

Prioritizing Indigenous Elders' Knowledge for Intergenerational Well-being*

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RÉSUMÉ

Le rapport final de la Commission de vérité et réconciliation du Canada (2015) a souligné la nécessité de soutenir l'autodétermination des Autochtones pour remédier aux séquelles des pensionnats. Cependant, la recherche sur le vieillissement autochtone demeure dominée par les colons. Dans le cadre de cette étude indigéniste menée par une équipe de recherche comprenant des Cris et des colons, des aînés autochtones ont été interrogés pour connaître les éléments qui seraient nécessaires, selon eux, pour le soutien du bien-être des personnes âgées de leurs communautés. Les aînés ont affirmé que la guérison des survivants âgés passe par la reconnexion avec les savoirs culturels que les pensionnats ont cherché à éradiquer. En renouant avec leurs rôles traditionnels dans la transmission des connaissances, les personnes âgées soutiennent non seulement leur propre guérison, mais aussi celle de toute leur communauté. Cette compréhension de la nature profondément interrelationnelle des communautés autochtones implique que le bien-être des personnes âgées dépend de la réappropriation de leur identité culturelle, mais aussi de leur rôle en tant que transmetteurs intergénérationnels de savoirs.

ABSTRACT

Canada's Truth and Reconciliation Commission Final Report (2015) highlighted the necessity of Indigenous self-determination in addressing the legacy of residential schools, yet Indigenous aging research remains dominated by Settlers. This Indigenist study by a Cree/Settler research team asked Indigenous Elders what is needed to support the wellness of the older adults in their communities. Elders shared that the healing of older survivors comes from reconnecting to the cultural knowledges that residential schools sought to eradicate. In resuming their traditional roles as transmitters of knowledge, older adults not only support their own healing, but also that of their whole communities. This understanding of the profoundly interrelational nature of Indigenous communities means that older adults' wellness depends on first reclaiming their cultural identity and then on their roles as intergenerational transmitters of knowledge.

TACOWECHIKWIN

Canada óma Tapwéwin éko Mino Kakécihitowin kakí Mámawatoskátakik Iskawác Ácimowi Masinahikan (2015) kíkánáko nókitáwak kékwániw wéci natawénitakik ókik Anisininiwak óma kita iténimisocik óma ispík é ánimótakik tánisi kákípe ispanihikocik ispík kákí otinícik wikiwák oci éko pakanta ité ékí itotayicik kita natawi kiskinawámáccik émisitikósínak isi éko kiyápic anihi kayitéyátisak anohc natonikéwina oci nakaciyáwak wésám piko ánté anikik Okistapiwak. Óma Anisinápéwi natawi kiskénitamawin ká natonakik kiskénitamowin kíkakwéciméwak kayitéyátisa kékwán natawénicikáték óma ta sítoskamákocik inikok kita ati mino ayáccik anikik ká ayáccik anté otitáwiniwák. Anikik kayitéyátisak kí wítamwak anima inikok kita ati mino ayáccik anikik kákípe kíwécik ta ocímakan ispík kítwám ati pimitisayakwáki anihi kayité ininiwi pimácihona kákí kakwé nipatamakoyákok ispík kákí otinikoyákok níkinák oci é natawi kiskinawámákawiyák émistikósínak isi pakánta ité. Ispík kítwám ká ati kiskénitakik tánisi kita isi ininiwi pimácihocik, mina ayáwak máká mína wícitáwak anima kakinaw otitáwiniwák kita mino ayámakak. Óma kiskénitamowin ékwani óhi pápéyakwan kotaka anisinápéwi itáwina wístawáw ékosi ékípe ispanihikocik iténitamwak inikok anikik kayitéyátisak kita ati mino ayáccik kita pakosénitákon ta kiskénitakik éko kita isi pimácihocik kákípe isi kiskinawámákocik kayitéyátisa éko wínawáw éko kita ati ánikópimotatáccik ta ati kiskinawámákécik ékwéniw.

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Introduction

Canada's Truth and Reconciliation Commission (Truth and Reconciliation Commission of Canada, 2015a; 2015b) highlighted the necessity for Indigenous communities to have leadership and control over the services they require to heal from the legacy of residential schools. The exceedingly harmful intergenerational impact of residential schools on the health of Indigenous peoples has been well documented (Bombay, Matheson, & Anisman, 2014; Hatala, Desjardins, & Bombay, 2016). As a key Canadian government policy designed to eradicate the cultures, languages, and identities of Indigenous peoples, residential schools not only resulted in the death of 6,000 children, but also in serious health inequities among survivors and subsequent generations (Truth and Reconciliation Commission of Canada, 2015a; Wilson, Rosenberg, Abonyi, & Lovelace, 2010). Indigenous people, especially those who are older, experience almost double the rates of chronic illness, significantly higher rates of mental health issues such as addictions, depression, and suicidality, and lower life expectancy than other Canadians (Nelson & Wilson, 2017; Richmond & Cook, 2016; Wilson et al., 2010). These health issues are beyond links to biological matters (Auger, Howell, & Gomes, 2016; Browne, 2017). Rather, structural issues such as racism, colonialism, and dispossession are widely acknowledged as root causes (Lavallee & Poole, 2010; Richmond & Ross, 2009). Many have recognized that addressing such structurally caused health inequities is a complex issue requiring deep structural changes in the relations between Indigenous peoples and Settler Canadians (Adelson, 2005; Howell, Auger, Gomes, Brown, & Leon, 2016; Royal Commission on Aboriginal Peoples, 1996).

Over past decades, there have been repeated calls for Settler society to step back as the controlling body and for Indigenous people to repossess leadership in addressing the health and social problems they continue to face. More than 20 years ago, The Royal Commission on Aboriginal Peoples (1996) had called for "a new strategy for Aboriginal health and healing" and "more illness care services". Such a strategy was to be rooted in self-governance, addressing health in a wholistic manner and drawing on cultural knowledge and healing practices (Royal Commission on Aboriginal Peoples, 1996). More recently, the Truth and Reconciliation Report again made clear the need for a major shift to Indigenous self-governance, arguing that Canadian government policies since 1996 have not only been ineffective but may have even worsened the health inequities (Truth and Reconciliation Commission of Canada, 2015a, p. 160). Yet despite repeated calls for Indigenous leadership and self-determination, Indigenous voices continue to be heavily underrepresented in research and policy activities on this topic (Pace & Grenier, 2017).

And yet, Indigenous peoples have known how to maintain the well-being and balance of their communities for millennia before the arrival of European settlers (Richmond & Cook, 2016). Restoring communities' capacities for self-governance and healing requires their being able to reconnect with this deeply inter-relational and land-based knowledge (Alfred, 2015; Simpson, 2014). The role of Settler-ally researchers and policymakers should thus be to support Indigenous communities in recovering the community structures and means of knowledge transmission that were disrupted through residential schools (Royal Commission on Aboriginal Peoples, 1996; Truth and Reconciliation

Commission of Canada, 2015a). Although this process of intergenerational knowledge transmission has been disrupted by the residential schools, the collective strengths and resiliencies of Indigenous peoples attest to the Indigenous resurgence that is presently underway in Canada (Alfred, 2015; Simpson, 2011). At the heart of this process is the recovery of the traditional role of Elders, who are both the knowledge keepers and knowledge transmitters (Smylie, Olding, & Ziegler, 2014). However, it is important to note that not every older person is an Elder (Wilson, 1996, 2008). Elders are those who fulfill their traditional roles and are recognized as such by the community:

Elders are responsible not only for the transmission of knowledge, but for ensuring the passing on of the unique world-view that holds this knowledge in context. Thus the difference between Elders and the elderly is not only in the role they play in the community, but in the individual characteristics with which they make that role culturally relevant. The Elder must be willing to share his or her knowledge with the rest of the community. They must also provide this knowledge in a holistic manner. (Wilson, 1996, p. 53)

Thus, the role of Elders exists within a particular community and has meaning within traditional understandings of intergenerational relationships as well as the community's relationship to the land. Wilson's (1996) study found that recovery of the traditional role of Elders cannot occur unless a community also recognizes the importance of this role. Yet the ruptures in Indigenous community relationships have caused their awareness of this role to be minimized or ignored in many communities, thus requiring a renewed understanding of the traditional Elder role. There is an interdependent process that needs to be supported. Elders, many of whom are residential school survivors, need themselves to first heal in order to assume their traditional roles. At the same time, communities themselves must seek the recovery of the Elder role, because it depends on such community recognition (Wilson, 1996, p. 54).

One avenue for the wisdom of Elders to guide the development of new health strategies is through research. However, there are numerous cautions that should be heeded to avoid co-opting of Elders' voices by mainstream Settler researchers and policymakers. We acknowledge that there are Settler researchers seeking to respond to the Truth and Reconciliation Commission of Canada's Calls to Action and trying to understand concepts of wholistic health from the perspectives of Indigenous people. However, the starting point for their work is generally situated in existing academic discourses, reflecting their training in mainstream scholarship. Consequently – and often unintentionally – their

work reflects the epistemic racism of the academy, as it privileges Settler scholarship within the dominant biomedical discourse and marginalizes the Indigenous knowledges that have supported the wellness of Indigenous peoples for millennia (Matthews, 2017 Royal Commission on Aboriginal Peoples, 1996).

Epistemic privilege determines who defines the agenda as well as who defines the problem and its solutions. Indigenous scholars such as Alfred (2015) have warned about a co-option of the truth and reconciliation process unless Indigenous knowledge is restored to its rightful place. This means the relationship between Elders, young people, the culture, and land must be re-established (Alfred, 2015). Not only would this transform the leadership of communities and nations, but it would also "enable the elders to be in a relationship characterised by indigenous cultural teachings, as opposed to being left to sit there and watch TV in the Elders lodge, reminiscing about the way things used to be" (Alfred, p. 11). Thus, the restoration of Elders to their long-standing traditional roles would be an essential aspect not only of their wellness but also of the transformation of their communities.

While recognizing the epistemic challenges of being able to engage these two different forms of knowledge in dialogue with each other, we would argue that unless we find ways of doing so, health inequities will continue. Some Indigenous scholars able to cross both contexts have begun exploring the integration of both kinds of knowledge (Davy et al., 2017; Gone, 2011; Moorehead, Gone, & December, 2015). It is crucial that Indigenous scholars lead this attempt to place the two knowledges in dialogue with each other; otherwise, Indigenous knowledges will invariably be reshaped to fit into existing paradigms. Moreover, we have observed the phenomenon of "cultural tweaking", whereby Elders are invited into local or regional consultations on how to better Indigenize health services and institutions. These approaches often result in incremental improvements, such as the hiring of Indigenous navigators, providing cultural competency training to health care professionals, providing for language translation, and improving communications between mainstream health services and local communities. However, although there has been some engagement of Elders by Settler institutions, as pointed out by Meek (2007, p. 30), the authority of their role is generally limited to cultural activities, to being experts on "Indianness".

Similar "tweaking" efforts are being made in the research community. Any such efforts that do not include the meaningful leadership and partnership of Indigenous scholars, however, are most likely destined to reproduce the status quo. Thus, Indigenous researchers play

a particularly important role in guiding research with Indigenous Elders, as they are able to bridge both contexts and ensure that the methods, concepts, and paradigms of such research are grounded in Indigenous epistemologies and ontologies.

Indigenous Voices on Wellness

Although limited in number, there are some strong examples of Indigenous and Settler researchers working with Indigenous Elders to bring forth Indigenous perspectives on such matters as health, well-being, and health services. Davy et al. (2017) developed a framework to support the quality of care and quality of life for Aboriginal and Torres Strait Islander peoples. Their framework was based on voices of Indigenous people living with chronic illness and developed by an Indigenous and non-Indigenous team for Aboriginal people. Among the points they emphasized was the need for culturally safe practices and importance of cultural identity for well-being. Hatala et al. (2016) worked with four Cree Elders to address resilience and well-being. They criticized the victimization and pathology narratives that dominate health research related to Indigenous peoples and stressed the importance of understanding the resilience and strengths of Indigenous peoples in their confrontation of such oppressive contextual matters as historical trauma stemming from residential schools.

Barnett and Kendall (2011) worked with Elders and other members of three Murri communities to determine culturally appropriate methods to support Aboriginal peoples' participation in health promotion programs. They emphasized the need for respecting and attending to local gender and Elder structures, local cultural structures, local cultural traditions, and local leadership in the design and delivery of health promotion programs. Hampton et al. (2010) worked with Elders to determine a means of providing end-of-life care for Indigenous people. The authors presented six themes, including one meant for non-Indigenous health care providers: non-Indigenous people need to recognize the limits of the biomedical model that, for the most part, does not reflect Indigenous conceptualizations, wholistic ways of knowing, and cultural practices.

Other studies reflect the wider perspective of Indigenous people, which emphasizes a wholistic focus of wellness (Hart, 2014; Mussell, 2016; Howell et al., 2016; Tang, Community wellness program & Jardine, 2016). Fiedeldey-Van Dijk et al. (2017), in the development of an Indigenous wellness measurement tool from Indigenous perspectives, defined native wellness as "a whole and healthy person expressed through a balance of spirit, heart, mind and body" where "the belief in one's connection to language, land, beings of creation, and

ancestry, [is] supported by a caring family and environment" (p. 184). Central to Indigenous wellness is relations and relationships (Brannelly, Boulton, & Hiini, 2013; Fiedeldey-Van Dijk et al., 2017; Hart, 2014). For example, Lavallee and Poole (2010) identified that when looking at the "parts" of the whole – such as the physical, mental, emotional, and spiritual aspects – each part needs to be seen in relation to the other parts: Separating the parts and focusing on just one at a time undermines Indigenous perspectives of wellness. In related work, Thompson, Chenhell, and Brimblecombe (2013) reported on the importance of Aboriginal peoples' connection between physical health and their traditional lands in Australia. Brannelly et al. (2013) outlined the importance of whanaungatanga (relationships, kinships, and sense of connection) for Maori health.

These studies exemplify an Indigenous focus on wellness *by* Indigenous people, *with* non-Indigenous people, *for* Indigenous people. They address Indigenous aspirations of self-determination in research focused on the wholistic well-being of older Indigenous people. They identify how a key component to addressing Indigenous well-being is the inclusion of Elders and Indigenous perspectives of wellness. However, apart from the above-mentioned studies, there is little research *by* Indigenous researchers, *with* Indigenous Elders, *for* the wellness of Indigenous older adults from an Indigenist perspective.

The work described in this article is part of a larger study, conducted by two Cree researchers and one Settler-ally, which aimed to learn from Indigenous Elders what research is needed to support the health and wellness needs of older Indigenous adults. One major theme woven throughout all the interviews was the residential schools experience and its impact on the well-being of survivors and subsequent generations. In the consideration of the Truth and Reconciliation Commission of Canada Calls to Action (2015b), we chose to conduct an additional, separate analysis to better understand the impacts of residential schools on the older generation and to learn from the Elders about the best ways to support their healing. Accordingly, this article reports on the findings from this additional analysis of the interviews of three Elders.

Locating Ourselves

This study was led by two Indigenous/Cree researchers and one Settler-ally. They were joined by the Elders of the project as co-researchers. Three of the Elders who are co-authors on this article are Don Robinson, Garry Robson, and Ann Thomas Callahan.

Gladys Rowe is a Muskeko-Ininiw woman with mixed ancestry and a member of Fox Lake Cree Nation and

an interdisciplinary PhD student. Silvia Straka is a Settler social work researcher, with a research focus on anti-oppressive perspectives on aging, who has been working with Michael Hart and Gladys Rowe since 2010 on this study and other projects.

Michael Anthony Hart is a Muskeko-Ininiw citizen of Fisher River Cree Nation and social work researcher focused on Indigenist practices and confronting colonial process in the health and social services professions. The three co-researchers have more fully introduced themselves in a recent publication where they shared their learning about how to work across contexts (Hart, Straka, & Rowe, 2017).

Don Robinson is an Elder from Bunibonbee (Oxford House) First Nation, Manitoba. Over the past 25 years, Don has worked in the social work field in Manitoba and has traveled extensively to reserve communities throughout Manitoba and elsewhere in Canada delivering training workshops. He brings a unique cultural perspective on healing, inter-generational trauma, cross-cultural awareness, family therapy work with Aboriginal families (and training and learning), and the traditional ways of looking at life.

Garry Robson, an Ojibway from the Peguis First Nation, has been an Aboriginal awareness consultant with the Aboriginal Education Directorate for the past 30 years. A member of the Turtle Clan, Garry presents and provides teachings on traditional culture and history to schools, teachers, administrators, parents, community agencies, and government departments within the province of Manitoba. Garry is also a poet and storyteller who speaks about stories of the traditional life of his people as well as the Clan System, Prophecies, 7 Stages of Life, and Cradle Board, to name a few.

Ann Thomas Callahan was born in Peepeekisis First Nation and currently lives in Winnipeg, Manitoba. Ann has dedicated her life to healing and wellness. Ann attended Birtle Indian Residential School and went on to enroll in a nursing program in Winnipeg. She was one of the first Indigenous nurses to graduate from that program.

Epistemological and Theoretical Frameworks

Our project relied on Indigenist and anti-colonial approaches to research. Indigenism is based on traditional Indigenous peoples' philosophies and ways of being in the world (Hart, 2009; Smith, 2012; Wilson, 2008) where individuals come together as groups and/or communities to engage with one another to (a) learn from lands, waters, and other life in the territory; (b) share historical and cultural understandings of the cycles and patterns around them; (c) participate in practices meant to strengthen and harmonize relationships; and

(d) acknowledge fluxes and cycles. Indigenism recognizes that these philosophical understandings and ways have been and are gravely impacted by the ongoing colonial oppression perpetrated against Indigenous peoples. Therefore, Indigenism includes a focus that directly confronts and challenges colonial oppression and upholds Indigenous self-determination. It is guided by values of local Indigenous peoples and nations, and relies on such processes such as storytelling, rituals, and ceremonies (Hart et al., 2017). Anti-colonialism is the overt proactive challenge of, and struggle against, the ideology and practice of colonialism (Ashcroft, Griffiths, & Tiffin, 2000; Smith 2012). It recognizes that the colonial oppression Indigenous people are facing is of long standing, and challenges the colonial framework and its political, economic, social, and cultural institutions.

A key trait of anti-colonial resistance is supporting the revitalization of Indigenous cultural, political, social, and economic institutions. It includes personal self-reflection on how we contribute to or confront colonialism and requires a thorough understanding of such related matters as racism, Settler privilege, Settler fragility, and micro-oppressions. Recognizing that colonialism is a relationship between Indigenous peoples and Settlers, anti-colonialism includes the efforts of all people to challenge the oppression and create space for Indigenous priorities to be centred (Hart & Rowe, 2014).

Methodology

We have relied on Indigenism and anti-colonialism for our research with older Indigenous people in central Canada. We have shaped our approach to the research so that it is based in Indigenous philosophical teachings and practices. *Teachings* is a term often used by Indigenous peoples in central Canada to refer to the understandings that are reflective of and/or stem from traditional perspectives.

Four philosophical teachings shaped our research practices. First, we recognized that knowledge is contextual. People bring their life experiences, values, beliefs, and practices to the research, all of which shape the collective knowledge of their people. We approached the research while holding and sharing our sense of context. We openly recognized that our languages, values, beliefs, practices, and our communities of origin, for example, all have an impact on the research. Second, we are wholistic beings with physical, emotional, spiritual, and mental qualities that interact in, and with, multifaceted environments. Our research incorporated practices that Indigenous people have relied upon to support our wholistic interactions. Third, all life entities are in relationship, and there are

various ways to form and maintain relationships. We recognized the relational aspect of our research and that we brought our subjective beings to these relationships, as well as having sought out participants through relationships. Fourth, we understood how power impacts the relationships involved. We moved forward in ways that supported cooperation and maintained respect in our interactions. We approached the research by following Indigenous protocols that aided our respect for one another and for the study participants as well.

In practical terms, this work resulted in several research practices. These included approaching the 12 participants for our study respectfully, with deep reflection, and with the use of ceremony, particularly what are known as *sharing circles*, and cooperative synthesis.

- 1) We approached the participants in our study by following cultural protocols; we maintained an active role in the time together with each participant so as to maintain a relational conversation;
- 2) We practiced deep reflection – looking for the “teachings” gleaned from what the participants shared, recognizing those particular aspects that moved us emotionally;
- 3) We incorporated ceremonies – including smudging, meditation, and sharing circles – to guide and share our understandings;
- 4) We cooperatively synthesized our research – collectively, we reviewed what we said and brought each participant’s material together in a common and agreed-upon deep reflection summary. We then took the material back to the study participants for their confirmation that our learning reflected their experiences and teachings.

Current Study

The experiences discussed in this article were part of a larger pilot study with 12 Indigenous Elders. The larger study sought the guidance of the Elders to co-develop an Indigenous aging research agenda that would benefit the older members of their communities. We met with nine Elders individually, using Kovach’s (2009) conversational method, as well as with a group of three, through two sharing circles (Lavallée, 2009). A Cree method of data analysis was used, whereby we sought to remain as close as possible to traditional methods of learning from Elders and drew on ceremonial protocols to guide the process. The overall synthesis of the study data encompassed the Elders’ perspectives on what is needed in research that focused on the experiences of older Indigenous peoples. Within this synthesis, a particular focus was evident, namely the Elders’ experiences with residential schools and the need for healing from these experiences. Three of the Elders who shared their knowledge as a part of the study agreed to share this focus. The synthesis of their stories and the researchers’ deep reflections in relation to the Elders’ stories is presented here.

Elders’ Summaries: Don

As an Elder himself now, Don shared stories and experiences focusing on the centrality of older people in the community and the importance of community as place and space that provides opportunity for relationship and connection. The stories of his childhood illustrated the enormous respect that he feels and demonstrates for Elders, who traditionally passed on values and knowledges to younger generations. Elders guided and supported the younger people to live in a good way in community. Each generation had their roles: Adults did physical work, and Elders held advisory and leadership roles. The community had enormous respect for Elders.

During the research conversation, Don spoke of the impact of residential schools. The schools were in operation for over 120 years and have severed the connections between generations. This disruption is still felt today and has brought many changes to community life, including the ability of community to come together across generations.

The Elders I work with, in session, are in their 70s’. Their parents went to residential schools. So, it was a long time ago. So, they’ve been affected by that. It’s affected their self-esteem. It’s affected their emotions. It affected their mental – how they think. The spiritual, their sense of spirituality because of colonization or that residential school training, they learned to feel ashamed of themselves, their people, being brown, being Cree, being Anishinaabe, you know, they learned to feel ashamed of that ... there’s a lot of resiliency in people, but they learned to maybe not talk so much about their feelings, and they don’t know how to be intimate in relationships. They don’t know how to parent, because they never received love and affection in the residential schools from somebody when they need to have caring, when they scraped their knee or something; there’s no affection or nurturance. They had no big sisters or big brothers to help them when they were in emotional distress ... So, they learn to suppress their emotions. They learn to suppress who they are – who they are, you know, like a human being, a total human being. So that ripples out to their families when they come home and they go back to their communities and become parents, become marital partners. They don’t know how to be in a relationship and they don’t know how to be parents. (Don)

Despite these impacts, the ability to regenerate and to recreate community is nonetheless held within the language and the teachings that lie within the language.

As Elders today pick up their responsibilities and reconnect with their traditional roles there is also the responsibility of younger generations to reach out to Elders.

There needs to be a desire to reconnect; however, sometimes it can seem that this desire is lacking.

Elders were here, adults were here, young people were here and children were there (gesturing in a circle). The Elders taught the generations. The Elders taught those values. When the circle was interrupted, those values are not taught to parents, some parents, so they're not taught to the young people, and the children don't see them. They don't see them in reality, you know, in practice, and so they don't get the teachings. (Don)

The residential schools interrupted this intergenerational circle; and today it is the youth who are separating from the circle, because they want to get answers fast, not spend weeks sitting in ceremony and listening to Elders.

The intergenerational circle of life needs to be restored through today's Elders taking on the same responsibilities as they have always had, even though the circle has been interrupted, with considerable loss of teachings and language.

Older people can do that, teach. They can be teachers and they can teach about – they can help, you know, in all ceremonies. They can help in all of the – if there's prayers to be done, they can be there. If there is grieving, they can be there. In my community when people are grieving, Elders are always there. The Elders are always there. In the Wakes, Elders are always there. The older grandmothers are always there singing songs. They're always there, and so they're part of it, eh, and you don't ask them, they just show up. They just show up because they need to be there, they want to be there ... In my community, that we have, we have female elders there. Their job has been as far as I've seen many, many years, is to dress up the body. They come there and they help the family or they take charge of dressing up the body and prepare it ... these two people do it, and so when they pass on, there'll be another two that'll take over... Every community probably has people like that and they have a function. (Don)

Schools are beginning to bring back cultural teachings. The youth need to listen and participate in ceremonies. But Elders need to take on this responsibility, taking sharing circles and healing circles to many places, to youth and to adults, to personal care homes. They need to show up and help in community such as at ceremonies, funerals, and with families. The traditional system of responding to people in crisis can and needs to be restored.

Deep Reflections

Engaging in a method of analysis congruent with our methodology, Gladys, Silvia, and Michael reflected on

Don's experiences in a group circle. Gladys, Silvia, and Michael expressed that Don's interview conveyed the possibilities of re-generation and recreating community in a new context. We reflected on Don's identification of technology's impact on the disconnection between generations. Residential schools disrupted the connection first, and now the youth are sustaining the disconnection because of their lack of awareness and interest in going back – or about learning that traditional way of being. These two events are related and perpetuate the challenges of connecting across generations.

For Michael, one of the key points that moved him was the idea that the older generations are the ones focusing on healing – not just of and for themselves, but of and for their families and communities. However, with a growing disconnect between the younger generations and the older generations, Elders are essentially alone in facing not only their own pain, but also the pain of their families and communities. Michael noted a devaluing of older people that reflects assimilation by younger generations into mainstream society, in which the culture does not value older people. An important counter to this process is in the valuing of language. Older people "hold" – speak and understand – the Indigenous language. We thus need to recognize the value of Indigenous languages for our well-being, and in the same manner we need to value our Elders for our well-being.

For Gladys, a part of Don's interview that stayed with her was the importance of interconnections and being engaged within community. The transmission of values and ways of being through spending time with grandparents as a necessary element to community well-being and growth is essential. People need to come together as a group, to visit, to laugh, to share. This connection reinforces belonging, membership, and relationship, and it reinforces a grounded sense of who we are and where we come from.

For Silvia, the entire project caused her to really think about the disruptions in the intergenerational circle. In almost all the interviews, especially Don's, residential school was shared as a structure that broke the circle. This had a holistic and intergenerational impact: spiritual (poor self-esteem, shame at one's identity, no sense of who you were at a total human being level), mental ability, emotional (e.g., a lack of love, nurturance, affection; no big brothers/sisters to help; negative effect on sexuality; broken attachments; problems with intimacy; problems with parenting), and physical (all the childhood pains were still carried in the body; much physical suffering even today, "pain in the bones"). What comes after this is how we heal and restore the intergenerational circle, through Elders picking up their traditional roles in healing from these disruptions.

Elders' Summaries: Garry

Garry, during his interview, shared different dimensions of being within his story. He took us around a circle of life having four age-related stages and included other important teachings related to the development of cultural identity such as differences between genders and teachings of an individual as a member of a clan. "That was something that I didn't grow up with because I was taken into this residential school and lost all the teachings and stuff; then I had to relearn all of that" (Garry). The problem that Garry kept coming back to was the fact that today people want a child's story, one that does not have much detail; is shorter and easier to digest.

These stories are very long and drawn out. Well, they have to be because of all of the teachings that they were doing inside here, and now they've chopped them to "little bit" stories because they didn't need all of that stuff." (Garry)

Because of these truncated life stories, much knowledge has been (and is being) lost through the Elders who are now passing on. If people were to take the time to listen to the long stories, the ones meant for older ages, and if they took the time to go deeper through reflection and introspection, the loss of knowledges wouldn't be as much of a concern. We keep going around the spiral at the child level never going to deeper levels of reflection and introspection and so we are stuck and limited.

Garry spoke about the roles and responsibilities that each of us has as individuals and how we fulfill them in relation to those around us. Garry also made a delineation between old people and Elders, and how it is important to listen to the stories shared by both groups. He stated that everyone needs a place to feel safe and a sense that they "belong". Often older people feel like they are a burden.

It's important that the people that are looking after these people know this, because if they don't know this, then they're going to keep doing exactly the same thing that they're doing. So, our people have to learn this again, to be able to let those things go, don't have to carry it anymore. (Garry)

Deep Reflections

In our group circle, Gladys, Silvia, and Michael reflected on the way that Garry shared his teachings with us. His stories were interconnected and spiraling, building and providing context and connections to each other. In this way of storytelling, the spiral image stands out. It is interconnecting, going deeper into a progressive transmission of knowledge – learning morals, values, roles, and responsibilities. There is deeper learning in each stage of life. It's not that we are always getting new material, but rather as we move through life and

experience new experiences, our understandings of the stories evolve. The problem that Garry kept coming back to was that today people only want the child level; people don't want the long story. We have to think of the knowledge being lost through the Elders dying, but for Garry, if people were listening to the long stories and taking the time to go deeper, he wouldn't be as worried. We would not be losing knowledge necessary for a strong society.

For Gladys, from Garry's stories she felt the importance to know our own specific cultural foundation so we can then recognize the differences across Indigenous cultures. Garry had started by drawing out a circle and showing the different aspects of the circle and the importance of beginning with that foundation – when he referred to something throughout the interview, it related directly back to the circle he drew. Garry went on to share a story that reflected the importance of healing through ceremony – when we experience traumas, we need to heal from it.

As for Michael, he noted how focused Garry was on sharing particular ways of being – gender differences, roles, use of stories, and how to act. He expressed concern that some people had lost connection to these teachings and did not understand them, including individuals from the older generations. These observations spoke to the idea that those who still followed old teachings felt disconnected as well because others don't want to connect to them (the teachings). Garry's discussion of the burden experienced by some older Indigenous people seemed to be a metaphor of how not only the older people are feeling, but how, at times, the teachings seemed to be a burden to younger generations.

For Silvia's part, what stood out to her was how Garry connected the loss of traditional teachings, which provided balance and morals and guidance on how to live, to the current unbalanced state of younger people. It's the old people who can provide this understanding of why we do what we do to fulfill our roles and responsibilities; however, these teachings have largely been lost because of the residential schools. It is the task of the survivor generation to try to connect back to these teachings: first for the survivors to heal themselves, then to pass the teachings on to the younger generation. Much, however, has been lost and mixed up: people follow a lot of things today but don't understand why. For example, the purpose in offering tobacco and the relationship that this signifies. And some who claim to be Elders are not connected with the deeper teachings. Garry asked: What are our people missing? He said we have to learn to create balance through recovering and passing on the teachings, and that is the job of the older generation.

Elders' Summaries: Ann

Ann spoke about a commitment to others and caring for one another, which is conveyed through our stories. She emphasized the importance of connections between older and younger generations in order to support the health and well-being of everyone.

Well, when I was a child, at home you know, in the summers away in boarding school, we were always told to respect our Elders. And we couldn't walk in front of them. We know they were wise and knowledgeable. They really knew the history of the people, so at gatherings or maybe at feasts, and the Elders would speak. And they would tell us about long ago; they would give us stories. They were always approached for guidance, relating to family matters. Young people sought them out for direction too. They were a reservoir of history. Oral history – when they told a story, they never said to you, “this is the reason I'm telling you this story” or “this is the moral of the story”. They told you the story, and you had to come up with your own version of what you heard. There was a teaching there. (Ann)

Ann shared a great deal about the importance of caring for one another through her stories about her childhood and how her mother and father cared for her and her siblings, and also the community. She shared the role that relationships had in her development of her identity and understanding her responsibility to herself, her family, and community.

When our parents came for us, they came with horses, a wagon. One of the first things my mother did was take us to the village to these Elders. And they'd be talking Cree, 'cause we were forbidden to speak our language, we were forbidden to even talk about ceremony. But every house that we went to in the village, mom would say, Mooshum, here's your grandchild. So, they would greet us, and they would give us a blessing: “I love you very much, I love you very much”. The Elders, they gave us this blessing, and they'd give us a little gift, rose hips, or maybe a bit of brown sugar. We went around the village. You could understand what mother was doing, because we were supposed to be assimilated, forget the traditions. She was reconnecting us to our culture, to our cultural ways. She knew those old people were the ones, were the key people. (Ann)

These connections were, and are, important. Elders care for us when we are young. When we get older we, in return, care for them. Ann shared the significance of the caregiver role in grandmothers and Elders. There are changes within this caregiver role now, and this is impacting the way that we interact with each other.

Deep Reflections

In our group reflection, Gladys, Silvia, and Michael reflected on the way that Ann shared her stories. It felt like

she was stitching together a story, bringing in the metaphor of a blanket. Michael shared that this wasn't simply the blanket, but the metaphor was the whole process of creating the blanket, where people came together and worked, not necessarily on the same blanket piece, but coming together and learning by watching, then doing it. Ann's interview was a lot about caregiving, which was also reflected in this process of creating the blanket.

When Gladys sat with Ann, the stories that stood out were those that she shared of caregiving from the time she was young to present day as a great-grandmother. She began with herself as a young child, remembering coming home from residential school during break. Her mother specifically took actions to preserve Ann's sense of relationship to the community through visiting. She would bring her to each of the Elders and introduce her in Cree, visiting from home to home. Her stories highlighted the necessity of caregiving for community well-being.

Michael was struck by Ann's emphasis on the importance of connection and people coming together because it is such a central part of Indigenous life (likely all ways of life). He was reminded about the rich life experience and knowledge that the older generations have available for others. This point reminded Michael of the importance of connecting with the older people of our communities. When he reflected on Ann's experience, Michael was moved by her stories about her culture, her sense of identity as a Cree woman, her comfort with her identity, and recognition that she has incorporated aspects from other cultures.

Silvia reflected that Ann's interview really spoke to her about relationship. From Ann's interview, she received a strong image of the community as a cloth woven primarily by Elders. The generations are woven together in this cloth, with the Elders teaching the younger generations how to live, through passing on the community's values, stories, oral histories, ceremonies, and traditions. Highly respected, they also provide guidance to families as well as preserving the language and cultural knowledge.

Discussion

Indigenous Elders must have a prominent role in setting the agendas and leading the work on issues related not only to older adults, but also to the community as a whole. The Elders in our study shared their understandings of the broad and deep impact of residential schools on the health and wellness of Indigenous peoples. Whereas all the Elders spoke of the direct traumas they and their generations experienced in residential schools, their primary focus was on healing this trauma, not only within their own older generation, but for the community as a whole, including the youth and

children. The stories shared by Don, Garry, and Ann are gifts that identify implications for research, policy, and practice related to Indigenous older people and aging. So often in the literature and in the development of policy and practice, older peoples and the process of aging are framed as a burden (Baars, Dannefer, Phillipson, & Walker, 2006). In fact, Indigenous older people have a great deal to teach us about the responsibilities of aging and how this builds opportunities for intergenerational connections, health, and well-being across the lifespan. The work of this study provides a strong example of the importance of focusing on Indigenous wellness by Indigenous peoples, with Indigenous peoples, and for Indigenous peoples (Hart, 2009). This is more than "cultural tweaking" and must convey that older people play a vital role in the health and wellness of a community and across the generations.

The Elders spoke of the way things were before residential schools, particularly the interconnectedness of generations and relationships that sustained community wholeness, balance, and wellness, and the transmission of this knowledge to future generations. Elders, as the traditional knowledge keepers, historically had many important roles in guiding and advising the community as a whole, as well as individuals and families. They passed on knowledge and values to the younger generations and provided guidance and support. The knowledge was passed on through their language, ceremony, knowledge of the land, skills related to hunting, fishing, gathering, and stories. The primary role of Elders for passing of knowledge and values has also been reflected in studies by Ohmagari and Berkes (1997); Pratt, Bone, and the Treaty & Dakota Elders of Manitoba (2014), and Wilson (1996). The stories shared by Don, Garry, and Ann highlight the necessity of strengthening connections with younger people in order to share the gifts of their wisdom and experiences and continue the transmission of cultural knowledges.

Older people played a vital role in the health and wellness of a community. Don identified, in particular, that this mechanism for transmission still exists with the current older generation even though weakened by residential schools. Older people are once again picking up their roles and responsibilities to their communities by leading, for example, in circles and sharing language, and helping, for example, in times of crisis or death. Ann identified the responsibilities that the generations have to care and learn from one another. When she was a child, she was taught her connections to the Elders and these relationships were important for her sense of belonging. This act of sharing knowledge and reaching out to younger generations is an essential learning from their stories.

Several Elders highlighted the importance of stories, which contained all the values and knowledge needed to live a good and balanced life. While parents were hunting and gathering, grandparents were teaching the grandchildren. Stories were told to the youngest children at a simplified level, so they could begin to connect to the values and knowledge in these stories. When children encountered everyday life problems, the ways that grandfathers and grandmothers guided them through such issues resulted in deep learning. As children grew older, they were able to understand increasingly complex versions of the stories that led to a deepening of their knowledge of how to live in a good way. The teachings of Elders aimed to promote balance through a wholistic understanding of individual and community wellness, which is also reflected in work by Ohmagari and Berkes (1997) and Simpson (2004).

Garry spoke about the roles and responsibilities that are held by Indigenous peoples across the lifespan and the losses due to disconnections as a result of residential schools. The disconnection evident today between the youth and Elders means that there are teachings that are not being passed on and that most often what is being shared is on a surface level or a child's teaching. There is much more depth and detail to teachings that are gathered across the lifespan. The teachings are highly contextual to land and language. As Elders pass on, the depth of the teachings is lost. It is critical that space and opportunity be made for Indigenous peoples to reconnect with culture; however, this is most often offered in a pan-Indigenous manner within the systems that support health and well-being for older Indigenous peoples. This diversity is important to acknowledge and support the wellness of future generations. There must be acknowledgement that cultural ways of healing are localized and connected to the local territory. This also means that people who hold this knowledge must be identified by communities themselves rather than being imposed upon them.

Residential schools disrupted this intergenerational transmission of knowledge and ripped apart the interwoven fabric of community life, particularly the connections across generations. As the last living generation to remember receiving these teachings from Elders in their communities of origin, Don, Garry, and Ann came to understand that the purpose of their healing journeys was to reconnect to the present with their cultural knowledge and practices and to bring them back to their people. Settler researchers and policy-makers have often conceptualized health inequities as being connected to the intergenerational transmission of residential schools' trauma, which results in interventions to directly address such impacts as part of improving health outcomes (Hatala et al., 2016). The Elders, however, focused more on restoring the intergenerational

transmission of knowledge as the most important strategy for healing. This act of self-determination is a key role that must be supported through research, policy, and practice in the field of Indigenous aging. Don, Garry, and Ann presented experiences representing how older generations of Indigenous peoples actively participated in the health and well-being of their communities by providing a connection to culture, language, and ways of relating to the land. This active participation signifies the necessity of the role of Elders in a strong and vibrant community.

Within this research, the importance of thinking inter-generationally was clearly shared. When discussion about aging typically occurs, it is centered on the older generations. We assert that the health and well-being of older Indigenous people is directly connected to the health and well-being of younger generations, and that there must be opportunity for these connections to be strengthened. As an example, Ann understood the importance of these intergenerational connections through her experience as a child. Her understanding of her identity directly linked to her relationships with the older generation in her community. Ann expressed the love that she experienced when her parents continually reinforced these connections during the time she was home from residential school. Don stressed the circle of care that must occur intergenerationally for the well-being of Elders and also the youth. Older people are a wealth of wisdom and cultural knowledge. The prioritizing of this wisdom can positively influence the health and well-being of all generations of Indigenous peoples. Garry shared the challenges that he has observed in maintaining the mechanism for transmitting the teachings as Elders pass on without being able to share their true depths.

The Elders in this project reaffirm the Truth and Reconciliation Commission of Canada's (2015b) Calls to Action and The Royal Commission on Aboriginal Peoples (1996) statements on the necessity of Indigenous self-governance leading a new strategy for Indigenous health and healing. This must be a strategy grounded in self-governance that addresses health in a wholistic manner through the application of cultural knowledges and healing practices (Truth and Reconciliation Commission of Canada, 2015b; Royal Commission on Aboriginal Peoples, 1996). It is critical to the well-being of all generations. When considering the opportunities and challenges in the area of Indigenous aging, we must never forget that many of the challenges identified are directly linked to systemic oppression (Richmond & Cook, 2016). Although a focus on culture is a critical component of a strategy to address challenges that have been and are experienced, a singular focus on culture misses key factors of Indigenous health that are directly linked to the structures meant to support older

Indigenous peoples' health and well-being, but which typically fail to address the underlying systemic oppression. To implement a more informed and appropriate strategy, Indigenous peoples, communities, and researchers must lead the development of priorities and solutions based on their own experiences and understanding of the issues.

References

- Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*(Suppl. 2), S45–S61. <http://www.jstor.org/stable/41994459>
- Alfred, T. (2015). Cultural strength: Restoring the place of Indigenous knowledge in practice and policy. *Australian Aboriginal Studies, 2015*(1), 3–11.
- Ashcroft, B., Griffiths, G., & Tiffin, H. (2000). *Post-colonial studies: The key concepts* (2nd ed.). New York, NY: Routledge.
- Auger, M., Howell, T., & Gomes, T. (2016). Moving toward holistic wellness, empowerment and self-determination for Indigenous peoples in Canada: Can traditional Indigenous health care practices increase ownership over health and health care decisions? *Canadian Journal of Public Health, 107*(4–5), e393–e398. <https://doi.org/10.17269/cjph.107.5366>
- Baars, J., Dannefer, D., Phillipson, C., & Walker, A. (Eds.). (2006). *Aging, globalization and inequality: The new critical gerontology*. New York, NY: Routledge.
- Barnett, L., & Kendall, E. (2011). Culturally appropriate methods for enhancing the participation of Aboriginal Australians in health-promoting programs. *Health Promotion Journal of Australia, 22*(1), 27–32. <https://doi.org/10.1071/HE11027>
- Bombay, A., Matheson, K., & Anisman, H. (2014). The inter-generational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcultural Psychiatry, 51*(3), 320–338. <https://doi.org/10.1177/2F1363461513503380>
- Brannelly, T., Boulton, A., & Hiini, A. te. (2013). A relationship between the ethics of care and Māori worldview—The place of relationality and care in Māori mental health service provision. *Ethics and Social Welfare, 7*(4), 410–422. <https://doi.org/10.1080/17496535.2013.764001>
- Browne, A. J. (2017). Moving beyond description: Closing the health equity gap by redressing racism impacting Indigenous populations. *Social Science & Medicine, 184*, 23–26. <https://doi.org/10.1016/j.socscimed.2017.04.045>
- Davy, C., Kite, E., Sivak, L., Brown, A., Ahmat, T., Brahim, G., ... Thomas, T. (2017). Towards the development of a well-being model for Aboriginal and Torres Strait Islander peoples living with chronic disease. *BMC Health Services Research, 17*, article no. 659, 1–13. <https://doi.org/10.1186/s12913-017-2584-6>

- Fiedeldey-Van Dijk, C., Rowan, M., Dell, C., Mushquash, C., Hopkins, C., Fornssler, B., ... Shea, B. (2017). Honoring Indigenous culture-as-intervention: Development and validity of the Native Wellness Assessment™. *Journal of Ethnicity in Substance Abuse, 16*(2), 181–218. <https://doi.org/10.1080/15332640.2015.1119774>
- Gone, J. P. (2011). The red road to wellness: Cultural reclamation in a Native First Nations community treatment center. *American Journal of Community Psychology, 47*(1–2), 187–202. <https://doi.org/10.1007/s10464-010-9373-2>
- Hampton, M., Baydala, M., Bourassa, C., McKay-McNabb, K., Placsko, C., Goodwill, K., ... Boekelder, R. (2010). Completing the circle: Elders speak about end of life care with Aboriginal families in Canada. *Journal of Palliative Care, 26*(1), 6–14.
- Hart, M. A. (2009). For Indigenous peoples, by Indigenous peoples, with Indigenous peoples: Towards an Indigenous research paradigm. In R. Sinclair, M. A. Hart, & G. Bruyere (Eds.), *Wicihitowin: Aboriginal Social Work in Canada* (pp. 153–169). Winnipeg, MB: Fernwood.
- Hart, M. A. (2014). A brief overview of Indigenous ways of helping. In P. Menzies & L. Lavalée (Eds.), *Journey to healing: Working with Canada's Indigenous peoples with addiction and mental health issues* (pp. 73–85). Toronto, ON: Centre for Addictions and Mental Health.
- Hart, M. A., & Rowe, G. (2014). Legally entrenched oppression: The undercurrent of First Nations peoples experiences with Canada's social policies. In H. Weaver (Ed.), *Reflections from Turtle Island: Social issues in contemporary Native America*. (pp. 23–41). London, ENG: Routledge.
- Hart, M. A., Straka, S., & Rowe, G. (2017). Working across contexts: Practical considerations of doing Indigenist/anti-colonial research. *Qualitative Inquiry, 23*(5), 332–342. <https://doi.org/10.1177/1077800416659084>
- Hatala, A. R., Desjardins, M., & Bombay, A. (2016). Reframing narratives of Aboriginal health inequity: Exploring Cree elder resilience and well-being in contexts of historical trauma. *Qualitative Health Research, 26*(14), 1911–1927. <https://doi.org/10.1177/1049732315609569>
- Howell, T., Auger, M., Gomes, T., Brown, F. L., & Leon, A. Y. (2016). Sharing our wisdom: A holistic Aboriginal health initiative. *International Journal of Indigenous Health, 11*(1), 111–132. <https://doi.org/10.18357/ijih111201616015>
- Kovach, M. (2009). *Indigenous Methodologies: Characteristics, Conversations, and Context*. Toronto, ON: University of Toronto Press.
- Lavallée, L. F. (2009). Practical application of an Indigenous research framework and two qualitative Indigenous research methods: Sharing circles and Anishnaabe symbol-based reflection. *International Journal of Qualitative Methods, 8*(1), 21–40.
- Lavalée, L. F., & Poole, J. M. (2010). Beyond recovery: Colonization, health and healing for Indigenous people in Canada. *International Journal of Mental Health & Addiction, 8*(2), 271–281. <https://doi.org/10.1007/s11469-009-9239-8>
- Matthews, R. (2017). The cultural erosion of Indigenous people in health care. *Canadian Medical Association Journal, 189*(2), E78–E79. <https://doi.org/10.1503/cmaj.160167>
- Meek, B. A. (2007). Respecting the language of Elders: Ideological shift and linguistic discontinuity in a northern Athapaskan community. *Journal of Linguistic Anthropology, 17*(1), 23–43. <http://www.jstor.org/stable/43104130>
- Moorehead Jr, V. D., Gone, J. P., & December, D. (2015). A gathering of Native American healers: Exploring the interface of Indigenous tradition and professional practice. *American Journal of Community Psychology, 56*(3–4), 383–394. <https://doi.org/10.1007/s10464-015-9747-6>
- Mussell, B. (2016). Mental health from an Indigenous perspective. In P. Menzies & L. Lavalée (Eds.), *Journey to healing: Working with Canada's Indigenous peoples with addiction and mental health issues* (pp. 187–199). Toronto, ON: Centre for Addictions and Mental Health.
- Nelson, S. E., & Wilson, K. (2017). The mental health of Indigenous peoples in Canada: A critical review of research. *Social Science & Medicine, 176*, 93–112. <https://doi.org/10.1016/j.socscimed.2017.01.021>
- Ohmagari, K., & Berkes, F. (1997). Transmission of Indigenous knowledge and bush skills among the Western James Bay Cree women of subarctic Canada. *Human Ecology, 25*(2), 197–222. <http://www.jstor.org/stable/4603236>
- Pace, J. E., & Grenier, A. (2017). Expanding the circle of knowledge: Reconceptualizing successful aging among North American older Indigenous peoples. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 72*(2), 248–258. <https://doi.org/10.1093/geronb/gbw128>
- Pratt, D., Bone, H., & the Treaty & Dakota Elders of Manitoba. (2014). *Untuwe Pi Kin He (Who We Are): Treaty Elders teachings (Vol. 1)*. Winnipeg, MB: Treaty Relations Commission of Manitoba.
- Richmond, C. A. M., & Cook, C. (2016). Creating conditions for Canadian Aboriginal health equity: The promise of healthy public policy. *Public Health Reviews, 37*(2), 1–16. <https://doi.org/10.1186/s40985-016-0016-5>
- Richmond, C. A. M., & Ross, N. A. (2009). The determinants of First Nation and Inuit health: A critical population health approach. *Health and Place, 15*(2), 403–411. <https://doi.org/10.1016/j.healthplace.2008.07.004>
- Royal Commission on Aboriginal Peoples. (1996). *Highlights from the Report of the Royal Commission on Aboriginal Peoples—People to People, Nation to Nation* (No. Cat. no. Z1-1991/1-6E). Ottawa, ON: Government of Canada. Retrieved from <https://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637>

- Simpson, L. R. (2004). Anticolonial strategies for the recovery and maintenance of Indigenous knowledge. *The American Indian Quarterly*, 28(3), 373–384.
- Simpson, L. (2011). *Dancing on Our Turtle's Back: Stories of Nishnaabeg re-creation, resurgence and a new emergence*. Winnipeg, MB: Arbeiter Ring.
- Simpson, L. B. (2014). Land as pedagogy: Nishnaabeg intelligence and rebellious transformation. *Decolonization: Indigeneity, Education & Society*, 3(3), 1–25.
- Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples* (2nd ed.). London, ENG: Zed Books.
- Smylie, J., Olding, M., & Ziegler, C. (2014). Sharing what we know about living a good life: Indigenous approaches to knowledge translation. *Journal of the Canadian Health Libraries Association*, 35(1), 16–23. <https://doi.org/10.5596/c14-009>
- Tang, K., Community Wellness Program, & Jardine, C. G. (2016). Our way of life: Importance of Indigenous culture and tradition to physical activity practices. *International Journal of Indigenous Health*, 11(1), 211–227. <https://doi.org/10.18357/ijih111201616018>
- Thompson, S. L., Chenhall, R. D., & Brimblecombe, J. K. (2013). Indigenous perspectives on active living in remote Australia: A qualitative exploration of the socio-cultural link between health, the environment and economics. *BMC Public Health*, 13(473). <https://doi.org/10.1186/1471-2458-13-473>
- Truth and Reconciliation Commission of Canada (TRC). (2015a). *Honouring the truth, reconciling for the future: Summary of the final report of the truth and reconciliation commission of Canada*. Retrieved from <https://web-trc.ca/>
- Truth and Reconciliation Commission of Canada (TRC). (2015b). *Truth and reconciliation commission of Canada: Calls to action* [PDF file]. Retrieved from http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf
- Wilson, K., Rosenberg, M. W., Abonyi, S., & Lovelace, R. (2010). Aging and health: An examination of differences between older Aboriginal and non-Aboriginal people. *Canadian Journal on Aging*, 29(3), 369–382. <https://doi.org/10.1017/S0714980810000309>
- Wilson, S. (1996). *Gwich'in Native Elders: Not just knowledge, but a way of looking at the world*. Fairbanks, AK: Alaska Native Knowledge Network.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Winnipeg, MB: Fernwood.

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