

Our Bodies Are Sacred: The Lived Experiences of Indigenous People Who Have Faced Weight
Discrimination

By

Kristy Potskin

Bachelor of Social Work, University of Victoria, 2017

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University of Victoria

We acknowledge and respect the Lək^wəŋən (Songhees and Esquimalt) Peoples on whose territory the university stands, and the Lək^wəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.

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Supervisory Committee

Dr. Cheryl Aro, Supervisor

School of Social Work

Dr. Gwendolyn Gosek, Committee Member

School of Social Work

Abstract

Much has been said in recent academic research about the discrimination and abysmal treatment Indigenous people experience when interfacing with large social systems. Likewise, there has been a burgeoning interest in anti-fat bias in recent years within social justice circles. I seek to discover the intersection of these two factors through the stories of those who have lived within an Indigenous body marginalized by both racial identity and size. Through four courageous conversations with research participants, captivating themes around family trauma, fear, shame, strength, and resilience present themselves. Discrimination and poor treatment in the health care system is a consistent and recurring theme, and participants provide guidance on how these interactions can become more positive and effective. Ultimately, this research is guided by the belief that Indigenous people in large bodies deserve care that is respectful, trauma-informed, and culturally appropriate. Our bodies *are* sacred, and we demand care that honors this simple truth.

Dedication

For my brother Len, for Auntie Anne, and for every Indigenous person who has been mistreated by the system during their most vulnerable moments.

For Ronan and Everett. May you and all Indigenous children grow up in a world that values your sacredness. You are our most precious gift.

To my family, friends, and community. Thank you for putting up with my TedTalks.

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Land Acknowledgment

Apihtawikosisân calls upon us to reflect on the true intention of land acknowledgments, and to be cognizant that utilizing land acknowledgments as “just a formality” can devalue their importance and meaning, similar to safety demonstrations on a flight (*Beyond Territorial Acknowledgments – âpihtawikosisân*, 2016). I wish to set my intention of this land acknowledgment to hold in high honor the traditional keepers, both in this realm and the ancient ones, of the lands upon which I study, ləkʷəŋən land. As well, I reside on the unceded territories of the T'Sou-ke peoples and raise my hands to these land and knowledge keepers. I exist in a liminal space, as an Indigenous person with my own Nehiyaw culture and traditions, upon lands of another group that were taken by force and coercion. I acknowledge that the ləkʷəŋən lands I occupy were taken via force or coercion, at great cost to the communities of the original inhabitants. One unifying colonial experience is the displacement of traditional systems of caring for our own children, through the residential school system, and now through child welfare. Social work is implicated in these crimes against my people, and I must acknowledge this fact as a student of social work. This traditional childrearing knowledge still exists within our people, even when colonial systems are imposed upon us. My intention is that I can continue learning the protocols on how to be a respectful guest in these territories, as well as honoring these beautiful systems of raising our sacred gifts.

A Note on “Fat”

There is no easy choice of words when it comes to body size. When we use vague, unclear descriptors (“plus size”, “bigger”), it can be difficult to speak precisely about an issue without seeming downright condescending. Likewise, medical terms like “obese” are loaded

with shame and several ill health-related assumptions. Yet the word “fat” has also been weaponized and used for harm, leaving many individuals with a pain-filled response to the word. I understand this vividly, holding deep memories of the shame and embarrassment I felt when the word was lobbed at me by elementary school peers or adult family members. However, most predominant fat scholars insist on reclaiming the word as a neutral description of a body, like tall, short, or thin (Gordon, 2021), similar to how “queer” was at one time in history considered a slur and has now been rightfully reclaimed as a neutral umbrella term for an incredibly diverse group of people. I do not seek to know the best terminology and can only follow the guidance of those who have been paving the way for this conversation far longer than myself, as well as be guided by the comfort level of participants in this study. Please note that I intend to use the terminology of “weight discrimination” in my direct research with participants, as it directs the critical gaze back to the oppression, and not upon the person experiencing it, and leaves the door open for participants to select the terminology of their choosing. During interviews, I follow the participants lead on what descriptor they prefer.

Chapter One

Introduction

Intersectionality is defined as the way that power and oppression move across intersectional lines, and through individual level interactions as well as a society-level (Collins & Bilge, 2020). As an example, the origins of modern feminism through the suffragette movement in the 1920's was based upon the needs and demands of white, middle class, cisgender, heterosexual women (Brah, 2004). In application, an intersectional lens means asking: what does feminism look like for Black, Indigenous, or people of colour? What does feminism look like for transgender women, or non-binary people with femme presenting characteristics? What does feminism look like for lesbians and queer women? Sojourner Truth, a Black abolitionist and former slave, expressed the timeless inquiry in 1851 at a Woman's Rights Convention that encapsulates intersectionality beautifully: "Ain't I a woman?" (Brah, 2004, p.76). This query calls upon us to consider that womanhood is experienced differently along racial lines and within the thru lines of the history of our people.

Fat activism and an exploration of anti-fat bias is a newly emerging realm of modern social justice that has only been receiving long overdue attention in recent years. To be precise, fat activists of various other intersecting identities have been working doggedly for over four decades towards fat justice, but this has been largely on the margins (even within social justice circles), undocumented, and without much associated literature (Cooper, 2011). If I were to hypothesize as to why, I would propose that it is due to the widely accepted myth that body size is fully within an individual's control (unlike race, gender, or sexual orientation as it is currently understood). It is crucial to note that when we talk about fat activism, we are not talking about body positivity, as the two often get intermixed. The body positive movement began as an

insistence to accept all sizes and shapes, but has unfortunately been co-opted into the neoliberal realm and become detached from its grassroots beginnings (Johansson, 2021). Fat activism is concerned with improving outcomes for fat people, rather than feeling good about what our bodies look like.

As stated in the abstract, it is no secret that Indigenous people en masse face discrimination and extremely poor-quality service when accessing large social systems, and in particular, the health care system (Turpel-Lafond & Johnson, 2021). For instance, there is the case of Keegan Combes, a man from Skwah First Nation that lived with a developmental disability. Keegan died a preventable death in 2015 from accidentally ingesting windshield wiper fluid (methanol). Upon his arrival at the hospital, he was left restrained in his bed to “sleep it off” for ten hours, the nurses believing that he was intoxicated and just needed to sober up (Lindsay & Sterritt, 2023). This is a common assumption Indigenous people have experienced, including myself. There are countless stories like Keegan’s, and they appear in the media at a disturbing frequency. Keegan’s caregiver, Rhianna Millman, said it best: “The system is designed to harm somebody like Keegan... He is exactly who this system intends to hurt” (Lindsay & Sterritt, 2023).

The inquiry behind this research proposal is a desire to explore the intersection of anti-fat bias and anti-Indigenous racism, particularly (but not limited to) the realm of service provision. While Indigenous resistance has existed since the colonial ships landed on our shores, and has taken on many incarnations throughout the centuries, there are countless ways we are confronted with colonial beliefs about our bodies and minds. The stories shared in this research are just four examples of this reality.

Positionality

“That would look good but only on someone who was really skinny”, a close relative of mine states as we are out clothes shopping. As a fat kid at the time, I felt a familiar sharp jolt of shame. The message was received loud and clear to my impressionable mind: I will never be skinny enough to look good wearing certain clothes. At twelve years old, I had already starved myself by throwing my lunches away on the way to school, done the pre-digital age Weight Watchers program of tracking points using a scale and a small pocketbook, and tried desperately to move my chubby body, only to never experience any significant weight loss that was not immediately followed by more weight gain. As I eventually grew out of a prepubescent body and into an adult’s body, I spent much of my young adulthood in the body of an average sized person, maintained only by a restrictive eating disorder and obsessive daily weigh-ins. However, parenthood does some funny things to a person; once you experience your body stretched to its absolute limits, the value placed on how it looks almost seems laughable and trivial, at least for me. When I hit my thirties, a well-known fatter period of life for many people, and had two perfect babies, my body has become undeniably, unabashedly fat. I offer this story not as an explanation for my fatness, as I do not believe anyone is required to explain their body, and fat people become fat for a diversity of reasons that are highly personal (Gordon, 2023). Rather, I want to offer a context of my fatness, recognizing that I have lived at one point with the privilege of an average sized person, and even embody privilege within fat circles as existing on the cusp of small/mid-fat, about a women’s dress size 16-18 (*Fategories – Understanding the Fat Spectrum – Fluffy Kitten Party*, 2021).

As a child, being a fat kid was imbued with as much shame as being Indigenous. I belong to Driftpile Cree Nation through my paternal ancestral line and have white settler ancestry through my maternal side. Growing up, I was not raised with positive depictions of Indigenous

being mirrored back at me due to fractures within my family and the prevailing societal-level attitudes and stereotypes towards Indigenous people. Unsurprisingly, these attitudes became internalized, resulting in a deep sense of shame that I reckon nearly every Indigenous person has felt at some point. I have been on a journey of identity reclamation throughout my adulthood, and now feel my Indigeneity is central to who I am as a human being. Families of Kwakwaka'wakw lineage carry something called the "box of treasures" which is both a physical and metaphorical box that houses a family's ceremonial objects, connection to land, stories, songs, and countless other meaningful pieces of identity (Dawson, 2019). I have always admired this metaphor and consider that my personal collection of treasures feels as though it is growing and changing each day, and I consider it my sacred duty to pass this on to my children. Culture means everything to me, from learning the songs, weaving traditions into the various arts and crafts I dabble in, setting foot on my home territory, and keeping my medicines close at all times. But it goes a lot deeper than that as well. Culture guides how I form relationships in my community, the teachings I share with my children, how I view myself and treat others, and how I learn and incorporate new information across my lifespan. As it turns out, what I thought was a curse as a child due to growing up within a colonial society is what saved me (ancestors can be tricksters like that). Culture has given me so many important relations, a purpose, and a sense of belonging; culture was there for me like an old friend who loves you unconditionally when I decided to stop using substances of all kinds and to stop spending my life running from traumatic memories. When Indigenous people say that culture is protective for our people who are struggling and vulnerable, experiences like mine is precisely what we mean.

Given my personal history with fatness and Indigeneity, this research project is highly political and highly personal for me. Intersectional feminist theorists often state that our lived

experiences must be placed at the center of knowledge (Mehrotra, 2010). In short, what we know is shaped by who we are, and research is no different. As such, my intentions in taking up this research topic is to shine a bright light on the huge influence these two forms of oppression carry in our lives. This research seems especially timely, given that there are new medical journals coming out at a constant rate with strategies on how to reduce the existence of fat people, the latest being an American Academy of Pediatrics document that advocates weight loss surgery for children and adolescents (Gordon & Hobbes, 2023). The normative discourses around fatness (that there are too many fat people, the number of fat people is growing, and being fat is undeniably bad for you) have been circulating for decades and have yet to produce any widespread positive outcomes for fat people, in particular those who belong to another minority group. It is long overdue that fat Indigenous people take up space in this conversation that has been severely lacking our voices for some time.

I must speak to the knowledge keepers who have guided me on my path of reconnection, as they have influenced the positionality I write from today. I have been fortunate to be gifted with family teachings about who we are as a community and the role my family inhabits. I feel my kookum's wisdom consistently wrapping around me, long after she departed for the spirit world when I was four years old. My family speaks of our matriarch's stories with great love and respect, and her memory and spirit are alive within all of us. The friends I have made in the urban Indigenous community surrounded the lands on which the University rests have also offered me teachings, community, laughter, and care. I must also acknowledge the Elders who supported me in my educational journey, one of whom has now passed onto the spirit world. Elders are the scholars who shaped my identity today, and whose teachings I will carry forward long after I leave academia. Every Elder reminds me of my kookum, and I can feel the closeness

with her when I am fortunate to have time with Elders. I am accountable to the knowledge keepers and Old Ones who have entrusted me to carry our sacred teachings, throughout this thesis and into all aspects of my life. I must also acknowledge the sacred treaty upon which my nation is a partner.

My Own Experiences Navigating Fatness and Indigeneity

I had been awake for two days. Between excruciating contractions, I could muster about one or two minutes of sleep, before the pain started cresting like a wave again. There is a student nurse who is frantically running around the room, reminding me of a wasp trapped in a car. While I wait for the angel of childbirth, the anesthesiologist, another nurse offers me nitrous oxide (also known as laughing gas). Desperate for anything to distance myself from what my body was doing to itself, I held the mask to my face and inhaled. Instantly, I felt time slow down and warp into what can only be described as a dubstep track from the early 2010's. Then I felt sick. Ah, I forgot that anesthetics make me violently nauseous and cause my speech to slur. I mumble something incoherent to nobody in particular. The nurse chuckles to herself and says, "Wow, you're such a lightweight!" If I were not an Indigenous woman, maybe this comment would be funny. Maybe I would respond with "Yep, I am a lightweight". Instead, even in my vulnerable state with a mind clouded by laughing gas and hooked up to numerous tubes and wires, the thought crosses my mind: "They think I'm a drunken Indian", and I feel a familiar pang of shame.

Maybe this comment was not said with malice. I do not think it matters. The racial undertone within is undeniable, and the exposed nerve of shame that it touched in me is equally undeniable. As a social worker that has done considerable research and work around trauma, one central truth I accept as part of my practice is that the body never lies (Laricchiuta et al., 2023).

A bodily reaction to an event is an invitation to go deeper within oneself. Five years later, I have reflected on this incident and realized what was bothering me. Yes, the racial undertone was rude and unnecessary, but it was the concern it provoked within me that caused the incident to make such an impression. I had not touched alcohol (or any substance) in seven years at that point, I present as a middle-class person with a strong support system, and I know the language of advocacy due to my chosen profession, yet even I was not immune to this type of comment. I cannot fathom the comments health care professionals feel comfortable saying to someone without my level of relative privilege. I think of young Indigenous mothers, mothers who use substances, mothers who are incarcerated, and mothers who are involved with the Ministry of Children and Family Development seeking care in this system, and it sends a chill through me. It is no surprise to me that the horror stories of Indigenous people navigating the health care system occur in this context.

Jumping forward in time, I finally wrap up my breastfeeding journey after two children and four years straight of nursing, pumping, plugged ducts, and one particularly nasty case of mastitis. I had considered a breast reduction for quite some time. I have always had a large bust, usually a D-cup or higher depending on weight fluctuations and events like pregnancy. I went through puberty at an early age and was sexualized for my body at a shockingly and disturbingly early age, which has led me to associate this sacred, nurturing part of my body with shame and trauma. Being five foot two, the neck pain and migraines caused by my post-pregnancy body were intense. I met with my doctor to discuss the possibility of getting a reduction now that my breastfeeding journey was over for good. My doctor took my weight and height to make a referral to the plastic surgeon. My doctor, ever so diplomatically, was *certain* I was not over the weight cutoff for the surgery, just from looking at me. Later that day, I received a voicemail from

my doctor with a heavy undertone of trepidation in her voice. My Body Mass Index (BMI) is too high for what is being called “elective” surgery. I appreciate my doctor’s acknowledgment that this marker of health is, in her words, “super-frustrating”, but I am none the less disappointed. I have no health conditions, have already undergone two major surgeries with no issues, and am living with chronic pain due to my condition that could be corrected with what has essentially become routine day surgery.

The O Word

For as long as there has been fat people and capitalism, there have been capitalists making money off selling weight loss to both fat and thin people alike. Ozempic, an injectable drug previously used for diabetic care, has come on the scene in the recent past as the new weight loss drug *du jour*. Ozempic is a semaglutide class of medication that appears to produce more substantial weight loss than any drug that came before it, an average of fifteen per cent total body weight loss at sixty-eight weeks (Suran, 2023). The narratives in the media around Ozempic being a “cure” to the “obesity epidemic” have been problematic at best, and downright loaded with extreme anti-fat bias at worst (Beckett, 2024). The troubling part of Ozempic has not been the medication itself, but rather, the beliefs and attitudes towards fat people it has revealed.

My doctor gently puts forward Ozempic as an option for weight loss. She hears my statement that as a working mother of two young kids who also is a graduate student, finding time to exercise at the gym and meal prep is a joke. I reflected on this option for approximately six weeks. On the one hand, yes, I need to get my surgery. On the other hand, I am actively pursuing the topic of anti-fat bias in Indigenous people, yet here I am considering a weight loss medication that will potentially no longer make me a fat person. Am I betraying my principles

and my community? As I engage some of my favorite fat content creators to assist me in making a decision, one quote stands out to me:

“We still, as a society, need to work on, like, stigma against fat people, improving medical care for fat people. All of the things we say on this show, are still fucking true if every single person in America loses 15% of their body weight” (Gordon & Hobbes, 2023, 32:13).

In other words, my decision to accept or not accept Ozempic does not discount the importance of the work to name and dismantle anti-fat bias. In fact, the societal level narratives around Ozempic finally being the magic cure that rids us of the scourge that is fat people existing illustrates how timely this research actually is. Ozempic is a personal choice, like all other forms of medication, and one that comes with a considerable financial price tag (at least \$250 per month, which is a cost simply out of reach for many of our people given the higher poverty we experience). Anti-fat bias is not something we have had choice in. Further analysis of this discourse tells us that the stigma around the decision to take Ozempic (what is being called “the easy way out”) (Moran, 2023) is actually rooted in the same anti-fat bias fat people are living in. Labelling Ozempic as “the easy way out” is once again sprouting from the belief that thinness is a virtue (Gordon & Hobbes, 2023) and fat people become fat due to being lazy and not trying hard enough. It seems that there is truly no winning for fat people in the Ozempic conversation, so I feel it is important to situate this research, and myself personally, in the camp of Ozempic being a personal choice loaded with fraught assumptions and pressures, while also being more concerned with the damaging discourses around this medication than any fat person’s choice to use it or not.

I Gotta Talk About This Somewhere: The Time I Almost Got My Boss Arrested

Midway through writing this thesis, the summer months drag on and I search for relief from the heat. My dearest friend, another plus size Indigenous woman, plans a tubing trip. We load into my Mazda and hit the highway going highway speed. Unbeknownst to me, a police officer is waiting in a speed trap and pulls me over. I had unknowingly, and very unintentionally, sped through a construction zone (although it was on the highway, so I was going highway speeds, and there was no road work happening as it was a statutory holiday). The officer walks up to my vehicle and tells me he is impounding my vehicle for seven days. This is my second traffic violation ever, the first being a minor speeding ticket. My friend, who had a horror story about the police in years past, is frozen in fear in the passenger seat. I begin to cry, stating that I am a child welfare social worker who needs my vehicle for work, and I have two young children I need to get to and from daycare. The officer is not phased. The second thing he utters to me is, “When was your last drink?” My friend and I are both floored, as it is ten in the morning on a Monday, and I have not had a drink in over a decade, so there is zero possibility I smell of alcohol.

The officer leaves and returns to my vehicle with the Notice of Impoundment and hands it to me; I take it out of his hand. Immediately he becomes enraged, saying I “ripped the paper” out of his hand. I tried to explain that I thought he was handing it to me, but he is hearing none of it. As the officer is already getting in my face enraged and has given me the maximum penalty, I figure I have nothing to lose at this point, and state how racist it was for him to automatically assume I was drinking. He claims he does not even know what ethnicity I am; I state that we are clearly two Indigenous women, that he would have seen when he approached my car, assuming he has eyesight. The arguing continues, and the officer says in an aggressive tone: “You know, I could make this much worse for you”. Dumbfounded at this overt, terrifying threat, I ask, “How?

Are you going to throw me on the ground on the side of the highway? Go right ahead". The officer scoffs and stomps off. We arrange a pickup from my other friend (who happens to be my boss), with her backing up my claim of racial profiling and getting into it with the officer. He threatens to charge her with obstruction of justice. My vehicle is towed away, all over a mistake that hundreds of other drivers were making during the time we were sitting on the side of the highway, and we leave the scene.

This horrific experience left me in a fog for days. Did that really just happen? I could see the obvious shift in attitude when the officer approached my vehicle and saw two plus-sized Indigenous women in the car. He immediately grilled me on alcohol use, as if it was a given that I was probably drinking at some point in the recent history, no doubt an assumption being driven by the "drunken Indian" stereotype. He overtly threatened me with, presumably, extrajudicial punishment, given that my only violation was speeding, which certainly does not warrant physical force by an officer or arrest. This is no empty threat for Indigenous people; it is based in centuries of terror inflicted by police onto Indigenous people in this country. Surely, the person who dragged my grandmother away from her parents to attend Jousard Indian Residential School was a police officer. There are also the Starlight Tours, the widespread practice of police picking up Indigenous men and abandoning them miles away from the city with little clothing or warmth in the middle of brutal Prairie winters (Kim, 2007). There is the killing of Chantel Moore, a Tla-o-qui-aht mother who was brutally shot and killed by police during a mental wellness check (Magee & Zafar, 2023). Chantel's 6-year old daughter saw her mother's death reported in the news and stated that she does not want to be shot like her mommy (Titian, 2020). As a mother who experienced a scary police situation, this makes my heartache and my eyes fill with anger. There are many examples like these (Morin, 2021), so when an officer threatens to

“make this much worse” for me, I know it was a direct threat to do to me what has been done to many others who look just like me.

I cannot presume to know exactly what was going through the officer’s mind during the traffic stop, but one thing I am certain of is oppressed peoples often have a hypervigilance, a sixth sense, for when we are being targeted, sneered at, discriminated against, made fun of, and mistreated due to our ethnicity. We have grown up with this our entire lives and is similar to how being raised by abusive parents makes a child develop the survival skill of constantly surveilling our environments for danger. The officer saw who was in the vehicle and decided to make this as severe of a punishment as he possibly could; of this I am certain. Had we been two women who were whiter, thinner, more properly dressed (we were wearing swimwear in anticipation of heading to the river), we would not have received the harsh treatment, threats, and profiling that we did. One thing I have hated thinking about is what could have happened if we were more on the vulnerable end of life’s circumstances. My friend and I are privileged in terms of being educated, well-supported women with strong self-advocacy skills. What would have happened if the person in the car was not so fortunate to be able to protect themselves? For this reason, I put in a complaint against the officer, as did everyone involved, and this process is ongoing at the time of writing.

The Research Question

Formulating the research question must encapsulate many different factors, but essentially, I am looking to explore a specific intersection, within a specific context, led by specific knowledge keepers, so accuracy in my words is key. I want to highlight, underscore, and circle the importance of intersectionality in this undertaking, as “Deeply intersectional work on... fatness is rare” (Rice et al., 2020, p.182). I originally wanted to explore female experiences

with fatness and Indigeneity but decided that the diversity of experiences based on gender identity could be a gift and strength, rather than a complexity factor I need to control for. Yes, gender is a consideration in how this intersectional oppression is experienced, but given the scarcity of research on this topic, the invitation was kept open to all gender identities.

Conducting decolonial research also means avoiding binary and cisnormative (believing only cisgender bodies are valid) (Travers et al., 2013) thinking. I also want to offer a hint into the methodology and methods used, letting the reader know that I will be depending on lived experiences of fat Indigenous people for data. Lastly, the other parameter I would need to address is what site of this intersection I am examining. Fat Indigenous people have many experiences throughout the course of our lives; are we discussing lived experiences of relationships? Family? Work? Going to the movies? Throughout my exploration of the work of fat scholars, I have found that public services are often the site of crushing anti-fat bias (Gordon, 2023); the same holds true for Indigenous people of all sizes (Turpel-Lafond & Johnson, 2021). Spaces like health care, child welfare, education, interactions with law enforcement, and so on, are *often* (but certainly not the only place) where these oppressions “show up”, and where they have the most disastrous consequences in our lives. Thus, the research question is: *What are the experiences of fat Indigenous people while accessing publicly funded services?*

Chapter Two: Literature Review

A literature review in terms of qualitative research is less of a question of “what is missing?”, and more of a question of “what else can be discovered?”. Stories are sacred, and every individual has a unique story to tell, so in our teachings it might be considered impossible to duplicate a research project using a qualitative lens, as each participant would have new and fresh perspectives, and data is never static. Regardless, I raise my hands to the knowledge seekers that have come before me that have sought a deeper understanding of this topic.

When conducting reviews of the existing literature on fatness and fat people, we are inundated with medical articles, and most of them say the same things: there are too many fat people, being fat is bad for you, and we must develop strategies to make fewer fat people. The (2017) study by Kolahtooz et al., entitled “*Prevalence of overweight and obesity among indigenous populations in Canada: A systematic review and meta-analysis*” is a typical example of this type of medical article. While Kolahtooz et al.’s (2017) article does offer some promising discussion around food insecurity and destruction of traditional food systems contributing to poor health, like many medical articles of its ilk, the entire premise of the study is built upon shaky definitions of “overweight” and “obese” as defined by the Body Mass Index (BMI). The BMI is a relic with a dark history grounded in eugenics, misogyny, and white supremacy, and it is notoriously unreliable for anyone other than white people (and, frankly, is even unreliable for modern white people) (Gordon, 2020, p.47). While there is some recent literature on the ineffectiveness of the BMI (Nuttall, 2015), it persists in other literature as an objective measure of health; this is an example of how the beliefs and attitudes of the dominant group shape research methodologies, or what Andersen & Walter call a “synthetic unity” (2013, p.15). While this is not a medical literature review, and I am only concerned with the lived, qualitative

realities of fat Indigenous people, this type of research greatly impacts the lived realities of all fat people and must be mentioned when considering literature on this topic.

The conversations taking place in the literature by critical fat and Indigenous scholars (and allies) often center around how the medical model's idea of "obesity" does not serve fat Indigenous people, that oppression resulting from weight stigma falls upon intersectional lines, and that we must demand a more nuanced, trauma-informed, decolonial, socially just definition of health that acknowledges all social dimensions of our lives. Take, for instance, the brilliant critical commentary by Cyr & Riediger (2021) that calls into question the overreliance by the medical field on weight as a health indicator and proposes utilizing a Two-Eyed Seeing approach to blend Indigenous knowledges of the social dimensions of health with a Health At Every Size (HAES) model. A HAES model acknowledges that nutritious food and body movement are good for our health, but that these things rarely produce weight loss, and weight loss should not be the goal. While the HAES model works to dismantle some aspects of anti-fat bias, it can veer into the dangerous territory of healthism and put the onus for health squarely on the individual (Cyr & Riediger, 2021, Cheek, 2008). Healthism is a branch of ableism that upholds a vague and undefined standard of health, and believes it is the moral virtue of the individual to meet this standard (Turrini, 2015). The Indigenous lens acts as a countermeasure to healthism in the Cyr & Riediger framework. Indigenous worldviews never view the individual in isolation and view health in a communal, interconnected context due to the reciprocal, relational nature of our belief systems (Cyr & Riediger, 2021). Individual health is community health, and Indigenous worldviews view "citizens [as] embedded in dynamic legal orders and systems of relations that require us to work constantly and thoughtfully across the myriad systems of thinking, acting, and governance within which we find ourselves enmeshed" (Liboiron, 2021).

Reclaiming the sacredness of our bodies requires an exploration of the scholarship relating to the social dimensions of health. There is a growing body of literature on the topic of social dimensions of Indigenous health (Kolahdooz et al., 2015) (Kim, 2019) (Bethune et al., 2019) and its findings are both illuminating and supportive of the themes that arose in this study. Indigenous health indicators continually show up in the research as extremely poor, owing to the adverse social experiences brought upon us by colonialism (Kim, 2019). Weight-based discrimination grounded in the oppression of fatness is rooted in this same experience of colonialism and serves as another tool of control and surveillance over the Indigenous body. Indigenous social determinants of health (SDOH) can problematize the experience of weight-based discrimination of Indigenous people by locating this intersection of oppression amongst a larger constellation. It flips the idea that the Indigenous body is inherently wrong on its head and examines ways in which the forces at play against our bodies are the driving factor behind these poor health outcomes. With all of this being considered, SDOH serves as another perspective on this issue. Anti-fat bias and anti-Indigenous racism examined from a SDOH perspective could be its own topic unto itself. To keep the scope of this project manageable, SDOH is a supporting factor but not the primary lens. I am hopeful that this work can continue to center a SDOH perspective.

While there are incredibly written pieces by fat Indigenous scholars as well as those from other marginalized groups, it is striking that the medical model of fatness is a spoken or unspoken presence in so many pieces of literature on this topic. It is, in some ways, inescapable. The medical model is a tool rooted in colonization, and like colonization, it pervades most aspects of our Indigenous life regardless of where you live or what your community and family has experienced. Even this thesis has shadows of the medical model woven throughout. This is

not necessarily a weakness on the part of the authors, but rather a demonstration of how academia reflects our reality, and how even by offering a critical lens we are still centering the model we are attempting to analyze. There are pieces of literature that measure Indigenous wellness that attempt to de-center the medical model using more traditional methodologies, such as the (2022) study by Tanner et al. which used the medicine wheel as methodology to survey community health in Aamjiwnaang First Nation. This article offers some SDOH insight as well. Literature such as this is fascinating as it offers a glimpse of how Indigenous people view their own health, rather than having their health and wellbeing analyzed for them by outsiders. I must also note that Indigenous people had extensive ways of caring for our health (some of which has been stolen for capitalist use) and that these knowledges still exist in the world. They are unlikely to reside in an academic paper and are held in privileged spaces, but they certainly are still living within our people and communities. Indigenous perspectives on health is a newly emerging field in academic circles.

So, what do we know to be true by what is discussed in the literature? We know that anti-fat bias is felt by fat people in all corners of society, but the most apparent way it shows up (and with the most disastrous consequences) is in health care. Take, for instance, the story of local Victoria, BC woman Ellen Maud Bennett, who was feeling unwell and sought treatment for years, only to be told by doctors to lose weight; she ended up receiving a late-stage diagnosis of cancer and losing her life, using her own obituary to advocate for better treatment of fat patients (Gordon, 2023). This is just one story of many, but its themes echo across all the lives of fat people seeking medical care, including the participants in Webb's (2021) thesis research, *Fat Bodies in Space*. Webb (2021) spoke to five participants, and found anti-fat bias in health care was a universal experience, with a constant "conflation of health and body size" (p.77) resulting

in poor care. There seems to be an endless well of these stories, and every single one of them matters. There are several pieces of literature from non-Indigenous authors that further the discussion of fat justice while inhabiting an anti-oppressive lens (Friedman, 2012; Wood et al., 2020) and create space for these stories. To truly utilize a decolonial and ethical lens, we must center the stories of Indigenous people who have lived with weight discrimination by sharing their truths and learning from these teachings (Bull, 2019) to deconstruct harmful, oppressive structures that result in poor treatment and poor care.

What else do we know from the literature? For better or worse on the part of the author's dubious connections to the Indigenous community (Leo, 2022), Turpel-Lafond & Johnson's (2021) stunning report on Indigenous-specific racism in the B.C. health care system was illuminating to say the least. Anti-fat bias is embedded within a larger context of centuries of anti-Indigenous racism across Turtle Island, and both run rampant within the health care system. Indigenous patient's stories echo themes found in the stories of fat patients, even when their body size is not made explicit: being ignored, being seen as not worthy of care, being pathologized and stereotyped, not receiving proper tests or diagnoses, and ultimately avoiding the system out of fear and frustration, only to experience poorer health outcomes (Turpel-Lafond & Johnson, 2021; Webb, 2021). Turpel-Lafond and Johnson's (2021) report utilizes what Tuhiwai-Smith (1999) calls Indigenous testimony, "a way of talking about an extremely painful event or series of events" (p.145), through quantitative data collection (surveys). Similarly to fat experiences, there exists an endless well of stories from Indigenous people being mistreated by the health care system; I myself have had such experiences in my journey of becoming a mother. All of this qualitative and quantitative data point to the same finding: anti-fat bias and anti-

Indigenous racism exist at high levels in public systems, and it is probably at its worst in health care.

While there is burgeoning data within the SDOH on intersectionality of fatness and Indigeneity, a gap exists when discussing qualitative Indigenous perspectives along this intersection. Solórzano & Yosso (2002) discuss utilizing critical race theory in research to center experiences of race and racism, while also acknowledging the unique ways racial oppression intersects with other forms of oppression, and I find this approach to be pertinent to my topic of interest. Anti-fat bias is a form of oppression by all methods we utilize to name oppression, and yet it often goes unacknowledged even in social justice-focused domains. I have seen my peers, many of whom have completed education grounded in anti-oppressive beliefs and are deeply committed to social justice, espouse blatantly anti-fat comments and beliefs about themselves, other coworkers, children, families, and total strangers. As social workers, we are typically well-informed of anti-Indigenous racism (at least one would hope), yet often we are oblivious to the hegemonic anti-fat beliefs we carry and perpetuate. Indigenous scholars have studied the intersection of anti-Indigenous racism and anti-fat bias in other impactful ways, such as Robinson's (2019) powerful discourse analysis entitled "The Big Colonial Bones of Indigenous North America's 'Obesity Epidemic'" which uncovered deeply anti-fat and colonial discourses in various health campaigns, and the aforementioned Webb (2021) thesis regarding the experiences of fat people of any ethnic origin living in Victoria, B.C. However, I am left with a desire to unearth and hold space for the stories of Indigenous people living with the burden of weight stigma, specifically when they are seeking services or care that should be available to everyone without discrimination. What happens when these two forms of oppression meet and lived realities are shared in a qualitative context within an Indigenous research paradigm? What

stories come out of this intersection, and what teachings do they bring forward? In what systems are we most aware of our body size AND Indigeneity? How is colonialism perpetuated through anti-fatness and body surveillance? These are the questions that are causing my “body ache[s]”, the “bunched up knots in my personal and political history” (Absolon, 2011, p.15).

Keeping in mind the ethic of reader positionality in a literature review, during this review I took care to consider who was writing the literature and why, as well as blending content from insiders and outsiders. I can say that this topic has been discussed by fat and nonfat people, Indigenous and non-Indigenous people, people of colour, allies, medical academics, and beyond. There exists a wide range of perspectives on the role anti-fat bias plays in the oppression of Indigenous peoples globally. The work of myself as the researcher is to discern what perspectives should be centered and amplified, and I must be explicit about my dedication to the experiences of weight discrimination lived by Indigenous people. As stated in Rice et al. (2020), embodied experiences are a site of knowledge, and experiences of the body are not separated from the domain of the mind (known in disability studies as “bodymind” concept). To extrapolate this concept, the experiences lived by fat Indigenous bodies are not separate from the higher learning processes of academia; we cannot fully understand this topic without fat Indigenous voices at the helm, following Bull’s (2019) concept of “nothing about us without us”. This is not to diminish the value of literature written by non-fat and non-Indigenous scholars, but rather, acknowledge that anti-fat bias and anti-Indigenous racism has had a chokehold on academic literature for too long and it no longer serves us. Fat people are routinely discarded as unreliable narrators of their own body and experiences (Gordon, 2023), and this assumption compounds further for Indigenous people of all sizes. It is time for this to change.

The other consideration of reader positionality is how it impacts the chosen methodologies. In my experience engaging with the literature, Indigenous scholars make explicit their location, usually right at the beginning. We give a lot of ourselves to our work, and acknowledge its personal impacts on our lived experiences. We often do not view the topic as an abstract thing separate from our own bodies to analyze in a detached way, but rather something we live and walk within each and every day. For example, Ashlea Gillon (2019), a Māori scholar, beautifully shares traditional stories from their culture of Hine-Nui-Te-Pō, a Māori goddess and ancestor, and utilizes these teachings as a methodology to ground their advocacy for the body sovereignty of fat Indigenous women. When Indigenous academics are leading the conversation, the work is generally both highly personal *and* political. Likewise, critical fat scholars will often delineate how pervasive, societal anti-fat bias has permeated their lives using personal stories, and this will influence how they develop their methodology. Shewan (2021) opens her thesis and makes explicit her positionality by sharing a story of how she required a Magnetic Resonance Imaging (MRI) scan and could not fit in the machine, leaving the hospital distraught, humiliated, and without needed medical care. Shewan (2021) then goes on to discuss her own bias in a transparent manner, stating that she is proudly taking space in the conversation as a fat person to amplify fat Black voices, given that most of the research has historically been conducted by outsiders with ulterior motives and their own biases (i.e., medical researchers with ties to bariatric clinics). Once again, to define a decolonial lens in research, your relationship to the topic will *always* affect the chosen methodology. On the opposite end, I am struck by how *impersonal* research conducted by outsiders can be. Who are you? What are your stories? Are you fat or Indigenous? What is your relationship to my people? What stake do you have in this research? I am often left with more questions than answers when reviewing literature written by

outsiders, especially when a medical model lens is utilized. The identities of non-fat and non-Indigenous academics often become invisible, unspoken, the norm, similar to how the white, cisgender male body was the baseline for all of colonial history. This is the “main function of whiteness”; the ability to “render itself invisible by claiming it is the norm” (Shewan, 2021, p.64).

Regarding political issues, many of the pieces by fat and/or Indigenous scholars referenced in this paper touch on how anti-fat bias upholds oppressive forces grounded in colonial, racist, and misogynistic politics. Once again, the brilliant article by Gillon (2020) describes how anti-fat bias works to normalize the thin and white European beauty standard, which subjugates Indigenous people (mostly those who are assigned female at birth) who generally do not fit this standard, and further subjects us to being viewed as “animalistic”, oversexualized, and ultimately less valuable than thin, white, cisgender women. As an aside, what I have not seen explicitly fleshed out in the research is the role anti-fat bias plays in the high rates of violence experienced by missing and murdered Indigenous women and girls [MMIWG]. Perhaps this is another gap in the research. Gillon (2020) elaborates further on the misogynistic political nature of anti-fat bias, in that it devalues the roles women play in Indigenous societies, and undermines the positions of power we have traditionally held, leading to further dismantling of our family and social systems, and presumably more vulnerable to subjugation and violence. Robinson (2019) describes how most research projects on Indigenous fatness are grounded in neoliberal capitalism, and frame “Indigenous obesity” in a way that obscures the role of colonialism in the glaring health disparities of Indigenous people, framing the issue as stemming from the actions of Indigenous people themselves and absolving the colonial state of their crimes. The neoliberal and capitalist research projects Robinson (2019)

refers to are inherently political, even if they refuse to acknowledge this; power is having the ability to deny that you have power (Shewan, 2021). Shewan (2021) discusses how anti-fat bias is felt more acutely by Black people receiving mental health care. Like Indigenous people, Black people living in colonial societies (and usually those assigned female at birth) are frequently the target of anti-fat bias, and these interlocking oppressions work at a political level to center whiteness, thinness, and push a narrative of healthism, further subjugating Black communities.

Thankfully, there is some incredible literature describing the experiences of fat, Black women and femmes living in the United States, such as the works by Senyonga & Luna (2017) & Senyonga (2021). The experiences shared by fat, Black women living in a country with a deeply racist history (which continues to the present day) can reveal many lessons for fat scholars from other intersections and disciplines. While I cannot presume to speak with any expertise on this highly distinct, specialized field of academia, what I can say is that the academic work of fat Black scholars shows how diverse the lived experience of fatness can be. Fatness in the context of a country that previously enslaved your people, and then continued the enslavement project with mass incarceration, has commonalities and differences with the Indigenous experience. While their journey has its own context and nuances, they are our allies in this experience, and there is much that binds us towards a common goal. The binding truth is that between all these marginalized experiences of anti-fat bias, weight discrimination is often yet another tool used to oppress brown and Black bodies by centering the normative thin, white body.

Regarding ethics from a decolonial lens, consent appears to be the running theme amongst the literature grounded in an anti-colonial framework, beyond what is required by ethics oversight boards across Turtle Island. Colonialism, by definition, is the very antithesis of

consent, so centering consent within a decolonial research framework is good medicine for both researcher and participants to rely on throughout the research journey. Webb (2021) describes how they went about obtaining consent, noting that it was not simply an external matter in the form of a box to check before proceeding with discussions, but an ongoing negotiation in which their participants could revoke or alter consent at any time. Participants in Webb's (2021) study were also given the opportunity post-discussion to remove any knowledge they had second thoughts about sharing with the researcher and those who will read the final document.

Anonymity was another method common in decolonial research with participants. Anonymity (usually in the form of pseudonyms) gives participants the freedom to share their stories fully, without fear of retribution or backlash, offering a layer of protection for the sacredness of their stories. Lastly, we cannot discuss consent without discussing power. Research within colonial institutions is imbued with power, even when we try our hardest to carve out a decolonial methodology. As Hunt (2018) states, it is more effective to be transparent about the ways in which we negotiate power during the research process (especially with respect to how power influences consent), rather than believing that if we act in a certain way we can dismantle power differences. When the research gathering has ended, the reality is that these power differences will still exist. We can navigate and negotiate with them in a more equitable, transparent, and respectful way when we shine a light on them.

It is difficult to synthesize all the literature on this topic in a satisfying conclusion. On the one hand, there is no shortage of Western, colonial, medical model material written by mostly outsiders about fat people, Indigenous people, or both (Kolahdooz et al., 2017). On the other hand, there is groundbreaking knowledge being produced by non-Indigenous fat scholars (Gordon, 2001 & 2023; Shewan, 2021), and beautiful, heartfelt pieces by fat Indigenous scholars

and allies (Webb, 2021; Robinson, 2019; Gillon, 2020; Cyr & Riediger, 2021). There is burgeoning SDOH literature on Indigenous perspectives of health (Kolahdooz et al., 2015; Kim, 2019 & Bethune et al., 2019). Being mindful that research can be used to both inflict harm and repair it, there does appear to be a groundswell of interest in holistic, decolonial, trauma-informed, and culturally grounded depictions of our lives as Indigenous people living in large bodies. I raise my hands to the fat and/or Indigenous scholars that have brought us this far, and express my gratitude for their efforts in research, as I relied on this work heavily throughout this journey. Upon my journey through this review, I do believe there is space in the conversation to add to this burgeoning discussion of anti-fat bias and anti-Indigenous racism, and the ways it shows up in the domain of public services. Instead of viewing this as a gap in the literature, I believe a more apt depiction is that I can add a strand of sweetgrass to the existing braid, making our good medicine stronger.

Chapter Three: Methodology

Preparation

Indigenous research methodologies are complex, complicated, and require a great deal of effort to articulate and implement (Kovach, 2021). Indeed, as I was reflecting upon my chosen methodology, I often got hung up on the chosen *methods* rather than the wider framework of principles that constitute a methodology. To navigate this conundrum, I found it useful to work from the concrete towards the abstract. I find it easier to start with the *what* and unpack it to figure out the *why*. The first step in any journey begins with preparation, and the seeds of this research had been sown years ago. I have spent recent years bearing witness to the lived experiences of fat discrimination as shared by fat scholars and pondering quietly to myself how these experiences intersect with Indigeneity. What do the next steps of preparation require? I find that my most valuable lessons come to me when I am alone with my mind and spirit. This is, undoubtedly, why so many of our traditional teachings involve seeking solitude. We need solitude as much as we need our collective relations, and the two states of being represent a crucial balance.

In June 2023, I attended a pow wow in my traditional territory for the first time, making the trip entirely solo. This was not intended as a trip related to education, but it ended up being an important piece of my journey. As I drove the flat, straight prairie roads for hours and hours, I had an abundance of time to reflect on the purpose of this research, my connection to my body as well as my Indigenous identity, and endless other things. Then I got the opportunity to engage with culture and spirituality on my own territory, after being disconnected from the land my entire lifetime. I did not realize it at the time, but this trip was a crucial step in preparing myself

for the work ahead, by taking time in solitude to reflect on my purpose, with the help of being surrounded and shaped by cultural and spiritual teachings. It was both an exercise in grounding myself while also ascending my spirit to the ancestors in search of guidance and safety in my research journey. See appendix E for a photo of this journey of preparation.

Gathering

The next step, beyond embarking on preparation, a literature review, and formulating a research question, was determining who the participants are, and how they are to be gathered. As previously stated, *fat* is a loaded word, and despite the efforts to reclaim it as an inert descriptor like tall or skinny (Gordon, 2023), it can bring up a multitude of feelings for individuals. My intention is to be as respectful to participants as possible. To navigate this matter, I would like to focus on *anti-fat bias* or *weight discrimination*, rather than fatness. As mentioned previously, using anti-fat bias as a gathering descriptor places the gaze onto the normative perceptions of fat people, rather than onto our bodies, which are almost always the ones being scrutinized. With this in mind, as well as the importance of consent whenever discussing the bodily autonomy of any group, individuals were invited to participate via a community-wide invitation. This poster was distributed on the common areas of both the Camosun College and University of Victoria campuses, online through social media, at local Indigenous agencies, and in targeted spaces with potentially overlapping interests such as UVic Pride. I also put out a call for participants through word-of-mouth within my various relations within the community, and this ended up being the method that produced the most interest. A copy of the poster is listed in appendix A, and made explicit the voluntary, consensual, and confidential (pseudonyms were used) nature of the conversation.

Methods

I knew that given the nature of the research topic, I wanted to utilize Indigenous storytelling as a method. As Qwul'sih'yah'maht (2015) states, storytelling is both foundational to our experiences as Indigenous people and an act of resistance in research. Relationality is the underlying foundation of storytelling, for there must be a teller and a listener to complete the process, often with the two (or more) entities switching roles throughout the process. How is storytelling enacted in Indigenous research? The approaches are endless, as our cultures are experts on this important method of knowledge transmission. Gaudet (2018) discusses the concept of *keeoukaywin*, the visiting way, and how visiting is the prominent way Nehiyaw and Metis people share knowledge. Visiting and storytelling are perfect companions to one another.

To work within an Indigenous storywork methodology (Archibald, 2008), and the teachings shared with me as a Nehiyaw woman as a guide, participants were invited to meet either in person or through Zoom. I also thought it was important, based on my experience in community, to let participants know at the outset that this discussion (while still meeting all the requirements set out by the University of Victoria) is very informal and “come as you are”, in alignment with Archibald's (2008) methodology. I find it is crucial to meet people where they are at, in research as well as practice. Truth be told, through two of my interviews, we worked on our beadwork projects together during the entire conversation (it is an old social work tool of having something to occupy the hands and/or eyes of the storyteller to make them feel more comfortable and less under a microscope). The purpose is to come together and discuss their lived experiences in relation to the research topic I have identified, just as we have always done, and I had no expectations other than that. Prompting interview questions, such as “Tell me about a time you felt targeted for your body or your race” ([Appendix 2](#)) were prepared ahead of time, if needed, but through my experience as a social worker, I find that semi-structured, informal

conversations are much more respectful of relationality and often unlock spaces in the conversation that otherwise may have remained closed off to the researcher if they had stayed within a rigid set of questions. The questions were meant to define the focus of the study without closing anything else off that may have come up. The participant is the director of the conversation and could choose to not engage with the prepared questions, and there was open space left at the end of the conversation to discuss anything that we did not cover. Conversations occurred via Zoom, in community spaces, and in one participant's own home. Immediately following conversations, I engaged in reflection through journaling while the conversation was fresh in my mind. I wrote down what I thought were prominent key themes, reflected on the resilience of the storyteller, and detailed how I myself came away from the exchange transformed. I did not intend to include a focus on resilience but was struck by it after the conversations were held.

Part of the storytelling process is that I myself am engaged in the experience, and embrace my role as a Nehiyaw woman in my community (both at home and in the urban context). There are no firm boundaries between teller and listener, and the two will often flow into one another throughout the process (Kovach, 2021). Storytelling is a transformative process in which both parties are changed by the experience. As such, it is my teaching that individuals should be gifted for participating in the storytelling process. I provided participants with cash honorarium of \$100 for their expertise and time, which was self-funded. The honorarium was provided before the interview started, in order to protect the informed consent of the participant and honour their willingness to consider participating. I was not holding their honorarium hostage, and they were free to retract or edit any of all knowledge that was shared after being provided transcripts. After the interview had concluded, I set about making a batch of small gifts

for participants to honor the teaching of reciprocity. I created a soy wax candle for each participant with the study's name on the label ([Appendix D](#)), and scented in cedar to pay homage to the sacred medicine of the land the study was conducted upon. I am a candle maker by hobby, and these candles were custom made for participants.

At Last... A Framework

As previously stated, I find it most simple to move from the concrete to the abstract on describing my methodology, as I grew up disconnected from my culture and teachings and therefore have had to reconstruct and reconnect this part of my identity. As engaging with Indigenous research practices is an ongoing learning process for me, I learn and communicate best through practical applications. A thematic analysis, by nature, requires us to explore ontology to make explicit the context we are approaching the stories from (Terry et al., 2017). We cannot analyze data without making explicit what we accept as reality. Indeed, Kovach (2021) describes an Indigenous conceptual framework as epistemology, axiology/ethics, community, and the self; ontology is how we imagine the self and our relationship with community. To enact an Indigenous methodology and make explicit my own reality, I must rely on traditional Nehiyaw teachings, and the teachings I choose to guide my work are: relationality (storytelling), the sacredness of the body (purpose), and Indigenous ethics, with intersectionality as a core guiding principle. Since metaphors are often used in Indigenous methodologies (Kovach, 2021), these three guiding principles are the three strands of the sweetgrass braid that form my chosen methodology. Sweetgrass is a sacred medicine in my Nehiyaw culture, and it thrives with human intervention, becoming stronger when braided and interfered with. Given the intersectional focus of this research, the three strands of the sweetgrass braid represent how these methodological concepts are woven together throughout the work. Sweetgrass grows on the

territory of my people, which honours my connection to the research as well as my Nehiyaw identity.



Image 1: Sweetgrass Braid as a Framework.

As a reminder, the research question is *What are the experiences of fat Indigenous people while accessing publicly funded services?* The challenge is integrating this question into a workable methodology. Hunt (2018) discusses the importance of witnessing in our communities, and how this teaching is a guide on how to stay grounded when conducting research and being intentional about our sacred responsibility to the community. The nature of the research, as well as the targeted participants, should guide the formation of methodology, which is perhaps why it made more sense for me to work backwards when developing the totality of my methodology.

As a Nehiyaw person, a methodology consisting of relationality, sacredness, and ethics is the only way I could envision approaching this topic. All Indigenous methodologies must pay homage to the relational, collective nature of our worldview (Kovach, 2021), and hold our knowledge as sacred. Relationality gives us the opportunity to discuss the various social contexts in which we live, as well as our unique histories and connections to land, culture, and community. Sacredness reminds us that our bodies, stories, and lived experiences are connected to the Creator, and that fat Indigenous people are worthy of equitable, respectful, and culturally safe care in all manners of the word, and irrespective of how we became fat. Ethics are the laws by which we must conduct and engage with the work throughout our lifespan. Intersectionality allows us to examine the ways in which the oppression of our fatness and Indigeneity interlock and create a common lived experience. I want to make explicit that relationality is interchangeable with ethics, and relationality is also a core ethic of storytelling work.

The strength of this methodology lies in its inherent quality of being an act of resistance (Kovach, 2021). Indigenous people have always resisted the oppression brought upon us and continue to do so to this day. As I mentioned earlier, I grew up immersed in harmful, colonial discourses. This research project is not about asking for fat Indigenous voices to be heard, but demanding space in the conversation. From my extensive research of the literature, there has also not been an exploration of this intersection in depth, and thus a potential strength is that an under-consulted, marginalized group has the opportunity to discuss the issues that matter to them, in the context of an academic paper (of course, I also acknowledge the problematic nature of how academically generated data within Western institutions is privileged in normative society). There is inherent strength in bringing an Indigenous lens to academic research, as it challenges the precedent set by the harmful colonial ways that research has been misused and

perpetuated upon Indigenous people. As stated in Watson & Jeppesen (2020), “Unsettling research means undoing colonial research practices by decentering settlers” (p.83). The strength is that we are not shying away from research, but we are demanding to do it our way, and for the benefit of our communities.

Purpose

All research with Indigenous people must have both purpose and relevance. We reject the long-standing history of researchers coming in and extracting knowledge, then saying goodbye and leaving our communities with no measurable improved outcome. As such, I must reflect on what purpose our work serves after it is complete. Of course, it goes without saying that my driving purpose is to improve concrete outcomes for fat Indigenous people and honor the sacredness of our bodies, but I also hope that this work challenges normative discourses around body discrimination and Indigeneity at large. The intended purpose of this work is to center Indigenous perspectives on health and restore our beliefs around all bodies being sacred and worthy of dignity and respect. It would be a great honor if works such as this turn the gaze around on this intersection of discrimination. Raising questions such as “who benefits from these actions of discrimination?”, and “whose power does this uphold and whose lack of power does it entrench?” is my big picture goal. The point is to upset the apple cart of intersectional discrimination for our people to be seen as sacred beings. As such, I hope this work reaches readers who may be willing to unsettle some deeply held harmful beliefs within themselves. As stated, I have come across some social justice-minded colleagues of all backgrounds who hold deeply anti-fat beliefs. I hope it reaches readers who can approach social harms without victim blaming, deflection, or shame, and instead are willing to be critical and reflective on how these harms came to be, and what role they can play in rectifying it. It is an invitation to reflect on the

role of allyship. This work is a love letter to the beautiful Indigenous folks who have felt discriminated against because of their body and their cultural identity, but it is also a call to welcome potential allies to the circle.

Storytelling

While I previously discussed Storytelling as Method, storytelling it unto itself an Indigenous research methodology. The importance of stories lies within its connection to Indigenous worldview and epistemologies. Storytelling reminds us of who we are, our histories, and what we understand to be true (Rieger et al., 2020). As stated in Sampson's (2022) thesis on experiences in the Tsartlip Indian Day School: "The use of storytelling, as a way of education, cultivates a sense of knowledge that generationally can be inherited" (p.10). If you consider my approach to positionality in this research, I did not just matter-of-factly say "I am an Indigenous woman from Driftpile Cree Nation". I gave an entire story of my ancestry, my history of dislocation, and how it shapes the way I engage with the research in front of me as well as every other form of knowledge throughout my lifespan. I have given context to the knowledge keepers who have helped me on my journey of reconnection as well as my connection with Nehiyaw culture. This then provides insight and context to how I have moved about and engaged with this research. Truthfully, I am not sure there exists a way to conduct Indigenous research without using storytelling as methodology, even when alternate methods are used. We are living within a specific context, and research conducted without revealing the stories behind that context are not grounded in Indigenous methodology (Archibald, 2008). We cannot access our deep knowledges and understanding of the world without weaving through the web of stories that make up our place and purpose.

The reason Indigenous storytelling is central to my research framework lies in its inherent quality of being grounded in both consent and self-determination. As a researcher, the stories shared in this project are not my property, they belong to the storytellers (Chan, 2021) and my duty is to hold them with great care and reverence. They are the intellectual property of the storytellers generously shared to enhance community cohesion and wellbeing. What happens after the story is shared is just as important as gaining informed consent prior to the event, as I owe my highest level of due diligence to ensuring I am accurately presenting and holding space for the story. The self-determination aspect of stories occurs when participants take the space to define what their own stories mean to them. Indigenous storytelling as methodology is an act of reclamation and defiance against colonial research practices. Historically, our stories have been taken by force through unethical research practices, prescribed and warped to align with colonial ideologies, or downright invalidated if they challenged any form of colonial thought (Chan, 2021). Our stories have been weaponized and used to harm our communities. Intentionally centering stories shared with consent and led by storytellers restores the brilliant research methodologies our ancestors practiced prior to the arrival of colonialism. To sum up the importance of storytelling as methodology, I borrow a quote from Ubuntu storytelling in West Africa: “The story of one cannot be told without unfolding the story of many” (Mucina, 2011).

Intersectionality

Much has been said, both in this thesis and in critical social work academia, about the meaning and importance of understanding forms of oppression within the realms of intersectionality. Intersectionality is similar to storytelling in the sense that it positions knowledge as inextricable from the context from which it came (more specifically, that oppression is rarely understood in a singular sense and usually requires us to dig into a deeper

and more complex understanding) (Crenshaw, 2013). Intersectionality as a guiding principle, however, is another matter. We can reasonably understand oppression can occur within a variety of the identities we carry, but how do we incorporate this approach into the guiding principles of the research? Davis (2014) suggests being open to complicating factors and not being afraid of “asking the other question”. In other words, intersectionality as methodology guides us to be comfortable in the unexpected and unknown, as well as accept that we will invariably have blind spots. We are encouraged to ask questions that will complicate our worldview. Even this research project, which is set within a very specific intersectional context of weight discrimination and Indigeneity, brought up completely unexpected perspectives situated in intersections that had not occurred to me before beginning interviews, despite months of preparation. Instead of dismissing this as not fitting within the guidelines I set out with, I got comfortable with the unanticipated and complicated. Intersectionality is an endless possible combination of experiences, even within one specific human experience. Incorporating this very reality into methodology was a key factor in witnessing fascinating knowledge during the research process.

Ethics (before knowledge)

In terms of an Indigenous research methodology, ethics are essentially interchangeable with relationality. To act in an ethical way is to honor all your relations (Wilson, 2008). One of the most prominent ethical considerations for Indigenous research is how the researcher navigates the relationship with the participants. MacAdams (2020) discusses the ethical considerations of how being trans does not automatically make them an expert on trans-ness, and how we are inevitably influenced by our political stances and experiences with oppression when it comes to engaging with participants and analyzing the data. Just because I am both Indigenous

and fat does not render me immune from reflecting on ethical considerations and potentially being confronted with ethical dilemmas. The main anticipated ethical consideration is that this status as an insider may create some blind spots, which is a potential issue to reflect on without judgment as I believe our human desire to connect and belong often creates this dynamic (especially in the world of social work). While I am approaching this topic with a great deal of lived experience, it is arrogant for me to assume that the participant is fully “knowable” (MacAdams, 2020). Levinasian ethics challenge us to accept “the Other” as separate from ourselves, in a space that will never be truly known by us (Ahmed, 2000), but yet we should care for them regardless. While like all ethical theories, there are limitations to Levinasian ethics, I find the Levinasian concept of “ethics before knowledge” (Ahmed, 2000) to be useful to incorporate into the ethical framework of this study. As such, I have made myself familiar with the University of Victoria’s ethics policies and received approval from the University’s ethics board in the fall of 2023 to move forward with this research project.

There are specific ethical considerations to make when conducting research with Indigenous participants, given the well-documented legacy of research being misused to perpetuate colonial violence (Kovach, 2021), which I have already touched on throughout this thesis. With this in mind, the other critical piece of ethics along with relationality is informed, voluntary, and revocable consent. Knowledge taken by force, coercion, or without the knowledge of the participant is not ethical, and it is against our practices as Indigenous people. Our people have held these ethical values since time immemorial. I reflect on the teachings behind talking circles, where participants are invited and given the space to share their truth, and each participant in the circle is accountable to witness and hold their knowledge as sacred (Brown & Di Lallo, 2020). In fact, this gentle invitation to share is a throughline of many of our

ceremonies. While I cannot predict any ethical dilemma that arises, I feel that abiding by our traditional teachings on invitation, accountability, and consent will be critical in maintaining ethical research.

Indigenous ethics in academia require the researcher to abide the principles of “ownership, control, access, and possession” (OCAP) (Hayward et al., 2021). Essentially, the community sharing the stories must have full jurisdiction over the knowledge that is shared. As the researcher, I fulfill these principles by consulting storytellers throughout the process, giving final oversight of the written thesis, and posting the thesis onto the University’s website so it can be accessed by the community at any time. As the researcher, these stories are not mine to keep. They come with a responsibility to the community that shared them, and this extends far beyond the deadlines of the University. I am accountable to storytellers and the communities involved in the research after the final draft is posted online. The communities I identify as having lifelong oversight are the urban Indigenous community on Lekwungen land, the traditional keepers of the lands on which the thesis is written, as well as my own Nehiyaw community. It is important for me to acknowledge my own community as having oversight as even though they were not actively involved in the study, I am still identifying myself as a member of the nation and need to conduct myself in a way that respects my relatives and ancestors.

As a Nehiyaw person, I must also hold close the axiological principles of my traditional teachings and instructions. When I travelled to my home territory in preparation for the work ahead, I was struck by the overwhelming generosity of my community. Coming from spending my life in the colonized world, the willingness to share and overall openness of my people was a profound experience, and a teaching I wish to bring forward into this research. Pow wow teachings were offered to all in attendance, and reconnecting people who live away from the

territory (such as me) were treated as guests of honor. Our children in care were stood up and acknowledged, and then given a place in the procession right beside Chiefs and other community leaders. This cultural instruction to pull our people closer and give all that we can is deeply rooted in Nehiyaw law. Wealth in the Nehiyaw worldview is measured not by material riches (in fact, these can often be a sign of someone who is not acting in an ethical manner), but rather by your strong familial ties, dedication to the future generations, and ability to be humble and share (Shirt et al., 2012). I incorporate this ethic into this research by reminding myself that my role is to hold the story and share the wisdom that lies within it to improve outcomes for my people, as well as continuing the methodology of storywork that has sustained our academic systems since time immemorial (Archibald, 2008).

Limitations and Challenges

Limitations and challenges can exist with any research method and methodology, as knowledge is so wide and diverse that using only one tool to access it is like only eating one food for the rest of your life. Robina Thomas, a leading Indigenous scholar who has written extensively on storytelling as methodology, states that the limitation of this method is how our stories can be shared (ICWRN, 2011). Once our stories are written down, there is no telling where they can end up (which is likely why our old ones, in all their brilliance, only utilized oral storytelling). As Hunt (2018) states, there are sacred responsibilities associated with being witness to someone's story, and it is a binding social contract. In Western institutions, a thesis or any other academic research documents are public record and therefore an individual without knowledge of these witnessing responsibilities would have access to the sacred stories of participants. This is a limitation of Western academia and not our storytelling methodologies. The other challenge of a storytelling method within an Indigenous methodology is the danger of

appropriation (Watson & Jeppesen, 2020). While I am myself an Indigenous person, I am still gathering stories, with permission and ongoing consent, from our people and putting them into a Western academic institution, a context that is foreign and has been imposed upon us. This is what Watson and Jeppesen (2020) call a paradox of decolonial research; we want to have our voices centered and amplified in all matters pertaining to us, yet we must reflect on whether some of our stories become damaged when brought into this framework. I do not propose to have any solutions to this paradox but instead intend to remain mindful of this matter by following the participants' lead on what they would and would not like to share within this format. A limitation also exists in this thesis being a small, seminal study with four participants.

I have written at length about the central role intersectionality plays within this research. Indeed, I am looking at a cross-section of two widely experienced forms of oppression, and thus utilizing intersectionality as a guiding methodological principle is pretty much non-negotiable. However, intersectionality as a methodological principle can contain some nuances that must be considered carefully. While the scope of this thesis is the intersection of anti-fat bias and anti-Indigenous racism, other intersectional oppressions showed up as well. For instance, the participant "Tobacco" shared how reproductive care was a particularly distressing service to access, bringing gender into the conversation. While the scope of this study is a specific intersection and the oppression experienced in this space, as Indigenous people we carry with us many other intersections that bring with them a set of lived realities and oppressions. It is not necessary to pull apart each facet of the storyteller's identity but rather contextualize it within the other roles they fulfill in their lives.

Chapter Four: Analysis

Indigenous Thematic Analysis

The reason for selecting a thematic analysis grounded in Indigenous worldview for this research lies in our nature of discovering patterns woven through the stories of our lives as a form of knowledge. This method of thematic analysis involves coding each conversation (Terry et al., 2017) and then cross-referencing with other coded conversations to determine the common threads. Coding was completed by transcribing the interviews and using coloured highlighters to identify emerging themes. Indigenous thematic analysis means grounding this process of analysis with worldviews and beliefs grounded in my own Nehiyaw values about body sovereignty. For instance, the body being inherently sacred is a core ontological Indigenous belief that was upheld throughout all data analysis. In terms of both thematic analysis and Indigenous research, subjectivity is the point; my lived experience as a researcher and an Indigenous person is considered a main feature of this approach, rather than something to be avoided or controlled for (*Thematic Analysis: What It Is and How to Do It*, n.d.).

After each interview was completed and transcribed, I spent time pouring over the conversations that were had. While certain stories stood out vividly in my memory, memory is imperfect, and some stories benefitted from a refreshed look at the data to understand what the participant was saying more fully. I then set about coding through electronic highlighting and assigning each colour a corresponding theme. I found it the most effective to not spend a lot of time overthinking on whether certain data could be construed as one theme or another; coding is supposed to be succinct and not a nuanced explanation of the data (Braun & Clarke, 2012). I had to remind myself that the themes were not permanent or immovable categories, and that the act of teasing apart whether data belongs to one theme, or several comes later. As social workers, we

often live in the nuanced and complex with the information we gather on a daily basis in our practice, so being somewhat ruthless with my highlighter did not come easily. I approached coding with the memory of the conversations in mind, as well as what I could see were the themes emerging during journaling. Coding can be both inductive and deductive; in other words, it can be led strictly by the data (inductive), or by the perspective and worldview the coder is bringing into the process (deductive) (Braun & Clarke, 2012). Bearing in my chosen methodology, coding was both inductive and deductive. The Indigenized approach to coding is to ground the lens of the coder in Indigenous ways of knowing and being, as well as apply the laws of our people and remain cognizant of the role of colonialism in the themes.

You, as the reader, may notice throughout this written report that my language is colloquial and conversational. While I cannot say this was intentional, it is grounded in my general approach to wider social work practice. When I meet with families in this work, I do not use academic language or jargon, and when I do need to have more complex policy discussions, I try to translate in as plain of language as possible, and frequently ask if what I am saying makes sense. This is not to insult the intelligence of families, as I know they are the experts of their situation, but rather to dismantle the power hierarchy that the language imposed upon us can often create. Jargon separates and ranks; conversations pull people in. This is true not only with the families I serve, but also within our communities. Using humble, approachable, and accessible language is culturally grounded and culturally respectful. When I think of the teachings of the pow wow, we all sit facing one another in the general spirit of celebration and belonging where nobody is above another, and I feel these teachings ought to be applied to academia as well if we are to practice from an Indigenous lens. I owe these teachings to the

knowledge keepers in my own community who ground our ceremonies in our ways of being and generously share the sacred knowledge guiding these events.

The Storytellers

The four storytellers discovered this research project in a variety of ways, but mostly through word-of-mouth. After a brief screening of whether they were situated in the intersection I was seeking, an interview time was arranged. Two of the participants I had never met before, and two I was aware of prior to this study. One of the participants kindly recruited another to participate. The participants all had Indigenous identity originating from a diversity of nations across Turtle Island but lived on lekwungen lands. I did not control for gender in this study, but three participants identified themselves as female during the interview and one did not specify their gender identity. As stated in the informed consent form (appendix B), the storytellers will be assigned pseudonyms. It seems meaningful that there were four storytellers, given the recurrence of the number four in many of our sacred teachings. I am choosing to name them Tobacco, Cedar, Sweetgrass, and Sage, as a nod to our four sacred medicines.

Theme One: The Medical Field – Excuses, Barriers, and Fears

“My grandma always said that she never wanted to go to a hospital, because she knew she would never come out of it.” – Participant three, Tobacco.

Am I surprised? Not in the least. The most prominent theme emerging from all four interviews was negative, unjust interactions with the health care system. Storytellers shared multiple stories that they had experienced firsthand, as well as those in their family, in which they required medical care for an ailment and ended up being given the familiar prescription of weight loss.

I have a hernia in my stomach, and my upper stomach. And it's quite a large one. And it looks... like I'm seven, eight months pregnant. And anyways, I've been trying to get

somebody [a surgeon] to help me get rid of it. And so I went to go see this surgeon. And he... immediately said, no, he can't because I'm too big [and] that I had to lose weight in order for him to be able to work with me.

- Participant Two, Sage.

I would say medical services [gives me the most anxiety to access]. Yeah, because ever since I was body shamed, I found it hard to open up to medical personnel. I felt the stigma that I will always be body shamed for... being overweight.

- Participant One, Sweetgrass.

This is an all-too-common story for many people living under the gaze of weight discrimination when seeking health care. Weight will either be a barrier to receiving care, or it will be an explanation for an ailment, as was the case with the fourth participant, “Cedar” and her experience with receiving treatment for sleep apnea:

I don't know what it's like to not be treated awful... like, I've never had a great experience in the health care system as being Indigenous and definitely not as being... plus size. Like, there's always “you could walk more”... There's always those physical activity recommendations to every ailment, right? And like, I have sleep apnea. And it's like, oh yeah, that got labelled a certain way that gets brought up. Like, oh yeah, you could lose weight, you could go walking. And I'm like... pretty sure I've had sleep apnea my entire life... you could also be a ten-year-old that's ninety pounds and have sleep apnea.

- Participant Four, Cedar.

Sleep apnea, especially when left untreated, can be an incredibly debilitating and dangerous condition (Knauert et al., 2015). Sage also described her hernia as painful and debilitating. Hernias, when left untreated, can be potentially life threatening due to the risk of organ damage and septic shock (Inguinal Hernia - Symptoms & Causes, n.d.). Exploring the role weight plays in these conditions is beyond the scope of this study. However, the inequitable treatment of fat patients is pronounced. In both stories shared, it appears body size was used as both a label and a barrier to providing care, and that it was something that happened automatically, rather than a medical professional carefully reviewing the patient's overall health

status before giving advice. Despite my lack of medical knowledge, as Indigenous people, we understand that health is a holistic continuum of multiple factors, and that not all of them are bound to the physical realm (Redvers, 2019). This immediate focus on a patient's weight as both an explanation and an excuse are disrespectful to our ways of being and caring for ourselves and contribute to the marginalization of our bodies.

Within the theme of negative experiences with the medical field, storyteller three, "Tobacco", shared that at times it can be terrifying just entering a medical environment as an Indigenous person.

As soon as you bring up... your ethnicity and your race into the health care system, I feel like some people's attitudes quickly change. I remember feeling very, um... nervous, seeking medical advice and services about five years ago, because I found out I had an unplanned pregnancy. I remember feeling very, like, ashamed and scared, just because they can see that I'm Indigenous on my file. So, um, going into the medical system, health care system, knowing what your people have gone through already in your head and being that one girl that's Indigenous in the office... I remember feeling very... scared that they were, um, going to do something to me while I was put under, based on my race.

- Participant three, Tobacco.

Tobacco is referring to the history of Canadian medical establishments performing forced tubal ligations on thousands of Indigenous women based on the "population control" principles of the eugenics movement (Clarke, 2021). Given that it was only in the year 2017 that a group of more than one hundred Indigenous women filed a class action lawsuit against the Canadian government for forced or coerced sterilization codified into law occurring as recently as the 1970's (Leason, 2021), this fear is very much grounded in living memory. Tobacco's terror at having procedures performed on her against her will be based on her identity is borne out in the experiences of thousands of our women. Tobacco and I discussed this fear a bit later and how it could be handled respectfully by individuals working in the medical field:

I feel like if they're dealing with Indigenous folks, whether they're white passing or, like, obviously brown, that they take the time to reassure them that they're not going to do anything that they don't like, they're not going to do anything beyond what they said they're going to do... Having that, like, safety... assurance is a good thing. And for them to be, like, transparent of what they're going to do, I think that's important. – Participant three, Tobacco.

We continued the discussion and named what Tobacco was getting at: the need for ongoing consent as well as validating that the fears Indigenous people have seeking care are grounded in very real experiences our people have had. Tobacco specifically named reproductive care as specifically stress-inducing to access as an Indigenous woman:

The different types of health care... that gives me anxiety specifically is reproductive health, just because of the, um, colonial history that we have with the medical system. Like even if it's not something that you've experienced, it's in our family histories. – Participant three, Tobacco.

Tobacco elaborated further on how fear, based in the history of Indigenous-specific racism in health care as well as our stories shared through generations, may prevent Indigenous people from accessing needed care in the first place:

...Because there is such a stigma with Indigenous people in the health care system... because I know a lot of people who don't trust the medical system and will actually like not go and seek medical attention. Rather just, like, stick to it at home and not go see a doctor, which is really screwed up, which the outcomes of that are... terrible. So, they doctor themselves at home, which is not something you want to do. – Participant three, Tobacco.

This experience of avoiding seeking care due to fears of racial or size discrimination was a theme that occurred during Cedar's interview as well. Cedar shared the heartbreaking story of her relative's tragic and preventable death. It is worth noting at this time that Cedar's family story had such an impact on me that I chose to dedicate this thesis, with permission from her family to her aunt's memory.

My aunt, my mom's sister who died... she was on disability. And how she died, could have been 100% preventable. Because she had a scratch on the back of her neck. I don't know from what. But like, my mom is trying to get her to go to the doctor to get looked at... It looked really ugly and infected. But of course, like with her alcoholism... on top of being Indigenous... it's just not a space that's made to be accessible for Indigenous people. So, like, my aunt had the scratch on her neck, otherwise healthy as... can be as being an alcoholic... But like, was acting really weird, like weeks later. And that's only when an ambulance was called. And she was transferred to the hospital and was, like, aware, but... a little bit out of it. And was fevering and all this stuff. And then was admitted to the hospital and a week later died. – Participant four, Cedar.

[Researcher expresses shock and asks if she died of a blood infection]

Yeah, she went into sepsis because of the cut on the back of her neck that she didn't seek medical care for. – Participant four, Cedar, sharing her family's story.

This story stayed on my mind for quite some time after the interview. Cedar's aunt lost her life due to a relatively minor injury that could have been prevented, if she felt that accessing care was safe to do. Cedar elaborates further:

And, like, she fucking died. She had an infection, and she died. And it's like, it would have been so preventable if she felt like she could go to the doctor and like it wasn't such a huge ordeal... or she wasn't going to be grilled on her alcohol use or whatever... And it's just, like, all these regrets around, like, what if, what if, what if? Like, if she'd gotten proper health care, like, if there would have been an Indigenous clinic, could you imagine what the impact that could have had? ... It's not like she had cancer. It's not like she was hit by car. She had a cut on her neck.

– Participant four, Cedar.

This story truly underlines how critical the quality of care provided in the medical system is and the devastating impacts of Indigenous-specific racism (Turpel-Lafond et al., 2021). In Cedar's case, it was quite literally a matter of life and death.

Theme Two: Shame

Body-related shame was another theme that presented itself throughout the interviews. While some instances were tied to experiences accessing health care, not all were, which is why I feel lived realities of shame extended into all aspects of life for Indigenous people living under

weight-based discrimination. Sage shared her experience of feeling as though being told she was “too big” for a much-needed surgery was her fault:

Honestly, I would have felt like, you know, it was my fault and I... shouldn't be so big, and that's how my first instinct was to feel... That's always what we're kind of conditioned to think, is that... well, it's our fault. That's just been my experience with that so far. – Participant two, Sage.

Shame is defined as an “intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (Brown, 2006, p.45). Shame and anti-fat bias exist in unison with one another; shame works to make fat people believe that our bodies are flawed and it is our own fault, making us unworthy of community care. Anti-fat bias works to keep us on the margins and, in the case of Indigenous people, subdued under the colonial gaze.

Cedar elaborated on this further:

You can see... the strength and beauty in other people, but not yourself. Why can't I give myself the same kindness that I give to other people that are plus size? I'm like wow, they're so beautiful... and I don't see that in my initial gut reaction to photos of me or looking at myself in the mirror... [it's] not coming from a really nice place... You carry that shame on yourself and be so negative and horrible to yourself that you would never say to... another person. – Participant four, Cedar.

Cedar then became quite emotional talking about how she has previously said negative things about her body in front of a toddler relative, and the impact it may have on the child. Cedar expresses that she would feel “crushed” if her relative ever felt negatively about her body or appearance, because Cedar views this child as a precious, sacred gift. Cedar’s inner knowledge around the discrepancy between how she treats herself and others who are plus sized shows her defiance and ability to give radical love in the face of anti-fat bias; while also demonstrating the way these narratives worm their way into our inner psyche even when we fight against them. Cedar comes across as a confident, self-assured individual (which she also

recognized of herself during our conversation), so hearing that shame grounded in body discrimination can even burrow deep into the consciousness of someone like her demonstrates its deep-seated roots in our society.

Sage also expressed feeling body shame in our conversation. She states,

I've always been, my whole life, I've always been crazy psycho about my weight. Like, my whole life has been centered around my weight... it's been a big thing in my life... I can never see a picture of myself where I feel like I looked okay. I always see that I look huge. And it just... my mind has never been right about weight. – Participant two, Sage.

While this research is focused on service provision and access, I cannot remove the lived realities of participants beyond the service realm. This lifelong fixation on weight and what our bodies look like within a colonial context is a huge piece of this conversation. The topic of body shame and body monitoring also came up in my conversation with Cedar:

And it's like, it happens in the plus size community of like, yeah, you can be plus size, fat, and beautiful, but only if you have like that skinny face. That body type of, you know, big hips, big butt, big boobs, but smooth tummy... like, that body type is the only acceptable plus size body type. – Participant four, Cedar.

Cedar's commentary invites a conversation about how fatness is divided upon acceptable and unacceptable lines, even within a deeply anti-fat larger society. There is something to be said about the way anti-fat bias creates this internal monologue that we are not only fat, we are the undesirable type of fat (racialized or not inhabiting the so-called "Coke bottle" shape), further making us feel alienated from our own community. Feminists name this level of body surveillance as a "disciplinary tool" (McKinley, 2011) to control the female body and moderate the type of behaviors that are acceptable. My speculation is that this control is compounded further in fat, femme Indigenous bodies, given the colonial gaze upon the Indigenous body (Gillon, 2020).

Theme Three: Community, Resilience, and All Our Relations

I set the intention when beginning this research to not solely dig through traumatic experiences of participants and have both of us walk away feeling as though everything is terrible. I find that Indigenous trauma is often gawked at by outsiders, and fat trauma is not looked at or taken seriously at all. I tried to spend the minimum amount of time I could prying into traumatic histories (although trauma is a key factor to many of the participants' stories) and intended to utilize storytelling to help rather than to harm (Archibald, 2008). I was intentional in making space for conversations around resilience and community. Our people are incredibly resilient and have always resisted the discriminations and oppressions placed upon us by colonial society, despite negative stereotypes of us as docile victims (Turpel-Lafond et al., 2021). I was curious to learn more about the support systems participants had, and how they build and move about their communities. In my experience working with marginalized people, those living under oppressions tend to seek out community where they feel they will not be alienated and made to feel as if they do not belong. We seek people who will love us as we are. Who participants identify as key supports is crucial information in exploring how we best support Indigenous fat people. All participants were able to identify a wide network of relations that support them on their journeys, further demonstrating that our place in our communities is a crucial link in the chain.

Storyteller Sage, who required a hernia operation and was denied based on weight, discussed how her adult child was in the appointment and advocated on her behalf:

My [adult child] came with me to the appointment. And when he first said this stuff to me... [her child] just got all up in arms with this guy. And, you know, made me understand that... maybe he was discriminating. – Participant two, Sage.

The presence of Sage's child in the doctor's office during this moment was a key factor in Sage coming to the realization that what was happening was unacceptable.

Tobacco is a prominent member of her community and carries a deep well of wisdom.

Tobacco shared with me a teaching passed to her from someone in her family:

I often think about, like, when I'm feeling alone, um, I remember when I was in the hospital all those years ago, feeling very, like, vulnerable and alone. And I just remember, um... one of my uncles always said that, you know, your people are always around you. And so, in that moment, I remember feeling very protected, even though I was unconscious... There are times when I feel those ancestral presences, like, make themselves known to you, especially when you really need them... that's so comforting to think about sometimes. – Participant three, Tobacco.

The strength of these ancestral connections, and their ability to keep us safe and connected with the ancient ones, is central to Indigenous perspectives on health and community wellbeing. They are a huge protective factor in our lives, as I touched on in the section of this thesis about my own positionality. These ties to the cosmos and spirit world offer us teachings on how we care for ourselves and one another. Tobacco elaborated further on how this influences how she views moon time, the sacred part of the menstrual cycle with specific traditions and teachings:

There's all these stigmas around like, you know, our moon time and stuff like that from Western, mainstream society. When in fact, it's like a super sacred time to be in your body. And how our older women are working actively to break those, um, colonial walls down of it being a good thing, and not to be ashamed of or feel dirty about who we are as life givers. So, I'm reminded during those times where I don't like it as much [menstruating]... Like, how sacred it is. – Participant three, Tobacco.

Decolonizing health care, to Tobacco, is honoring our sacred bodily cycles and how it ties us to all of creation. Indigenous teachings are central here to reclaiming a process that has been horribly mocked, devalued, and capitalized on by a mainstream, patriarchal, capitalist society.

Cedar also had important information to share on her support network, as well as how some others may struggle to build their community. Cedar discussed how her family and nation are both here, she has a lot of healthy family members, and that she feels extremely connected to her cultural identity. Cedar considers herself “really lucky” that she has such strong roots in a geographically close area. Cedar expressed some worry about disconnected Indigenous people:

I can't imagine other people's experiences here. Especially, like, community, finding your community as an Indigenous person. Like, maybe you... lack the social skills, or like, you have anxiety around, like, being the one to initiate those conversations... I can imagine that being a huge struggle for people, but luckily, I don't have that problem... I'm able to have the ability to advocate for myself, whereas a lot of people don't. A lot of our people are really shut down... I feel for them. So yeah, I would say I have a really great support system... navigating this unforgiving world for Indigenous people. – Participant four, Cedar.

Cedar's analysis of how we build community is fascinating and nuanced. As someone who was disconnected from my community for most of my life, it resonated with my experience deeply. One of my first social work jobs was as a family finding worker, also commonly known as a roots worker. My role was to identify family and community for children in care, either for a potential placement or for a natural connection and support for the child. Even as someone whose entire job it was to identify community connections, it was hard work for some children. I imagine the onus of this reconnection work put on a single individual, who likely has a history of trauma, is daunting. The level of disconnection some of our families have experienced is quite profound. So while community connection and relations are a critical protective factor, for the participants in this study and Indigenous people at large, disconnection is a huge factor to consider and make note of.

Theme Four: Promising Practices

As much as we can learn from the moments where things have gone wrong, we can also learn from the moments where things go right. This is a core principle in the Signs of Safety model of practice for child welfare (Turnell & Edwards, 1999), and it is a theory I utilize often when I work with children and families. Incorporating the *what went right* and *what made it go right* question was, to me, of critical importance to this study. Participants had some good insight into both the positive engagements they have had, as well as potential ideas for improvement to decrease the number of degrading, disrespectful, and traumatizing interactions. Firstly, Sweetgrass shared the following:

I would say that, if a service personnel could make me feel comfortable and give me the sense that I am not going to be judged and I am not going to be punished or discriminated as a result of my body... I think I would be comfortable sharing all sorts of information, and everything, with them. – Participant one, Sweetgrass.

In this quote, Sweetgrass stresses that a feeling of safety is critical to the honest and open flow of information between patient and service provider, which is a key component of effective health care.

Both Tobacco and Cedar had experienced positive interactions with the health care system, although they both acknowledged how rare this type of experience is. Cedar discusses how having an Indigenous doctor made the world of difference in her experience:

It was, like, a really specific circumstance. And he, you know... he was aware of... could relate to my experiences. And like... made a point to be very trauma informed. And like, how he practiced as an Indigenous male was like... he went above and beyond... He took the time, he has lived experiences... he had elders available... had medicines available,

like, he'd only employ people that also had that [cultural] awareness... It was a really ideal circumstance, but like... that's one in a million. – Participant four, Cedar.

In this quote, Cedar speaks of a clinic in a city that she no longer lives in that was exemplary in their care. What made it so effective was the doctor's insider knowledge of Indigenous history, tradition, and practices. Cedar also stresses the importance of taking time with each patient and being intentional in the worldviews of support staff that are hired. Support and nursing staff can make a huge difference to the quality of care, as Cedar elaborates on later. Cedar calls upon anyone who holds openly racist beliefs to simply not enter a profession which requires the worker to care for people from all backgrounds.

Tobacco also had a positive experience with her General Practitioner (GP). Tobacco elaborated on why these experiences have been overall positive:

When he got me back into the office for a checkup, he was like, "okay... We're going to get blood work done". Although it took me, like, four months to do it because I don't like needles... Once the blood work did get tested, everything was perfect. He made sure to test for all the things like diabetes cause it runs in my family. [researcher asks what made it go well] Not just, like, assuming like, oh, you must have diabetes because you're Indigenous. Like, no, we're going to test and actually find out what is really going on. –

Participant three, Tobacco.

Tobacco's experience was made far more positive by the practitioner not making assumptions about her health status based on racial identity or body size, and actually insisting on testing for a wide variety of health markers to get a more fulsome understanding of her what is going on in her body. Tobacco said that during the blood work she had done, her iron came back low (a common ailment for many Indigenous women), and the doctor was patient-focused on terms of

prescribing iron pills. Tobacco states that the doctor was happy to see how the pills affected her, and to “go from there”, rather than a prescriptive method of treatment in which she would not have a say in how it impacted her. Even a relatively non-invasive treatment like iron supplements can be approached in a way that makes the patient feel respected and consulted, as Tobacco illustrated in our conversation. Tobacco also brought up the possibility of having Indigenous medical escorts for patients, which I will expand on further in the recommendations section.

To wrap up this theme, Sage had some input for service providers as well. Sage’s worldview is that care would be improved if health care professionals spent more time listening to their patients and less time focusing on certain facets of their identity:

Well, I don’t think that weight should be a concern when I’m going... We’re just all people, it doesn’t matter. You know, like I just said about not focusing on, you know, size or colour of skin or anything like that. Just focus on, you know, what the problem is, not who we are, where we came from, and what size our bodies are... Just focus on the problem. – Participant two, Sage.

Participants are clear: they require a system that honors their intersectional identity without defining them along stereotypical lines and prescribing treatment that is rooted in racism and anti-fat bias.

Chapter 5: Conclusion

A Note on Decolonization

Decolonial research cannot exist for the sake of existing; it must *matter*. Smith (2012) discusses how dirty research practices have been explained away by Western academics as benefitting all mankind; while we are hopefully beyond the scientific racism practices of the past, research still has the potential to harm. Smith's (2012) work calls upon us to critically examine colonization and its impacts, and the colonization of fat Indigenous bodies is an ongoing undertaking. Gillon (2020) discusses how anti-fat bias is used to oppress and control the Indigenous (particularly female) body; Robinson (2019) makes similar arguments with respect to media, print, and artwork. In essence, naming and shaming anti-fat bias *is* decolonial work. What impact I want to have is that every twelve year old kid shopping with their relatives does not have to hear such blatant, anti-fat, shameful messaging that I heard at such a young age. This goal is a little lofty, so allow me to start smaller. For social work practice and policy, I hope a greater awareness of anti-fat bias among social workers is a potentially achievable goal. As mentioned, I have heard extremely anti-fat rhetoric coming from individuals of all backgrounds who are educated in oppression and discrimination and work with marginalized populations. Anti-fat bias, in my experience, remains a blind spot in many social justice circles, and anti-fat bias perpetuated upon Indigenous communities is even rife. So common are the stereotypes and negative stigma of Indigenous people and diabetes, as well as the common "new age"-esque statement that if we could just eat our traditional foods again there would be no more fat Indigenous people, once again putting the responsibility for fatness on the actions of individuals, while also seemingly not wanting to acknowledge that fat Indigenous people existed even before contact (Robin et al., 2022). These narratives persist despite being problematized by Indigenous

and fat scholars. If the stories of participants improve even one experience of interacting with services for fat Indigenous people, I will consider our work together as a triumph.

Discussion

The Purpose of Shame

Firstly, I am struck by the diversity of all the stories shared by participants, as well as some undeniable common themes that were revealed through thematic analysis. Participants each had a unique perspective to bring that was similar at times to other participants, and other times diverged. The uniting issue across all four participants, as well as my own story, is the theme of shame. Upon reflecting why chronic shame was such a prevalent experience across participants, I began considering the origins of shame in our communities and the role that it plays. If the opposite of shame is pride (Goss & Allan, 2009), I wondered what makes us feel as though we cannot be proud of who we are, as Indigenous people as well as those of a larger body size. Buch (2017) describes how prior to contact, our communities were interconnected and built upon each of us holding a number of important roles. Shame, in this context, was used as a tool for keeping cohesion among our people. For instance, individuals were shamed for not respecting Elders when they were speaking or for not fulfilling potlatch duties correctly (Buch, 2017). Shame existed, but with very different intentions behind it than in the present day, and colonialism worked to dismantle our teachings around community cohesion and our natural laws of reciprocity and respect. Shame became the tool of the colonizer rather than a means to build community cohesion and ensure our wellbeing.

Colonialism may just be the thing sitting at the intersection of anti-fat bias and anti-Indigenous racism. Colonialism took shame from a tool to uphold the laws of our community around respect and reciprocity, and turned it into something coming from both the inside and

outside telling us that who we are is wrong. Shame used to be limited to behaviors communities found offensive that put others in the group at risk; it is now a message that we are wrong no matter what our behaviors are. Shame is already rampant in fat individuals of any other ethnic origins... shame felt by fat Indigenous people is the Thanos of shame. Colonialism benefits from Indigenous people living in a chronic state of shame. Our ways and social structures, which functioned beautifully for millennia, were disregarded as backwards, savage, and unevolved. This was very intentional. It is much easier to nearly wipe out a people, steal their land that was their birthright, and destroy their communities when they are living under a toxic blanket of shame. Likewise, shame felt by fat people is the little voice that says we are solely responsible for our body size and health status, further absolving a capitalist, neoliberal society of its obligations to care for its members and giving a discriminatory society another scapegoat. Neoliberalism, capitalism, and colonialism are triplets, and fat Indigenous people sit at the apex of all of these factors.

The Inner and Outer Body Police

I was struck by how both the inner and outer worlds of participants were policing what their body ought to look like and be shaped like. I have also had this running inner monologue for quite nearly as long as I can remember. Self-objectification is the phenomenon of viewing oneself as a third party would, with a judgmental and harmful lens of seeing the self as an object to be manipulated and controlled (Calogero, 2012). I would like to problematize this concept slightly, because it assumes that the self-objectifier is doing this consciously or with some level of consent. I would argue that we have been trained into this mindset by an anti-fat, anti-Indigenous, and patriarchal society. Regardless, the conversations I had with participants had me considering where the origins of self-objectification begin, aside from the widely held anti-fat

beliefs which we have discussed at length. For me, it began at home. I grew up in an environment where it was commonplace to comment on the appearance of others at will, such as making fun of so-and-so for having a big nose, saying someone “let themselves go”, and make nasty comments about celebrities’ appearances on television. This critical, harsh dialogue then became my inner voice. I assumed this is the lens that everyone perceives everyone, including me, so I better be conscious of it beforehand. It is through the work of critical fat scholars and Nehiyaw teachings around the sacredness of the body that I was able to problematize these beliefs and begin to upset them as the norm in my worldview.

I wonder if there is an opportunity to disrupt this seed from being planted, as Cedar said about refusing to let her toddler relative be exposed to this type of dialogue. Yes, I have full consciousness that these attitudes are widely held at a societal level and are, to some degree, not in our control. But having caregivers and adults who disrupt that type of talk when they come across it in front of children may bring some level of safety, for both fat kids and non-fat kids alike, and this shift in attitude can be a reclamation of the sacredness of our bodies. At the very least, some practices (like harsh comments on another person’s appearance) have no value whatsoever, and we would not be losing anything of value if this practice were to stop today. And at best, maybe we will save a child from feeling a deep sense of shame about who they are and living with a harsh inner dialogue that critiques their every movement. In my opinion, and in my home with my children, this is a no-brainer gamble.

Why Is the Medical System So Unsafe?

As I stated, I was not surprised one bit that the theme of medical trauma for fat Indigenous people was prevalent among all interviews I conducted. My query following the interviews was why the medical system in particular is so rife with poor attitudes towards fat

Indigenous people. My assumption would be that if you choose to pursue a profession whose central purpose is to care for others, you must surely enjoy being a service to humanity, but this does not appear to be the case for our people. According to Gunn (n.d.), states:

The establishment of health care services was premised on the idea that Indigenous people deserved less care than other people in Canada and that the cost of such services should be lower. Social, educational and health services were mostly organized with the goal to spend the least amount of money while facilitating stated and unstated goals of segregating, assimilating, or eliminating Indigenous peoples. The delivery or withholding of limited, poorly funded and often ineffectual medical and nursing services ensured that Canada maintained control at the overwhelming expense of the Indigenous people. (p.3)

As it turns out, it appears poor medical care is also rooted in the colonial obsession with controlling the Indigenous body and community.

When the origins of the system are founded upon this premise, it is not surprising that outcomes are so poor and stories like the ones in this report are shared. My analysis of this dynamic still causes me to think... *but why health care?* Child welfare, education, and the justice system are all systems that are equally rooted in colonial beliefs and practices and have been used as tools of assimilation and control. Well, my suspicion is that, at least with education and child welfare, there has been somewhat of a social reckoning with the role these systems have played in colonization. Yes, these systems still uphold harmful and colonial practices, make no mistake. However, as someone who has spent the past seven years in child welfare, there have been dramatic shifts to policy and practice. The education system now has curricula around residential schools and colonization, while during my time in kindergarten through grade twelve, these matters were never discussed with students. Again, I would like to stress that these systems still cause immense harm and death to our communities, and I am under no delusion that one bill or one policy will repair them. However, I believe we are right in the middle of a health care reckoning, with the In Plain Sight report (Turpel-Lafond & Johnson, 2021). These widespread

attitudes held within systems do not disappear in a day, month, or year; it can often take a generation. However, a reckoning begins with an awoken awareness of an issue, and while In Plain Sight only addresses Indigenous-specific racism in health care, perhaps discussion around the unique discrimination felt by fat Indigenous patients is a matter that needs to bloom from this seed that has been sown.

I also cannot discount the possibility that the medical system was under such scrutiny in this research due to the matter of scope. Many individuals can go their entire lives without accessing other large social systems, such as criminal justice and child welfare, yet this is pretty much impossible when it comes to health care. Nearly every Indigenous person living across Turtle Island will require medical care at some point in their lives, whether it is for chronic conditions, highly stigmatized conditions, childbirth, reproductive health, or a broken toe. Thus, the discrimination experienced by participants through health care is potentially the same discrimination experienced in other social systems, just majorly scaled up, although this is only speculation on my part. Targeted research towards child welfare or criminal justice involving fat Indigenous individuals would require a high degree of ethical oversight due to the vulnerability of these populations, but perhaps this is a future area of study. Lastly, the health care-related discrimination experienced by participants demonstrates how high stakes this matter is, whether discrimination is at its worst in health care or not. Discrimination against fat Indigenous people is still pervasive in health care, and good and bad care can be the difference between life and death.

Ongoing Colonialism in an Increasingly Fat World

Tobacco spoke poignantly about how her grandma would refuse to go to the hospital because of her belief she would never come out of one alive. Indeed, these large colonial social structures (such as the medical system, but including the systems governing justice, child

welfare, education, and others) were never built by, for, or with our people, and so it is no surprise there is such a huge sense of fear. When we consider the basic inner workings of colonialism, Oxford Dictionary defines it as “the policy or practice of acquiring full or partial political control over another country, occupying it with settlers, and exploiting it economically” (*Oxford English Dictionary, 2022*). This colonialism is not limited to a specific time and place in history, but is surrounding and engulfing us each and every day as we navigate the world as Indigenous people living within the confines of a modern colonized state. As fat people, colonialism has a job to do as well: “fix” your body so you can fit within these rigid body standards we have set, and you will then become acceptable and improve the treatment you receive.

It is no secret that there are more and more fat people in western countries as opposed to several decades ago. While the “obesity epidemic” moral panic does not accurately capture the experiences of fat people and is a narrative that has caused tremendous harm, there have been modest rises in body weight overall in recent years (Lupton, 2018). The cause of this increase is not within the scope of this research project, but as the researcher and a student of social work, my plea to the reader is to critically analyze the various literature coming out about the “causes” of obesity by utilizing a perspective that accounts for the vast social dimensions of health. Regardless of the reasons, there are more fat people than there have been in the past, and this trend is showing no indicators of changing.

If we consider the aforementioned description of colonialism, the first step is to acquire and maintain control over the colonized. Participants repeatedly discussed feelings of being held to this specific standard of what their body needs to look like. Indeed, this resonated with me as the researcher/participant. Much of my life has been spent under the control of anti-fat

colonialism, wasting so much of my life's potential on chasing some ridiculous idea of thinness. Participants echoed this sentiment, discussing the various ways they have tried to lose weight or the points in their lives when they were thinner than they are now. Utilizing anti-fat bias is just another tool for control over the Indigenous body. The colonial gaze tells us we are too lazy, undisciplined, or lacking self-control and personal responsibility to maintain the ideal body shape and size. The colonial gaze has the primary function of control, but with control comes the denigration of our natural state of being as somehow "broken" or beyond repair. Contrasted with the Indigenous worldview, the shape and size of our bodies is not considered a personal responsibility but rather a communal and sacred connection with spirit and nature (Lupton, 2018). Colonial anti-fat bias seeks to destroy this way of seeing our bodies, with the goal of replacing it with an acceptable state of being in accordance with the views of the colonizer.

The next critical factor in the definition of colonialism is the act of settling. Settling, in terms of colonial anti-fat bias, means installing a belief set around what a body ought to look like in order to be acceptable. This is highly divided upon binary gendered lines. For women, the standard of the acceptable body changes like the weather, as if the sacred vessel we are given to experience this life within is some sort of TikTok trend. When I was a youth, thin was in; now the Kardashiansque body is the ideal. Cedar discussed how sometimes it is acceptable to be fat, but only if your body is fat in the right areas (i.e., a large butt and small waist, and a thin face). What body ideal has the colonial gaze displaced? I think of my aunties, grandmas, cousins, and we are all built for a famine, as I like to say. Indeed, female Elders will tell you that you are not supposed to be smaller than a man because we are more powerful than men anyway. Beyond the physical, our body is ideal when we are connected with spirit and all our relations. While Western medicine is only just catching up now, Indigenous people have understood the

connection between our relations and our bodily health (now known as the social dimensions of health) since time immemorial. Our traditional teachings have always been that when one is healthy, we are all healthy, and when one is unwell, we are all unwell. The Indigenous body exists in an interdependent web of relations and is influenced by the good and bad medicine all around it. The concept of personal responsibility for thinness is a culturally foreign concept that has been imposed upon us. Community health is personal health, and this is a way of life for our people.

The last step in the definition of colonialism is economic exploitation. I have long pondered the connection between capitalism and anti-fat bias (and in this case, colonial anti-fat bias), and they appear to be interlocked in many ways. The most apparent connection is how fat people are seen as “dead weight” in society, in that the health care costs associated with us existing is a burden on everyone (Lupton, 2018). Part and parcel to this belief is the perceived scarcity over public services, and in some cases, actual scarcity. Living in British Columbia, it is no secret that accessing health care is a bit of a nightmare. The system is indeed stretched thin, and a frustrated and underserved population will often look for a scapegoat. However, there is no evidence that being fat (apart from the opposite extreme ends of the weight spectrum) creates ill health, and in fact life expectancies are becoming longer even as we become fatter (Lupton, 2018). The strain on the health care system is a telltale sign of rampant neoliberalism... that is, running the social welfare net as cost efficiently as possible (Harjunen, 2016).

Within the theme of exploitation in terms of colonialism, an oppressed group is much easier to control and subjugate when they are distracted with damage you have imposed upon them. Indeed, colonization across Turtle Island could not have occurred if Indigenous people were not reeling from mass death and trauma. As I have stated in this project previously, anti-

fatness strips from us our creativity, our sense of belonging, our potential, and our purpose, which is to experience life as a sacred being. The gaze of colonial anti-fatness strips Indigenous people, especially women, of our power, to pave the way for further colonial exploitation of our lands and resources. By chasing this false imposed dream of thinness and the colonial ideal of health and beauty, we are running from our ancestral responsibility to safeguard our communities, lands, and cultures. The westernized standard of health and beauty plants a specific idea in our imaginations of how we can be the absolute best version of ourselves, in order to receive fair and equitable treatment and be a productive member of the economic class. We will be thin, which will get us closer to the colonial standard of beauty and will bring us the comfortable white middle class lifestyle that has been sold to us as the “Canadian dream”. This thin, better version of ourselves does not exist. It does not exist because it is a colonial lie crafted to separate us from the sacredness of our bodies, just as they are.

Recommendations

Kundoqk, Dr. Jacquie Green, was a role model of mine during my Bachelor of Social Work at the University of Victoria when she was in the role of Director of the School of Social Work. One of the most profound teachings I bring forward from my time in the program was Kundoqk’s insistence on asking the question of, “so, what?”. Oppression has long been studied, examined, theorized and intellectualized in the upper levels of academia, but as Kundoqk asks, what are you going to do about it? How does this knowledge improve the lives of those living under one or intersectional forms of oppression? In this way, Indigenous research methodologies were well ahead of Westernized academia in demanding that research exists for a purpose, with the intent of positive change, and is accountable to All Our Relations. Extractive, unaccountable research is a form of colonial violence.

Firstly, I will not take credit for any of these recommendations. They were all borne of the conversations I had with participants, or straight from the deep well of knowledge participants hold without any assistance from me beyond witnessing and sharing space. Tobacco expressed her anxiety around seeking care for reproductive health and put forward the recommendation of an Indigenous clinic escort. While pro-choice clinic escorts have existed for some time (especially now with the overturning of *Roe v. Wade* in the United States and bone chilling conversations happening on the right in Canada) to protect those seeking an abortion, this role would be focused on accompanying Indigenous people seeking reproductive care whether or not there is a termination of a pregnancy. Tobacco and I discussed the legacy of forced sterilization on Indigenous women and how this has created an atmosphere of fear around what will be done when we are vulnerable or unconscious. An Indigenous clinic escort could be a comfort in those times, as a guarantor of sorts that no medical violence will be inflicted on the patient, as well as someone in the doctor's office who knows what questions to ask if the patient is too fearful. While many people have family, significant others, or friends who could be natural support in this role, many do not, or wish to keep reproductive decisions private from the people in their lives. An Indigenous clinic escort could be an individual that fills this role for individuals seeking that support during vulnerable moments. Some reproductive procedures require anesthesia, and having a conscious support in the room would have gone a long way to alleviate Tobacco's fears accessing reproductive health care.

Growing from Cedar's experiences and observations, Indigenous recruitment is a key recommendation, for the medical field in particular. Experiences tended to be seen as more positive when they were delivered within an Indigenous-focused worldview and a culturally safe environment. Recruitment of Indigenous staff is a challenge in many structures that were

traditionally used to harm our people, including in my own field of child welfare. Recruitment starts with asking what the barriers are for hiring Indigenous staff. Why do our people resist being involved in these systems so fiercely, and how can work cultures be changed to create a more positive environment? Is the training for these jobs delivered within a culturally safe pedagogy? Are Indigenous staff ever consulted with regarding their views of racial or potentially anti-fat attitudes in the workplace? Is there active work being done to protect Indigenous staff in these workplaces? Are research projects, such as this one, ever conducted by health care bodies to uncover their impacts on the community using methodologies respectful to our ways of knowing and being? This project shows that there is a lot of work to be done around both creating an environment that is safe for Indigenous staff, and the impact this will have on Indigenous patients.

In our interview, Cedar fiercely advocated for individuals with racist beliefs about Indigenous people to *not* choose a career that requires you to care for all people. I would also posit that existing staff in these systems must do the hard work of unpacking the backpack of biases we all carry in our lives. While anti-racist training abounds in health care and other public services, this research queries whether training on anti-fat bias is also crucially necessary at this moment in time, and whether the anti-racism trainings are having an impact at all. It does seem that training only takes employees so far in the journey to just treatment of both Indigenous and fat individuals, and there does need to be a willingness and commitment to socially just care on the part of the service provider for training to be effective. Knowledge is half the battle; how it is applied and the responsibility for carrying that knowledge into your life is the important part. Training that is culturally relevant, crafted by Indigenous and fat people or at least in consultation with us, and informed of both prevailing anti-fat attitudes and the colonial legacy is

key. In my experience, anti-racist trainings are often window dressing that do not solve the underlying issues. And ultimately, you cannot “train” your way out of a bad system.

A piece of learning I found interesting throughout this research project is how prevailing fat justice voices (whether Indigenous or not) reflect and compliment Indigenous perspectives on health and wellness. Fat scholars discuss the complexity of health indicators, and how our bodies are shaped and molded by the world around us. These shared principles bring to mind the question of what worldviews are being upheld in the medical system. Tobacco discussed the need for Indigenous ways of knowing and being brought into medical care; I could not agree more. Lupton (2018) discusses how this “obesity epidemic” (or treating fat people as an infectious disease) mindset works to uphold the supremacy of the medical model, and ergo the medical system and all of the knowledge it holds and produces. This then becomes a self-validating loop that exists without any space to explore where this epistemology sprouted from. The hope that has bloomed from this research project is that there comes a time when the medical model can be accountable to its limitations, and that this complimentary Indigenous/fat knowledge is held in health care at the same level of reverence as the medical model. I do not think it is a coincidence that so many justice movements across the world share values with Indigenous ways of knowing. There is much the health care system can learn from our people, if they choose to show up and accept what we have to say.

What To With This Knowledge?

As mentioned previously, Qwul’sih’yah’maht (2015) states that the risk of putting our stories onto paper is that they will be taken and used for purposes we did not intend, worst of all to cause harm to others. This is why our old ones told stories orally, to preserve their meaning

and intent. My ask is that you, dear reader, treat participants' words with considerable respect and care. Utilize a trauma-informed lens to engage with these stories, and if you are not familiar with complex trauma and how it runs through families and communities, take the time to go on that journey, as it will shift the way you see the world, and perhaps your own family and community. Participants were courageous to share these stories with me, and this should be seen as a sign of strength per our Indigenous worldview and laws, as the ability to be vulnerable is a good and desirable trait that serves the purpose of healing and restoration. As Indigenous people, we are healers and community-centered folks by nature, so please consider the responsibility you carry after bearing witness to the sacred stories of others.

If there is one thing I would want readers to carry forward, it is to be cognizant of your impact on Indigenous people who have experienced weight discrimination, whether you are one of us or not. To dismantle oppression of a group never rests on the shoulders of one person but requires a dynamic and multifaceted approach. That being said, our universe is just a web of relations, and a hateful attitude or cruel comment can reverberate through our communities like wildfire and further entrench the oppression explored in this thesis. I hope that when readers reflect on these stories, they consider the oft-quoted Thomas King's words on the value of stories:

It's yours. Do with it what you will. Cry over it. Get angry. Forget it. But don't say in the years to come that you would have lived your life differently if only you had heard this story. You've heard it now. (King, 2005, p.119).

The teachings passed onto us from the ancient ones tell us that there is responsibility to hearing a story. Witnessing is a key social practice in all communities across Turtle Island. Consider your responsibility, and reflect on what change you can bring within your own family and community, especially around our most precious and sacred ones (the children).

Conclusion

When we consider the three strands of our methodology (purpose, intersectionality, and storytelling), this report is guided by purpose, shared with storytelling, and firmly grounded in the intersectionality of participants. I have always benefitted, both in practice and in life, from taking a step back and looking at the bigger picture. The “purpose” strand calls upon me to do just that here. Yes, this reports’ guiding purpose is to improve outcomes for fat Indigenous people, but a transformative process can have many different purposes. For instance, Indigenous research, when it is done well, can be a place where community relations are forged. Since conducting the interviews, I have run into some participants at community events and had the good fortune of the encounter feeling like running into a long-time friend. Community, relationality, and sharing are all cornerstones of our culture as Indigenous people, but with this comes a strong sense of accountability. Should a participant wish to engage with the research in a different way in the years ahead, I am accountable to heeding their wishes. In this way, “purpose” encourages ongoing internal reflection on my role as the “researcher”. While I am the one writing the report, I am not a neutral entity researching from a detached space. My role is fluid, shifting, and going to and fro from researcher to the researched on a regular basis. Along with accountability to participants, I am accountable to the teachings shared here. Navigating an anti-fat world nearly guarantees one will carry some form of internalized fatphobia, and while this implicit attitude is not my fault, it is my responsibility to unpack.

Perhaps these stories needed a place to live, to be seen in the light of day. Storytelling is both method and methodology in most forms of Indigenous research, and this report is no exception. When I consider the stories that have shifted my life, it is difficult to overstate how powerful and effective stories are. For instance, in the world of child welfare, high-minded

policy discussions never have the same impact as the lived stories of current or former children in care. During this process I visited the National Museum of the American Indian in New York City, and felt a deep sense of sadness for the “artifacts” on display, some of them from my own culture. Yes, I felt sorrow for the communities and families they were stolen from, but also because the object is sitting behind glass and not being used or given the opportunity to share its stories. The teachings of cultural objects having their own stories to share abound in our communities. Similar to how totem poles on the west coast are left to decay to the elements and give new life, the stories shared by participants are meant to be shared and to fulfill a sacred cycle of knowledge. When our people are silenced, marginalized, and pushed into the shadows, our stories do not get the chance to fulfill that cycle. They become the artifacts sitting behind glass in a museum, or worse, discarded altogether. Embarking on a participant-led research project is giving the chance for these stories to be restored to their rightful place. It is fascinating to think of what may spring from this project, and how it may be a piece of another researcher’s story.

The last strand, intersectionality, is both personal and political to me. Obviously, the research question endeavors to dig deeper into a specific intersection. For myself, the intersections of my identity have shifted over the course of my life. I have resisted both being fat and being Indigenous throughout the majority of my life, not due to hatred in my own heart but living within a hateful society. This process has called upon me to extend grace to myself for developing these survival coping skills, as it was an experience universally shared by participants. I saw myself in the stories shared by participants, and saw experiences unique from mine as well. Mostly, participants inspired me to reach for the unwavering self-acceptance that I wanted them to find as well. I know I have spoken ad nauseam about how the antidote to anti-fat

bias is not some capitalistic, body positive style of “self-love”, and for the record that is not what I am talking about here. I am talking about the bravery to not only resist oppression but to also lift up those in your community that are harmed. Self-acceptance rejects the harmful, hateful labels that have been placed upon us, and demands space in the conversation about who we are and what we need. Self-acceptance is a refusal to concede to the myriad of patriarchal, racist, and anti-fat demands placed upon us every day, and to make it clear that we expect to be treated as whole human beings by the systems we live within. In this way, self-acceptance is the insistence that we will be the ones to write our own stories. Yes, anti-fat bias and anti-Indigenous racism are pervasive, systematic, and widespread, but as this research project has shown, we are incredibly powerful when we actively resist these systems.

Future Areas of Interest

Qualitative research is unique in that no two research projects are alike, even if they are exploring the same topic. A future student could replicate this exact project and come to vastly different conclusions than I did. That being said, I was struck by some areas where I was wanting to dig deeper, but decided against it for the sake of keeping the scope of this research within reason. I will be transparent and say that my first baby steps into social justice occurred with feminism. No, it was not intersectional feminism or feminism grounded in other complex identities that we commonly explore today. However, I was tired of being degraded, treated as an object, and underestimated based on my gender, and so feminism set me on my way to eventually dedicating my life’s chosen career to serving others through social work. Feminism will always have a special place in my heart, even as it gets complex and intersectional. When I started this research project, I wanted to focus solely on Indigenous women and their relationship to their bodies. I ended up widening the scope, as I wanted to account for transgender peoples,

non-binary peoples, and whoever else resonated with my topic. I did not want to limit the study along gender lines. As it turns out, it was mostly women who participated in the study, and gender is woven through so much of the stories shared by participants, while never really taking center stage. My encouragement to future researchers would be to bring gender more into focus in the topics of Indigeneity and fatness. There are some fascinating dynamics at play when it comes to gender, and I feel this research project really just scratched the surface.

A potential future topic of interest that was brought forward by my committee is the intersection of food insecurity in rural, remote communities (particularly in Inuit and other northern communities), weight, and health. Food in these communities can cost more than double what it costs in communities down south due to the transportation costs; for instance, a bottle of ketchup can be priced upwards of \$28 (Gharib, 2022). Generally, these foods are of poor nutritional value and contribute to higher rates of illness, diabetes, and systemic inequity (Power, 2008). Inflationary food costs resulting from the COVID-19 pandemic, as well as blatant opportunistic capitalist price gouging, has only exacerbated this existing problem. The people in these communities had strong, sustainable food systems prior to the advent of colonization and this current system has displaced traditional forms of nourishment and the knowledge surrounding it (Power, 2008). Climate change and its impacts on vulnerable communities is another complexity factor for this topic. The question brought forward from these lived stories is how we can ally our research work in academia with these communities to uncover productive, attainable solutions utilizing an Indigenous lens and led by the people living this reality every day. This experience of fatness, anti-fat bias, and oppression is unique in its context and likely a very different lived reality than what is experienced in the urban community or within

communities nearby to adequate food and resources. This appears to be a topic that is vastly under-explored.

Another topic peering through this research but never really bursting through the door is the role of weight in oppression. This is not necessarily a new area of research, but rather one that is begging to be further explored. Anti-oppressive principles were the prevailing theories during my undergraduate degree in social work, and are still a major focus in social justice work today. If this research can accomplish one thing, it is to add to the growing chorus of voices that group fat people in with other oppressed groups. Think of it; can you imagine a world where public health bodies classify LGBTQIA people as an “epidemic” (that is, the word used to describe an outbreak of disease)? Can you imagine a world where politicians openly state that there are too many Indigenous kids at our schools? Yet these narratives are perfectly acceptable for fat people, and are widely encouraged. Fat people experience the same ill treatment, the same assumptions, the same stereotypes as other oppressed groups, yet often escape the purview of social justice groups. It is well-established that weight is often not in a person’s control (Gordon, 2023), just as gender and ethnicity are not in one’s control. My advice to future researchers with an interest in fat justice, and indeed social justice-minded folks’ writ large, is to consider engaging with the idea of fat oppression. The stakes could not be higher.

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Appendix A: Poster for Circulation

Are you Indigenous?
Have you experienced anti-fat discrimination?

LET'S CHAT

All participation is voluntary, with informed consent,
and subject to participant oversight

Honoraria provided!

Deadline to Participate:
December 1, 2023

Text or call Kristy at 250-893-4182

Email: kristylynn04@gmail.com

Data to be presented in a MSW-I thesis

Appendix B: Prompting Questions and Statements

1. Tell me about a time you felt targeted for your body or your race while accessing a needed service.
2. What publicly funded services (such as health care or child welfare) gives you the most anxiety to access? Which one are you more at ease at when accessing?
3. Who is your support system? This can be friends, family, chosen family, partners, paid professionals, or pets!
4. Are you ever made to feel conscious of other identities beyond your body size and Indigeneity when accessing these spaces? (i.e., queerness, gender non-conforming).
5. What would make your experience with accessing needed services more positive? How would you like to see your bodily autonomy and Indigeneity accommodated and considered?
6. Has there ever been a time accessing services that things have gone well? And if so, why did it go well? What were the things that made you feel seen, cared for, and respected?
7. If you could tell a service provider one thing about yourself that you think they should know to improve care, what would it be?

Appendix C: Sample Consent Form

OUR BODIES ARE SACRED

Informed Consent

You are gently invited to participate in a research project about the lived experiences of anti-Indigenous racism and anti-fat bias. This research is only an invitation to participate; you are under no coercion or obligation to participate.

This study is being conducted by Kristy Potskin, a member of Driftpile Cree Nation, in partial fulfillment of a Master of Social Work degree at the University of Victoria.

The only qualifications to participate are to have Indigenous ancestry and to have lived experiences of anti-fat bias.

Participating in this study is completely voluntary and anonymous. If you agree to participate in this study, you would be interviewed in an informal format about your lived experiences. The interview has some prepared questions but is also open to any discussion that comes forward.

This study is intended to improve outcomes for Indigenous people experiencing anti-fat bias.

Indigenous ethics require researchers to work to benefit the community, and your data will be used to make recommendations for positive social change. Discussing this topic can bring up heavy feelings for participants, so you may skip any questions you find too difficult, and stop the interview at any time.

If you participate in this study, you will be compensated \$100 for your time, knowledge, and expertise.

The knowledge you share will be kept confidential as per all University of Victoria ethical policies. You will be assigned a pseudonym in the final written report, and your data will be summarized as well as directly quoted. The interview will be transcribed and stored with the

University; it will be made available to you at all times. I will reach out to you after the interview and inquire whether there is anything you would like me to leave out of the final report. Your name and contact information will be kept only for researcher-participant contact purposes, and not given to any third parties. While I will fulfill all steps to keep your information confidential, there may be some inherent risks of conducting research and preparing data online that are behind my control.

Please note: You must be 18 or older to participate.

If you have any questions, please do not hesitate to reach out to Kristy at

kristylynn04@gmail.com, phone number 250-893-4182.

Please print or save a copy of this form for your records

Participant's Name: _____

Participant's Signature: _____

Date: _____

Appendix D: Gift for Participants



Description: Cedar candle made by the researcher for participants (photo taken by author)

Appendix E: Photo



Description: Driftpile Cree Territory, site of spiritual and emotional preparation for the work

(photo taken by author)

Appendix F Ethics Approval



**University
of Victoria**

Office of Research Services | Human Research Ethics Board
Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

Certificate of Approval

<p>PRINCIPAL INVESTIGATOR: Cheryl Aro (Supervisor)</p> <p>PRINCIPAL APPLICANT: Kristy Potskin Master's student</p> <p>UVIC DEPARTMENT: Social Work SOCW</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e1eef6;">ETHICS PROTOCOL NUMBER</td> <td style="background-color: #e1eef6;">23-0392</td> </tr> <tr> <td colspan="2" style="background-color: #e1eef6; font-size: small;">Expedited review - delegated</td> </tr> <tr> <td>ORIGINAL APPROVAL DATE:</td> <td>04-Dec-2023</td> </tr> <tr> <td>APPROVED ON:</td> <td>04-Dec-2023</td> </tr> <tr> <td>APPROVAL EXPIRY DATE:</td> <td>03-Dec-2024</td> </tr> </table>	ETHICS PROTOCOL NUMBER	23-0392	Expedited review - delegated		ORIGINAL APPROVAL DATE:	04-Dec-2023	APPROVED ON:	04-Dec-2023	APPROVAL EXPIRY DATE:	03-Dec-2024
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ORIGINAL APPROVAL DATE:	04-Dec-2023										
APPROVED ON:	04-Dec-2023										
APPROVAL EXPIRY DATE:	03-Dec-2024										
<p>PROJECT TITLE: "Our Bodies Are Sacred"</p> <p>RESEARCH TEAM MEMBERS: None</p> <p>DECLARED PROJECT FUNDING: None</p> <p>DOCUMENTS INCLUDED IN THIS APPROVAL: tcps2_core_certificate.pdf - 03-Oct-2023 SOCW599 - Research Proposal.docx - 06-Oct-2023 New Recruitment Post Dec 2023.pdf - 03-Dec-2023 Research Proposal Our Bodies Are Sacred Questions.docx - 03-Dec-2023 Consent Form(1).docx - 03-Dec-2023</p>											
Conditions of approval											
<p>This Certificate of Approval is valid for the above term provided there is no change in the protocol.</p> <p>Amendments To make changes to the approved research procedure in your study, please submit "Amendments" or "Annual renewal with amendments" form. You must receive research ethics approval before proceeding with your amended protocol.</p> <p>Renewals Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.</p> <p>Project Closures When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.</p>											
Certification											
<p style="text-align: center; font-size: small;">This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria's policies for research involving human participants.</p> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> <p style="font-size: small;">Dr. Sandra Gibbons Chair, Human Research Ethics Board</p> </div> <div style="text-align: center;"> <p style="font-size: small;">Dr. Matthew Murphy Vice-chair, Human Research Ethics Board</p> </div> </div>											

Certificate Issued On: 04-Dec-2023