lugo, J., Schmink, M., & Heckenberger, M. (2017). The same, but different: indigenous knowledge retention, erosion, and innovation in the Brazilian Amazon. *Human Ecology*, 45(4), 533–544. <https://doi.org/10.1007/s10745-017-9919-0>
- Auger, J.C., Baker, J., Cardinal, L., James, A., Jay, M., & Loonskin, S. (2024). Indigenous research methods for healing sexual trauma with Cree women. *Culture, Health & Sexuality*, 1-15. <https://doi.org/10.1080/13691058.2024.2346532>
- Bastien, B., Kremer, J. W., Kuokkanen, R., & Vickers, P. (2003). *Healing the impact of colonization, genocide, missionization, and racism on Indigenous populations* [The psychological impact of war trauma on civilians]. Greenwood Press. <https://awakeningthehorse.files.wordpress.com/2013/12/colonization.pdf>
- Belcourt, C., Flamand, R., Whitford, O., & Richardson, R. (2007). *Medicines to help us: traditional Métis plant use : study prints & resource guide*.
- Bourke, S., Wright, A., Guthrie, J., Russell, L., Dunbar, T., & Lovett, R. (2018). Evidence review of Indigenous culture for health and wellbeing. *The International Journal of Health Wellness and Society*, 8(4), 11–27. <https://doi.org/10.18848/2156-8960/cgp/v08i04/11-27>
- Bruyere, G., Hart, M. A., & Sinclair, R. (2020). *Wicihitowin: Aboriginal Social Work in Canada*. Fernwood Publishing.
- Canadian Boreal Forest region*. (n.d.). Government of Canada. <https://natural-resources.canada.ca/sites/nrcan/files/cfs/assets/file/484>
- Candler, C., Gibson, G., Malone, M., Firelight Group Research Cooperative, & Mikisew Cree First Nation. (2015). *Wîyôw'tan'kitaskino (Our land is rich) a MIKISEW CREE CULTURE AND RIGHTS ASSESSMENT*. Mikisew Cree First Nation Government and Industry Relations. Retrieved October 23, 2024, from <https://open.alberta.ca/dataset/5da3a4f0-f982-4f8e-af9b->

cb00c39fb165/resource/360a4892-0a07-4388-b7a2-7ce6c2908cc9/download/mcfn-wiyowtankitaskinofinal-for-pdfsept16.pdf

- Candler, C., PhD, Olson, R., PhD, Firelight Group Research Cooperative, & Mikisew Cree First Nation (MCFN). (2013). *Mikisew Cree First Nation Indigenous Knowledge and Use Report and assessment*. Teck Resources Limited's Proposed Frontier Oil Sands Mine Project. Retrieved October 21, 2024, from <https://aeic-iaac.gc.ca/050/documents/p65505/114463E.pdf>
- Cochran, P. a. L., Marshall, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R. M. S. (2008). Indigenous Ways of Knowing: Implications for participatory research and community. *American Journal of Public Health*, 98(1), 22–27. <https://doi.org/10.2105/ajph.2006.093641>
- Cohen, K. S. (2018). *Honoring the medicine: The Essential Guide to Native American Healing*. Ballantine Books.
- Cook, B., Cook, R., Walker, G., Walker, M., Sutherland, F., Sutherland, F., Swanson, D., & Thomas, C. (2024). kiwētōtētan: ininiw kiskinomākēwin a framework for decolonial education. *International Journal of Indigenous Health*, 19(1). <https://doi.org/10.32799/ijih.v19i1.41253>
- Corntassel, J. (2003). Who is indigenous? 'Peoplehood' and ethnonationalist approaches to rearticulating indigenous identity. *Nationalism and Ethnic Politics*, 9(1), 75–100. <https://doi.org/10.1080/13537110412331301365>
- Corntassel, J., & T'lakwadzi, T. (2009). Indigenous storytelling, truth-telling, and community approaches to reconciliation. *English Studies in Canada*, 35(1), 137-159. <https://doi.org/10.1353/esc.0.0163>
- Dadich, A., Moore, L., & Eapen, V. (2019). What does it mean to conduct participatory research with Indigenous peoples? A lexical review. *BMC Public Health*, 19(1388). <https://link.springer.com/article/10.1186/s12889-019-7494-6>

- Datta, R., & Marion, W. P. (2021). Ongoing Colonization and Indigenous Environmental Heritage Rights: A Learning Experience with Cree First Nation Communities, Saskatchewan, Canada. *Heritage*, 4(3), 1388–1399. <https://doi.org/10.3390/heritage4030076>
- Dei, G. J. S., Karanja, W., & Erger, G. (2022). Land as indigenous epistemology. In *Critical studies of education* (pp. 113–126). https://doi.org/10.1007/978-3-030-84201-7_5
- Drawson, A., Toombs, E., & Mushquash, C. (2017). Indigenous Research Methods: A Systematic review. *The International Indigenous Policy Journal*, 8(2), 1–25. <https://www.jstor.org/stable/48767525>
- Duran, E. (2006). *Healing the Soul Wound : Counseling with American Indians and Other Native Peoples*.
- Edwards, T. S., & Kelton, P. (2020). Germs, genocides, and America’s Indigenous peoples. *Journal of American History*, 107(1), 52–76. <https://doi.org/10.1093/jahist/jaaa008>
- Erland, L. A., Turi, C. E., & Murch, S. J. (2021). Preliminary assessment of the conservation status of medicinal plant species in Canada. *Botany*, 100(2), 247–260. <https://doi.org/10.1139/cjb-2021-0090>
- Flynn, M., & Ford, J. D. (2020). Knowledge mobilization in community-based Arctic research. *ARCTIC*, 73(2), 240–260. <https://doi.org/10.14430/arctic70565>
- Fort McKay First Nation. (n.d.). *Fort McKay First Nation: Inspired By Our Past, Invested In Our Future*. Retrieved October 23, 2024, from <https://www.fortmckay.com/>
- Friedland, H., Jobin, S., & Lightning-Earle, K. (2020). Aseniwuche Winewak Nation Citizenship and Governance Research Project Report. In *Aseniwuche Winewak Nation*. Wahkohtowin Law & Governance Lodge, University of Alberta. Retrieved October 23, 2024, from <https://www.aseniwuche.ca/7-cree-principles/>
- Garcia, C. (2020). Indigenous Animistic Belief Systems and Integrated Science: Perspective on humans’ relationship with nature and the coronavirus pandemic. *The International*

- Journal of Ecopsychology*, 1(1),
6. <https://digitalcommons.humboldt.edu/cgi/viewcontent.cgi?article=1011&context=ije>
- Gaudet, J. C. (2019). Keeoukaywin: The Visiting Way - Fostering an Indigenous research methodology. *Aboriginal Policy Studies*, 7(2). <https://doi.org/10.5663/aps.v7i2.29336>
- Geniusz, M. S. (2015). *Plants have so much to give us, all we have to do is ask: Anishinaabe Botanical Teachings*. U of Minnesota Press.
- George, J., MacLeod, M., Graham, K., Plain, S., Bernards, S., & Wells, S. (2017). Use of traditional healing practices in two Ontario first nations. *Journal of Community Health*, 43(2), 227–237.
- Gesink, D., Whiskeyjack, L., & Guimond, T. (2017). Perspectives on restoring health shared by Cree women, Alberta, Canada. *Health Promotion International*.
<https://doi.org/10.1093/heapro/dax099>
- Gobby, J. (2020). *More powerful together: Conversations With Climate Activists and Indigenous Land Defenders*. Fernwood Publishing.
- Goulet, K. N. (2021). *Land and Colonization: A Nehinuw (Cree) perspective*. <https://ourspace.uregina.ca/handle/10294/14333>
- Graham, H., & Martin, S. (2016). Narrative descriptions of miyo-mahcihoiyān (physical, emotional, mental, and spiritual well-being) from a contemporary néhiyawak (Plains Cree) perspective. *International Journal of Mental Health Systems*, 10(1). <https://doi.org/10.1186/s13033-016-0086-2>
- Greenwood, M., De Leeuw, S., & Lindsay, N. M. (2018). *Determinants of Indigenous Peoples' Health, second edition: Beyond the Social*. Canadian Scholars.
- Hammond, C., Gifford, W., Thomas, R., Rabaa, S., Thomas, O., & Domecq, M. (2018). Arts-based research methods with indigenous peoples: an international scoping review. *AlterNative an International Journal of Indigenous Peoples*, 14(3), 260–276. <https://doi.org/10.1177/1177180118796870>

- Harding, A., Harper, B., Stone, D., O'Neill, C., Berger, P., Harris, S., & Donatuto, J. (2011). Conducting Research with Tribal Communities: Sovereignty, Ethics, and Data-Sharing Issues. *Environmental Health Perspectives*, 120(1), 6–10. <https://doi.org/10.1289/ehp.1103904>
- Hardy, L. J., Shaw, K., Hughes, A., Hulen, E., Sanderson, P. R., Corrales, C., Pinn, T., Esplain, J., & Begay, R. C. (2020). Building a Narrative of Equity: Weaving Indigenous Approaches into Community-Engaged Research. *International Journal of Environmental Research and Public Health*, 17(14), 5148. <https://doi.org/10.3390/ijerph17145148>
- Hart, M. (2007). *Cree ways of helping : an Indigenist research project*. <https://mspace.lib.umanitoba.ca/handle/1993/8028>
- Hart, M. A. (2010). Indigenous Worldviews, Knowledge, and Research: The development of an Indigenous Research paradigm. *Journal of Indigenous Voices in Social Work*, 1. https://scholarspace.manoa.hawaii.edu/bitstream/handle/10125/15117/v1i1_04h_art.pdf
- Hatala, A.R., Morton, D., Njeze, C., Bird-Naytowhow, K., & Pearl, T. (2019), Re-imagining miyo-wicehtowin: Human-nature relations, land-making, and wellness among Indigenous youth in a Canadian urban context. *Social Science & Medicine*, 230, 122-130. <https://doi.org/10.1016/j.socscimed.2019.04.012>
- Herring, S., Spangaro, J., Lauw, M., & McNamara, L. (2012). The Intersection of Trauma, Racism, and Cultural Competence in Effective Work with Aboriginal People: Waiting for Trust. *Australian Social Work*, 66(1), 104–117. <https://doi.org/10.1080/0312407x.2012.697566>
- Hill, D. (2003). *TRADITIONAL MEDICINE IN CONTEMPORARY CONTEXTS protecting and respecting Indigenous knowledge and medicine*. National Aboriginal Health Organization. Retrieved October 21, 2024, from http://archives.algomau.ca/main/sites/default/files/2012-25_003_004.pdf

- Hill, D. M. (2009). Traditional medicine and restoration of wellness strategies. *International Journal of Indigenous Health*, 5(1), 26–42. <https://doi.org/10.18357/ijih51200912328>
- Hoffman, R. (2010). One story of a spiritual research journey. *The Canadian Journal of Native Education*, 33(1). <https://doi.org/10.14288/cjne.v33i1.196513>
- Hutchinson, P. J., McIlduff, C. D., Legare, M., Keewatin, M., Hagel, M., Chapados, M., & Acharibasam, J. B. (2023). Indigenous knowledge mobilization: reflection on context, content, and relationship. *AlterNative an International Journal of Indigenous Peoples*, 19(4), 902–913. <https://doi.org/10.1177/11771801231198082>
- Kayne, S. B. (2010). *Traditional medicine: A Global Perspective*.
- Kovach, M. (2021). *Indigenous methodologies: Characteristics, Conversations, and Contexts, Second Edition*. University of Toronto Press.
- Lavallee, L. F., & Poole, J. M. (2009). Beyond Recovery: Colonization, health and healing for Indigenous people in Canada. *International Journal of Mental Health and Addiction*, 8(2), 271–281. <https://doi.org/10.1007/s11469-009-9239-8>
- LaVallie, C., & Yurach, W. (2022). *RURAL AND NORTHERN SOCIAL WORK PRACTICE: CANADIAN PERSPECTIVES: Braiding Trauma-and-Violence Informed Care Practice guidelines into competencies for social workers working in rural and remote locations* (6th ed.). University of Regina Pressbook. <https://opentextbooks.uregina.ca/ruralandnorthernsocialworkpractice/chapter/68/>
- Lin, C., Loyola-Sanchez, A., Boyling, E., & Barnabe, C. (2020). Community Engagement Approaches for Indigenous Health research: Recommendations based on an Integrative review. *BMJ Open*, 10. <https://doi.org/10.1136/bmjopen-2020-039736>
- MacDonald, C., & Steenbeek, A. (2015). The impact of colonization and Western assimilation on health and wellbeing of Canadian Aboriginal people. *International Journal of Regional and Local History*, 10(1), 32–46. <https://doi.org/10.1179/2051453015z.00000000023>

- Manitowabi, D., & Maar, M. (2018). “We stopped sharing when we became civilized”: a model of colonialism as a determinant of indigenous health in Canada. *Journal of Indigenous Social Development*, 7(1). <https://dev.journalhosting.ucalgary.ca/index.php/jisd/article/view/58480>
- Marles, R. J., & Centre, N. F. (2009). *Aboriginal plant use in Canada's northwest Boreal forest*. University of British Columbia Press.
- Martens, T., Cidro, J., Hart, M. A., & McLachlan, S. (2016). Understanding indigenous food sovereignty through an Indigenous research paradigm. *Journal of Indigenous Social Development*, 5(1), E-ISSN 2164-9170. http://umanitoba.ca/faculties/social_work/research/jisd/
- Matheson, K., Seymour, A., Landry, J., Ventura, K., Arsenault, E., & Anisman, H. (2022). Canada's Colonial Genocide of Indigenous Peoples: A review of the psychosocial and neurobiological processes linking trauma and intergenerational outcomes. *National Library of Medicine*, 19(11), 6455. <https://doi.org/10.3390/ijerph19116455>
- McGregor, D. (2022). CHAPTER 1 Mino-Mnaamodzawin Achieving Indigenous Environmental Justice in Canada. In *Berghahn Books* (pp. 9–26). <https://doi.org/10.1515/9781800732858-002>
- McGuire-Adams, T. D. (2019). Paradigm shifting: centering Indigenous research methodologies, an Anishinaabe perspective. *Qualitative Research in Sport Exercise and Health*, 12(1), 34–47. <https://doi.org/10.1080/2159676x.2019.1662474>
- Mecredy, G., Sutherland, R., & Jones, C. (2018). First Nations Data Governance, Privacy, and the Importance of the OCAP® principles. *International Journal for Population Data Science*, 3(4). <https://doi.org/10.23889/ijpds.v3i4.911>
- Mellor, A., Cloutier, D., Wang, L., & Kobayashi, K. (2022). Becoming Wolf and other stories: using Indigenist arts-based methodologies to explore urban Indigenous coming of age. *AlterNative an International Journal of Indigenous Peoples*, 18(3), 364–374. <https://doi.org/10.1177/11771801221118592>

- Michell, H., Hardlotte, B., & McLeod, R. (2021). Traditional Ecological Knowledge (TEK) of the woodlands Cree and denesuline peoples of Northern Saskatchewan, Canada: The land as teacher and healer. *Journal of Indigenous Well-Being*, 6(1), 26–36. <http://manage.journalindigenousandwellbeing.com/index.php/joiw/article/download/145/159>
- Mikisew Cree. (n.d.). *Mikisew Cree First Nation - Bridging Traditions & Future*. Retrieved October 23, 2024, from <https://www.mikisewcree.ca/>
- Miner, D. (n.d.). *Métis and Anishinaabe Beading Templates Vol. 1* (Vol. 1). <https://WIISAAKODEWININI.COM>
- Moorehead, V. D., Gone, J. P., & December, D. (2015). A gathering of Native American healers: exploring the interface of Indigenous tradition and professional practice. *American Journal of Community Psychology*, 56(3–4), 383–394. <https://doi.org/10.1007/s10464-015-9747-6>
- Muehlbauer, J. (2016). Plains Cree p̄yâhtikowêwin: The Ethic of Talking Softly. *Anthropological Linguistics*, 58(1), 79–98. <https://doi.org/10.1353/anl.2016.0020>
- Napier, K., & Whiskeyjack, L. (2021). wahkotowin: Reconnecting to the Spirit of nêhiyawêwin (Cree Language). *Engaged Scholar Journal Community-Engaged Research Teaching and Learning*, 7(1), 1–24. <https://doi.org/10.15402/esj.v7i1.69979>
- Napoleon, A. (2014). *Key terms and concepts for exploring Nîhiyaw Tâpisiowin the Cree worldview*. <http://mars.library.uvic.ca/handle/1828/5820>
- O'Reilly-Scanlon, K., Crowe, C., & Weenie, A. (2004). PATHWAYS TO UNDERSTANDING: “WÂHKÔHTOWIN” AS a RESEARCH METHODOLOGY. *McGill Journal of Education / Revue Des Sciences De L'éducation De McGill*, 39(001). <https://mje.mcgill.ca/article/download/8727/6670>
- Portman, T. a. A., & Garrett, M. T. (2006). Native American healing traditions. *International Journal of Disability Development and Education*, 53(4), 453–469. <https://doi.org/10.1080/10349120601008647>

- Pride, T., Lam, A., Swansburg, J., Seno, M., Lowe, M., & Bomfim, E. (2021). Trauma-informed Approaches to Substance use interventions with Indigenous Peoples: A scoping review. *Journal of Psychoactive Drugs*, 53, 460–473. <https://doi.org/10.1080/02791072.2021.1992047>
- Redvers, N. (2019). *The science of the sacred: Bridging Global Indigenous Medicine Systems and Modern Scientific Principles*. North Atlantic Books.
- Redvers, N., & Blondin, B. (2020). Traditional Indigenous medicine in North America: A scoping review. *PLOS ONE*, 15(8). <https://doi.org/10.1371/journal.pone.0237531>
- Redvers, N. (2020). “The land is a healer”: Perspectives on land-based healing from Indigenous practitioners in northern Canada. *International Journal of Indigenous Health*, 15(1), 90–107. <https://doi.org/10.32799/ijih.v15i1.34046>
- Redvers, N., Celidwen, Y., Schultz, C., Horn, O., Githaiga, C., & Vera, M. (2021). The Determinants of Planetary Health: An Indigenous Consensus perspective. *Science Direct*, 6(2). [https://10.1016/S2542-5196\(21\)00354-5](https://10.1016/S2542-5196(21)00354-5)
- Redvers, N., Marianayagam, J., & Blondin, B. (2019). Improving access to Indigenous medicine for patients in hospital-based settings: a challenge for health systems in northern Canada. *International Journal of Circumpolar Health*, 78(1), 1577093. <https://doi.org/10.1080/22423982.2019.1577093>
- Rice, C., & Mündel, I. (2018). Story-Making as Methodology: Disrupting Dominant Stories through Multimedia Storytelling. *Canadian Review of Sociology/Revue Canadienne De Sociologie*, 55(2), 211–231. <https://doi.org/10.1111/cars.12190>
- Robertson, L. H. (2021). The Medicine Wheel revisited: Reflections on Indigenization in Counseling and Education. *SAGE Open*, 11(2), 215824402110152. <https://doi.org/10.1177/21582440211015202>
- Sadowsky, K. R. (2018). *Walking In a Good Way: A Self-Study of MÔNIYÂSKWÊW*. <https://ourspace.uregina.ca/handle/10294/8515>

- Sayers, A. (2021). Canadian Indian Act Modernism. *Modernism/Modernity Print Plus*, 5(4). <https://doi.org/10.26597/mod.0193>
- Schroff, F. (2011). *Indigenous philosophies and critical education: We are all one holistic Thought-Forms within indigenous societies indigeneity and holism* (3rd ed.). Counterpoints.
- Settee, P. (2007). *Pimatisiwin : Indigenous knowledge systems, our time has come* [PhD Dissertation, University of Saskatchewan]. <https://harvest.usask.ca/handle/10388/etd-04302007-084445>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <https://doi.org/10.3233/efi-2004-22201>
- Smith, L. T. (2016). *Decolonizing methodologies: Research and Indigenous Peoples*. Bloomsbury Publishing.
- Stanton, C. R., Hall, B., & Ricciardelli, L. (2017). Cross-Cultural Digital Storywork: A Framework for Engagement with/in Indigenous Communities. *Engaged Scholar Journal Community-Engaged Research Teaching and Learning*, 2(1), 247–266. <https://doi.org/10.15402/esj.v2i1.209>
- Struthers, R. (2001). Conducting Sacred Research: an indigenous experience. *Wicazo Sa Review*, 16(1), 125–133. <https://doi.org/10.1353/wic.2001.0014>
- Telles, S., Pathak, S., Singh, N., & Balkrishna, A. (2014). Research on traditional medicine: what has been done, the difficulties, and possible solutions. *Evidence-based Complementary and Alternative Medicine*, 2014, 1–5. <https://doi.org/10.1155/2014/495635>
- Thiessen, K., Haworth-Brockman, M., Stout, R., Moffitt, P., Gelowitz, J., Schneider, J., & Demczuk, L. (2020). Indigenous Perspectives on Wellness and Health in Canada: Study protocol for a scoping review. *Systematic Reviews*, 9(177). <https://doi.org/10.1186/s13643-020-01428-0>

- Thomas, D. S. (2022). Applying One Dish, One Spoon as an Indigenous research methodology. *AlterNative an International Journal of Indigenous Peoples*, 18(1), 84–93. <https://doi.org/10.1177/11771801221087864>
- Thomas, R., & Green, J. (2007). A way of life: Indigenous perspectives on anti-oppressive living. *First Peoples Child & Family Review an Interdisciplinary Journal Honouring the Voices Perspectives and Knowledges of First Peoples*, 3(1), 91–104. <https://doi.org/10.7202/1069529ar>
- Traditional territories*. (n.d.). Mikisew Cree First Nation. Retrieved October 21, 2024, from <https://www.mikisewcree.ca>
- Turner, N. (2006, August 18). *Keeping Healthy: Traditional medicine, health and well-being for Canadian First Nations* [Slide show; Powerpoint]. Proceedings of the 5th International Conference of Health Behavioral Science, Bangkok, Thailand.
- Twarog, S., & Kapoor, P. (2004). Protecting and promoting traditional knowledge : systems, national experiences and international dimensions. In *United Nations eBooks*. <http://ci.nii.ac.jp/ncid/BA70894698>
- Ungunmerr-Baumann, M., Groom, R. A., Schuberg, E. L., Atkinson, J., Atkinson, C., Wallace, R., & Morris, G. (2022). Dadirri: an Indigenous place-based research methodology. *AlterNative an International Journal of Indigenous Peoples*, 18(1), 94–103. <https://doi.org/10.1177/11771801221085353>
- Uprety, Y., Asselin, H., & Dhakal, A. (2012). Traditional use of medicinal plants in the Boreal Forest of Canada: review and Perspectives. *Journal of Ethnobiology and Ethnomedicine*, 8(7). <https://doi.org/10.1186/1746-4269-8-7>
- Vivian, A., Jorgensen, M., Bell, D., Rigney, D., Cornell, S., & Hemming, S. (2016). Implementing a project within an Indigenous research paradigm: the example of nation building research. *Nginya: Talk the Law*, 5. <https://opus.lib.uts.edu.au/bitstream/10453/136726/1/2017%20Changing%20the%20Conversation%20Methods%20Paper%20Proof.pdf>

- Walker, P. O. (2015). Indigenous paradigm research. In *Peace psychology book series* (pp. 159–175). https://doi.org/10.1007/978-3-319-18395-4_8
- Wendt, D. C., & Gone, J. P. (2011). Rethinking cultural competence: Insights from indigenous community treatment settings. *Transcultural Psychiatry*, *49*(2), 206–222. <https://doi.org/10.1177/1363461511425622>
- Westman, C. N., & Joly, T. L. (2017). Visions of the great mystery: Grounding the Algonquian manitow concept. *Social Compass*, *64*(3), 360–375. <https://doi.org/10.1177/0037768617713655>
- Wilson, S. (2001). What is an indigenous research methodology. *Canadian Journal of Native Education*, *25*(2). <https://eric.ed.gov/?id=EJ649472>
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. <https://ci.nii.ac.jp/ncid/BB11297762>
- Wooltorton, S., Collard, L., Horwitz, P., Poelina, A., & Palmer, D. (2020). Sharing a place-based indigenous methodology and learnings. *Environmental Education Research*, *26*(7), 917–934. <https://doi.org/10.1080/13504622.2020.1773407>
- World Health Organization: WHO. (n.d.). *Traditional, complementary and integrative medicine*. World Health Organization. Retrieved October 21, 2024, from https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1
- Wright, A. L., Gabel, C., Bomberry, R., & Wahoush, O. (2019). An application of Two-Eyed Seeing to Community-Engaged research with Indigenous mothers. *International Journal of Qualitative Methods*, *18*, 160940691986656. <https://doi.org/10.1177/1609406919866565>
- Young, D., Rogers, R., & Willier, R. (2015). *A Cree healer and his medicine bundle: Revelations of Indigenous Wisdom--Healing Plants, Practices, and Stories*. North Atlantic Books.
- Yunkaporta, T., & Moodie, D. (2021). Thought Ritual: an Indigenous data analysis method for research. *Indigenous Knowledges*, 87–96. https://doi.org/10.1163/9789004461642_006

Appendix A

Participant Interview Consent Form

August 2024

Dear Participant,

Re: Informed Consent for Participation in Interview for Research Study

I am writing to invite you to participate in a research study as part of my master's thesis at the University of Victoria. Before you decide whether or not to take part, I would like to provide you with detailed information about the study's purpose, procedures, potential benefits, and your rights as a participant. Please read this letter carefully and feel free to ask any questions or seek clarification before making your decision.

Title of Study: Maskihkî-Watikwa: Peace-Athabasca Delta Community Access to Traditional Indigenous Medicines for Health and Well-Being

Study Purpose: The purpose of this research is to understand what Traditional Indigenous Medicines are within the Mikisew Cree First Nation, Athabasca Chipewyan First Nation, and Métis Nation of the Athabasca Delta region of Fort Chipewyan, Northeast Alberta, how they are being used, and what health and well-being needs they are meeting. The research seeks to understand traditional Indigenous conceptions of wellness and medicine so that community access points may be identified, and developed. Lastly, this study aims to contribute to the knowledge of how Indigenous communities may approach creating community access points to traditional medicines, as well as the medicine people and ceremonies that may enact the use of Traditional Indigenous Medicines.

Study Procedures: If you agree to participate, you will be asked to participate in an interview in-person at your private residence or on the land. The estimated time commitment for your participation will be approximately 60-90 minutes. The researcher, Amanda Poitras, will be documenting the interview with note-taking, and audio and video recording, to be used in the analysis and dissemination of results. The project dissemination will consist of a written thesis, publications, a film, and presentations to be shared with the community and public. Ongoing consent will be obtained through all processes of filmmaking and editing, ensuring participants are actively engaged and self-determined in the making, editing, and creating of the film.

Purpose and Objectives of Filmmaking: The community has expressed an interest in creating a film as a respectful and inclusive means of engaging with Indigenous community-based research principles. Filming interviews and activities on the land empowers participants, giving them a voice to share their experiences. This visual approach aligns with community interests, providing a culturally relevant format that can be shared across generations. Additionally, it complements Indigenous arts-based research methods, enhancing participant engagement, relationship building, and knowledge creation. Furthermore, this film serves as a cultural preservation

practice, allowing community members to share insights, language, and traditions, fostering collaboration and unity within the community.

Filmmaking Consent: The film is intended as a gift to the community, sharing the knowledge and experiences gathered during the research. A professional filmmaker, Mark Adam, will be part of the project team to ensure the quality and respectful representation of the stories shared. Participants' contributions may be included in the documentary, highlighting their insights and experiences with Traditional Indigenous Medicine. Participants will be asked for explicit consent to be filmed and to have their contributions included in the documentary. The filmmaking process will be guided by cultural protocols and the wishes of the participants. Participants will have the opportunity to review their contributions before the film is finalized. The film will serve as a resource for the community, promoting the preservation and transmission of traditional knowledge. Any content not meant for public sharing will be respected and excluded from the final film. Mark Adam will have access to all film footage from the research project, including participant interviews. He will safe-keep all stored data in his password-protected computer, and delete it after the film has been completed.

Confidentiality: Your privacy is of utmost importance. All the information collected during the study will be treated with strict confidentiality. Your name or any identifying information will only be disclosed in any reports or publications resulting from this research with your consent. Interview participants have a right to keep their data anonymous with the use of a pseudonym if they wish.

Voluntary Participation: Participation in this study is entirely voluntary, and you have the right to refuse or withdraw your consent at any time without facing any consequences or loss of benefits to which you are otherwise entitled.

Potential Benefits: As a participant, you will benefit from the research by having the opportunity to share knowledge of Traditional Indigenous Medicine and its use, to contribute to the body of Traditional Indigenous Knowledge, to contribute to the carrying forward of Traditional Knowledge for future generations, to build and strengthen kinship ties and relationships, and to share as an act of cultural continuity, revival, and resurgence.

Risks: I have taken necessary precautions to minimize any potential risks associated with this study. However, there is a possible risk that if sensitive personal or cultural information is shared it may bring up emotions or trauma-responses. The primary researcher, Amanda Poitras, will ensure that referrals to Elder and/or Health supports are in place prior to conducting the interviews and will be available upon request.

Power and Dual-Relationships: Potential participants may be family members, and/or relatives, or in power relationships with research community and committee member Sonny Piche, and/or family member Norbert Poitras. Safeguards are in place to protect the confidentiality of all research participants, and participants have a right to consent or withdraw at any time during the research process.

Use of Data: The data collected during the study will be used solely for academic and research purposes. The findings may be published in academic journals or presented at conferences, with the possibility for use in future research solely by the primary researcher, Amanda Poitras. I will gain consent from participants for the use of data in future research if the opportunity arises. All participant data will be shared with the participants and the Fort Chipewyan Museum & Archives, and the participant has the right to withdraw their consent and remove their data from the research at any time during the research process. Participants will determine if they consent to having their audio and video included in the short film, and they will consent to the use of the film being shared with community members and the public.

Contact Information: If you have any questions, concerns, or wish to request more information about the research study, you may contact me at apoitras@uvic.ca, 778-350-0187.

Research Supervisor Contact: Dr. Amanda LaVallee at the University of Victoria is overseeing this research. Participants may reach her at amandalavallee@uvic.ca.

Research Ethics Information: Ethics approval for this research was granted on October 25, 2023. You may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Consent: By agreeing to participate in this research study, you are indicating your informed consent to take part voluntarily, and you acknowledge that you have read and understood the information provided in this letter. You are also free to ask any questions before making your decision.

Please sign and date below to signify your informed consent:

Participant's Signature: _____

Date: _____

Please check this box to indicate that the signed consent form has been received

Your participation in this study is highly valued, and I would like to express my sincere gratitude for considering this invitation. Mahsi, thank you for your time and cooperation.

Appendix B

Interview Guide

1. Please say your full name, age, nation, and where you live.
2. Do you consent to this interview?
3. What does health and wellness mean to you?
4. What is Traditional Indigenous Medicine?
5. How has Traditional Indigenous Medicine been passed down through the generations? Do you feel that the youth are picking up traditional knowledge and passing it on? If not, why?
6. Can you describe some of the key healing practices or remedies that fall under Traditional Indigenous Medicine in your community?
7. How do you access Traditional Indigenous Medicine in your community? Are there any places in the community where traditional medicine is available? Are there any challenges in accessing it?
8. Are there traditional healers and medicine people in your community, and if so, how do you find them?
9. How have you seen traditional food and water change in your community over time? Do you feel that this has an impact on the health and well-being of the community?
10. How do you view the effectiveness of Traditional Indigenous Medicine in comparison to western medicine?
11. How do traditional medicine and the western healthcare system interact in your community? Is there any collaboration or integration between the two?

12. Have there been any efforts to incorporate Traditional Indigenous Medicine into formal healthcare settings?

13. What are some of the challenges faced in preserving and promoting Traditional Indigenous Medicine in your community? What impacts does industry have on traditional medicine?

14. How do you see the future of Traditional Indigenous Medicine in your community? Are there efforts being made to safeguard and revitalize these practices? What needs to be done?

Appendix C

Plant Names of Peace-Athabasca Delta Traditional Indigenous Medicines

English Name	Traditional Names	Latin Name
Balsam Fir	Chipewyan: <i>ts'u reki</i> Cree: <i>pikew-ahtik, nupukasik, pikowahtik, napakasit, napukasituk, napukasi</i> French: <i>sapin baumier</i>	<i>Abies balsamea</i>
Birch (Paper)	Chipewyan: <i>k'i</i> Cree: <i>wuskwi-atik, waskwayahtik, wasgwah, waskwaha, waskwah, waskway, owkimawa(h)tik</i> French: <i>bouleau blanc</i>	<i>Betula papyrifera</i>
Bulrush	Chipewyan: <i>tlh'ogh chogh</i> Cree: <i>kichekumewusk, kiychiykamiyuwusk, okihcikamiwask, wechahkamewuskwa, mwaskosiwan</i> French: <i>grand jonc</i>	<i>Schoenoplectus acutus</i>
Cattail	Chipewyan: <i>tlh'ogh k'a, tlh'ochok'aghe, kalachuze</i>	<i>Typha latifolia</i>

	<p>Cree: <i>otawuskwa, otawaskwa, a(h)towusk, wahotahuk, pasihkan</i></p> <p>French: <i>massette, quenouille</i></p>	
Cranberry (Bog)	<p>Chipewyan: <i>tunelhesaze</i></p> <p>Cree: <i>we'sagimena, maskekomin</i></p> <p>French: <i>airielle canneberge, atocas</i></p>	<i>Vaccinium oxycoccus</i>
Dandelion	<p>Cree: <i>meoskamewuskos</i></p> <p>French: <i>pissenlit</i></p>	<i>Taraxacum officinale</i>
Diamond Willow Fungus	<p>Chipewyan: <i>k'ai tll'elht'are</i></p> <p>Cree: <i>wiy(h)kimasiygan</i></p>	<i>Trametes suaveolens</i>
Harebell	<p>Chipewyan: <i>degai mari bet'anchaye</i></p> <p>Cree: <i>kuskwasonapiskos, sewayonakunis, mitihimaskihkih</i></p> <p>French: <i>cloches, clochettes bleues</i></p>	<i>Campanula rotundifolia</i>
Mint	<p>Chipewyan: <i>tsa tll'ogh tsene</i></p> <p>Cree: <i>amisko wehkuskwa, amiskowikask,</i></p>	<i>Mentha arvensis</i>

	<p><i>amskuwiy(h)kusk, wikask,</i> <i>wikaskwah, wakaskwah</i></p> <p>French: <i>baume</i></p>	
Mountain Ash Tea	<p>Chipewyan: <i>naidi dechene</i></p> <p>Cree: <i>maskominanatik,</i> <i>esniywachiywa(h)tik</i></p> <p>French: <i>cormier</i></p>	<i>Sorbus americana</i>
Muskeg/Labrador Tea	<p>Chipewyan: <i>nagodhi,</i> <i>naghodi, nagodhe</i></p> <p>Cree: <i>muskegopukwa,</i> <i>muskekopakwa,</i> <i>muskakopukwu,</i> <i>maskikowapoy,</i> <i>maskekopakwa,</i> <i>maskekopakwati,</i> <i>meskiy(h)kowpuk,</i> <i>mokopukwatikwah,</i> <i>mocopawkwatikwa, timaskik,</i> <i>kaki-kipak</i></p> <p>French: <i>the du Labrador</i></p>	<i>Ledum groenlandicum</i>
Nettle (Stinging)	<p>Chipewyan: <i>bek-ailhts 'ii</i></p> <p>Cree: <i>masan, musan,</i> <i>musanusk, assan, masanah</i></p>	<i>Urtica dioica</i>

	French: <i>ortie</i>	
Poplar (Balsam)	Chipewyan: <i>k'es t'ale</i> Cree: <i>metos, mayi metos, mayi-mitos, maymiytos, mathamitos, osimisk</i> French: <i>peuplier noir, liard</i>	<i>Populus balsamifera</i>
Pitcher Plant	Chipewyan: <i>ts'eli tili</i> Cree: <i>ayekitas, ayikitas, ayikicas, athikacas</i> French: <i>sabot, cochon de pele, herbe-crapaud</i>	<i>Sarracenia purpurea</i>
Raspberry	Chipewyan: <i>tthekalhjie, tthekale jie, dakale jie</i> Cree: <i>anosh 'kanek, ayooskunak, ayuwskun, uyooskan, ayosikan, athoskumatikwah, athoskan</i> French: <i>framboisier</i>	<i>Rubus idaeus</i>
Rat Root	Chipewyan: <i>dzen ni</i> Cree: <i>wachuscomechiwin, wachuskowmiytsuwin, wacaskomicowin,</i>	<i>Acorus americanus</i>

	<p><i>wacaskwatapih, wiy(h)kiyuw,</i> <i>wihkes, wikis, wihkis</i> French: <i>belle-Angelique</i></p>	
Spruce (White)	<p>Chipewyan: <i>ts'u chogh</i> Cree: <i>wapiskimnahik</i> French: <i>epinette blanche</i></p>	<i>Picea glauca</i>
Sweetgrass	<p>Chipewyan: <i>tlh'otsen</i> Cree: <i>wehkuskwa, wekus</i> French: <i>foin d'odeur, herbe sainte</i></p>	<i>Hierochloe odorata</i>
Tamarack	<p>Chipewyan: <i>nidhe, nithe</i> Cree: <i>wakinakum, wakinakun, wakinakin, waginagun</i> French: <i>epinette rouge</i></p>	<i>Larix laricina</i>
Willow	<p>Chipewyan: <i>k'ai</i> Cree: <i>nepise, nepiseatik, wekope, atiwupamuk, nipisis, nipisi, nipisiah, nipisigibi, nipistakwah</i> French: <i>saule</i></p>	<i>Salix bebbiana</i>
Yarrow	<p>Chipewyan: <i>t'anchay delgai</i> Cree: <i>wapunewusk, wapanowask,</i></p>	<i>Achillea millefolium</i>

	<p><i>wapanaskiy(h)k,</i></p> <p><i>asteskotawan,</i></p> <p><i>astaweskotawan,</i></p> <p><i>mistigonimaskigiah,</i></p> <p><i>miskigonimaski,</i></p> <p><i>oskanimaskigi,</i></p> <p><i>osgunimasgigah,</i></p> <p><i>wicipowaniwistikwan,</i></p> <p><i>kawapistikwanikapawik,</i></p> <p><i>amowask</i></p> <p>French: <i>herbe a dindes</i></p>	
Yellow Pond Lily	<p>Chipewyan: <i>teghaize, te tlh' -</i></p> <p><i>oghe kale</i></p> <p>Cree: <i>pwakumosikum,</i></p> <p><i>oskotamo, waskatamow,</i></p> <p><i>waskatamo, waskutamo,</i></p> <p><i>oskitipak, waskitipak</i></p> <p>French: <i>grand nenuphar</i></p> <p><i>jaune</i></p>	<i>Nuphar lutea</i>

