

Decolonizing Approaches to Inuit Community Wellness: Conversations with Elders in a Nunavut Community

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ABSTRACT

Nunavut communities struggle with numerous challenges related to social distress. It is important to specify that these struggles represent a rupture with traditional Inuit society. Most research to date has linked colonization and ongoing social inequity to these distresses. This community-based, participatory research project elicits traditional knowledge from Elders living in Cape Dorset, Nunavut. The aim is to identify Inuit values, beliefs, and actions with the potential to improve community wellness. The themes that emerge include respect, leadership, family connection, inclusion of traditional knowledge, working together, and resiliency. Results resonate with other community wellness research projects in Nunavut.

RÉSUMÉ

Les communautés du Nunavut font face à plusieurs défis qui relèvent de la détresse sociale et qui—il est important de le préciser—procèdent d'une rupture avec la société inuite traditionnelle. La plupart des recherches menées à ce jour sur cette question ont lié la colonisation et les inégalités sociales actuelles à ces situations de détresse. Ce projet de recherche participative axé sur la communauté a permis de recueillir des savoirs traditionnels des Anciens de Cape Dorset, au Nunavut. L'objectif était de définir les valeurs et les croyances inuites, ainsi que les actions qui pourraient contribuer à améliorer le bien-être de la communauté.

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Les thèmes qui en émergent sont le respect, le leadership, les rapports familiaux, l'intégration des savoirs traditionnels, le travail en commun et la résilience. Mes résultats font écho à ceux d'autres recherches sur le bien-être de la communauté menées au Nunavut.

Inuit communities have undergone profound change over the past 50 years. Many Inuit relocated from nomadic camps to established sedentary communities beginning in the 1950s. In some cases, settlement was blatantly coerced, as in the High Arctic relocations, and in other cases induced through social welfare and governmental policies (Healey & Meadows, 2007; Kirmayer, Brass, & Tait, 2000). This coerced settlement was compounded by other associated changes that were imposed, such as sedentarization, introduction of a wage-based economy, development of the social welfare system, establishment of residential schools, relocation of individuals with tuberculosis to southern sanatoriums, replacement of Inuit traditional justice with Canadian justice, and destruction of Inuit traditional practices (Kirmayer et al., 2000; Kral, Idlout, Minroe, Dyck, & Kirmayer, 2011; Tester & McNicoll, 2004). These disruptions had profound effects at community, social, familial, and individual levels, such as a decrease in autonomy and self-sufficiency of Inuit, unequal power relationships between Inuit and Qallunaat¹ and a loss of culture, language, and traditional skills (Qikiqtani Truth Commission, 2013). This paper attempts to identify impacts associated with these social changes within Cape Dorset Nunavut by (1) describing a collaborative, community-based research project, (2) collaborating with community members to identify Elders' lived experience and views on community wellness, and (3) providing action oriented solutions that could improve community wellness.

Difference between Pre- and Post-Colonization

The differing rates of suicide, violence, and addiction between pre- and post-colonization periods (Hicks, 2015; Kirmayer et al., 2000; Kral, 2012; Kral, Idlout, Minroe et al., 2011; Tester & McNicoll, 2004) help to substantiate the impact that changes related to colonization had on Inuit society. For example, post-colonial rates of suicide in Nunavut are 10 times the national average, and 30 to 40 times the national average for male youth (Hicks, 2015). Whereas, in pre-colonization periods, suicide was rare and was usually limited to individuals in intense physical or emotional distress, or who felt they had become more of a burden than a benefit to the family unit (Hicks, 2015; Kral, 2012; Tester & McNicoll, 2004); in other words, similar to the base-rate of suicide in the general Canadian population. In contrast, the Inuit Health Survey 2007–2008, conducted with 1,710 Inuit in Nunavut found high post-colonization levels of individual distress (Galloway, Saudny, Egeland, Young, Kirmayer, & Chachomovich, 2012). Researchers reported that 48% of Inuit respondents thought of suicide at one point during their lives and at least 29% of these had attempted suicide (Galloway et al., 2012). In addition to changes in the suicide rates, other forms of distress are highly prevalent in the post-colonization period. The Inuit Health Survey 2007–2008 (Galloway et al., 2012) also found 52% of women and 22% of men reported suffering from severe sexual abuse as children, 31% reported severe physical abuse as children, and 52% of females and 46% of males reported at least one form of physical violence as an adult (Galloway et al., 2012).

Understanding Wellness

Considering Inuit wellness, based solely on individual characteristics and individual distress, proves problematic. Inuit identity is theorized as ecocentric (Healey & Tagak, 2014; Kirmayer, Fletcher, & Watt, 2009). This view of identity requires a more holistic approach that considers a broader evaluation of the individual in the context of their relationships with family, community, surrounding land, and animals (Kirmayer, Fletcher, & Watt, 2009). Moreover, similar to other indigenous groups, the Inuit understanding of health and wellness comprises factors that affect the larger social context including family, community, nature, and the creator (Richmond & Ross, 2008). Therefore, an individual's healing and wellness is interdependent with respect to the community at large (Fletcher & Denham, 2008).

Importance of Improving Community Wellness

The multiple interrelated social, economic, health, and mental health challenges that impact Inuit families and communities compel an urgent focus on community wellness. Community wellness, broadly defined, is the ability for a community to effectively balance the needs of the individual with overall community goals by promoting supportive relationships, individual diversity, and fostering group cohesion (Schueller, 2009). Community wellness is not a concept that can be generalized amongst all populations, but rather considered locally within a culturally specific and situationally determined context (Tanner, 2009).

Literature in the field of community wellness has reiterated that initiatives, which are driven by communities and empowered by community knowledge, are the initiatives that will have lasting effect (Fletcher & Denham, 2008; Kirmayer, 2012; Kral, Wiebe, Nisbet et al., 2009). Social norms, cultural values, as well as family and community expectations inevitably influence the wellness of communities and need to be considered when planning initiatives (Richmond & Ross, 2008). Understanding and reintegrating concepts of Inuit knowledge, identity, values, and culture may prove fruitful for planning current wellness initiatives. However, reintegrating Inuit knowledge may be difficult, because colonization practices have ruptured the way Indigenous healing and wellness practices have been handed down through generations (Robbins & Dewar, 2011). The purpose of this paper is to describe a collaborative, community-based project designed to draw on knowledge from Elders to identify strategies for community wellness. Action-oriented strategies and problem-solving solutions that emerged through this inquiry are also discussed.

METHODOLOGY

In light of the contemporary challenges that impact Inuit communities and the need for community wellness initiatives based on Inuit knowledge, the research question we identified was this: *How can Inuit knowledge and lived experience of Elders be used in contemporary Inuit culture to promote community wellness?*

Community-Based Participatory Research

Historically, Indigenous peoples have been the subjects of numerous scientific research studies. Indigenous individuals have often said they are the most researched people in the world (First Nations Centre,

2007; Tuhiwai Smith, 2012; Wilson, 2008). Dehumanizing research practices, which made Indigenous peoples the object of study, resulted in a legacy of injustice that continues to impact communities. This legacy may influence how Indigenous people and communities interpret research, research practices, and researchers (First Nations Centre, 2007).

Selecting a research methodology that respected Inuit knowledge and promoted power and equity between researchers and the researched was critical within this project and therefore we used the framework of community-based participatory research (CBPR). CBPR and participatory action research (PAR) have been identified as appropriate and respectful forms of research among Indigenous communities (Fletcher, 2003; Tuhiwai Smith, 2012; Wilson, 2008). This type of research is consistent with a movement in Canada to identify and meet the needs of specific communities to foster collective empowerment and agency (Kral, Wiebe, Nisbet et al., 2009). The collaborative nature of the CBPR methodology empowers community experts to become active in the process of informing the research design, research decision making, and disseminating results to initiate meaningful change (Fletcher, 2003).

Ethical Requirements

The community experts who were involved in this project became the members of a Community-Based Research Advisory Committee (CBRAC). These individuals were representatives from the wellness committee in Cape Dorset, Nunavut. In addition, the knowledge that was gathered throughout the project was from Inuit community members. Therefore, throughout the entire process it was important that ownership, control, access, and possession (OCAP) principles set forth by the National Aboriginal Health Organization (First Nations Centre, 2007) and within the second Tri-Council Policy Statement (TCPS 2; CIHR, NSERC, SSHRC, 2010) were all adhered to. A discussion regarding the OCAP principles and community approval for the project occurred prior to any research being initiated and any other ethical approval being sought. Ethical approval for this project was obtained from the Brandon University Research Ethics Committee and the Nunavut Research Institute.

Interviews and Knowledge Sharing

The research team consisted of the CBRAC, one outside researcher who was present at all CBRAC meetings (CW), and three additional academic advisers who, together with the onsite researchers, participated in the development of the study and the analysis of the study results. Hearing the lived experience of Inuit community members who had an ability to reflect on traditional and current community living was integral to this research. Therefore all interview participants were required to be of Inuit descent, born and raised in the community's surrounding area, and approximately 60 years of age or older. Interviewees were selected and invited by the CBRAC and chosen based on their status as Elders in the community. The exact age of participants was not solicited because the term Elder in Inuit culture is a title of respect and not a representation of biological age (Pauktuutit Inuit Women of Canada, 2006).

The CBRAC and the outside researcher collaboratively conducted 10 audiotaped interviews with six male and four female participants over a one-week time period. On average, the interviews lasted 60 minutes and consisted of a semi-structured interview that was developed collaboratively with the CBRAC. The

CBRAC's role within the interview, and research process itself, was foundational and extensive. Along with arranging interviews and translating, the CBRAC conducted iterative and ongoing analysis and synthesis of the Elders' knowledge in conjunction with the outside researcher. This shaped subsequent interviews and provided substantial insight into common themes as they emerged. All of the interviews were conducted simultaneously in two languages, English and Inuktitut, with English transcription.

Knowledge synthesis. Analysis was a multi-stage process. Initial analysis occurred in conjunction with the CBRAC members during the interview process. A unanimous decision was made by the CBRAC that further analysis of the themes obtained in the interviews would be conducted by the outside researcher. Thematic analysis was utilized and text was segmented then coded using code labels. Code labels are short descriptive mnemonics that help distinguish codes from one another (Guest, MacQueen, & Namey, 2012). These code labels and transcript excerpts were then analyzed further, looking for repetition and resonances, which enabled thematic groupings to be established. The thematic grouping and categorization of the knowledge was then validated through analysis with the other authors.

RESULTS

It is rare within Inuit culture for an Elder to directly confront someone about a problem. Instead Elders use experiential knowledge presented in storytelling narratives to advise listeners to solve problems independently (Kirmayer & Valaskakis, 2009; Pauktuutit, 2010). This form of storytelling has been used as a way to transfer Inuit knowledge, values, and problem-solving skills between generations.

The Elders involved in this research project used storytelling to guide the researchers through an analogous process. The lived experience shared by the Elders provides clarity about the values and traditions that have the potential to improve community wellness for future generations. From the Elders' interviews the following themes were identified: respect, leadership, family connection, inclusion of Inuit knowledge, working together, and resiliency. An overview of these themes is included in Table 1 on the next page. Attempts to completely separate one theme from another is artificial as all of the themes are interrelated and interdependent. This concept of different values being intertwined is consistent with the Inuit holistic, ecocentric perspective, where all aspects of life are viewed as being dependent on one another (Kral, Idlout, Minroe et al., 2011).

Respect

Traditionally in Inuit culture, Elders are highly respected for their knowledge, wisdom, and ability to provide meaningful advice, which places them in a position of high esteem within families and communities (Pauktuutit Inuit Women of Canada, 2006). This level of respect between Elders and the other generations is crucial for storytelling, knowledge transmission, and teaching. Many of the Elders share that legacy within the outpost camps, an indication that respect was directly related to survival. Children and youth respected their Elders and therefore were able to listen and learn about important strategies on how to stay safe, how to protect themselves, and how to survive within the harsh arctic climate. One participant relates contemporary disrespect to some of the common problems in communities:

Table 1
Thematic Categorization of Knowledge Attained

RESPECT

Rapid modernization and relocation have caused a disconnect between the traditional and contemporary roles of Elders.

Elders are feeling less respected and that they have “less of a voice” with Inuit youth.

LEADERSHIP

External forces, such as the influx of Qallunaat and the establishment of numerous government departments, has affected leadership and power balances within communities.

Traditional leadership qualities that existed because of an individual’s ability to support and provide for the community are not as valued within contemporary democracy.

FAMILY CONNECTION

Population size and larger networks of influence have impacted families. Historical traumas had a severe impact on family structure.

INCLUSION OF INUIT KNOWLEDGE

Elders within communities are critical in ensuring that important aspects of Inuit knowledge and Inuit identity are communicated to younger generations.

WORKING TOGETHER

There is a need for outside resources to work in collaboration with community members and Elders.

Elders want to be included in the process.

RESILIENCY

Resilience is seen in the maintenance of traditional Inuit language.

Resilience is seen in the ongoing teaching of traditional activities like hunting and carving.

Everyone doesn’t use their Elders anymore. They don’t talk to their Elders, there is no leader, there is more suicide, and people are angry. If people were taught to respect their Elders, things would be better. (male participant)

In the modern world, Inuit Elders feel that children and youth do not learn important teachings because they do not respect or listen to their Elders.

Leadership

All of the male Elders engaged in this research discuss the importance of strong leadership in guiding and improving community wellness. Many of them reflect on the qualities they felt were apparent in traditional leadership. For example:

In the Inuit culture the leader was a good role model. He was a hunter and [organizations] would approach him if something had to be done. That’s how come he was the leader. (male participant)

The leadership honoured in traditional outpost camps was described as the single factor that kept tight kinship groups balanced. The Elders acknowledge that many qualities used to define traditional leaders, such as being a strong and reliable hunter, are no longer as relevant due to modernization. Traditional characteristics such as developing strong communication skills, living a healthy lifestyle, leading by example, and

being transparent with the community are recognized as relevant, although they are not always adhered to, for leadership of contemporary communities.

Family Connection

Leadership, respecting Elders, and listening to the right authority are all values that are instilled within the family unit. One Elder shared the following sentiment:

Wellness could start if we start talking to each other, and to our families. [If we] tell them about how things used to be, that is how things will start to get better in our community. (female participant)

The Elders believe their experiences as children dramatically influence the way families are structured today:

The younger generations are really in a confused state. They are living the Qallunaat life, but they also know the Inuit traditional life. (female participant)

It is understandable that many of the Elders directly correlate these dramatic sociocultural changes with many of the problems that modern Inuit youth face. These sociocultural challenges were unheard of in traditional Inuit culture, which has caused the gap that exists between the generations to grow wider.

Inclusion of Traditional Knowledge

The participants within this research project proclaim that the roles of Elders' storytelling and role modelling are ways for traditional knowledge and experience to be integrated into contemporary Inuit culture. One participant gave a very direct explanation of why communication between generations is not occurring and what roles Elders need to take:

We are not asking enough questions now, the Elders to the younger generations, about what they are dealing with or what they are thinking. We have to ask questions. We have to ask ourselves what is making us unhappy, and how do we resolve our problems. (female participant).

The Elders also acknowledged that culture is not static. As communities grow and change, the ways that children and youth self-identify with being Inuit also changes. Reciprocal learning between generations was felt to be a way that would increase respect, minimize the generational divide, and keep Inuit knowledge alive.

Working Together

Reciprocal learning is also important amongst different cultures. The Elders recognize that the influx of outside influences in Inuit community is unavoidable. Elders were quite aware that they cannot keep their children and youth isolated from advancements in technology and modernization, and recognized the necessity for Inuit children, youth, and adults to continue adapting to the modern way of living. This ongoing adaptation will require collaboration with outside influences and Elders recognize that this is essential to make positive change for the future. The importance of intercultural respect, and acknowledgement and a need for the "Qallunaat and the Inuit to start working together, and not just looking down on each other" was mentioned as essential to this process.

Resilience

Resilience is defined as the “ability to do well despite adversity” (Kirmayer, Dandeneau, Marshall, Kahenonni Phillips, & Jessen Williamson, 2011. p. 84). In many aboriginal communities this protection against adversity is displayed in spirituality, cultural knowledge, and tradition (Kirmayer, Sehdev, Whitley, Dandeneau & Issac, 2009). Many aspects of traditional Inuit culture have survived the detrimental effects of colonization and examples of cultural knowledge and tradition are evident in contemporary culture. Cultural continuity can be seen in the clothing, affinity with the land, artwork, carving, throat singing, drum dancing, love of country food, and language. Even though the majority of the conversations with Elders focused on the rapid changes that had negative repercussions, all of the Elders also spoke about the resilience and strength within the Inuit culture. For instance, one Elder explained, “the [Inuit] language has changed because the lifestyle [historically] is not the same as the lifestyle today. So even the language has had to adapt” (male participant). Another Elder used the example of language to highlight the resilience in Inuit culture:

Today’s kids are speaking today’s modern language. What they are hearing and what they are saying is different. They have adapted their culture with the modern language today. I am happy that they are able to adapt. (male participant).

This ability to adapt to the ever-changing environment is a resilient strength that the Elders feel Inuit embody.

DISCUSSION

Finding Their Voice

Legacies of distress and trauma over the past half-century have caused dramatic change within Inuit culture, traditions, and practices as mentioned previously. Since the majority of these events have occurred within a relatively short period of time, all of the Elders within this project had personal narratives of how colonization and rapid modernization have affected them. For many Elders this included having their voices silenced by non-Inuit who did not share their epistemology. Many of the Elders indicated that they have “lost their voices” throughout those interviews. Elders additionally, expressed modesty in their responses. For example, one interpreter explained on behalf of a participant, “She is just being insecure about what she is saying. She is saying that she doesn’t know much, so she is afraid that what she is saying is wrong.” Another stated, “I don’t want to say anything else, and the other elders need to have a say too” (male participant). These responses could easily be misinterpreted as uncertainty or unwillingness to share knowledge. It may give the impression that Elders are looking to outside sources to provide and validate knowledge instead of trusting and utilizing the intrinsic experience and ways of knowing of Inuit. However, tact and humility have been identified as important cultural values (Pauktuutit Inuit Woman of Canada, 2006) and misinterpreting this has major ramifications for community wellness. Healthcare professionals, policy makers, and researchers need to ensure that they are not taking this humility as an excuse to apply colonial actions to situations.

Through the stories from Elders, the following four action-oriented, problem-solving solutions emerged: (1) considerations for service providers; (2) strengthening family and community connections; (3) inclusion of Inuit knowledge; and (4) focusing on resiliency, which are summarized in Table 2.

Table 2
Action-Oriented Solutions

Considerations for Service Providers

- Use strategies that limit the impact of colonization.
- Honour all forms of knowledge and be respectful of community processes.

Strengthening Family and Community Connections

- Leaders in communities need to promote and model positive life choices.

Inclusion of Inuit Knowledge

- Inuit knowledge needs to be considered in all community wellness initiatives.
- The transmission of Inuit knowledge between generations assists young Inuit to self-identify with what it means to be Inuit.
- Operationalizing IQ* principles keeps Inuit knowledge relevant within the modern world.

Focusing on Resilience

- The voice of Elders once again needs to be heard.
 - Focusing on positive actions and values contained within Inuit knowledge and Elders' shared-history may improve individuals' ability to deal with adverse life events.
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* Inuit Qaujimanituqangit (IQ)—Inuit Traditional Knowledge or “the past, present and future knowledge, experience and values of Inuit Society.” (Arnakak, 2002)

Considerations for service providers. Previous research conducted in collaboration with Inuit share numerous findings with this project. The findings were consistent with work completed in the fields of resilience and suicide prevention, which highlight the importance of non-Inuit people treading lightly to protect the fragile balance within community leadership, structures, values, and beliefs (Kral & Idlout, 2009) in order to ensure their actions are decolonizing.

Aligning with other conversations with Elders (Fletcher & Denham, 2008; Kral, Idlout, Minroe et al., 2011), many of the Elders in this project stressed the importance of Inuit, and non-Inuit working together to improve the community. Decolonizing initiatives, as emphasized in the action-oriented solutions, empower Inuit community members to engage in problem solving, create relationships, and honour community knowledge. Elders showed humility when expressing their views on community wellness, but when researchers or service providers take a decolonizing stance it is imperative not to interpret individuals or Elders' reluctance to speak openly about important issues as an invitation to dictate outcomes. In order for community-initiated wellness programs to be successful, community members must be recognized as knowledgeable, and their opinions valued (Kral, 2012).

Strengthening family and community connections. In traditional Inuit societies, the relationships between immediate family, extended family, and community were essential to surviving and thriving. Elders interviewed within this project, like those interviewed in similar projects, noted that the segregation between generations among the Inuit is extremely detrimental (Kral, Idlout, Minroe et al., 2011; Kral, Wiebe, Nisbet et al., 2009). Ultimately, rebuilding these intergenerational connections were deemed crucial to community and individual wellness. The social support that is offered through family connections has the biggest impact on the health and wellness of individuals and communities (Richmond & Ross, 2008).

A study completed with community health representatives from numerous First Nations and Inuit communities found that the quality of social connectedness between families and communities is related to wellness, particularly in isolated communities (Richmond & Ross, 2008). If the family norm has become dysfunctional, people within the family can perpetuate negative life choices. This generalizes to the community level. If community leaders model negative lifestyle choices, these quickly translate to community norms. Community leadership that models healthy lifestyle choices can impart resilience to the community. Adhering to positive pressures of social conformity for a healthy lifestyle becomes easier than becoming socially isolated (Richmond & Ross, 2008). These findings are consistent with what the Elders within our study believe. The Elders spoke repeatedly about the importance of positive role models to show people how to live the “good life without drugs and alcohol” (male participant).

Inclusion of Inuit knowledge. Elders recognized that Inuit knowledge is an important part of community wellness and they emphasized that there are still many stories to be told and knowledge to be shared about respect, family connection, positive leadership, and resiliency that may benefit all age groups. Storytelling, as mentioned previously, is a solid way to “make meaning and define a mutual understanding of participation in a shared world” (Kirmayer et al., 2000, p. 614). This ability to reach one another through shared mutual understanding may help strengthen many of the values that Elders believe to be lacking in the contemporary world.

Many of the Elders’ comments regarding community wellness complement and strengthen the common understanding of Inuit Qaujimanituqangit (IQ). The Elders within this project are not basing their knowledge on a theoretical epistemology that is utilized within the confines of governmental operations. They are reporting innate knowledge, knowledge that transforms and is dictated by social circumstances, and community relationships as it is passed through generations. Arnakak (2000) stresses the importance of moving from theory to operationalization of IQ principles by stating that, “separating IQ from the contemporary realities renders something that is profound, enriching and alive into something that is meaningless, sterile, and awkwardly exclusionary” (Arnakak, 2000, p.1).

Focusing on resilience. Elders recurrently discussed the importance of sharing Inuit knowledge, protecting Inuit language, and promoting traditional values. Similar to the conclusions drawn by Kirmayer, Dandeneau et al., (2011), the Elders within our research project felt that sharing personal accounts of overcoming collective and individual adversity would strengthen resilience among Inuit. A study completed in Igloodik focusing on youth resiliency clarified that mentor–mentee relationships between generations improved youth ability to cope with life stressors more effectively than individuals who were disconnected from other generations (Kral, Salusky, Inuksuk, Angutimarik, & Tulugardjuk, 2014).

The values that the Elders identified as being important to improve community wellness; respect, leadership, family connection, and the inclusion of Inuit knowledge, are all consistent with factors identified in the literature as integral to improving community resilience (Fleming & Ledogar, 2008; Kirmayer, Sehdev et al., 2009). For example, Boothroyd, Kirmayer, Spreng, Malus and Hodgins (2001) suggest community approaches that integrate traditional aspects and focus on coping skills, conflict resolution, and interpersonal relationships are more successful than strategies that focus on the individual. The Elders implicitly understood that it is not only their voices that will improve community wellness but also the actions within those

important values that will improve the ability of individuals and the community to withstand adverse events, and therefore increase resilience.

LIMITATIONS OF RESEARCH

Although many communities within Nunavut struggle with similar difficulties and celebrate similar successes, it is important to value the uniqueness of every community. Factors such as geographical location, historical occurrences, and land movement patterns prior to colonization all influence the culture, language, and traditional teachings within each community. For this reason, this research project is most relevant to the community where the research took place. Aspects of the research may be transferable to other communities with careful consideration and the involvement of local community members.

There were limitations within the research design of this CBPR study. CBRAC participation was limited at the end of the study due to programming and funding changes in the community. Formal member checking of the thematic grouping did not occur within this project. However, the unanimous decision made by CBRAC members was that due to the extensive involvement of the CBRAC during the initial analysis of the Elders' interviews, secondary categorization of the themes could be completed by the outside researcher and validated by the co-authors. This deletion of formal member checking is congruent with the understanding that a critical part of the CBPR methodology is that the process is fluid and the model is reviewed and modified in response to different and changing situations (Fletcher, 2003).

Findings were disseminated to the community and participants by providing a community radio show to present the results. Furthermore, a lay-language synopsis of the results, and a full report of the results were provided to the municipality of Cape Dorset. If time and financial means had permitted, there would have been further dissemination of the results with more opportunities for interactive dialogue with the community. While findings from this study resonate with findings from other research, the extent to which results were affected by limited participation in these final stages cannot be known.

CONCLUSION

Moving from nomadic lifestyles to settlement living has caused tremendous change for Inuit (Pauktuutit Inuit Women of Canada, 2006), yet communities experienced individual and collective resilience throughout these rapid social, economic, and cultural transitions. This research reinforces how important identifying and elaborating historical and contemporary resilience within these populations can be for community wellness initiatives. Fostering a sense of hope in resilience through community discussions and activities, the integration of Inuit knowledge, and future research, shifts the focus of healing within Inuit communities from oppression to empowerment.

The Inuit knowledge offered by the Elders within this research project enhances insights from other academic literature. Respect, leadership, family connection, Inuit knowledge sharing, working together, and resiliency are themes that emerged in the interviews with Elders in this project. These themes are consistent with other research completed within the Territory in relation to community wellness (Kral, Idlout, Minroe et al, 2011; Kral, Salusky et al., 2014).

This CBPR project offers four action-oriented solutions to improve community wellness: considerations for service providers, strengthening family and community connections, sharing Inuit knowledge, and focusing on resiliency. These solutions, generated by Elders' knowledge, could improve relationships between generations, encourage the transmission of Inuit knowledge, facilitate communication between leadership and community, and strengthen the involvement of Inuit community members with outside service providers.

This project highlights aspects that Elders in this particular community associate with the changes they have experienced within their lifetime, including changes that have occurred at multiple levels within Inuit social, community and family networks as a result of experiences of settlement and modernization associated with colonization. Reconciling the effects of colonization is an ongoing process that will require service providers, policy makers, and researchers to actively acknowledge the importance of traditional Inuit knowledge and tread lightly when entering and engaging with Inuit communities. What these Elders communicated in this study suggests that it will not be outside resources that are foundational to decolonization, and to improving community wellness, but rather Inuit resilience in adapting to changing environments, Inuit knowledge, and Inuit strength in identity.

END NOTES

- 1 Inuktitut for a person of other than Inuit origin. Most commonly used to designate Caucasian people of western European origin (Tester & McNicoll, 2004, p. 2627).

REFERENCES

- Arnakak, J. (2000, August 25). Commentary: What is Inuit Qaujimajatuqangit? Using Inuit family and kinship relationships to apply Inuit Qaujimajatuqangit. *Nunatsiaq News*.
- Arnakak, J. (2002). Incorporation of Inuit Qaujimanituqangit, or Inuit Traditional Knowledge into the Government of Nunavut. *The Journal of Aboriginal Economic Development* 3(1), 33–39.
- Boothroyd, L. J., Kirmayer, L. J., Spreng, S., Malus, M., & Hodgins, S. (2001). Completed suicides among the Inuit of northern Quebec, 1982–1996: A case control study. *Canadian Medical Association Journal*, 165(6), 749–755.
- Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), and Social Sciences and Humanities Research Council of Canada (SSHRC). (2010, December). *Tri-Council policy statement: Ethical conduct for research involving humans (TCPS2)*.
- First Nations Centre. (2007). *OCAP: Ownership, control, access and possession*. Sanctioned by the First Nations Information Governance Committee, Assembly of First Nations. Ottawa: National Aboriginal Health Organization.
- Fletcher, C. (2003). Community-based participatory research relationships with Aboriginal communities in Canada. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 1(1), 27–62.
- Fletcher, C., & Denham, A. (2008). Moving towards healing: A Nunavut case study. In J. B. Waldram (Ed.), *Aboriginal healing in Canada: Studies in therapeutic meaning and practice* (pp. 93–129). Ottawa, ON: Aboriginal Healing Foundation.
- Fleming, J., & Ledogar, R. J. (2008). Resilience a revolving concept: A review of literature relevant to aboriginal research. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 6(2), 7–23.
- Galloway, T., Saudny, H., Egeland, G. M., Young, T. K., Kirmayer, L., & Chachamovich, E. (2012, June). *Inuit health survey 2007–2008: Nunavut community and personal wellness*. Sainte-Anne-de-Bellevue, QC: McGill University.
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied Thematic Analysis*. Los Angeles: Sage.
- Healey, G. K., & Meadows, L. M. (2007). Inuit women's health in Nunavut, Canada: A review of the literature. *International Journal of Circumpolar Health* 66(3), 199–214. doi:10.3402/ijch.v66i3.18256

- Healey, G., & Tagak, A. (2014). PILIRIQATIGIINNIQ 'Working in a collaborative way for the common good': A perspective on the space where health research methodology and Inuit epistemology come together. *International Journal of Critical Indigenous Studies* 7(1).
- Hicks, J. (2015). *Statistical data on death by suicide by Nunavut Inuit, 1920–2014*. Unpublished manuscript. Nunavut Tunngavik Incorporated. Iqaluit, Nunavut, Canada.
- Kirmayer, L. J. (2012). Rethinking cultural competence. *Transcultural Psychiatry*, 49(149), 149–164. doi:10.1177/1363461512444673
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal people: Transformations of identity and community. *Canadian Journal of Psychiatry*, 45(7), 607–616. doi:10.1177/070674370004500702
- Kirmayer, L. J., Dandeneau, S., Marshall, E., Kahenonni Phillips, M., & Jessen Williams, K. (2011). Rethinking resilience from Indigenous Perspectives. *The Canadian Journal of Psychiatry*, 56(2), 84–91. doi:10.1177/0706743711056000203
- Kirmayer, L. J., Fletcher, C., & Watt, R. (2009). Locating the ecocentric self: Inuit concepts of mental health and wellness. In L. J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 289–314). Vancouver, BC: UBC Press.
- Kirmayer, L. J., Sehdev, M., Whitley, R., Dandeneau, S., & Isaac, C. (2009). Community resilience: Models, metaphors and measures. *Journal of Aboriginal Health*, November 2009, 62–117.
- Kirmayer, L. J., & Valaskakis, G. G. (2009). *Healing traditions: The mental health of Aboriginal peoples in Canada*. Vancouver, BC: UBC Press.
- Kral, M. J. (2012). Postcolonial suicide among Inuit in arctic Canada. *Culture Medicine and Psychiatry*, 36(2), 306–325. doi:10.1007/s11013-012-9253-3
- Kral, M. J., & Idlout, L. (2009). Community wellness and social action in the Canadian arctic: Collective agency as subjective well-being. In L. J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 315–334). Vancouver, BC: UBC Press.
- Kral, M. J., Idlout, L., Minroe, J. B., Dyck, R. J., & Kirmayer, L. J. (2011). Unukkaartuit: Meaning of well-being, unhappiness, health, and community change among Inuit in Nunavut, Canada. *American Journal of Community Psychology*, 48, 426–438. doi:10.1007/s10464-011-9431-4
- Kral, M. J., Salusky, I., Inuksuk, P., Angutimarik, L., & Tulugardjuk, N. (2014). Tunngajuk: Stress and resilience among Inuit youth in Nunavut, Canada. *Transcultural Psychiatry*, 51(5), 673–692. doi:10.1177/1363461514533001
- Kral, M., Wiebe, P. K., Nisbet, K., Dallas, C., Okalik, L., Enuaraq, N., & Cinotta, J. (2009). Canadian Inuit community engagement in suicide prevention. *International Journal of Circumpolar Health*, 68(3), 292–308. doi:10.3402/ijch.v68i3.18330
- Pauktuutit Inuit Women of Canada. (2006). *The Inuit way: A guide to Inuit culture*. Iqaluit, NU: Government of Canada.
- Qikiqtani Truth Commission. (2013). Thematic Reports and Special Studies 1950–1975. QTC Final report: Achieving Saimaqatiqingniq. Iqaluit, Nunavut; Inhabit Media.
- Richmond, C. A. M., & Ross, N. A. (2008). Social support, material circumstance and health behavior: Influences on health in First Nations and Inuit communities of Canada. *Social Science and Medicine* 67, 1423–1433. doi:10.1016/j.socscimed.2008.06.028
- Robbins, J. A., & Dewar, J. (2011). Traditional Indigenous approaches to healing and the modern welfare of traditional knowledge, spirituality and lands: A critical reflection on practices and policies taken from the Canadian Indigenous example. *The International Indigenous Policy Journal*, 2(4), 1–17. doi:10.18584/iipj.2011.2.4.2
- Schueller, S. (2009). Promoting wellness: Integrating community and positive psychology. *Journal of Community Psychology* 37(7), 922–937. doi:10.1002/jcop.20334
- Tanner, A. (2009). The Origins of Northern Aboriginal Social Pathologies and the Quebec Cree Healing Movement. In L. J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 249–271). Vancouver, BC: UBC Press.
- Tester, F. J., & McNicoll, P. (2004). Isumagijaksaq: Mindful of the state: Social construction of Inuit suicide. *Social Science and Medicine*, 58, 2625–2636. doi:10.1016/j.socscimed.2003.09.021
- Tuhiwai Smith, L. (2012). *Decolonizing methodologies* (Second Edition). New York, NY: Zed Books.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Winnipeg, MB: Fernwood Publishing.