# Understanding our past, reclaiming our culture: Conceptualizing Métis culture and mental health in British Columbia

by

**Monique D. Auger**

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**Name:**                 **Monique D. Auger**

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**Examining Committee:**     **Chair:**  Malcolm Steinberg
                                        Clinical Assistant Professor

**John O'Neil**
Senior Supervisor
Professor

**Charlotte Waddell**
Supervisor
Professor

**Ron Roesch**
Supervisor
Professor

**Caroline Tait**
External Examiner
Associate Professor
Department of Psychiatry
University of Saskatchewan

**Date Defended/Approved:**  August 3, 2017

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# Abstract

Despite reported disparities in mental health for the Métis population, as well as the historic and contemporary challenges that many Métis people face in maintaining cultural connectedness, cultural continuity research with Métis communities remains largely ignored. To address this gap, this research sought to explore the meaning of cultural continuity and mental health for Métis people in British Columbia (BC). This thesis includes a meta-synthesis of relevant, original research with Indigenous Peoples in Canada and the United States, and a grounded theory study that explores Métis participants' experiences and conceptualizations of mental health and cultural continuity. Through the development of a Métis cultural continuity framework and evidence that associates cultural continuity as a Métis determinant of health, the findings point to the need for conducting community-driven quantitative research, in addition to supporting cultural practices, language revitalization, and Elder-youth engagement opportunities for increased cultural continuity for Métis people in BC.

**Keywords**:  Métis; cultural continuity; mental health and wellness; identity; intergenerational knowledge transmission

# Acknowledgements

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# Chapter 1.    Introduction

There is a large body of literature that illustrates the health inequities faced by First Nations, Métis, and Inuit peoples, when compared to the non-Indigenous population in Canada (Adelson, 2005; Loppie Reading & Wien, 2009). Despite this large quantity of research, and the fact that Métis peoples comprise 34% of the Indigenous population in Canada (Statistics Canada, 2008), there are few health research studies specific to the Métis population (Bourassa, 2011; National Collaborating Centre for Aboriginal Health [NCCAH], 2014). While population-specific research is integral to the development of health programs and policies, there is an extreme lack of disaggregated data for the Métis population. In turn, Métis people are commonly overlooked in terms of health research, program design, and policy development[1] (Greenwood, 2006).

Indigenous cultures have also broadly been understood as 'sociocentric;' such that individuals are part of an interconnected web with family, community, and environment (Kirmayer, Simpson, & Tait, 2009). As such, Indigenous perspectives often conceptualize health within a sense of collectivism (Bartlett, 2005). Métis people largely perceive health as holistic, emphasizing that spiritual, emotional, physical, and mental health each require attention and balance (Bartlett 2005; Dyck, 2009). Yet given that the biomedical model only focuses on one dimension (i.e., physical health), the healthcare system does not adequately address Métis people's health needs. Similarly, federal Aboriginal health programs generally focus on First Nations populations, and exclude Métis communities (Allard, 2007). Critics have expressed that there is a lack of culturally appropriate health programs (Allard, 2007). Métis people have also been marginalized through jurisdictional gaps within the healthcare system—with limited federal funding

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[1] A notable exception to this would be the recent research with the Métis population of Manitoba. Martens and colleagues (2010) produced a comprehensive atlas of Métis health outcomes and healthcare utilization; however, there is no equivalent for the Métis population of British Columbia (BC).

and programming available at a population level[2] (Logan, 2015; Waldram, Herring, & Young, 1995); these gaps have contributed to perpetuating health disparities, particularly regarding mental health.

Epidemiological data have illustrated mental health concerns for Métis people in BC, including high rates of depression, anxiety, suicide, and substance abuse compared with the "general" population (British Columbia Provincial Health Officer [BC-PHO], 2009; Tourand et al., 2016). This is coupled with phenomenological evidence, which captures communities' requests for improved mental wellness, as a core component of holistic health (Bartlett, 2005; Edge & McCallum, 2006). Further, quantitative indicators with respect to Métis culture demonstrate that a considerable portion (22%) of Métis families have reported a loss of cultural identity and spirituality (Loppie Reading & Wien, 2009), and nearly all Métis people (96%) do not speak an Indigenous language (Statistics Canada, 2006). These data demonstrate a need for increased understanding of the meaning of cultural continuity and mental health for Métis people in BC.

To understand the impact of culture on health outcomes for Indigenous peoples, researchers have primarily focused on measuring both enculturation and acculturation within Indigenous communities. Enculturation is commonly understood as the lifelong process through which individuals learn about and identify with their traditional culture (Wolsko, 2007) and the extent to which individuals identify with their culture and participate in traditional cultural activities (Zimmerman, Ramirez-Valles, Washienko, Walter, & Dyer, 1996). Thus, when compared measures of acculturation, which assess the degree to which a person has assimilated within the dominant culture (Wolsko, 2007), enculturation has represented a strengths-based alternative. Representing a third approach, many Indigenous academics have begun to reference cultural continuity as a determinant of Indigenous health (Greenwood & de Leeuw, 2012; Loppie Reading & Wien, 2009). Within Indigenous health frameworks, cultural continuity encompasses identity, the practice of traditional and cultural activities, and spirituality (Snowshoe,

[2] Federal Aboriginal health programs and funding generally focus on First Nations populations, and exclude Métis communities (Allard, 2007; Bell, 2014). This has included the Non-Insured Health Benefits, with the exception of the Northwest Territories, where the territorial government provides Métis residents with the Métis Health Benefits (Northwest Territories Health and Social Services, 2015).

Crooks, Tremblay, Craig, & Hinson, 2014), which are transmitted inter-generationally within families and communities (Loppie Reading & Wien, 2009). Research has also demonstrated the importance of recognizing cultural continuity, and other Indigenous-specific mental health indicators in the design and implementation of effective health initiatives (Kirmayer, Brass, & Tait, 2000). However, few Métis health research projects have sought to connect culture and health (Dyck, 2009; Edge & McCallum, 2006); thus, there remains a need for a better understanding of culturally specific risk and protective factors for mental health for Métis people.

## 1.1.  Thesis outline

This thesis is composed of four parts. The first chapter provides background on Métis people, including definitions of being Métis, population demographics, mental health status, and an overview of culture and colonization in relation to Métis health. The following chapter consists of a paper published in *The International Indigenous Policy Journal* (Auger, 2016), and assesses available research with Indigenous peoples in Canada and the United States (US), with the aim of positioning cultural continuity within frameworks of Indigenous determinants of health, while also understanding the gaps in conceptualizing cultural continuity. The third chapter is a paper prepared for submission to *Social Science & Medicine,* which explores the meaning of cultural continuity and mental health specific to Métis people in BC. The final chapter includes a comparison of findings from these two original papers, contextualized within the broader body of knowledge, as well as personal reflections.

## 1.2.  Self-location

To best illustrate the significance of this work at a personal, cultural level, I begin by introducing myself. My name is Monique Auger and I am Métis, of Haudenosaunee, Nisga'a and French ancestry. I have ancestral ties to La Prairie, Quebec, and Port Simpson, BC, but my family has lived as uninvited visitors on Vancouver Island since the mid-19th century. Today I live and work on Squamish Territory and it is incredibly important for me to express my gratitude for this privilege. I am also a proud citizen of

the Métis Nation of BC and the Métis Nation of Greater Victoria. It is also important for me to self-identify as someone who lives with mental health issues. This research is also fuelled by anecdotal evidence across our communities, which has continually emphasized the importance of our culture and wellness. The process of doing research, which is inherently personal, is further discussed in Chapter 4.

## 1.3. Who are the Métis?

As descendants of the original inhabitants of the land that is now called Canada, Métis people make up one of three constitutionally recognized groups of Indigenous peoples; as such, the Métis are distinct from First Nations and Inuit peoples (Isaac, 2016). Métis people are descendants of early unions between First Nations women and European fur traders[3] from the late 17th century to the mid-19th century (Chartrand, 2007). As noted in the *Report of the Royal Commission on Aboriginal Peoples* (Royal Commission on Aboriginal Peoples [RCAP], 1996), the Métis involved with the fur trade possessed a unique set of skills and characteristics, rendering them "indispensable members of Aboriginal/non-Aboriginal economic partnerships" (p. 186), a role that profoundly shaped Métis culture. With economic, political, and social motivations primarily fuelling the initial intermarriages during the fur trade, Métis people developed a shared way of life (Chartrand, 2007; Richardson, 2006). Culture and kinship ties have been cited as core components of Métis identity, where "the determination of Métis identity… is not merely a question of genetics… family links are as deeply cherished as blood connections…. ancestry is only one component of Métis identity. Cultural factors are significant, a people exist because of a common culture" (RCAP, 1996, p. 187).

Despite a collective culture, Métis populations are also a heterogeneous group, to an extent that is comparable to the diversity across First Nations communities with different family histories, kinship affiliations, and concepts of identity (Hodgson-Smith & Kermoal, 2016; Peters, 2011). In speaking to this diversity, Leclair (2002) notes, "our cultural and linguistic differences divide us as surely as geographic distance" (p. 163).

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[3] For some Métis, including in the Labrador Métis, their ancestors included Inuit women and fishermen (RCAP, 1996).

Similarly, while the term *Métis* has gathered wide usage and acceptability, cemented in the *Constitution Act* of 1982, terms used to refer to Métis people have largely varied over time and by place. Cree author and Métis ally, Joseph Dion (1979), writes:

> There are in western Canada many thousands of people of mixed blood, white and red, who have been placed under various categories such as Metis, Half-breeds, enfranchised and ex-treaties…. We have adopted the name Metis, a term derived from the French, which comes nearest to designating those people of mixed Indian and white parentage. No one likes to be called a half-breed or a breed, because it doesn't sound very nice and it is too closely related to the European slang 'half-caste'. (p. 185)

Additionally, the Métis have been called *coureurs de bois* (forest runners), rooted in their wilderness skills and trades, as well as *bois brulés* (burnt-wood people), for their dark skin (RCAP, 1996). Most of these terms, as Gagnon (2016) notes, are rooted in Western views regarding blood purity and inter-breeding (i.e., miscegenation). However, the Métis have also been called *Otepayemusuak,* or the people who own themselves, by the Cree, in recognition of their independence (RCAP, 1996).

There are competing definitions in existence today, rooted in the complex concept of Métis identity (Bourassa, 2011). Definitions have also changed over time, as Logan (2015) notes, "Métis history is laden with attempts to create, redefine and impose nominal definitions on Métis identity. Métis people at times adhere to or resist such definitions as well as efforts to specify their homes and historic 'homelands'" (p. 433). Following the *Powley* decision[4] (2003), Métis people are nationally recognized as those who self-identify as Métis, are distinct from other Indigenous peoples, come from historic Métis Nation ancestry, and are accepted by a modern Métis community (Métis National Council, 2001). These criteria have been adopted by a number of provincial Métis Nations, including the Métis Nation of BC (MNBC; Barman & Evans, 2009; Bourassa, 2011), under Métis National Council's (MNC) leadership. The *Powley Test* is also used as an 'objectively' verifiable way to establish Métis citizenship, with centralized registry

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[4] The *Powley* decision was delivered on September 19, 2003 by the Supreme Court of Canada, following a charges placed on a Métis father and son who were hunting for food in Sault Ste. Marie, Ontario. This ruling has served as a foundation for asserting Métis rights for individuals and communities (Barman & Evans, 2011).

processes housed within each of the provincial Métis Nations. Within this legal rhetoric, Tom Isaac (2016) stated:

> Not every person of mixed European-Aboriginal ancestry is Métis for the purposes of Section 35. Rather it is the combination of self-identification as Métis, along with membership in larger distinct and historical Métis communities with their own unique culture, practices, traditions and languages that makes Métis distinct Aboriginal peoples and distinct from their European and other Aboriginal ancestors. (p. 6)

However, MNC's definition of Métis people is often challenged—criticized for its narrow criteria. In particular, the MNC definition has been contested for its limited geographic boundaries (Standing Senate Committee on Aboriginal Peoples, 2013), with some disagreement between MNBC and MNC regarding the boundaries of the Métis Nation Homeland (Barman & Evans, 2009). As well, several writers have critiqued MNC's specific focus on the Red River Métis (Green, 2011; Richardson, 2016). As Barman and Evans (2009) note, "Red River remains a significant anchor point for the conceptualization of the Historic Métis Nation, a central feature of the MNC definition of a Métis person" (p. 65). This strong focus on Métis with Red River ancestry has contributed to the exclusion of 'other' Métis through manifestations of lateral violence[5]: "Métis originating from regions outside of Red River are concerned that their continued feelings of exclusion are now intensified by their own people" (Richardson, 2016, p. 13). This focus has become a significant concern for the Métis with roots in Eastern Canada, as demonstrated by the Standing Senate Committee on Aboriginal Peoples' report (2013):

> Witnesses from Eastern Canada generally stated that their Métis identity is a manifestation of their mixed ancestry and connections to their Aboriginal culture and heritage. This is in contrast to the dominant view of the Métis witnesses from Western Canada, who largely described themselves as descendants of the fur trade communities whose distinct mixed-ancestry identities formed during the 18th and 19th centuries. (p. 52)

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[5] Within Indigenous communities, lateral violence involves attacking one's own people. It is a common manifestation of internalized colonialism, often combined with experiences of oppression, intergenerational trauma, and racism (Abolson, 2010).

This focus on the Métis from Red River has impacted both Métis politics and research, as much of written Métis history has focused on the Red River Settlement and its people (Standing Senate Committee on Aboriginal Peoples, 2013). Dr. Brenda Macdougall, Métis researcher at the University of Ottawa, has stated:

> There has been a fixation on Red River as the source and centre of all things Métis and that does not necessarily reflect a true historical interpretation of who the Métis people were and who other 19th century and 18th century people understood them to be. I think we have only just begun scratching the surface of Métis research in Canada. (Standing Senate Committee on Aboriginal Peoples, 2013, p. 44)

Further, with the exception of the Peace River Region (Treaty 8 Territory), there is relatively little written about Métis history in BC (Barman & Evans, 2009), as well as a complete lack of current research with Métis communities throughout the province.

Other definitions of Métis, such as that applied by the Métis settlements in Alberta, focus more heavily on self-identification, wherein a Métis person is someone with Aboriginal ancestry, who identifies with Métis culture and history (Standing Senate Committee on Aboriginal Peoples, 2013). Similarly, it is also important to note that health data for Métis populations are generally rooted in census statistics, which rely on self-identification processes rather than citizenship requirements. In this way, competing definitions of Métis ancestry and nationhood contribute barriers in obtaining Métis health data (Allard, 2007; Bourassa, 2011). Mr. Harry Daniels also shared and advocated for an inclusive notion of Métis nationhood that embraces people from across Canada who self-identify as Métis (Standing Senate Committee on Aboriginal Peoples, 2013). His son, Mr. Gabriel Daniels, continues his father's work, publicly arguing for increased unity among the Métis during the 2017 *Daniels Conference: In and Beyond the Law* at the Rupertsland Centre for Métis Research, University of Alberta:

> If we're not focusing on uniting… the government does a good enough job of keeping us apart; we don't need to do the work for them… if you're not in it for all of us, if you're not in it for the betterment of all of our people, then I don't even want to know you. I don't want to talk to you, I don't want you to represent us…. To the critics and the politicians who don't agree with my father's vision… what I do want for my father is his rightful place to be up there alongside Louis [Riel]. And I guarantee you, if Harry and Louis were here with me they would agree, we are more than the Red River.

The historic *Daniels Decision* in 2016, which ruled that Métis and non-status Indians are Indians under the *Constitution Act, 1867,* found that there is no need to place a legal definition for the word *Métis,* given that "it is an ethnic and cultural label with no neat boundaries and can refer to Red River Métis or be used as 'a general term for anyone with mixed European and Aboriginal heritage'" (Gagnon, 2016). Despite this, however, Métis leaders and scholars alike continue to argue for continual use of restrictive boundaries, contributing to ongoing issues with Métis identity politics.

## 1.4. Métis population demographics

Métis people make up a substantial portion of Canada's Indigenous population (34%; Statistics Canada, 2008) and BC is home to 59,445 Métis people (Statistics Canada, 2008). The Métis population is also young, with a median of age of 30, which is nine years younger than for the non-Aboriginal population (Janz, Seto, & Turner, 2009). The nation-wide population is also growing quickly over time, as Métis people reportedly accounted for only 26% of the total Aboriginal population in 1996 (Statistics Canada, 2008). While these high rates can be partially attributed to high birth rates (Statistics Canada, 2008), population growth is also due to ethnic mobility, as increased numbers of Métis people in Canada are self-identifying (Statistics Canada, 2008). It is also important to note that the majority of Métis people in Canada live in urban areas (69%; Statistics Canada, 2008); moreover, when compared to First Nations and Inuit peoples in Canada, Métis people are more likely to live in cities for long periods of time, and less likely to move back to their city of origin (Environics Institute, 2010). In this sense, the Métis have been described as the most urbanized Aboriginal group in Canada (Environics Institute, 2010).

Population-specific health research can help to highlight particular issues or concerns within populations, which in turn can help to influence the development of appropriate programs and policies and programs. There are also few health data and research studies that address the Métis population (Allard, 2007; Krieg & Martz, 2008);

only 2.6%[6] of published peer-reviewed literature in Indigenous health from 2010–2012 were directly targeted toward the Métis population (NCCAH, 2014). Given that Métis communities are commonly required to use aggregated data that includes all Indigenous peoples, "They find themselves in a difficult situation when they are advocating for Métis needs, particularly health needs, because they do not have the statistical evidence they need for their advocacy work" (Bourassa, 2011, p. xx). As a result, health issues and concerns of Métis communities have largely been overlooked health planning and policy development (Krieg & Martz, 2008).

Proceedings from the 2011 *Aboriginal Peoples' Wellness in Canada: Scaling Up the Knowledge* roundtable, hosted by the Institute of Health Economics, included a clear recommendation for Canadian Institutes of Health Research (CIHR) to adopt a similar approach to Australia's *population plus* funding model, which would allocate approximately 5% of its overall budget to research with and by First Nations, Inuit, and Métis People. If this model was then applied to nation-specific research with Indigenous peoples, it would require a significant increase in CIHR funding for Métis-specific research. Currently, while Métis people make up over one-third of Canada's total Indigenous population (Statistics Canada, 2008), only 7.5% of CIHR funding related to Indigenous health research was spent on Métis health research (NCCAH, 2014)

## 1.5. Métis mental health status

While there is a limited body of literature, mental health has been clearly cited as a disparity for Métis people in Canada, through research in BC and Manitoba. The MNBC conducted a survey of 1509 Métis households,[7] where 648 families responded to a question on mental health conditions. Of these respondents, 32.2% identified that at

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[6] This is a decrease from the previous environmental scan, which found that 3.1% of Indigenous health peer-reviewed literature was Métis specific (Greenwood, 2006).

[7] It is possible that these numbers under-report the true prevalence of health conditions, given that only 648 of the 1509 responded to the question on mental health. Despite this, the 861 households that did not respond to the question are included in the calculations of prevalence of mental health conditions. The BC-PHO (2009) report notes that there is a chance of positive non-responses, indicating that these data may be lower than the true prevalence.

least one household member suffered from depression, 17.4% identified personal problems, and 14.8% identified anxiety (BC-PHO, 2009). As part of the 2006 Aboriginal Peoples Survey (Statistics Canada, 2009), Métis people, aged 15 and older, were also asked if they had felt sad, blue, or depressed for two weeks or more in a row at any point in the past year. In response to this survey question, 24% of respondents said yes; in a provincial breakdown of this data, BC Métis respondents had the highest proportion of depression of all provinces and territories (27%).

While data from the 2012 Aboriginal Peoples Survey on mental health is limited to self-perceived mental health status (Statistics Canada, 2015), this data allows for comparison to the Canadian Community Health Survey, which reports aggregate mental health statistics for the general Canadian population, aged 18 and older (Statistics Canada, 2014). The data on self-perceived mental health status for the BC population illustrates that Métis people fair better than First Nations people with "Status," yet worse than the general Canadian population (Table 1).

**Table 1: Perceived mental health status for First Nations people, Métis people, and the general Canadian population**

| Population | Perceived Mental Health Status (%) | | |
| --- | --- | --- | --- |
| | Excellent | Good | Fair/Poor |
| First Nations (Status) | 52.0 | 23.5 | 16.6 |
| First Nations (non-Status) | 62.5 | 21.6 | 11.4 |
| Métis | 58.9 | 23.7 | 11.5 |
| General Canadian Population | 63.2 | 26.9 | 10.0 |

In the 2016 report, *Ta Saantii*, the McCreary Centre Society illustrated a number of concerning disparities for Métis youth (aged 12–19) in BC (Tourand et al., 2016). Overall, more than one-third of Métis youth in BC reported having at least one mental health condition (35%) (Tourand et al., 2016). This included depression (24% of females, 11% of males); anxiety disorders including panic attacks (25% of females, 8% of males); attention-deficit hyperactivity disorder (13%), and substance misuse or addiction (5%). Tourand et al. (2016) also reported high and increasing rates of Métis youth who are self-harming, particularly for females (27% in 2008 vs. 36% in 2013). As well, nearly a quarter (23%) of Métis youth reported that they had seriously considered suicide within the past 18 months, and over half (55%) of these youth had attempted suicide during the

same time period (Tourand et al., 2016). Epidemiological data regarding Métis mental health concerns are coupled with phenomenological evidence, which captures communities' requests for improved mental wellness and for health services that address health in a holistic way (Bartlett, 2005; Edge & McCallum, 2006; National Aboriginal Health Organization [NAHO], 2008).

## 1.6.  Métis culture, health, and colonization

Colonization has had profound effects on Métis people across Canada, through social and political means of marginalization, isolation, and dislocation. This included the removal of Métis children, re-location and disconnection from the land, and cultural oppression. These forces have had significant effects on Métis health, which continue through multi-generational loss and trauma, including challenges to Métis identity, loss of language, and interference with traditional hunting and harvesting practices.

Colonial methods of exerting social and political power over the Métis have included the forced removal of Métis children into residential, day, and mission schools, as well as the continual over-representation of Métis children in the child welfare system (Logan, 2015; Richardson, 2016). Motivations for removing children were race-based, as Logan (2015) notes, "the problem they felt they were responding to was to attend to the 'destitute Half-breeds', often considered 'worse off than Indians', living in squatter homes and too 'lazy and slow' to be educated by the typical provincial schools" (p. 444). Métis children who attended residential and church-run schools shared similar experiences with First Nations children, including emotional, spiritual, physical, and sexual abuse (Richardson, 2016; Truth and Reconciliation Commission, 2015a). Métis children were also prohibited from practicing their culture and speaking their language within these schools; these strategies have had ongoing effects for survivors and their families. Métis Elder Sophia Suvee, from Prince George, BC, spoke about the impact of residential schools for her grandmother; though her grandmother noted that she enjoyed her time at the schools, she carried much shame regarding her Métis spirituality and culture, following her time there (Evans, Gareau, Krebs, Neilson, & Standeven, 1999). Further, many survivors of church-run schools have not received acknowledgement or support; related to this, Mr. Clément Chartier, President of MNC, has stated that before the Métis

can take part in any healing and reconciliation processes, the truth surrounding the history of residential schools and colonization must be realized, as he notes that "until the exclusion of Métis survivors from compensation is resolved, until responsibility is taken for the harm done to Métis survivors and Métis communities, healing between Canada and the Métis nation will remain unattainable..." (Métis National Council, 2010). More recently, the release of the Truth and Reconciliation Commission of Canada Report (2015b) has garnered national attention, the Métis however, have stated that the underrepresentation of Métis survivor's experiences within report have been under-represented, contributing to further marginalization of Métis people within Canada[8] (Métis National Council, 2015; Young, 2015).

After a 17-year legal battle for *Daniels v. Canada* (2016), the Supreme Court of Canada (SCC) ruled that Métis and non-Status Indians are to be considered as "Indians" under s.91(24) of the Constitution Act (1867). Within Métis communities, this decision has been largely celebrated as a significant victory, but it is not without critiques. The *Daniels Decision* requires the federal government to honour their legislative jurisdiction over Métis issues, and to respect Métis rights by interaction with the Métis Nation on a nation-to-nation basis. In this way, Bell (2014) notes, "the federal government can no longer use 'lack of jurisdiction' alone to deny them [the Métis] access to federal programs and services available to status Indians, or avoid negotiating claims derived from loss or denial of federal Indian status, Métis Aboriginal rights, or socioeconomic needs" (p. 132). However, there are also substantial issues that the ruling does not answer, as the Daniels Decision has no bearing over land and harvesting rights, nor does it touch upon Métis rights to self-government (Macdougall, 2016). Thus, while there may be future opportunities for dialogue, as well as increased awareness of Métis people and their rights for the general public, the *Daniels v. Canada* ruling is limited—as it is currently interpreted—in its ability to counter the state's legacy of dispossession and denial toward the Métis.

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[8] It is also important to note that despite the title of Volume 3 of *The Final Report of the Truth and Reconciliation Commission of Canada* being *Canada's Residential Schools: The Métis Experience* (2015a), this 81-page chapter includes both Métis and "non-Status Indians" testimonies.

Past and ongoing assimilative strategies have served to disconnect, relocate, and displace Métis people from the land. Within a historical context, Métis people were moved to create space for European settlers, with the vision of reaching Canada's manifest destiny, as noted in a letter from Sir John A. MacDonald, where he noted, "'these impulsive half breeds have got spoilt by their émulte [riot] and must be kept down by a strong hand until they are swamped by the influx of settlers'" (cited in Logan, 2015, p. 441). The Métis were also excommunicated from reserves (Barman & Evans, 2009); reflecting on his lived experience in his community, Dion (1979) writes:

> At the Indian Agent's first visit to our little schoolhouse he noted that it was bursting at the seams and I had to confess that a number of children came from Metis parents who were staying in the vicinity. The agent immediately ordered the removal of all half-breeds from the Indian reservation. (p. 159)

As a result, the Métis have also been excluded from treaty processes, whereby "treaty commissioners repeatedly informed the Métis that they were not empowered to deal with the collective rights of the Métis" (Teillet, 2009, p. 4). The issue of land remains a complex issue for Métis people in BC, as the vast majority do not have a legal land base (Dyck, 2009). Métis people have also faced government-led challenges to their Indigeneity, including hunting and harvesting rights (*R. vs. Powley*, 2003). Relationships with the land are an integral component of holistic wellness and are interconnected with building a sense of community and resilience; thus, barriers to accessing the land may contribute to issues around mental wellness for Métis people.

Colonial violence against the Métis also includes a history of social control over interbreeding (Logan, 2015). Assimilation efforts, rooted in eugenic paradigms, considered the Métis to be inauthentic forms of Indigenous people, with diluted blood and Indigeneity; these views fueled the denial of existence of Métis people. As Green (2011) notes, this rhetoric continued through to the 'official' constitutional recognition in 1982. Related to this, discrimination and othering[9] of the Métis also present ongoing challenges for individuals and families, who are continually marginalized within the

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[9] Browne, Smye and Varcoe (2005) define 'othering' as "the projection of assumed cultural characteristics, 'differences,' or identities onto members of particular groups" where these projects are rooted in "stereotyped identities" (p. 21).

dominant Western culture (Richardson, 2016). Too often, Métis people are treated poorly by both settler Canadians and First Nations peoples, treatment that is rooted colonial views of mixed-blood inferiority (Richardson, 2016). These experiences of discrimination have resulted in common Métis perspectives of living between worlds, with a culture and worldview that is often felt to be incongruent within Western society (Richardson, 2006).

Traditional knowledge, language, and cultural identity are viewed as foundational to Métis health and mental wellness (National Aboriginal Health Organization [NAHO], 2008). Métis youth have expressed that engagement in cultural practices helps to promote positive mental health, fostering cultural pride, self-esteem, and a sense of belonging (Tourand et al., 2016). With their provincial study, Tourand and colleagues also found that Métis youth (aged 12–19) who had participated in cultural activities within the past year (25% of the total sample) were more likely to rate their overall health as good or excellent (83% vs. 71%). A National Aboriginal Heath Organization opinion poll, which reached over 800 Métis people across Canada, also found that many Métis people (~60%) attribute poor health to experiences in residential schools, cultural oppression, and loss of land (Edge & McCallum, 2006).

The Michif language has been described as a foundation to Métis knowledge systems; language helps to shape complex relationships with our kinships and houses Métis laws of governance, traditional teachings, and values (Edge & McCallum, 2006). Language, traditions, and other forms of Métis knowledge have been passed down inter-generationally, through the sharing of stories and experiential learning opportunities led by Elders, knowledge keepers, and other family members. These methods remain integral to the preservation of Métis knowledge systems (Hodgson-Smith & Kermoal, 2016), yet our systems of transmission have suffered as a result of colonization (Edge & McCallum, 2006). Métis languages have been cited as endangered, with only an estimated 600 speakers of varying Michif dialects scattered across Canada and the northern US (Iseke, 2013).

The loss of cultural identity has also been cited as a challenge across Métis communities in Canada (Loppie Reading & Wien, 2009; Standing Senate Committee on

Aboriginal Peoples, 2013). Today, as Richardson (2016) notes, most Métis people "live assimilated lives" in urban centres, where they are largely isolated from other Métis people geographically (p. 18). The Urban Aboriginal Peoples Survey (UAPS) also reported that less than one-third of urban-dwelling Métis people have a very close connection to their community of origin (Environics Institute, 2010). However, there has been a recent and ongoing resurgence of Métis identity, where Métis people are re-discovering their connection to Métis culture and community — which the Standing Senate Committee on Aboriginal Peoples (2013) has associated with decreased "stigma associated with being Métis" (p. 15). It is also important to note that most Métis people know their family trees either very or fairly well (29 and 26% respectively), and this knowledge was strongly linked to increased cultural continuity, self-awareness, sense of belonging, and pride of Indigenous identity (Environics Institute, 2010).

Cultural identity has affected Métis people at both an individual and collective level. As a whole, Telleit (2009) describes the Métis population as being invisible to non-Métis people, noting several key challenges to Métis identity related to this 'invisibility.' Historically, Indigenous identity options in Canada were dichotomous, consisting of either 'White' or 'Indian,' due to the denial of existence for mixed race people. Unfortunately, as Telleit (2009) notes, this is an ongoing challenge:

> As people of mixed race, the Métis have never fit comfortably into the cultural landscape in North America. It is difficult for many Amerindians and Euro-Canadians to accept that a new aboriginal [sic] people with Euro-Canadian ancestry evolved in Canada…. Canadians have never been comfortable with the possibility of individuals or a collective having multiple identification opportunities, a concept that suggests an unfair advantage or preferential rights. (p. 3)

Further, given that the Métis population is not phenotypically distinct, it is hard to distinguish Métis people from either First Nations people or non-Indigenous people. In turn, non-Métis people often assume that the Métis have assimilated into either Euro-Canadian or First Nations cultures (Teillet, 2009). This is connected to ongoing challenges with both structural and lateral violence, which Métis people experience both from the Euro-Canadian state and from other Indigenous peoples (Richardson, 2006). While Métis people have proven to be highly resilient, Euro-centric ideologies remain hegemonic within society and continue to challenge Métis cultural continuity.

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# Chapter 2.    Cultural Continuity as a determinant of Indigenous peoples' health: A metasynthesis of qualitative research in Canada and the United States

## 2.1.  Abstract

As a strengths-based alternative to Western notions of enculturation and acculturation theory, cultural continuity describes the integration of people within their culture and the methods through which traditional knowledge is maintained and transmitted. Through reviewing relevant, original research with Indigenous Peoples in Canada and the United States, the purpose of this metasynthesis is to describe and interpret qualitative research relating to cultural continuity for Indigenous Peoples in North America. This metasynthesis was conducted through the selection, appraisal, and synthesis of 11 qualitative studies. Across the selected studies, five key themes arose: the connection between cultural continuity and health and well-being, conceptualizations of cultural continuity and connectedness, the role of knowledge transmission, journeys of cultural (dis)continuity, and barriers to cultural continuity.

## 2.2.  Introduction

Numerous research studies have identified culturally specific risk and protective factors for health through quantitatively examining the effects of culture, historic trauma, and various health outcomes within Indigenous communities in North America (Currie et al., 2011; Walters & Simoni, 2002; Whitbeck, Chen, Hoyt, & Adams, 2004). While these studies, which rely on validated quantitative scales built around enculturation and

acculturation theory,[10] have been instrumental in building an understanding of Indigenous resiliency as a protective factor that offsets the impacts of historical trauma, oppression, and discrimination (Tousignant & Sioui, 2009; Whitbeck et al., 2004), few studies have sought to contextualize the meaning of these social constructs from community-based perspectives. Alternatively, cultural continuity and cultural connectedness are emerging areas within Indigenous health research. In their research, Snowshoe, Crooks, Tremblay, Craig, and Hinson (2014) defined *cultural connectedness* as "the extent to which a FN [First Nations] youth is integrated within his or her FN culture" (p. 249). This construct is measured by survey items within three dimensions: identity, traditional and cultural activities, and spirituality. *Cultural continuity*, which has also been increasingly conceptualized within Indigenous health research (Greenwood & de Leeuw, 2012; Kirmayer, Tait, & Simpson, 2009; Loppie Reading & Wien, 2009), builds on cultural connectedness to emphasize the importance of "intergenerational cultural connectedness, which is maintained through intact families and the engagement of elders, who pass traditions to subsequent generations" (Loppie Reading & Wien, 2009, p. 18). Cultural continuity also situates culture as being dynamic through the maintenance of collective memory, which may change over time (LaRocque, 2011).

Within the larger body of Indigenous health research, there is a lack of shared understanding or common conceptualization of cultural continuity. The recent shift from acculturation to enculturation within research has been an important step in recognizing both Indigenous resilience and the systemic impacts of colonialism (Weinreich, 2009; Zimmerman, Ramirez-Valles, Washienko, Walter, & Dyer, 1996). However, there is also a need to find common ground between enculturation theory and alternative constructs, such as cultural connectedness and continuity, which have been supported by Indigenous communities (Snowshoe et al., 2014). Further, there are well-cited examples that provide alternative understandings to cultural continuity as a determinant of health. For example, Chandler and Lalonde (1998) have produced a body of research under the umbrella of "cultural continuity" and their work is highly revered. Their research examines the correlation between six "markers of cultural rehabilitation" and youth

[10]Enculturation refers to the degree to which an individual is connected or integrated within his or her culture. Conversely, acculturation is the extent to which a person has assimilated into a "dominant" culture (Fleming & Ledogar, 2008).

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suicide rates in BC First Nations communities. The independent variables examined in this research included community involvement in land claims processes (i.e., securing Aboriginal title), involvement in self-government, control of police and fire services, establishment of local cultural facilities, youth attendance in band-administered schools, and control over health services (Chandler & Lalonde, 1998). Chandler and Lalonde found that the presence of each variable in communities was associated with lower rates of suicide. While Chandler and Lalonde's research is undoubtedly important, and provides insight into the importance of self-determination in community health and well-being, it does not actually measure cultural continuity; rather, they examine the impact of community control and local administration on First Nations youth suicide rates. Among the critiques of this work, Kirmayer and colleagues (2009) noted, "the involvement of Aboriginal people in contemporary institutions like municipal government or formal school systems can hardly be viewed as cultural traditionalism" (p. 19). They also highlighted protective factors that have been overlooked in past research, specifically citing the role that self-esteem, community organization, and youth leadership can play in improving mental health for First Nations youth. More recently, Snowshoe and colleagues (2014) demonstrated that cultural connectedness is associated with pro-social behaviours, increased engagement in school and community, and lower rates of substance abuse among First Nations high school students in Saskatchewan and Southern Ontario.

Cultural continuity has also been identified as a social determinant of health[11] for Indigenous Peoples in Canada, with the development of explanatory models for proximal, intermediate, and distal determinants (Greenwood & de Leeuw, 2012; Loppie Reading & Wien, 2009). However, few research studies have sought to build on this understanding through working with Indigenous communities. The aim of this metasynthesis is to describe and interpret qualitative research relating to cultural continuity for Indigenous Peoples in North America. This review of relevant, original research concerning Indigenous Peoples in Canada and the United States will (a)

[11] Broadly, the social determinants of health are defined as the environments and circumstances that shape the health and wellness of individuals, families, and communities. This includes social and economic conditions, which are "shaped by the distribution of money, power and resources at the global, national and local levels" (Greenwood & de Leeuw, 2012, p. 381).

position cultural continuity within a framework that considers social determinants of health, and (b) aim to understand the gaps in conceptualizing cultural continuity, while respecting diversity across Indigenous Nations.

## 2.3. Methods

### 2.3.1. Rationale for Conducting a Qualitative Metasynthesis

Qualitative research requires that the researcher become deeply immersed in the research field, usually a naturalistic setting, to ensure that the research question is explored in depth (Crouch & McKenzie, 2006). This research design often allows researchers to form close relationships with the research participants or the larger community. These relationships are often of great benefit to both the participants and the researcher, as they can facilitate bilateral knowledge translation. Moreover, within the area of Indigenous health research, it is widely accepted that these designs are "more conducive to a holistic worldview and oral tradition ... add[ing] fluidity and flexibility to the research process and utilizes the art of traditional storytelling" (Struthers, 2001, pp. 129-130). In this same sense, open-ended questions encourage the development of rich data and allows for the researcher to be responsive to participant cues, which can broaden the scope of the data (Crouch & McKenzie, 2006). In this way, qualitative research plays an integral role in understanding cultural continuity as a determinant of Indigenous Peoples' health.

In building on the value of qualitative research, a metasynthesis was chosen as the most appropriate way of summarizing the body of work that has been produced with respect to cultural continuity for Indigenous Peoples. Starting in 1985, when qualitative metasyntheses were first utilized, they have aimed to develop and understand complex theories through interpreting and synthesizing a body of findings from qualitative studies (Walsh & Downe, 2004). In this way, the goal of metasynthesis is to create a product that both combines and interprets a number of works into a whole.

### 2.3.2.   Two-Eyed Seeing as a Critical Lens

As a Métis woman, I have a clear and vested interest in Indigenous conceptualizations of cultural continuity and I carry this passion throughout the research process. Two-eyed seeing, which is an ontology and way of life that aims to bring together Western and Indigenous knowledge (Iwama, Marshall, Marshall, & Bartlett, 2009), was used throughout this research. This approach is used to honour both Indigenous and Western ontologies and methodologies, as well as to draw attention to the relational aspects of diverse understandings of complicated issues. In this way, this article aims to honour the teachings of Elders Albert and Murdena Marshall by weaving back and forth between multiple forms of knowledge, with the goal of replacing a hierarchy of knowledge systems with a process of walking forward together (Bartlett, Marshall, & Marshall, 2012).

### 2.3.3.   Search Strategy

With the goal of understanding the meaning of cultural continuity for Indigenous populations in Canada and the United States, combinations of terms for the phenomenon and population were used (Table 1). A cross-discipline approach was taken to review articles published from 1990 to 2016, through searching MEDLINE, PsychInfo, Social Sciences Full Text, and Open Access Theses and Dissertations. A manual search was also conducted, using reference lists from included studies and their forward citations, in addition to hand-searching relevant research journal titles, online conference materials, and government report documents.

### 2.3.4.   Study Selection and Appraisal

The inclusion criteria included qualitative research studies, or a significant qualitative component within mixed methods; studies that address cultural continuity for Indigenous Peoples in Canada and/or the United States; and articles that were published between January 1990 and January 2016. Articles were excluded if they had a quantitative study design, did not include primary data collection (e.g., literature reviews, editorials, opinion articles), were non-English articles, or used a priori analytic categories (e.g., pre-developed indicators used in mixed method questionnaires).

Initially, each record title that arose in the search was reviewed for relevance by applying the inclusion and exclusion criteria. Following this, abstracts were reviewed, and any records that were deemed relevant were read in full. Articles that met the inclusion criteria were then critiqued for methodological rigour, using the Critical Appraisal Skills Programme (CASP). The CASP appraisal tool assesses the research aims, methodological approach, qualitative methods, ethical concerns, and findings (Figure 1; CASP, 2013). Each of the 11 studies that were assessed for methodological rigour met at least nine of the ten CASP criteria (Table 2). For those that only met nine criteria ($n = 7$), this was due to a lack of discussion around the ethical issues in the research ($n = 5$) or the relationship between the researchers and participants ($n = 2$). While both of these components are important within qualitative studies, the overall quality of these seven studies was still deemed to be adequate for inclusion within this metasynthesis. In addition to assessing the overall rigour of the research articles, of considerable importance in this assessment was evidence of relationship building with community, in light of past mistakes that have been made by utilizing authoritative and non-collaborative research methodologies with Indigenous communities (Brant-Castellano, 2004).

**Table 2. Key Search Terms**

| Phenomenon | Population |
|---|---|
| • Cultural continuity<br>• Cultural connectedness<br>• Acculturation<br>• Enculturation | • Indigenous People<br>• Aboriginal People<br>• First Nations<br>• Métis<br>• Inuit<br>• Native American<br>• American Indian<br>• Alaska Native |

1. Clear, relevant, and important research purpose
2. Appropriate methodology to address the purpose
3. Appropriate research design
4. Appropriate recruitment methods
5. Justified and explicitly stated data collection methods
6. Critically examined relationships between research and participants
7. Ethical issues are considered
8. Rigour in data analysis
9. Clear presentation of results
10. Overall value of the research

**Figure 1: Components of the CASP tool (2013).**

**Table 3: Appraisal of qualitative research studies based on CASP criteria (CASP, 2013)**

| Article | Research Purpose | Methodology | Research design | Recruitment | Data collection | Relationships | Ethical issues | Data analysis | Results | Overall value |
|---|---|---|---|---|---|---|---|---|---|---|
| Brunanski, 2009 | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| Drywater-Whitekiller, 2006 | YES | YES | YES | YES | YES | YES | NO | YES | YES | YES |
| Flynn, Olson, & Yellig, 2014 | YES | YES | YES | YES | YES | YES | NO | YES | YES | YES |
| Hunter, Logan, Goulet, & Barton, 2006 | YES | YES | YES | YES | YES | NO | YES | YES | YES | YES |
| Iwasaki, Bartlett, & O'Neil, 2005 | YES | YES | YES | YES | YES | NO | YES | YES | YES | YES |
| Long & Curry, 1998 | YES | YES | YES | YES | YES | YES | NO | YES | YES | YES |
| Lucero, 2010 | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| Lucero, 2014 | YES | YES | YES | YES | YES | YES | NO | YES | YES | YES |
| Oster, Grier, Lightning, Mayan, & Toth, 2014 | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| Smith, Varcoe, & Edwards, 2005 | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| Wexler, 2014 | YES | YES | YES | YES | YES | YES | NO | YES | YES | YES |

### 2.3.5. Data Analysis and Synthesis Approach

The analysis was conducted through multiple reads of the selected research studies with attention to the context and themes that arose across the studies. Each study was thematically analyzed using a content-driven codebook. Studies were re-read multiple times and re-coded when necessary, using the constant comparative method (Sapsford & Jupp, 2006), involving the continual clarifications of the data, the assigned codes, and the overarching themes. Despite this process of compartmentalization, attention was paid to the context in which each of the findings is presented (e.g., the populations involved, settings and methods used), through the creation of multiple tables to provide context for each of the studies included. Methodological information was added to Table 3, while rough notes on themes and concepts, as well as quotes, were added to a second table. In a review of common themes across all of the selected studies, Table 4 was created. Further, an audit trail of explanatory notes was recorded with respect to decision-making for screened studies that were not included.

## 2.4. Results

### 2.4.1. Search Results

Figure 2 depicts the process of article identification, screening, and inclusion, with the number of articles that were maintained throughout each of these steps. The initial database search revealed a total of 771 records across four databases. After screening the articles by title and abstract, 26 were identified that met the inclusion criteria. A deeper read excluded half of these records, as they did not fully meet the relevancy criteria with respect to addressing cultural continuity. Of these articles, two were excluded based on the critical methodological assessment. Although a second search was manually conducted and initially revealed 32 records, none of these articles passed the screening stage. This process led to a total 11 articles for inclusion in this metasynthesis.

### 2.4.2. Study Characteristics

A matrix summarizing the study characteristics for each of the 11 articles (Table 3) includes each citation, country, participant characteristics, inclusion criteria, research design, methods, and discipline. The studies were conducted between 1998 and 2015, within different

disciplines, including health sciences ($n$ = 3), social work ($n$ = 3), nursing ($n$ = 3), and psychology ($n$ = 2). Nearly equal, six of the studies were conducted in the United States and five were conducted in Canada. While many of the articles specified the specific nations or tribal affiliations with which participants identified, all of the articles worked with a diverse sample where multiple groups are represented. Sample sizes ranged from 4 to 57 participants, with a range of subgroups, including youth, adults, and Elders.

As a key inclusion criterion, nearly all of the studies were solely qualitative, while one study included a formative qualitative step as part of a mixed methods design. When further specified, qualitative study designs included phenomenology ($n$ = 2), ethnography ($n$ = 2), participatory action research ($n$ = 2), grounded theory ($n$ = 1), narrative inquiry ($n$ = 1), qualitative description ($n$ = 1). All of the studies used types of purposive sampling approaches. Data collection methods included interviews (e.g., exploratory, open-ended, semi-structured, or structured) and focus groups. Typically, data were analyzed thematically using software (e.g., NVIVO, Atlas.ti, Ethnograph) or understood through narrative analysis, and studies commonly used a number of rigour checks, including member checking, journaling, and critical reflexivity.

**Table 4: Matrix of included research records**

| Article | Country | Participants | Inclusion Criteria | Study Design | Methods | Discipline |
|---|---|---|---|---|---|---|
| (1) Brunanski, 2009 | Canada | 4 participants; youth (aged 18-24); First Nations women; previously street involved | Qualitative study<br>Aboriginal people in Canada<br>Cultural connectedness | Narrative inquiry | Purposive sampling through agency partnerships; in-depth, conversational interviews; narrative analysis (story-telling) | Psychology |
| (2) Drywater-Whitekiller, 2006 | USA | 19 participants (11 females, 8 males); Native American 4th year undergraduate students | Qualitative study<br>Native American<br>Enculturation | Ethnography | Criterion-based and snowball sampling; one-on-one structured interviews; person-centred, narrative analysis | Social Work |
| (3) Flynn, Olson, & Yellig, 2014 | USA | 42 participants (18 men, 24 women), including American Indian university students (n = 25) and their family members (n = 12), and administrators (n = 5) | Qualitative study<br>American Indian<br>Acculturation | Grounded theory | Criterion-based and snowball sampling; interviews and focus groups, with presentation of digital photos (i.e., artifacts); grounded theory analysis; 'trustworthiness procedures' (e.g., reflexivity, journaling, member checking) | Psychology |
| (4) Hunter, Logan, Goulet, & Barton, 2006 | Canada | 8 participants (3 men and 5 women); First Nations people in an urban area who access the health centre | Qualitative study<br>Aboriginal people in Canada<br>Assimilation | Ethnography | Convenience sampling; individual, semi-structured interviews; thematic analysis concurrent with data collection, conducted until saturation; various credibility checks | Nursing |
| (5) Iwasaki, Bartlett, & O'Neil, 2005 | Canada | 26 participants living with diabetes: First Nations men (n = 9) and women (n = 8), and Métis women (n = 9) | Qualitative study<br>Aboriginal people in Canada<br>Enculturation | Qualitative study with a phenomenological analysis framework | Voluntary sampling; 3 focus groups; team approach to thematic analysis using a phenomenological analytics framework, participants validated data interpretations | Health Sciences |

| Article | Country | Participants | Inclusion Criteria | Study Design | Methods | Discipline |
|---------|---------|--------------|--------------------|--------------| --------|------------|
| (6) Long & Curry, 1998 | USA | 57 participants; Native American Elders (n = 22) and young women (n = 35) | Qualitative study<br>Native American Acculturation | Qualitative; exploratory | Snowball sampling; focus groups, field notes, and journals; all data coded using Ethnograph software; member checking | Nursing |
| (7) Lucero, 2010 | USA | 7 participants (2 men and 5 women); American Indian adults who have lived in an urban area since childhood | Qualitative study<br>American Indians<br>Cultural connectedness | Descriptive phenomenology | Purposive sampling for maximum variation; open-ended interviews to elicit personal narratives; phenomenological data analysis | Social Work |
| (8) Lucero, 2014 | USA | 14 participants, members of 5 families; American Indian adult women living in an urban area | Qualitative study<br>American Indians<br>Cultural connectedness | Descriptive phenomenology | Purposive sampling; conversational interviews; phenomenological data analysis; narrative synthesis | Social Work |
| (9) Oster, Grier, Lightning, Mayan, & Toth, 2014 | Canada | 10 participants; First Nations Band Council leadership (past and present) | Mixed methods study (qualitative component)<br>First Nations peoples<br>Cultural continuity | Mixed methods – with formative 'qualitative description' | Purposive sampling; semi-structured interviews; thematic analysis using Atlas.ti; reflexivity and rigour checks | Health Sciences |
| (10) Smith, Varcoe, & Edwards, 2005 | Canada | 16 participants; Community-based stakeholders for Aboriginal prenatal and parenting services | Qualitative study<br>Aboriginal people in Canada<br>Cultural continuity | Participatory research; case study design; critical post-colonial lens | Snowball sampling; exploratory interviews and small group discussions; thematic analysis using NVIVO; critical reflexivity | Nursing |
| (11) Wexler, 2014 | USA | 25 participants; Inupiaq Elders (n = 7), adults (n = 7), and youth (n = 11) | Qualitative study<br>Alaska Natives<br>Enculturation | Community-based Participatory research; Intergenerational Dialogue Exchange and Action | Purposive sampling, youth co-researchers helped to recruit adults and Elders; both interviews and focus groups; thematic analysis using NVIVO | Health Sciences |

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┌──────────────┐   ┌─────────────────────────────────────────────────┐
│              │   │ **Records identified through databases** (n = 771) including: │
│ Identification│   │                                                 │
│              │   │   • Medline (Pubmed) (n = 524)                  │
│              │   │   • Social Sciences Full Text (n = 119)         │
│              │   │   • PsychInfo (n = 77)                          │
│              │   │   • Open Access Theses and Dissertations (n = 51)│
└──────────────┘   └─────────────────────────────────────────────────┘
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Of the 771 articles originally identified, 26 were included based on criteria

Records were then screened more deeply for relevance and 14 were excluded. Following this, 1 record was excluded based on its use of a priori analytic categories.

A manual search recovered 32 records, but none met the criteria for inclusion. The manual search included the reference lists of screened papers, a forward citation search, and a search of the grey literature

A total of 11 articles were included in the metasynthesis

**Screening**

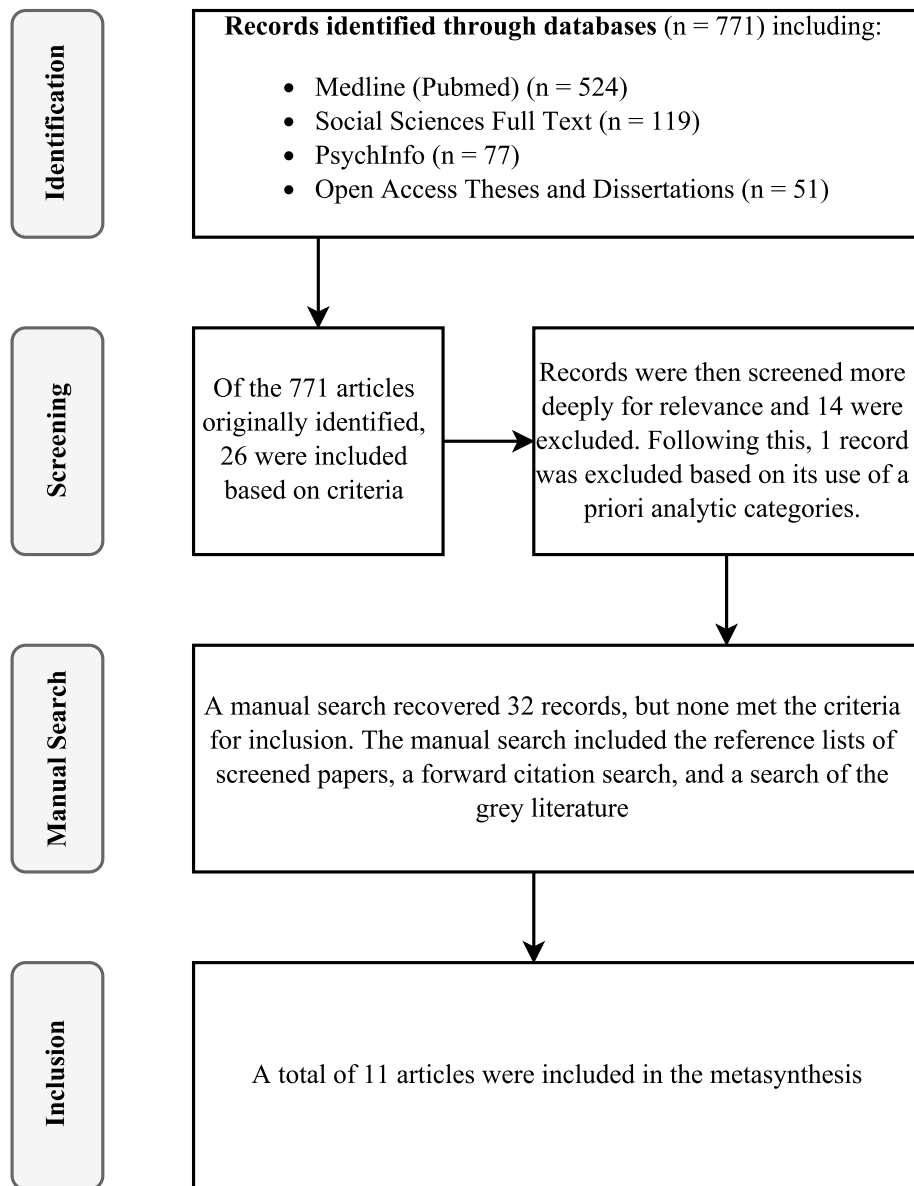**Manual Search**

**Inclusion**

**Figure 2: Study selection and appraisal process**

Participant groups were primarily made up of American Indian or Native American (*n* = 5), or First Nations people (*n* = 4). One study was conducted in Alaska with Inupiaq participants and another study included a sub-group of Métis participants (in

addition to First Nations participants). Finally, one study took a pan-Aboriginal approach and did not further identify participants by nation.

### 2.4.3.    Themes that Arose from the Analysis

The analysis to distil key themes and subthemes from each of the 11 original articles led to five overarching themes (Table 4). The first theme suggests that cultural continuity is interconnected to health and wellness for Indigenous populations, as a number of health and wellness outcomes arose across nine of the reviewed papers. The second theme involves conceptualizations of cultural connectedness and continuity, which nine of the papers addressed. The topic of knowledge transmission also arose many times across eight of the papers as an integral component of cultural continuity, and is discussed as the third theme. Participants' narratives also commonly spoke to experiences with both cultural continuity and disconnection—this theme arose across seven of the papers reviewed. The final theme that arose was barriers to cultural continuity, which were discussed in six of the reviewed papers. These themes are described in more detail in the sections to follow.

*Health and wellness outcomes*

Nearly all of the reviewed papers found that there were health and wellness outcomes connected to cultural continuity for Indigenous Peoples. Most commonly, wellness outcomes were associated with a sense of cultural identity (i.e., being proud of who you are), a positive identity, and strong self-esteem (Brunanski, 2009; Drywater-Whitekiller, 2006; Lucero, 2010; Oster et al., 2014; Smith et al., 2005; Wexler, 2014). Wexler (2014) positioned this concept through a life course[1] perspective:

> Cultural understandings, including those related to historical trauma and current strengths, can provide platforms for mutual affinity and shared meaning-making. These perspectives inform ideas of selfhood, and can define youth pathways into adulthood. This orientation can provide a sense of self-worth, social belonging, and purpose to help youth overcome challenges. (p. 86)

[1] A life course perspective contextualizes an individual's experiences within the structural, historical, and cultural contexts that impact that person across the different stages of their development (i.e., gestation through death) (Loppie Reading & Wien, 2009).

The research reviewed also discussed increased senses of community, belonging, and social purpose as outcomes of being connected to culture (Drywater-Whitekiller, 2006; Iwasaki et al., 2005; Lucero, 2010; Wexler, 2014). Specifically, Wexler (2014) discussed youth outcomes in this way: "Having a strong sense of identity was seen as essential for youth well-being . . . [it] gives a sense of pride and belonging, but also provides a vantage point to take action and move into the future" (p. 83). Cultural continuity was also described as an integral component in participants' healing journeys from their past experiences and from trauma (Brunanski, 2009; Iwasaki et al., 2005; Lucero, 2010; Smith et al., 2005). Additionally, empowerment arose as a wellness outcome across papers. Related to this, increased resistance to colonialism was also discussed (Lucero, 2014; Wexler, 2014). As Lucero (2014) noted, practicing "spirituality [was] a way of resisting assimilation and cultural dislocation" (p. 15).

**Table 5: Themes and subthemes that arose from the metasynthesis**

| Derived analytic themes and subthemes | Paper representation (# as listed in Table 1) |
|---|---|
| **Health and wellness outcomes** (n = 27) | |
| Cultural pride, esteem, and strong sense of identity | 1, 2, 7, 9, 10, 11 |
| Healing from past experiences or trauma | 1, 5, 7, 10 |
| A sense of community, belonging, social purpose | 2, 5, 7, 11 |
| Empowerment | 4, 5, 11 |
| Healthy and strong communities and families | 9, 10, 11 |
| Helps to cope with stress, grief, and loss | 4, 5 |
| Holistic health and balance | 4, 9 |
| Increased resistance to colonialism | 8, 11 |
| Linked to diabetes, cancer, heart disease, oral health, STDs, addictions and alcoholism, and mental health | 9 |
| **Components of cultural connectedness and continuity** (n = 16) | |
| Practicing spirituality and ceremonies | 1, 3, 4, 7, 8 |
| Respect (e.g., culture, Elders) | 2, 9 |
| Connection can be seen as relationships between other members of community (in an urban sense as well) | 3, 8 |
| Relational (social, behavioural elements) | 3, 8 |
| Holism (e.g., connection to earth, interconnectedness with language) | 3, 9 |

| Derived analytic themes and subthemes | Paper representation (# as listed in Table 1) |
|---|---|
| Attending cultural events, participating in activities | 5, 8 |
| Importance of traditional healing practices (Western practices not effective) | 3 |
| Connection to home | 11 |
| **Knowledge transmission** (n = 16) | |
| Importance of passing on knowledge inter-generationally (e.g., teaching youth) | 4, 5, 6, 9, 11 |
| Influence of Elders, Grandparents, and teachers in sharing knowledge | 1, 2, 4, 6 |
| Sharing knowledge of history and traditions with others in general | 1, 8 |
| Death of Elders as a challenge in knowledge transmission | 2, 6 |
| A sense of being part of intergenerational cycles, self-positioning as 'cultural bearers' | 2, 11 |
| Responsibility for passing on culture and knowledge to future generations | 2 |
| Shared by modeling behaviours | 4 |
| **Journeys of cultural (dis)continuity** (n = 10) | |
| Making a conscious choice to re-connect with community and identity | 1, 4, 7 |
| Forgiveness | 10, 11 |
| Childhood experiences of 'othering' and cultural disconnection | 1, 7 |
| Walking in two worlds – balance in navigating Indigenous and western society | 2, 3 |
| Making conscious efforts to incorporate traditional teachings into everyday life | 2, 3 |
| Continual process, personal journey | 4 |
| **Barriers to cultural continuity** (n = 8) | |
| Historical trauma (e.g., assimilative policies, residential schools, etc.) | 4, 6, 9 |
| Pressures or institutions that impose acculturation (e.g., postsecondary) | 3, 9 |
| Discrimination, ignorance, micro-aggressions | 3, 9 |
| Lack of funding for cultural programming and services | 9 |
| Youth apathy (as described by youth) | 11 |
| Toxicity in home community damages connections | 3 |

Direct connections to specific health outcomes were discussed less commonly, but were prominent topics in three papers. In these cases, health outcomes included

holistic health and balance (Hunter et al. 2006; Oster et al., 2014), and increased coping skills for managing stress and grief (Hunter et al., 2006; Iwasaki et al., 2005). Oster and colleagues (2014) also illustrated the positive impact that cultural continuity has with respect to specific health issues (e.g., diabetes, cancer, heart disease, sexual health, mental health, and addictions).

### *Components of cultural connectedness and continuity*

Findings from the reviewed papers commonly included a discussion of cultural connectedness and continuity. In conceptualizing these phenomena, the findings often emphasized the importance of practicing spirituality and ceremonies (Brunanski, 2009; Flynn et al., 2014; Hunter et al., 2006; Lucero, 2010; Lucero, 2014). For instance, Brunanski (2009) spoke about the importance of healing ceremonies, such as Yuwipi ceremonies, sweat lodge ceremonies, and smudging, which resonated for the First Nations women with which she spoke. Ceremony is one aspect of traditional healing, which promotes holistic health and balance. Similarly, some studies also cited that attending cultural events and participating in activities were important aspects of cultural continuity (Iwasaki et al., 2005; Lucero, 2014). In one study, Métis women spoke about the important role that activities, such as group projects in Métis history and genealogy, and participation in Native craftwork, have in their coping and healing (Iwasaki et al., 2005). These examples demonstrate the importance of traditional healing practices as a significant aspect of cultural continuity, particularly as Western healthcare methods may be ineffective in some cases (Flynn et al., 2014).

More broadly, the concept of holism (Flynn et al., 2014; Oster et al., 2014) was described with respect to an innate connection with the earth and the interconnectedness of language and culture. In a more detailed description, First Nations leaders defined culture as being inclusive of "traditions, values, knowledge, hunting and trapping, living off the land, traditional food, medicines, games, sweats, spirituality, ceremonies, celebration, praying and language" (Oster et al., 2014, "Conceptualizing Cultural Continuity", para. 1). The value of respect, including respect for Elders and respect for culture, was also discussed in the literature (Drywater-Whitekiller, 2006; Oster et al., 2014). Connection was also described in terms of the relationships between members of the community, a component in both urban and reserve communities (Flynn

et al., 2014; Lucero, 2014). In this sense, Lucero noted, "it was common for participants to refer to their relationships to, and social interactions with, other American Indians as their 'connection'" (p. 16), while a study of acculturation for Native American students more broadly spoke to the importance of family support and community connection for students living away from home (Flynn et al., 2014). Cultural continuity was also described as a relational phenomenon, with social, intellectual, and behavioural elements (Flynn et al., 2014; Lucero, 2014).

### *Knowledge transmission*

In the reviewed papers, the transmission of knowledge was commonly described as an integral component of cultural continuity; more specifically, the topic of intergenerational knowledge transmission arose (Hunter et al., 2006; Iwasaki et al., 2005; Long & Curry, 1998; Oster et al., 2014; Wexler, 2014). For example, teaching youth was described as an important part of "cultural rehabilitation" (Oster et al., 2014) and, more broadly, "the intergenerational transmission or 'passing down' of cultural wisdom about beliefs and practices among Native American women was recognized as an important strength among Native American women" (Long & Curry, 1998, p. 213). The influence of Elders, grandparents, and teachers in sharing traditional knowledge was also a frequent subtheme (Brunanski, 2009; Drywater-Whitekiller, 2006; Hunter et al., 2006; Long & Curry, 1998). For example, Hunter et al. (2006) found that "relating, sharing, and learning in the circle of life were accomplished with the help of counselors and elders . . . guides to the knowledge" (p. 18). Participants spoke about growing up and hearing about traditional ways and forming their cultural identities through sharing knowledge of the language, traditional songs, and traditional foods (Drywater-Whitekiller, 2006). Related to the importance of Elders and grandparents, the death of Elders was discussed as a challenge in knowledge transmission (Drywater-Whitekiller, 2006; Long & Curry, 1998) and participants spoke about a sense of responsibility for passing on culture and knowledge to future generations and keeping traditions "alive" (Drywater-Whitekiller, 2006). In addition to passing on knowledge to future generations, several articles also discussed lateral knowledge transmission (Brunanski, 2009; Lucero, 2014), which occurs through the sharing of traditions with other members of one's community. Participants also spoke about being part of intergenerational cycles and understanding their role in passing on knowledge, as "adult narratives described coming to terms with

the cultural oppression experienced by Elders, and repositioning themselves as strong culture bearers" (Wexler, 2014, p. 86).

## *Journeys of cultural (dis)continuity*

Findings across the reviewed studies also provided narratives around journeys of cultural continuity and discontinuity. This included experiences of "othering" and cultural disconnection during childhood and adolescence (Brunanski, 2009; Lucero, 2010), which were coupled with emotional struggles of feeling lost, detached, and isolated, as well as attempts to reject Indigenous culture and question cultural identity (Lucero, 2010). Participants also spoke about making a conscious choice to re-connect with their communities and identities (Brunanski, 2009; Hunter et al., 2006; Lucero, 2010), where they made references to going home or "returning to the people" (Lucero, 2010, p. 332). In a more general sense, cultural re-connection involved a process of "learning about traditional ceremonies and then by using ceremonies to understand and become a part of Aboriginal culture" (Hunter et al., 2006, p. 17). Similar stories also included the role that forgiveness plays in connecting with culture, with respect to healing past trauma and as an aspect of cultural resilience (Smith et al., 2005; Wexler, 2014). The concept of "walking in two worlds" also arose as a metaphor for Indigenous peoples' journeys in balancing and navigating both Western and traditional ontologies as well as making conscious efforts to incorporate traditional teachings into everyday life (Drywater-Whitekiller, 2006; Flynn et al., 2014; Oster et al., 2014). Further, these journeys were also noted to be continual, self-directed, and specific to each individual (Hunter et al., 2006).

## *Barriers to cultural continuity*

To a smaller extent, when compared to other common themes that arose across the literature, barriers to cultural continuity were also discussed. Historical trauma was most commonly discussed as a challenge, which includes, but is not limited to, the negative impacts that assimilative policies and residential schools have had on Indigenous communities (Hunter et al., 2006; Long & Curry, 1998; Oster et al., 2014). Pressures and institutions that impose acculturation were also discussed (Flynn et al., 2014; Oster et al., 2014); this included a prominent study that described the predominantly White, non-inclusive post-secondary setting as an "acculturation gateway"

(Flynn et al., 2014, p. 286). Challenges were also described as motivations to acculturate, which were rooted in toxicity in communities (e.g., alcoholism, gossip), as well as challenges with racism, ignorance, and microaggressions (Flynn et al., 2014; Oster et al., 2014). For example, this included negative stereotypes in society and the media, feelings of being invisible, and tokenism of Indigenous students (Flynn et al., 2014). Additional barriers included a lack of funding for cultural programming and services (Oster et al., 2014), and youth apathy toward cultural continuity (Wexler, 2014).

## 2.5. Discussion

As a whole, the literature demonstrates that cultural continuity is associated with a number of health and wellness outcomes in Indigenous communities, both in Canada and the United States. In their proposed models of social determinants and Indigenous Peoples' health, Loppie Reading and Wien (2009), and Greenwood and de Leeuw (2012) position cultural continuity as an intermediate determinant of health, in that it provides a connection between the distal and proximal determinants of health. The reviewed studies align with this conceptualization in that cultural continuity was described as a phenomenon that shapes a number of proximal, or psychosocial, determinants, including self-esteem, cultural identity and pride (Brunanski, 2009; Drywater-Whitekiller, 2006; Lucero, 2010; Oster et al., 2014; Smith et al., 2005; Wexler, 2014), and coping skills (Hunter et al., 2006; Iwasaki et al., 2005). This aligns with a larger body of research that speaks to the importance of enculturation as a psychological asset or protective factor (McIvor, Napoleon, & Dickie, 2009; Whitbeck et al., 2004).

Distal determinants, or colonial forces, including assimilative policies and historical trauma from residential schools (Hunter et al., 2006; Long & Curry, 1998; Oster et al., 2014), as well as racism, discrimination, and microaggressions, also shape cultural continuity (Flynn et al., 2014; Oster et al., 2014). There is also a considerable amount of research that explores these pathways through the development of anthropological and sociological theory within the area of acculturation (Keen, 2001). Despite the common tendency to compartmentalize determinants of health and explore specific pathways to health, the findings from this metasynthesis demonstrate the interconnectedness of all social determinants of health (Greenwood & de Leeuw, 2012).

This is consistent with related research in the field of Indigenous health, including studies addressing Canada's colonial legacy (Czyzewski, 2011; Peters & Self, 2005), and research that addresses the negative health impacts from racism and discrimination, ranging from microaggressions and historic trauma to systemic racism (Paradies, 2016; Senese & Wilson, 2013; Walters et al., 2011). Colonization is often understood as a distal determinant of Indigenous Peoples' health, which has had significant and pervasive impacts on Indigenous Peoples across Canada (Czyzewski, 2011; Loppie Reading & Wien, 2009). While many aspects of colonization are framed in a historical context, it is important to note that colonization continues to place Indigenous peoples within a bureaucratic framework that politically controls communities and devalues traditional forms of knowledge (Alfred, 2009). Alfred (2009) noted that the degradation of traditional knowledge and ongoing oppression of cultural identity has led to the creation of "colonial mentalities," a term for the "mental state that blocks recognition of the existence or viability of traditional perspectives . . . prevent[ing] people from seeing beyond the conditions created by the white society to serve its own interests" (p. 94). Further, Paradies (2016) noted that colonial mentalities involve tolerance of historical trauma and ongoing oppression, and therefore have been connected to a number of mental health concerns (e.g., anxiety, low self-esteem, emotional distress). Colonization has had profound effects on individual notions of identity, collective memory, and community cohesion (Kirmayer et al., 2009), thus impacting cultural continuity for Indigenous communities. Despite these challenges, Indigenous Peoples have continually proven to be both resilient and resourceful (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011), and while resilience was only directly cited in two of the reviewed papers, there is a strong body of literature that demonstrates the critical role that cultural continuity plays in Indigenous narratives of resilience (Fleming & Ledogar, 2008; Tousignant & Sioui, 2009). Additionally, Pearce and colleagues (2015) have moved beyond individualist, Western measures of resilience, and demonstrate the integral role that traditional culture, spirituality, and language play as buffers to adversity, as "cultural resiliency."

Cultural continuity was described as a dynamic concept, through participant narratives that contextualize cultural disconnection and reconnection as an ongoing journey (Brunanski, 2009; Flynn et al., 2014; Hunter et al., 2006; Lucero, 2010) that is

highly personal to each individual (Hunter et al., 2006). Despite these characteristics, cultural continuity is also holistic: it encompasses individuals, families, and whole communities (Flynn et al., 2014; Lucero, 2014), as well as a connection to earth and language (Flynn et al., 2014; Oster et al., 2014). The selected literature defined community in different ways. For some, community was referred to when speaking of a defined space, such as participants' reserve communities (Wexler, 2014), and for others, particularly from an urban Indigenous perspective, community meant a network of connections to family, friends, and other Indigenous Peoples in the city (Flynn et al., 2014; Lucero 2014). Related to this, cultural continuity was often associated with a sense of community and belonging (Drywater-Whitekiller, 2006; Iwasaki et al., 2005; Lucero. 2010; Wexler, 2014), which is interconnected with the health and wellness of both Indigenous individuals and communities (Goudreau, Weber-Pillwax, Cote-Meek, Madill, & Wilson, 2008; Senese & Wilson, 2013).

The qualitative findings from this study also demonstrated that cultural continuity plays a role in maintaining healthy and strong communities and families (Oster et al., 2014; Smith et al., 2005; Wexler, 2014), as well as being part of larger, intergenerational cycles (Drywater-Whitekiller, 2006; Wexler, 2014). These outcomes move beyond the dominant body of quantitative research on enculturation as a buffer for adverse health outcomes, which has largely focused on individual-level indicators, such as stress (Walters & Simoni, 2002; Wolsko, Lardon, Mohatt, & Orr, 2007); alcohol and substance abuse (Currie et al., 2011; Fleming & Ledogar, 2008; Walters & Simoni, 2002; Whitbeck et al., 2004; Wolsko et al., 2007; Zimmerman et al., 1996); depressive symptoms (Bals, Turi, Skre, & Kvernmo, 2011; Fleming & Ledogar, 2008; Walters & Simoni, 2002; Whitbeck, McMorris, Hoyt, Stubben, & LaFromboise, 2002); suicidal ideation (Yoder, Whitbeck, Hoyt, & LaFromboise, 2006); externalizing behaviours (Bals et al., 2011; Fleming & Ledogar, 2008); and impacts of discrimination (Whitbeck et al., 2002; Whitbeck et al., 2004). In their research with the Maori, Houkamua, and Sibley (2011) found that while increased enculturation was associated with both increased individual well-being and decreased community well-being; however, their study illustrates the complexity of community health and wellness within a context of ongoing oppression and colonialism. While the authors were unable to understand both individual and community wellness beyond the measures of life satisfaction and well-being (Houkamua & Sibley,

2011), their work represents an important step in moving beyond strict psychosocial models of cultural continuity.

The findings from this metasynthesis suggest that conceptualizations of Indigenous cultural continuity are much more nuanced and complex than what is offered by the mainstream definitions of enculturation. Deductive approaches to operationalizing enculturation are often limited to these definitions, which look at the level to which an individual is connected to their cultural identity, traditional activities, and traditional spirituality (e.g., Bals et al., 2011; Fleming & Ledogar, 2008; Snowshoe et al., 2015). Indigenous conceptualizations build on these components, both relationally and holistically, providing insight to both individual and community components and outcomes of cultural continuity. Further, knowledge transmission is a central component of maintaining and strengthening the inter-generational components of cultural continuity.

Traditional knowledge, which is made up of cultural values, lessons, and worldviews, has been transmitted inter-generationally as a way of connecting past and future generations, as well as strengthening connections between people and the land (Smith, 1999). The transmission of traditional knowledge was a common theme across the reviewed papers, emphasizing the importance of sharing cultural practices, Indigenous epistemologies, and oral traditions with future generations to maintain cultural continuity (Hunter et al., 2006; Iwasaki et al., 2005; Long & Curry, 1998; Oster et al., 2014; Wexler, 2014). Similarly, LaRocque (2011) speaks about the importance of oral and written forms of communication in Indigenous communities in the renewal and maintenance of cultural continuity and fluidity. The reviewed studies also highlight challenges that Indigenous peoples have faced with respect to the maintenance, transmission, and practice of their culture. These challenges were often specific to single studies, which suggest the heterogeneity of barriers to cultural continuity. These diverse barriers and challenges include issues of youth apathy (Wexler, 2014), toxicity in communities with respect to addiction and gossip (Flynn et al., 2014), a lack of funding for cultural programming (Oster et al., 2014), and acculturative pressures within Western institutions (Flynn et al., 2014; Oster et al., 2014). While it is important to understand these barriers in an effort to improve policies and programs that recognize and enhance

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cultural continuity, it is promising that they arose as one of the less common crosscutting themes in this metasynthesis. The stronger focus on strengths-based interpretations of cultural continuity represents a shift away from deficit-based models of Indigenous health and toward promoting community empowerment. Additionally, despite the method of knowledge compartmentalization, through thematic analysis, these components of cultural continuity and connectedness cannot be interpreted individually. Rather, they are understood to be relational and interconnected (McGuire, 2010). For example, while divided by subthemes, relationships with the land and language are inseparable from community cohesiveness, as McCormick (2000) stated, "connection to traditional Aboriginal culture and values means that a person must become connected to extended family, community, the natural world, the spirit world, in essence, all of creation" (p. 28). As well, knowledge translation is not separate from other components of cultural connectedness and continuity. In this sense, while the division of themes by subthemes (Table 3) puts forward an understanding of some of the individual components of cultural continuity and connectedness, it also creates an overly neat representation of these concepts.

Despite the limitations of the thematic analysis, this synthesis summarizes a small body of literature that represents the voices of Indigenous Peoples in Canada and the United States. Far too often, quantitative scales for enculturation and acculturation are put forth without a qualitative component that seeks to understand the meaning of these constructs from perspectives that are rooted in lived experience. For example, in working with Maori peoples, Te Huia and Liu (2012) came to a similar conclusion around the lack of Indigenous voices in acculturation theory. When this research is put forward it masks the voices of Indigenous Peoples and can actually cause further harm; a key example of this is when acculturation theory is used to disprove Indigenous title (Ankler, 2004; Keen, 2001). Cultural continuity as a research program was co-opted by Chandler and Lalonde (1998), whose measures of community control (lacking any solid connection to culture) were based solely on archival research. Despite new and

emerging research on cultural continuity, given that this research was the first of its kind, it has been a primary source with widespread application.[2]

Over the past few decades, numerous documents have encouraged the participation of Indigenous communities in health research projects; however, "until very recently, Aboriginal people were seldom invited to participate in health research beyond their role as data sources" (Loppie, 2007, p. 278). Helicopter research, as it is termed by Vine Deloria (1991), illustrates a common approach to research with Indigenous communities, where researchers would swoop in as experts in health, history, and culture; they would promise benefits from their research to the communities that they were researching—yet, they would often leave the community and never return. This symbol for unethical research has been fulfilled throughout much of the work on acculturation theory, which has involved quantitative research *on* (rather than *with*) Indigenous Peoples. As a result, this research has produced deficiency-based models, programs, and policies, which are often rooted in the notion that Indigenous Peoples have poor health and lack the capacity to address health issues. Despite a shift toward a strengths-based paradigm through the use of enculturation measures, much of this research still lacks Indigenous involvement. To move forward, there is a need for increased community-based participatory action research; Indigenous Peoples understand the issues in their communities and should play an active role in designing the research projects, and translating them into program implementation, policy development, and social change. It is critical to produce culturally responsive research and policy, as Greenwood (2006) noted, "non-Aboriginal research, policy, and practice are too often applied—ineffectively—to Aboriginal contexts. Evidence-based public health in Aboriginal communities should not be sought through a 'one size fits all' application of non-Aboriginal research" (p. 67).

The research reviewed in this metasynthesis represents a range of levels of engagement with Indigenous Peoples, where two of the studies explicitly used participatory methods (Smith et al., 2005; Wexler, 2014). While the use of participatory

[2] Chandler and Lalonde's (1998) research around "cultural continuity" is often the sole reference used within mainstream documents that address the social determinants of health (e.g., CSDH, 2008).

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methods, compared to other qualitative approaches, did not appear to impact the quality or scope of the qualitative findings on cultural continuity, the benefits of meaningfully including Indigenous Peoples throughout research design, delivery, and implementation has been widely stated (Loppie, 2007; Smith, 1999). Snowshoe and colleagues (2015) also demonstrated that community-based methods can be applied to quantitative research, given the integral role that Indigenous voices played in shaping the development and appraisal of a culturally responsive, strengths-based scale to measure cultural connectedness. In using two-eyed seeing and mixed methods approaches, there are opportunities to strengthen community conceptualization of cultural continuity, which can inform and create empirical measurement of cultural continuity as a determinant of Indigenous health.

While this metasynthesis presents a broad overview of common themes in qualitative research on cultural continuity, it is integral to understand the diversity between Indigenous nations throughout Canada and the United States, where nations are culturally heterogeneous, with vast differences in language and cultural practices, as well as unique political, social, and economic structures (Voyageur & Calliou, 2000). However, many Indigenous Peoples do have shared worldviews and experiences with colonialism, which are interconnected with conceptualizations of cultural continuity. In this sense, it is interesting to note that there were no noticeable differences in comparing the findings from research conducted with American Indian populations and those conducted with First Nations peoples in Canada. Overall, the research articles included in this synthesis presented an understanding of diversity across Indigenous nations, through working with specific communities, identifying participants' nations (to an extent where their identity was still protected), and avoiding creating pan-Indigenous generalizations for cultural continuity. However, given the small body of qualitative research on the subject, it was not surprising that considerable gaps in the body of cultural continuity literature arose. The majority of research has focused on the perspectives of American Indian people in the United States (Drywater-Whitekiller, 2006; Flynn et al., 2014; Long & Curry, 1998; Lucero, 2010; Lucero, 2014) and First Nations people in Canada (Brunanski, 2009; Hunter et al., 2006; Iwasaki et al., 2005; Oster et al., 2014), demonstrating a clear need for increased community-based research with Métis, Inuit, and Alaska Native communities. .

## 2.5.1.    Limitations

This metasynthesis was limited by the author's inability to review studies in languages other than English. Studies that were selected on the basis of their relevance and quality were given equal weight in the analysis of crosscutting themes; this is a potential limitation, given that the studies ranged in qualitative design and sample sizes, suggesting different levels of generalizability. Further, there were a number of subthemes that arose in isolation, meaning that they are rooted in single research studies. However, noting that there were a total of only 11 research studies that met the inclusion criteria for this metasynthesis, the findings do not represent saturated themes.

## 2.5.2.    Conclusions

There is a small body of qualitative research that has sought to conceptualize cultural continuity for Indigenous peoples in Canada and the United States, yet this synthesis provides a formative understanding of its role a determinant of health for Indigenous Peoples in Canada and the United States. The findings across the synthesized research articles speak to the importance of cultural continuity in shaping positive health and wellness outcomes for Indigenous Peoples. It is also clear that intergenerational knowledge transmission is a central component of renewing and maintaining cultural continuity for Indigenous Peoples. Increased research that explores community driven conceptualizations for cultural continuity can help to inform the development of culturally responsive quantitative scales and practical assessment tools, as well as effective health services and programming for Indigenous communities.

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# Chapter 3.    Exploring the meaning of cultural continuity and mental health for the Métis population in British Columbia through grounded theory

## 3.1.  Abstract

Cultural continuity has been identified as an important social determinant of health for Indigenous peoples in Canada. Unfortunately, there is limited qualitative research that has sought to understand the meaning of cultural continuity for Indigenous peoples in Canada, a gap which limits the effectiveness of existing quantitative measurement tools. Despite reported disparities in mental health for the Métis population, as well as the historic and contemporary challenges that many Métis people face in maintaining cultural connectedness, cultural continuity research with Métis communities remains largely ignored. To address this research gap, this qualitative study aims to explore the meaning of cultural continuity and mental health for Métis people living in BC, Canada. Using a grounded theory approach, this research explores participants' experiences and conceptualizations of mental health and cultural continuity through semi-structured interviews, analyzed to understand the overarching themes. Métis stories were categorized into four broad categories: Métis conceptualizations of mental health and wellness; journeys of cultural discontinuity; stories of culture, identity, and mental health; the importance of land, and intergenerational knowledge transmission. Through the development of a theory of Métis cultural continuity and the evidence that associates cultural continuity as a Métis determinant of health, the findings point to the need for operationalizing cultural continuity to conduct community-driven, Métis-specific quantitative research, in addition to supporting cultural practices, Michif language revitalization, and Elder-youth engagement opportunities for increased cultural continuity for Métis people, families, and communities in BC.

## 3.2. Introduction

Indigenous peoples in Canada, including First Nations, Métis, and Inuit populations, experience significant and persistent health inequities (Loppie Reading & Wien, 2009). While rarely recognized in research, policy, and practice (Greenwood, 2006), Métis people specifically face mental health disparities, with disproportionately high rates of depression, anxiety, suicide, and substance abuse (British Columbia Provincial Health Officer, 2009; Tourand et al., 2016). Given that mental health inequities persist and that interventions have largely been ineffective (Allard, 2007), there is a need to move beyond an individualistic, biomedical model to consider Indigenous social determinants of health (Loppie Reading & Wien, 2009).

Cultural continuity has been identified as an important social determinant of health for Indigenous peoples in Canada (Auger, 2016; Greenwood & de Leeuw, 2012; Loppie Reading & Wien, 2009). Unfortunately, there is limited qualitative research that has sought to understand the meaning of cultural continuity for Indigenous peoples in Canada (Auger, 2016); of the research that does exist within Canada, most has focused on the perspectives of First Nations peoples (see: Hunter et al., 2006; Oster et al., 2014). Despite reported disparities in mental health, as well as the historic and contemporary challenges that many Métis people face in maintaining cultural connectedness (Nelson, 2011; Wesche, 2013), cultural continuity research with Métis communities remains largely ignored[3]. To explore the meaning of cultural continuity and mental health for Métis people in BC, this grounded theory study addressed the following questions: (1) How is cultural continuity conceptualized by Métis people? And, (2) What are risk and protective factors for mental health for Métis people living in BC?

## 3.3. Method

This research used a strengths-based, grounded theory design as a formative approach to developing a theory for Métis cultural continuity and mental health. Given

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[3] For a more thorough overview of Métis culture and demographics, please refer to Chapter 1.

the scarcity of existing theories in Métis cultural continuity and the wealth of experiential knowledge that Métis communities hold, a grounded theory design provides a suitable approach to forming preliminary explanations and theories in this proposed research project. This research was also rooted in a strength-based approach, whereby the process of gathering, analyzing, and (re)telling Métis experiences sought to centre both individual and collective strengths, resilience, and opportunities for the future.

### 3.3.1. Self-location as a Métis researcher

As a proud Métis woman, and a citizen of the Métis Nation of Greater Victoria and the Métis Nation British Columbia, I am passionate about conducting research that is specific to the Métis. The importance of Métis-driven research, rooted in our lived experiences and traditional knowledge, cannot be understated. We, as Métis people, understand the issues in our communities and must play an active role in designing research projects and translating them into program implementation, policy development, and social change.

### 3.3.2. Ethical Considerations

This research, which was approved by the Research Ethics Board at Simon Fraser University, followed the guidelines set out by the *CIHR Guidelines for Health Research Involving Aboriginal People* (CIHR, 2007). This research was ethically guided by the principles of community engagement, the protection of Indigenous knowledge, and the role of meaningful communication throughout the research process (CIHR, 2007). This research process was also guided by a pre-established Indigenous Working Group comprising First Nations and Métis adults who work as consultants in program evaluation and research, to ensure that the research was ethically and culturally grounded (Ermine, Sinclair, & Jeffery, 2006). Free and informed consent was treated as an ongoing process, with an emphasis on open communication to ensure that participants were comfortable with their participation as the study proceeded. To protect their confidentiality, each participant was assigned a number, which was used to label interview recordings and the resulting verbatim transcriptions and data analysis, to

ensure privacy. For details on measures used to protect participant privacy and confidentiality, please refer to Appendix A.

### 3.3.3.  Participant Recruitment and Sampling Approach

Participant sampling involved a non-probabilistic, purposive approach. This research included a cross section of participants regarding age, gender, and geographic region (Table 6). Recruitment was facilitated through both social media (e.g., Facebook pages; see Appendix B for the recruitment poster), as well as through partnerships with Métis and urban Indigenous organizations (e.g., physical posters, email listservs). Given that the focus of the research project was BC-specific, inclusion criteria were multifaceted such an individual would be invited to participate if they met all of these conditions: (1) Self-identification as a Métis person; (2) Aged 19 or older; and (3) Connection to a Métis community in BC[4]. Further, a maximum variation approach to sampling involved a screening process prior to data collection, which included brief questions about age, gender, geographic location, and Métis identity. These introductory conversations also served as an opportunity for relationship building and addressing any preliminary questions about the research study and the researcher.

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[4] Connection to a Métis community in BC is a concept that is not synonymous with Métis Nation of BC (MNBC) citizenship; it should be noted that people may connect with local Métis communities, which may or may not be MNBC chartered communities.

**Table 6: Participant characteristics**

| Category | n | % |
|---|---|---|
| *Age* | | |
| Young People (19-29) | 11 | 33.3 |
| Adults (30-59) | 15 | 45.5 |
| Seniors (60 and older) | 7 | 21.2 |
| *Gender* | | |
| Female | 23 | 69.7 |
| Male | 10 | 30.3 |
| *Geographic region* | | |
| Vancouver Island | 10 | 30.3 |
| Vancouver Coastal | 10 | 30.3 |
| Fraser | 6 | 18.2 |
| Interior | 5 | 15.2 |
| Northern | 2 | 6.1 |
| **Total sample** | 33 | 100.0 |

### 3.3.4. Data Collection and Analysis

Before the interview with the researcher, participants were sent an electronic copy of the consent form, which was also verbally reviewed with the researcher in an introductory phone call. Participants were informed that their identities and information would be kept confidential at all times during the research process and after its completion, including in any presentations, community conversations, or publications resulting from the research. Participants were also informed that they could end their participation in the research at any time—without penalty—by indicating this to the researcher. The researcher also verbally checked in with each participant at several points across the research process, as consent was understood as an ongoing process by both the participants and the researcher. To allow for greater geographic reach, interviews were conducted by phone, aside from a few local instances in which the researcher met the participant in person at a public location, as chosen by the participant to ensure that they were comfortable with the level of privacy. The researcher has extensive previous experience in conducting qualitative interviews both in-person and over the phone, and can build rapport effectively using both methods, which is essential

for qualitative studies (Environics Institute, 2010). The interviews lasted between 20 and 130 minutes (mean: 57 minutes), and were conducted using a semi-structured interview guide, with questions posed in a conversational matter. The interview guide was developed in consultation with an Indigenous Working Group, which consisted of Métis and First Nations research consultants with whom the author has had prior relationships. Following participant consent, each interview was electronically recorded, labeled by date, and sent to a hired, third party for verbatim transcription, using a standardized transcription protocol and under an oath of confidentiality. Typed transcriptions were then reviewed by the researcher to check for quality and accuracy.

To ensure that participants were comfortable with their contributions to the research project, member checking was used through follow-up communication, where each participant's raw transcript was shared with them (Creswell, 2009). Member checking allowed for validation, revision, and input from each participant. Any changes from the participants were reflected in the data analysis stage and content that participants did not want to include in the research process was respected. This process also aligns with the Ownership, Control, Access, and Possession (OCAP) Principles, whereby data are returned to each participant involved in the research (Schnarch, 2004). As research participants were asked to share their knowledge, they became co-creators of the research; at the same time, they maintained ownership over the knowledge that they shared in the research process, further ensuring reciprocity in the co-creation of the research. A $25 electronic gift certificate was gifted to each participant to thank them for their participation.

Interview data were thematically analyzed by hand (single coder), using a data-driven codebook, in an manner that occurred concurrently with data collection (i.e., constant comparative analysis), allowing for adjustments in the analysis as new themes arose. This iterative process continued until data saturation was reached—at a point when participants' stories no longer generated new themes. Throughout the findings, quotes are used fulsomely with the intention to maintain the integrity of the stories and experiences shared by participants in this study. The preliminary findings from the research were first compiled in a draft summary report and shared electronically with participants, to allow for opportunities for questions, input, and recommendations into the

analysis and presentation of the findings. In addition to this process of validation and revision based on participant feedback, the preliminary research findings were also shared with Métis youth in BC at a knowledge sharing event, embedded within a provincial gathering of youth.

## 3.4. Findings

The stories, experiences, and knowledge of Métis participants are presented in this section, through several themes within four broad categories: Métis conceptualizations of mental health and wellness; journeys of cultural discontinuity; stories of culture, identity, and mental health; the importance of land; and intergenerational knowledge transmission.

### 3.4.1. Métis conceptualizations of mental wellness and health

Mental health was described as a priority area for Métis people throughout many of the interviews, as people emphasized the importance of addressing mental health concerns within our communities. In describing what mental wellness and health meant to them, many people spoke about the concept of holism, where mental health cannot be understood in isolation ($n$ = 16). In this way, wellness was understood as a whole, where mental, emotional, spiritual, and physical health were interconnected. Similarly, others spoke about the connection between mind, body, and spirit. Participants spoke about the importance of finding balance, both in terms of our holistic health and wellness, as well as in our everyday lives. They also spoke about the importance of identity and self-awareness in strengthening mental health and wellness ($n$ = 9); this primarily included being connected to yourself and knowing who you are.

Many participants told powerful stories of struggles with mental health, sharing challenges with several different mental health concerns and with trauma. They also illustrated their incredible resilience—through the ways that they have lived with and navigated their healing, as well as helping others along the way. The purpose of this paper, however, is to understand the role of cultural continuity in shaping health and wellness; thus, the specific mental health conditions are considered out of scope.

### 3.4.2.    Journeys of cultural discontinuity

Despite a strengths-based approach to this research, the importance of (re)connecting, strengthening, and sharing Métis culture cannot be discussed in isolation from the context of colonialism in Canada and the detrimental, systemic impact that colonization has had on Métis people. Through numerous assimilative processes, including dismantling our governance structures, outlawing our cultural practices and language, and denying our existence as a people, colonization has had profound effects for Métis people. This theme included descriptions of some of these effects of colonization, through sharing the stories of Métis people in BC.

Most prominently, participants spoke about the effects of assimilation on identity and traditional knowledge ($n$ = 20):

> I think in those days, people did not tend to publicly identify as Métis and celebrate Métis culture if they could, kind of, pass for white. And I think that's a horrible racist concept, but you have to understand in the context people were just trying to survive. (Female youth)

Many participants also spoke about a 'dark period' related to Métis identity within their families. They spoke about challenges where their identity was hidden for protection. This was often connected to experiences with racism and colonization: "We're almost ashamed of who we are or what our potential is. And I know my grandmother must have felt like this, too, because she really didn't give me much information and that's where you get shaming from" (Participant 32). Participants spoke about specific memories that they had of family members trying to protect them; their actions were often rooted for fear of the negative outcomes associated with asserting their Indigeneity. In addition to sharing their experiences of denial, shame and protection associated with being Métis, participants also spoke specifically about the loss of language as a result of colonization:

> She [my grandmother] apparently grew up speaking Michif, decided not to at some point. She decided she was French. How much did that hurt her mental health that she suddenly had to give up her language, felt she had to give it up. (Female Elder)

Participants also spoke about the inter-generational effects of historical trauma (*n* = 12). They emphasized the need for understanding that trauma is passed down inter-generationally, and is a root of many mental health issues, including addictions:

> I think people need to understand how trauma is passed down inter-generationally, both socially as well as genetically…. So you know to me a big part of this is that the past isn't just the past. The past is directly connected to the present and these things that apparently happened so long ago that have nothing to do with today; we are direct products of it, and when you think about how difficult change is and how difficult cycles are to break, and how much resilience and resources and privilege that takes, you know, it's no wonder that we're still dealing with these things. (Male adult)

Some participants spoke specifically to what their children have experienced. Specifically, many of the conversations around the impact of colonialism on mental health and wellness included discussion around the intergenerational effects of residential schools and day schools (*n* = 12).

> I see my family as being quite heavily impacted by residential school, both residential schools and the day school system… and a lot of kind of the support that I think I needed as a child and as a youth, my parents weren't able to give me. I think that I really do see that as… Even now, I still see a lot of the kind of impacts of residential school in my very immediate family and that's really, really frustrating… it's very easy to feel down or hopeless because there's so much intergenerational trauma in our community. (Female youth).

Unfortunately, they often noted that there is often silence around these issues and the history of Métis children in residential schools and day schools, both in terms of national recognition and within families:

> With the whole residential schools, that doesn't help and then no one wants to talk about things, and then you lose the connection and that causes more problems because you don't know what or who you are, and you don't want to talk about it for fear of hatred. (Male youth)

Overall, colonization has had a profound impact on the health and wellness of Métis people. Participants spoke about the ways that colonization has constantly invalidated our ways of being, and replaced our ways of knowing, with the dominant, Western knowledge system. Despite the challenges that many of our people, families, and

communities have faced as a direct result of colonization, these stories also illustrate the resilience of Métis people.

### 3.4.3. Stories of culture, identity, and mental health

Métis people's stories throughout this study illustrate the significance of our culture for promoting mental health and wellness. Most prominently, participants spoke about the importance of reclaiming their Métis identities through learning about ancestry and Métis family history ($n$ = 18). This included having an understanding of the strength of our ancestors and what they have endured. For some people, this process has involved studying academic literature and accessing online resources:

> Learning more about the history of Canada and the colonization of Canada and how that impacted our communities and our families, and like reflecting on how that impacted my family, and seeing my place in all of that and like knowing how that affects me and is a part of me too. Obviously there's the strengths of our community and our culture, but then there's like the things that have happened to us and have impacted us, and like all of that makes up like who we are and how we're experiencing the world today. (Female adult)

Participants also explained that understanding who they are and knowing where they come from leads to empowerment.

Art and other cultural forms of expression have helped many people to become more culturally connected, while also contributing to their healing ($n$ = 16). Specifically, participants spoke about beadwork and weaving as self-care, and a way of establishing identity: "I think I really felt the most Métis when I went and did the beadwork" (Female Elder). They also commonly spoke about music and jigging as healing, and an inspiration for learning more about Métis history and culture: "And so in the Métis culture, I believe that's why the music and the dance was so important. I truly do. I truly think that that's why it was so special. The weaving, the beading—it was therapy" (Female Elder).

Many participants spoke about the importance of spirituality ($n$ = 15), through ceremony and connections to the Creator and their ancestors:

> For me, the ceremony never stops. Ceremony doesn't stop and so if I'm living in a good way in my heart and I'm living connected to the Creator, I meet the

people that I need to meet, like yourself, and these amazing opportunities come up. I guess it's just having a relationship with the spirit world and with the ancestors and asking them to really guide me and they're always there. (Female youth)

They spoke about their involvement in ceremony and the way that this has very positively affected their wellness. Ceremonial teachings, they noted, come from both teachings from Elders who are knowledge keepers, as well as from being on the land. Ceremonial relationships were also described as contributors to healing.

Métis participants also emphasized that language revitalization is critical to strengthening our identities (*n* = 9). In a similar way, they spoke about the impact of not knowing their language(s), noting that lacking knowledge of our languages disconnects us from who we are:

I did take Cree lessons… as a child and simply didn't have the focus to continue… but it felt sort of like another thing that I was disconnected from personally because I don't speak Cree, I don't speak Michif. I only speak English, so as a person straddling both worlds, in some odd way, it made me feel even more disconnected… (Female adult).

Many of the participants spoke about their desire to begin or continue learning their language. They would also like to see a stronger focus on language revitalization with increased access to Michif classes.

Culture was described as something that brings Métis people together. Participants spoke about the way that culture creates a sense of belonging, where people might otherwise experience isolation (*n* = 11). Culture has the power to strengthen our resilience and promote our mental health and wellness.

### 3.4.4. The importance of land

Stories describing the importance of land were integral components within the discussions around cultural continuity and wellness. However, discussions about the land included both strengths and challenges related to Métis rights and responsibilities. Participants often described how the lack of a Métis land base has created challenges to

practicing and passing on Métis culture, which has also had a profound impact on our identity as Métis people (*n* = 16). For example, one person noted:

> The loss of land, I think, alone… just not being able to have the connection to a place and to have land in that way alone just destroyed an important part of who we are, of our identity, of what makes us Métis people… (Male youth)

Thus, to support the transmission of culture and to support strong identities, Métis people emphasized the need for a Métis land base:

> The culture and language work hand in hand, and that land base: we are still striving for that. Hopefully one day we can have something set aside for the Métis people to be able to have a foundation to build culture and identity in a very strong way. So my hopes are always there for the younger generations…. Without land, our culture is weak; with land, it is strong because you can practice your language there. That is what will make it strong again. (Male Elder)

Participants often spoke about having connections to particular places (*n* = 9). In this sense, living in BC often presented unique challenges for some of the Métis participants. They spoke about feeling a stronger, spiritual connection to the land at 'home,' often speaking about specific areas of the prairies, where their ancestors lived:

> When I'm back at home in Saskatchewan… I feel it in my body, in my mind, and in my spirit. I've had those experiences where you know in your body that you're home… but on an ongoing basis, I would say – as an urban person – it has to be an ongoing, conscious choice to try to maintain the connection outside of our traditional territories. We're guests here so I think that definitely impacts my consciousness around land connection. (Female adult)

Similarly, some participants spoke about the complex combination of having both privilege and traditional responsibilities that comes with being Métis and living on a land that is not part of their territory. They also spoke about the challenges that they face, as people who live in urban spaces. For many people, they must be very intentional about making time to connect with the land.

Participants also shared their perspectives around the connection between the land and their health. They spoke about the importance of being close to the water and the land, where the land is healing and grounding, contributing to positive mental wellness (*n* = 15): "It just kind of helps me to centre myself, I guess, and that's really

good when you're feeling disassociated with yourself, it's nice to be able to do something that centres you in yourself" (Male youth). Similarly, participants often spoke about the way that being on the land can help to release negative energy. Many people also described how the health of the land is interconnected with our health, as people who are a part of the land (*n* = 6):

> We're connected to the land. We're connected to the water. We're connected to the air. If we mess with turning over the land in ways that are going to be potential damaging now, seven generations ahead of where I am at in this point in history, I think we should not be making those decisions. (Male adult)

Through discussing kinship relationships and responsibilities between people and the land, participants described the interconnectedness of all living things, and the importance of reciprocity in promoting wellness.

### 3.4.5.    Intergenerational knowledge transmission

Sharing Métis stories, wisdom, and culture across generations was described as a critical component of keeping Métis culture alive and strengthening Métis wellness. Participants commonly spoke about the importance of intergenerational knowledge transmission (*n* = 14). In thinking about the stories and oral traditions that were shared within their families, some participants expressed that they are lucky to have access to culturally connected family members who shared stories. Others spoke about the determination of their parents to ensure that they raised their children with Métis culture, as well as the ways that they have taught their own children about Métis culture and history. Specifically, participants described the responsibility that Métis people carry to pass on their distinct culture and language:

> I believe that a component of that is that you have a distinct culture, a distinct language, and I believe that in order to continue to have that label, that we have a responsibility to continue with our ways of life or to re-establish our ways of life, our cultural traditional ways of life, and/or components of, as well as our language skills. (Female adult)

Others described the ways that cultural continuity has been challenged through assimilation and oppression (n = 12). Across many of these stories, of both continuity

and discontinuity, Elders were described as a foundation for intergenerational knowledge transmission (n = 11). Participants spoke about seeking guidance from Elders:

> I totally associate culture with Elders so every time I can be around Elders, I think that that's healing and they always find a way to share some new knowledge or traditions or even just listening to you, they can validate the way you're feeling. They have so much knowledge that I find being around Elders really important for my mental health because I feel like I learn so much from them. (Female youth)

Similarly, Métis Elders spoke clearly about the importance of our cultural practices and commonly spoke about the need for more opportunities for learning and sharing:

> We have to exercise our culture to move forward with the younger people. Young people today, they are educated, physically fit, and emotionally, they deal with those issues at an early age. Us old people we bottled it up for so long. It is not easy to bring out. But the young people are doing all that. And the spiritual part, the spirituality, they'll find their own way. Once they know where they come from and learn their values and so forth they will know how to look after that part. (Male Elder)

Overall, many people spoke about the importance of strengthening Métis cultural continuity through increasing our community connectedness and sharing traditional teachings.

## 3.5.  Discussion

Overall, this research supports the teachings and wisdom of Métis Elders and knowledge keepers, who have maintained that cultural continuity—including Métis identity, language, teachings and histories, cultural activities, and connection to land—contributes to positive mental health outcomes and must be supported and passed on through inter-generational knowledge transmission. Research within the broader area of Indigenous health has also supported these findings. Pearce and colleagues (2015), for example, presented similar conclusions in their work around Indigenous youth resilience and access to culture and language, and reported that having family members who are culturally connected and speak their traditional language, as well as participating in ceremony, were predictors of resilience for Indigenous youth in BC who use drugs (Pearce et al., 2015). Similarly, research with the Yup'ik of the Yukon-Kuskokwim Delta

has demonstrate an association between the traditional Yup'ik way of life, stress-coping skills, and positive mental health outcomes (Wolsko, Lardon, Mohatt, & Orr, 2007). Thus, while Métis specific measures of cultural continuity are limited, findings from Indigenous health research does support the importance of cultural continuity in shaping healthy individuals, families, and communities across.

However, past attempts in defining, measuring, and interpreting Métis cultural continuity have primarily relied on census data and distilled understandings of complex phenomena. For example, Kumar and Janz (2010) conceptualize Métis cultural continuity as, "The transmission of cultural heritage from one generation to another along with the means by which transmission occurs… [and] the connection that individuals have with their own cultural past, and ideas of their potential future self" (p. 63). The authors, however, are limited by census data in the way that they operationalize cultural continuity, drawing on rates of participation in: traditional activity (e.g., fishing, harvesting), consuming traditional foods, arts and crafts, spirituality and religion, and traditional language use (Kumar & Janz, 2010). These indicators are important, but are interpreted in isolation, thus neglecting the intersecting aspects of cultural continuity as described in this qualitative research.

Métis health has been conceptualized as being holistic, where spiritual, mental, emotional, and physical health are integrally connected; this was a commonly cited model both within the interviews as well as within the supporting Métis health literature (Bartlett, 2005; Dyck, 2009). Holism can also be applied to an understanding of cultural continuity, where connection to identity, to culture and language, and to spirituality are intertwined and supported by Métis connection to land and land-based practices, inter-generational knowledge sharing, and connection to community.

Cultural continuity is shaped by structural factors, including colonialism and assimilation, historical and inter-generational trauma, and racism (Auger, 2016). The colonial legacy for Métis peoples has included the far-reaching impact of residential and day schools, forced adoption, dislocation from the land, cultural oppression, and denial of existence (Edge & McCallum, 2006; Environics Institute, 2010). Not surprisingly, this research highlights the impact of assimilation on Métis identity and traditional knowledge

through stories that speak to shame, hidden identity, and loss of culture and language as direct impacts of colonization and racism. These findings have also been mirrored in the stories of Métis Elders from Northern BC, compiled by Evans and colleagues (1999), as Rose Bortolon speaks about carrying shame related to her Métis identity:

> I knew I was a half-breed, but I never admitted it to anybody. I never spoke of my race at all. I just sort of stayed away from the subject. I said I was French until I got about eighteen or nineteen, and then I started saying I was a half-breed. But I really didn't like to say that I was. I was ashamed of my race. I think probably the Indian part. I didn't like to be Indian because there was so much prejudice against them. So I always said I was French. (p. 209).

Similar accounts have been demonstrated in the academic literature specific to Métis identity. Colonial impacts on cultural identity have impacted Métis people at both an individual and collective level. In her research with Métis women in Manitoba, Bartlett (2003), found that "Some women described a period of alienation from spirituality due to early life religious experience, followed for some by confusion as to whether, as Métis, they could utilize indigenous historical ceremonial activities" (Bartlett, 2003, p. 110). This illustrates issues in defining Métis spirituality and maintaining traditional knowledge, amidst hegemonic colonial forces (Bartlett, 2003; Iseke, 2010).

The findings from this research specifically emphasize the intergenerational impact of residential schools, day schools, and other church-run (non-federally funded) mission schools. Further, silence and denial within Métis families around these issues were also noted as a pervasive issue that perpetuates trauma through denial of the need for healing. This is compounded by a lack of national recognition for many Métis survivors and their families. This is a complex issue for many Métis families with mixed cases of Métis admission into residential schools, given conflicting priorities for the federal government. While the state aimed to assimilate Métis culture through removing children from their communities, there was a fear that funding Métis 'education' would set a precedence for additional fiduciary responsibilities (Truth and Reconciliation Commission, 2015). To this end, many survivors of church-run schools have not received acknowledgement or support, further contributing to the issue of unaddressed trauma and lack of supports for Métis survivors and their families (Métis National Council, 2010).

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Traditional knowledge, language, and cultural identity are foundational to Métis health and mental wellness, a finding that has been illustrated throughout this research and elsewhere (see: Dyck, 2009; National Aboriginal Health Organization, 2008). In strengthening Métis identity, processes of learning more about family histories and Métis ancestry were commonly described across the interviews in this research. In this way, and as evidenced elsewhere, there has been a resurgence of Métis connectedness, where Métis people are (re)discovering their relationships to culture and community.

The topic of Métis spirituality and participation in ceremony has been relatively overlooked throughout the literature. Research has primarily indicated the importance of spirituality within holistic health and wellness for Métis people (Iseke, 2013), while also noting that it is a diverse issue across communities (Dyck, 2009). Elders including Tom McCallum, who is quoted below, continue to emphasize the importance of reconnecting with Métis spirituality and traditional health knowledge:

> It is important to understand our history, to acknowledge the oppression we have suffered, and recognize the significance of our emergence as a people known as Métis. To talk about traditional health knowledge and healing practices, to discuss spirituality, healing and medicines. (cited in NAHO, 2008, p. 15)

Many participants in the present study were open about their involvement in ceremony and the positive impact that their connection to spiritualty has had on their mental health and wellness. Similarly, Fiola (2015), a Métis Anishinaabekwe author, draws on both interviews with Métis people and her own experiences with reclaiming spirituality to demonstrate the importance of breaking down colonial boundaries between Métis culture and Anishinaabe spirituality. Though not limited to Anishinaabe teachings, Fiola's message was mirrored as a prominent theme across many stories in this research.

Additionally, cultural expressions through art, music, and dance were described by participants as important forms of self-care and healing. While this area has been relatively unexplored in the literature, Kermoal (2016) mirrors the stories of Métis participants in BC and describes the "healing and therapeutic power of beadwork" (p. 129), as well as the importance of beading in strengthening Métis identity. Research participants involved with this research were open and honest, sharing many details

about their practices, both culturally and ceremonially, suggesting that there are more stories to be shared through research that is culturally safe and Métis-driven.

Language also arose as a core component of cultural continuity for Métis participants in this research. Indigenous languages are important methods for maintaining and transmitting traditional knowledge and cultural values between generations. Métis Elders have described the loss of our traditional languages, cultural practices, and access to land as devastating effects of forced acculturation and attempted assimilation (Edge & McCallum, 2006; Iseke, 2013). This is mirrored through statistics, as the BC Provincial Health Officer (2009) reported that less than 5% of Métis people speak their traditional language. Similar statistics have been reported at a national level where the 2006 census found that the vast majority of Métis people (96%) do not speak an Indigenous language (Statistics Canada, 2006). For example, with an estimated 600 speakers of varying Michif dialects, who are scattered throughout Canada and in the northern US, Michif is a highly-endangered language (Iseke, 2013). The importance of reviving and returning to language within Métis families and communities cannot be overstated. Michif has been described as a foundation for Métis knowledge systems; it houses "knowledge, principles and laws of governance, kinship and genealogy, and teachings about our relationship to the environment…" (Edge & McCallum, p. 16). The findings from this research, which speak to participants' drive for language revitalization, as well as the steps that they have already taken to learn their languages, are promising. Yet, participants' also stress the need for increased access to cultural and language supports to facilitate language learning processes.

The findings also speak to the importance of land as an integral component of cultural continuity and Métis wellness; yet barriers to accessing land and disconnection from historic Métis places have commonly challenged cultural continuity for Métis people in BC. In a similar way, access to land has also been described as a key determinant of Métis health (Dyck, 2009), and land-based practices have contributed to the development and maintenance of intimate relationships between communities and their environments, through traditional harvesting practices and environmental stewardship (Kermoal, 2016; Loppie Reading & Wien, 2009). The issue of land for Métis people today is commonly recognized as a complex issue, given the lack of a legal land base

for the vast majority of Métis people across Canada (Dyck, 2009). Yet Métis people continue to recognize the importance of their relationships with the land as an integral component of holistic wellness and take ongoing measures to access the land, as Kermoal (2016) writes, "despite this history of displacement, Métis people have maintained a very strong connection to the land and, more generally, to the Northwest, carrying with them knowledge systems integral to their culture" (p. 115). Similarly, participants identified that spending time outdoors, despite restrictions, was noted to contribute to positive mental wellness for Métis people in this study, and should be supported through increased support for Métis land-based practices.

Intergenerational knowledge transmission is a central component of renewing and maintaining cultural continuity for Métis peoples, which is a component shared with other conceptualizations of Indigenous cultural continuity (Auger, 2016). As well, within a Métis context, Edge and McCallum (2006) speak to the important role of role models and mentors within communities, as well as the relationships between Elders and youth. They illustrate that these roles and responsibilities are integral in contributing to health and wellness, at an individual and community level (Edge & McCallum, 2006). Knowledge sharing also comes from a place of love: for the people, community, culture, and land (Hodgson-Smith & Kermoal, 2016). While the findings of this research do not speak specifically to traditional gender roles with respect to knowledge sharing, Kermoal (2016) describes the traditional roles of Métis women in communities:

> Métis mothers and grandmothers were teachers and role models, and they maintained so even beyond the grave, as the knowledge they shared was stored in the memory of their children, grandchildren, and great-grandchildren. This knowledge belongs to the future as well as to the past: the elders often emphasized that traditional knowledge, while rooted in ancient stories and oral histories, is current, contemporary and sustainable. (p. 117)

Intergenerational knowledge transmission was deeply integrated into traditional daily activities, within the context of Métis social structures, specifically in terms of gathering food (Hodgson-Smith & Kermoal, 2016). This means that, particularly within an urban context, that Métis communities are required to become more intentional about carving out spaces and opportunities for knowledge sharing to occur.

Across the findings and the broader literature, there is clear evidence that Métis people are survivors of colonial attempts at assimilation. While colonization has, and continues to disrupt the foundations and maintenance of Métis culture, individuals, families, and communities have continually demonstrated their resilience despite challenges. Given the development of a theory of Métis cultural continuity and the evidence that associates cultural continuity as a Métis determinant of health, the findings point to the need for a) operationalizing cultural continuity to conduct community-driven, Métis-specific quantitative research; and b) supporting cultural practices, Michif language revitalization, and Elder-youth engagement opportunities for increased cultural continuity for Métis people, families, and communities in BC.

### 3.5.1. Cautions and limitations

Given the immense diversity of Métis lived experiences, caution is needed in interpreting the findings presented in this study as a homogenous discourse for cultural continuity. Within a Métis context, specific to BC, these findings are also limited in two ways. First, due to the nature of the study recruitment and sampling methods, participants included only people who had an interest in mental health and wellness and Métis culture. In this sense, the stigmatization of mental health may have prohibited the participation of Métis people. As well, given the focus on Métis culture in this research, Métis people who do not have a strong connection with their culture, history, and other forms of Métis knowledge, were presumably less likely to participate. Despite this, there was a noted diversity in the stories that were shared: both with stories related to cultural continuity and experiences with mental health. Secondly, while this research aimed for maximum variation in participant sampling, there were ultimately more female than male participants; thus, the sample was not fully representative of the nearly equal balance, based on Statistics Canada data for self-identified Métis people in BC (51% female vs. 49% males) (Statistics Canada, 2015). The sample is also disproportionate with respect to geographic representation, as most Métis people live in the Northern region of BC (28.3%) (Statistics Canada, 2015), yet fewer participants were engaged in the research from this geographic region. Representation from Northern BC, may have potentially been improved with increased resources for in-person recruitment in the northern Métis communities. However, given the nature of the study and the method of reaching

saturation in thematic analysis, the cross-cutting themes that emerged would likely be reflective of the findings that are presented here, regardless of more equal representation across the regions of BC. To a greater extent, these findings, which are Métis specific within the province of BC, have limited generalizability to other Indigenous communities across Canada; however, this was viewed as a strength of this study and a necessity of Métis-specific research.

## 3.6. Conclusion

Métis community members shared their experiences with mental health challenges, and shared their experiences with colonialism and cultural disconnection, yet they also told stories of resilience, spoke to the intergenerational transmission of Métis traditional knowledge and culture, and described unique relationships with land, despite being 'landless' Indigenous people. These findings intend to inform the development of future culturally responsive quantitative scales and practical assessment tools, as well as effective health policies and programming for Métis communities. This research speaks to the foundational role that cultural continuity plays in shaping Métis journeys with mental health.

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# Chapter 4. Synthesis and reflection

Cultural continuity plays an important role in supporting vibrant, strong Indigenous individuals, families, and communities. The broad themes that arose across the stories shared by Métis participants were similar to those presented in the meta-synthesis of existing contributions to Indigenous cultural continuity, but with details that are specific to Métis experiences. This chapter summarizes the findings both from the metasynthesis and the original research, and offers self-reflections from the research process.

Métis health is commonly understood as being holistic, where spiritual, mental, emotional, and physical health are integrally connected; this was a commonly cited model both within the interviews as well as within the supporting Métis health literature (Bartlett, 2005; Dyck, 2009). Holism can also be applied to an understanding of Métis determinants of health, where all determinants are intertwined; for example, literature demonstrates the interconnected nature of colonialism, culture, and land for Métis health (Dyck, 2009). This framework for Métis health and wellness was not only described in relation to mental health, but also is used in conceptualizing cultural continuity, where connection to identity (i.e., awareness of ancestry, history, and family stories), to culture (i.e., activities, language), and to spirituality are intertwined and supported by access to land and land-based practices, inter-generational knowledge sharing, and connection to community (Figure 3).
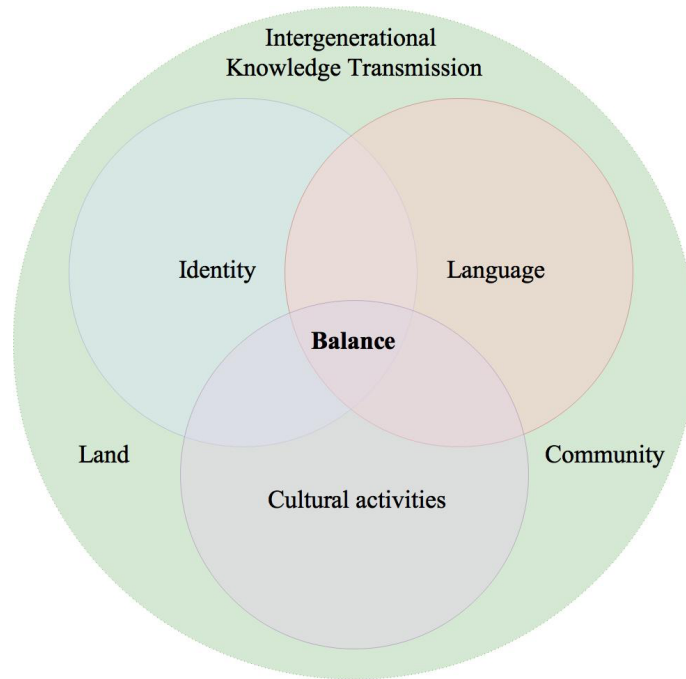
**Figure 3: A broad conceptualization of inter-related components of Métis cultural continuity**

The sections within this chapter examine some of the key issues that arose within this research, and seek to position components of Métis cultural continuity within Métis specific literature, as well as broader Indigenous health research.

## 4.1. Métis identity, culture, and community

This research speaks to positive effects that identity and culture can have for the health of Métis people. Métis Elders have always told us the importance of our identities as Métis, where our identity is at the core of who we are. This is a common message, as Leclair (2002) writes, "Elders are fond of telling us, 'Never forget where you come from, you will need this knowledge in your life.'" (p. 172). For many Métis people, this involves a continual journey of (re)learning stories and traditions, which may have been previously 'forgotten'.

The findings from this research also highlight the overwhelming effects of assimilative policies and practices on Métis identity, culture, and traditional knowledge, through Métis stories that speak to shame, loss of culture and language, and hidden

identities. As a result, expressions of Métis identity vary across Métis populations. While nearly all Métis participants in this research emphasized the importance of having a strong understanding of Métis culture and history, Métis people are diverse and colonization and assimilation have had different effects for different people. In this way, as the *Report of the Royal Commission on Aboriginal Peoples* (1996) notes, "for some, being Métis is a vital part of who they are; for others, it is less significant" (p. 187). Journeys of learning about our identities are also complex. In speaking about the first time they knew that they were Métis, participants often spoke about their beginnings, describing the ways that they were raised. Many participants told stories in which they did not use or understand the term 'Métis' growing up, but knew they were Indigenous. Others noted that they were not raised with being Métis. In this sense, many participants noted that they did not self-identify as Métis until they were adults. Given that Métis ancestry and family stories are commonly hidden for protection and other reasons, Richardson (2006) also speaks to identity epiphanies, when Métis people first discover who they are, despite always knowing on a deeper level who they are. While these experiences are not solely owned by Métis people, our histories and experiences with colonization, combined with our unique strategies for protecting our families, have created shared stories of survival throughout a 'dark period' of invisibility (Logan, 2015).

Today, Métis people are increasingly opening up and fighting against the stigma that has been placed on communities within the context of Euro-centrism with hegemonic Western knowledges and worldviews. Related to this, pride in being Métis was a common theme throughout the conversations around identity, as participants spoke about feeling proud of understanding who they are and where they come from, and how strengthening identities as Métis people can help to build a stronger sense of self. Through these discussions, participants spoke about the ways that Métis people often come from, and walk within, multiple worlds; this concept builds on the notion of 'walking in two worlds' that has been described as living in two different worlds: Indigenous and Western (Lucero, 2014). Participants were clear that we walk in each of these worlds, and carry our Métis specific culture, history, and experiences. This notion was often described as a positive position to be in, as Métis people can form bridges between Western and Indigenous worldviews. This understanding also presents an

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alternative view to 'walking between worlds,' which positions Métis people in a deficit-based rhetoric of "not being enough of one thing or the other" (Richardson, 2016, p. 36), where Métis people "inhabitant a space that is neither fully Indian nor fully 'white'" (Logan, 2015, p. 436). Leclair (2002) also notes: "My people have lived for at least two hundred years within *le pays en haut*, that 'middle ground' between two worlds, indigenous and settler" (p. 163). However, despite being a more positive framing of Métis positioning, this practice of walking in multiple worlds has not always been easy for Métis people and many of the participants described a feeling of isolation from both European and Indigenous communities. These experiences are rooted in Métis histories of racism and excommunication from Indigenous communities, as well as contemporary issues of isolation from both Western and Indigenous communities. Métis participants told stories of being 'othered' and isolated, while dealing with racism and discrimination in a number of forms. The impact of racism and discrimination on Indigenous people's health are well-reported (Paradies, 2016), and there is evidence that Métis people are negatively impacted in similar ways. In their provincial study, Tourand and colleagues (2016) found a direct correlation between Métis youth experiences of discrimination and self-harming. As a result, Métis people have commonly adapted strategies for self-preservation through protecting themselves and their families from racism and discrimination. For some, this has meant continuing to share and preserve Métis culture within families, but doing so in secrecy (Richardson, 2006). In more a severe form, many Métis families historically chose to 'pass' within (i.e., assimilate into) non-Indigenous or First Nations communities, utilizing "the politics of silence and denial" (Richardson, 2006, p. 60). These tactics, however, have also had negative impacts on Métis people and families, contributing to misunderstandings around our identities and places of belonging (Richardson, 2006).

Euro-centric notions of blood quantum[5] can also cloud personal and collective understandings of Métis identity, as Nelson (2011) reflects on her own process of strengthening her identity: "In exploring what a multicultural self is, I found myself swimming through a sea of racial beliefs – pure, full-blood Indian, pure, full-blood European; tainted mixed-blood diluted soul" (p. 272). During Métis community consultations, youth also expressed that they are often invalidated and perceived as not being 'Indigenous enough' (Tourand et al., 2016). In recognition of the ways in which colonial mentalities have perforated understandings of Indigeneity, Nelson (2011) speaks to the importance of decolonizing our thinking, which does not mean disregarding our European ancestry, but it does involve questioning Western paradigms, which are embedded within society (Nelson, 2011).

In recognition of the impact of isolation on Métis identity and wellness, Richardson (2016) identifies the need for Métis specific spaces: what she refers to as a 'third space,' within the context of challenges within Euro-Canadian worldviews and spaces specifically held by First Nations people, both of which render Métis people as invisible. Richardson sees this Métis specific space as a "Métis psychological homeland and cultural space in a country where the geographical homeland has been usurped by the colonizer" (Richardson, 2016, p. 56). This notion of a third space connects to the importance of Métis community. Related to this, the importance of connection and relationships through community has been described as a core component of Métis wellness. Similarly, Métis culture was described as a means for bringing people together, for promoting belonging where Métis people may otherwise experience a sense of isolation. Chartrand (2007) speaks to the importance of belonging through establishing relationships with Métis community as a critical aspect of Métis identity:

[5] Blood quantum refers to the percentage of "Indian blood" an individual holds, as a way of determining their authenticity as an Indigenous person. While blood quantum laws are used more obviously within state-based registries and policies in the United States, which in turn have been imposed on Native American communities (Tuck & Yang, 2012), the Indian Act has utilized similar, yet less obvious, framework for determining "Status." While the Métis do not fall under the Indian Act, these hegemonic notions, rooted in blood quantum, have nevertheless shaped perspectives of Indigeneity and Indigenous authenticity.

Being Metis is not so much about who you are as an individual as it is about having kin or family relationships within a Metis community. It is not so much about your individual ancestry as it is about sharing in the common heritage of the people to which you belong. (p. 8).

Through these relationships, Métis people can garner support in contextualizing their personal experiences (Richardson, 2016), while also gaining new opportunities for continued learning and strengthening connections to culture.

## 4.2. Stories and storytelling

The importance of our stories and our processes of sharing them were themes addressed throughout this research, as knowledge transmission was described as a core component of cultural continuity. Stories have also been described as medicine, in the way that they can help to restore cultural and self-identity, and foster a sense of belonging for Métis people (Richardson, 2016).

In thinking about the stories that were shared with them, some participants expressed that they were lucky to have access to culturally-connected family members that shared stories. Others spoke about the determination of their parents to ensure that they raised their children with Métis culture. In speaking to the importance of passing on knowledge, stories, culture, and protocols, many of the participants noted that they have taught their own children about Métis culture and history. Similarly, many people spoke about the responsibility that we, as Métis people, carry to pass on our distinct culture and language.

Métis people also look to trusted Elders within our communities, who have continually held important roles in sharing knowledge and keeping Métis culture alive. Adese (2014) notes that "storytellers share more than just their experiences as they remember them; each of them place a significant emphasis on articulating Métis ways of knowing and the challenges Métis have encountered in maintaining these relationships over successive generations" (p. 50). In this way, storytelling has been widely utilized as a tool for teaching, where stories help to connect people to their identities, to the land, and to traditional ways of knowing (Loppie, 2007). Métis artist, Ms. Christi Belcourt

(2007), further explains the significance of knowledge transmission through Elder-youth relationships:

> For millennia, Aboriginal people gained an understanding of how to use plants for food and medicine through keen observation of the animal world, through storytelling, dreams from visions, and from the plants themselves. Information on how plants could be used was passed down through succeeding generations of family units, or was shared as teachings from Elders to youth in an apprentice-type of relationship. (p. 2)

Storytelling and narratives of Métis identity and culture can help to repair ruptures and strengthen continuity in our ways of knowing, to ensure that future generations are situated within strong, healthy communities.

## 4.3. The issue of land

The issue of land for Métis people arose as the clearest difference for Métis conceptualizations of cultural continuity when compared to findings from the metasynthesis (Auger, 2016). While rarely addressed in pre-existing literature on Indigenous cultural continuity, land arose as a critical component of Métis culture, both in terms of practice and transmission; however, land also represents a highly complex and politically charged issue for individuals, families, and the Métis Nation. The focus of land is emulated throughout much of Métis literature, including Métis historian and community-based researcher Dr. Brenda Macdougall, who speaks to the interconnected of Métis kinship, land, language, and culture (Macdougall, 2010)

Participants described land as both a key determinant of Métis health and a complex issue within the context of displacement, clearly stating the need for increased supports for Métis land-based practices in BC. Land-based practices have allowed communities to form intimate relationships with their environment, through traditional harvesting practices and environmental stewardship (Loppie Reading & Wien, 2009). This has been described in contemporary research as the relationship between place and health, where the health of the land and health of communities are interconnected (NCCAH, 2009). Kelly, Dudgeon, Gee, and Glaskin (2009) also note, "cultural concepts such as connection to land, culture, … and community are commonly identified as

protective factors that can serve as sources of resilience and can moderate the impact of stressful circumstances on social and emotional wellbeing…" (p. 11). In this way, land has been central to the spiritual, mental, physical, and emotional wellness of many Métis people; as Hodgson-Smith and Kermoal (2016) write, for Métis, land is life, it shapes our epistemologies, ontologies, and ways of being.

However, as the most urbanized of all Indigenous peoples, Métis people also face challenges in connecting to the land that come with living in cities. The literature has described cities as "places of cultural loss and associated cultural vitality with reserves and rural Métis and Inuit communities" (Peters, 2011, p. 79). Similarly, Richardson (2016) describes the displacement as an ongoing challenge for Métis people who, after being largely relocated from their traditional homeland, Métis "continue to be wanderers in non-Métis spaces" (p. 65). Yet while the stories from Métis people within this present research on cultural continuity spoke to several challenges that Métis city-dwellers face in connecting to the land, we remain adaptable and determined to find creative ways of connecting with the natural environment. In this sense, urban Métis participants often spoke about being cognizant in findings ways to connect with the land.

## 4.4.  Future Research

While Métis community members shared their experiences with mental health challenges throughout this study, increased research is required to create space for Métis health data, as well as their experiences within the healthcare system. This research has started a process of recognizing and understanding Métis experiences with mental health—which will be shared in future publications—yet there is a need for this work to continue. Through sharing the experiences of Métis people, both within BC and across Canada, research can help to reshape our healthcare system to become more inclusive of, and responsive to Métis needs, while creating culturally safe environments.

There is also a need for more quantitative research through the development of culturally responsive health indicators, rooted in Métis conceptualizations of health and cultural continuity. As noted in Chapter 2, this research does not exist; however, Chapter 3 aims to provide a foundation for developing Métis specific measurements of these

concepts. What is perhaps most important, however, is the notion of research as action and transformation. In understanding the challenges that Métis people may face in reclaiming their histories and family stories, learning about their culture and reclaiming positive identities, grassroots research should involve participatory methods that move beyond measurement and involve activities for strengthening Métis cultural continuity.

## 4.5. Personal Reflections

Over my adult life, I have been on an ongoing journey of strengthening my identity as a Métis woman: of owning my ancestry, learning where I come from, and shedding intergenerational layers of shame. This inherent shame that we have carried in my family is not unique, but shared among many Métis people across this country as a direct result of assimilation against our people. This is compounded with in-group fighting, largely fueled by leaders, academics, and governments all asserting definitions around who is and who is not Métis. At an extreme, we as a people have engaged in lateral violence through identity policing. The impacts of being denied the right to call ourselves Métis is at the core of issues that impact our wellness. This has been such a trying concept for me as I wrestle with not only identity and its role in cultural continuity and wellness, but also what identity means to me: am I Métis enough? The holes in my understanding of who I am as a Métis woman and where my family comes from perpetuate personal, emotional 'gaps'. When I learned of my ancestry in my late teens, it felt as though a missing piece of my life had been retrieved and I have maintained a feeling that there is more to discover, understand, and share. I am so grateful that this process of research and the people that I have spoken to, both participants and supporters, have lifted me up and affirmed my identity, while also sharing their own struggles within this context.

I am honoured to have heard deeply personal stories that were shared with me from people in my community and I admire their openness in sharing. I am becoming increasingly aware of the ways that stories, which are in many ways similar to my own experiences, impact me in different ways. I do not believe I truly understood the power in storytelling until it became a regular part of my life during data collection in this research. This process has also been incredibly valuable to re-affirming my identity and sharing

my own experiences with community members: both whom I have previously met and those who I have not yet had the pleasure of speaking to face-to-face.

Conducting research as a Métis woman, with lived experience of trauma and mental health issues, has had unexpected impacts on my self-awareness and overall wellness. The shared stories are directly intertwined with my own lived experiences. I have heard pieces of my own story in the stories shared with me. This work is personal. We have shared lived experiences in mental health and struggles with cultural disconnection. And as a result, this process has represented a dynamic fluctuation between empowerment and emotional exhaustion. We carry pain that is rooted both in the past and present. It is intergeneration trauma and it is perpetuated through immense violence toward our women, children, and families. I have known about vicarious trauma, but it is something different when our shared stories awaken your spirit – awakening has come with a pain in realizing and admitting the truth behind my lived experiences. Through this process, I have gained strength to come to terms with what I have lived through and to address it.

We can grow as individuals, healing ourselves and our families, through telling and re-telling our stories. This research has allowed me to self-reflect on events and memories that I had previously set aside. This experience has been empowering and enhanced my own sense of belonging as a Métis woman, and has gifted me with the strength to talk more openly about my own experiences. I have a responsibility to carry this work forward; it is a clear priority. Similar to the notion of responsibility for passing on Métis culture, expressed by many of the Métis people who participated in this research, I take the responsibility for researching and advocating for Métis mental wellness seriously, and look forward to continuing this work.

## 4.6. Conclusion

Mental health was recognized as a priority for Métis people in BC, as participants emphasized the importance of addressing mental health disparities, and the inequities in which they are rooted. This research illustrates the central role that cultural continuity plays in shaping Métis experiences with mental health, as well as the influence that

systemic challenges—including the ongoing impacts of colonization, assimilation, and cultural oppression—have continually had on the health and wellness of Métis people. Métis people clearly stated that cultural continuity contributes to positive mental health outcomes and must be supported and passed on through inter-generational knowledge transmission. Our collective strengths and individual capacities, illustrated clearly within this research, exist despite living within a colonial system that has challenged our survival. As Métis people, we understand our responsibility to carry and pass on our distinct culture and language, but it is difficult to do this within oppressive environments, where we lack access to culturally responsive programming to help us to promote the resurgence of our ways of knowing and being. In order to reclaim optimal health and wellness, we require increased opportunities for learning and sharing, within a country that recognizes who we are as a people. If space is made for Métis people to come together and talk about our history, our culture, and our identities, we can work to reclaim our processes of knowledge transmission and support our future generations.

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# Appendix A.

# Informed Consent to Participate in Research Form

*Title of study:* Understanding our past and reclaiming our culture: A grounded theory study to explore the meaning of cultural continuity and mental health for the Métis population in British Columbia

*Who is conducting this study?*

You are being invited to participate in a research project that is being conducted by Ms. Monique Auger for a Métis graduate student in the Faculty of Health Sciences, Simon Fraser University. I am conducting this research, in part, to complete a thesis for my Master of Science program.

> Telephone (Cell): (778) ████████
>
> E-mail: ████████@sfu.ca

This work is being supervised by Dr. John O'Neil, whose contact information is provide below:

> Telephone: 778-████████
>
> Email: ████@sfu.ca

*Why should you take part in this study?*

The purpose of this research project is to explore the meaning of cultural continuity and mental health for Métis people in BC. Specifically this research will be looking at the way that cultural continuity (e.g., traditions, identity, etc.) is viewed by Métis people and other factors that impact mental health for Métis people.

You are being asked to participate in the study because you:

- Self-identify as a Metis person

- Are aged 19 or older

- Have a connection to a Métis community in BC (this does not mean that you have to be a citizen of the Métis Nation of BC or any local community)

Your participation is completely voluntary. You can refuse to participate or withdraw your participation at any time, with no consequence.

*If you say, 'yes' to this study, what will your involvement look like?*

If you agree to voluntarily participate in this research, your involvement will include participation in a preliminary meeting with the student researcher (in person or over the phone), and a full conversational interview, which should last approximately 1-2 hours.

*Are there any risks as part of this study?*

There is minimal risk involved in this study. The only potential risk is that speaking about Métis culture and mental health in the interview may pose emotional and/or spiritual challenges to some participants. However, this stress is not expected to be more than what is already being experienced in every day life. To minimize the potential of these risks, you will be provided with a list of low-cost or free counselling services and information about where to access Indigenous health programs and/or support people.

*What are the benefits of participating in this study?*

The potential benefits of your participation in this research include the opportunity to learn more about the research area of Métis cultural continuity and mental health, through having conversation with the researcher. Other potential benefits include sharing information and perspectives, which may contribute to the creation of culturally responsive health documents and community reports.

*Thanking you for your time and participation in the study*

For you time, you will be compensated with a small honorarium of a $20 electronic gift card to Tim Hortons, which will be awarded at the end of the research process. Should you choose to withdraw from this study, you will also be gifted a $20 electronic gift card.

*How will your identity be protected?*

The data from the interviews will be transcribed and saved on a computer. The computer the data is saved on will also be password protected, which is backed up on an encrypted external hard drive. Transcripts will be stored on the researcher's password-protected computer, and backed up on an encrypted external hard drive; the computer and external hard drive will only be in my possession or stored (locked) in my personal home office, which is not accessible by other people. However, they will also be transmitted by email, which is not a completely secure method and therefore has limits to confidentiality. Audio recordings will be destroyed within one week after transcription and written data will be destroyed after five years of the study end date. Only those who are involved with this research study will see the raw data – any hired transcriptionists or research assistants will sign a confidentiality agreement to ensure that your information is completely confidential. The transcriptions and following analyses will be de-identified and coded, such that your name and any information that is identifying of you will not be included. Despite these efforts, it is important to note that both telephone and email communication cannot guarantee confidentiality.

*What if I decide to withdraw my consent to participate?*

Your participation in this research is completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you withdraw from the project and you would like to exclude your past contributions from the research project, your previous data (taped interviews, transcriptions, contribution to findings) will be withdrawn from the study and destroyed (shredded and deleted from the computer).

*How will the results of this study be shared?*

It will be valuable to share the knowledge from this study. I will do this through: presentation of research findings at conferences, preparing articles for peer reviewed journals, and writing community reports. This research will also be used for my graduate thesis, which will be a public document. If you would like a copy of the summarized findings, please provide your email at the end of this form.

*Who can you contact if you want more information about the study?*

If you have any questions or desire further information with respect to this study, please contact me (Monique, 778-&#9608;&#9608;&#9608;&#9608; or &#9608;&#9608;&#9608;&#9608;@sfu.ca) or my supervisor, John O'Neil (778-&#9608;&#9608;&#9608;&#9608; or &#9608;&#9608;&#9608;@sfu.ca).

*Who can you contact if you have complaints or concerns about this study?*

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact Dr. Jeffrey Toward, Director, Office of Research Ethics&#9608;&#9608;&#9608;&#9608;@sfu.ca or 778-&#9608;&#9608;&#9608;&#9608;

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative impact on your involvement with the Métis community or other Aboriginal programs.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature below also indicates that you understand the above conditions of participation in this research project and that you have had the opportunity to ask question with the researcher. Even if you choose to sign this consent form, you can withdraw from this study at any time.

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_____          _____

Participant Signature                                    Date (YYYY/MM/DD)


_____

Printed Name of the Participant signing above



Do you consent to have the conversation recorded, knowing that the audio recording will be destroyed after it is transcribed?

☐ Yes

☐ No



For future contact with the researcher:

☐ I would like to receive a copy of the interview conversation transcript

☐ I would like to receive a summary of the research findings

☐ I would like to receive a gift certificate



If you would like to receive a gift certificate and/or interview transcript and/or a summary of the research findings, please provide us your email below:

_____

## Appendix B.

## Participant Recruitment Poster

# Appendix C.

# Data collection tools

### Part 1: Screening questions

I am so grateful that you are interested in participating in this research project on Métis culture and mental health. Because I am hoping to get diverse perspectives that can help to shape this project, I was hoping to ask you a couple of questions about yourself. Is that ok?

1. Do you identify as Métis?

2. Do you mind sharing your age with me?

3. How do you identify your gender?

4. In what region of BC do you live in? And how long have you lived in BC for?

5. (If yes to all of the above): A part of this project, I'm hoping that we can talk about Métis culture as well as mental health and wellness. Is this something that you would be ok talking about? The interview will probably take around a half-hour.

### Part 2: Interview Guide

Thank you so much for sharing your thoughts and stories with me today on Métis culture, identity, and health. I have some questions that are prepared to guide our conversation, but you are completely free to not answer anything that you are not comfortable with. In our conversation, you don't have to share anything that you don't want to. Also, as we spoke about earlier, this is a totally voluntary process, so you can choose to stop at any time, as well as withdraw anything that you have said.

After we are done our interview, our conversation will be transcribed and kept confidential, but I will send you a copy of it. Please feel free to review the conversation after, and if you would like to add or remove anything, please let me know. I will check in with you in about a week after to see how you feel about it (but this is totally up to you).

1. In your opinion, what does it mean to you to be Metis?

2. When was the first time you knew you were Métis?

3. How would you describe your connection to your Métis community? (Community means different things to different people – it can be a local thing, or a broader perspective)

4. What has helped you in connecting to your culture and establishing your identity?

5. What does mental health / wellness mean to you?

6. How would you describe your journey with respect to mental health / wellness?

7. What role, if any, do you think that colonization has played in your mental health and wellness?

8. How does culture impact your mental health and wellness?

9. How would you describe your relationship with the land?

10. What do you feel is needed so that Métis people are strong, healthy and vibrant?