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JANELLE MARIE BAKER

EARLE WAUGH, *Series Editor*

*Patterns of Northern Traditional Healing, volume 4*

# ***Walking Together, Working Together***

*Engaging Wisdom for  
Indigenous Well-Being*

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to Indigenous Peoples and their allies who are striving for a  
healthier and more just world.*

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## Preface

JANELLE MARIE BAKER

*As an environmental anthropologist and ethnobiologist*, I often hear Elders speak about how the health of the land is reflected in the health of people. In the academic world, research on medicine, health, and well-being are often quite separate from research on the environment and earth sciences. The authors in this book remind us that, in reality, our health and well-being is inextricably linked to the health and well-being of all life on the planet. We have to care for our local ecosystems in order to care for ourselves, and, in fact, the act of caring for the land, of being on the land and living respectfully, in itself supports our well-being.

My role in co-editing this book is rather like a set of bookends, as I was involved at the beginning of the project and then again at the very end. Leslie Main Johnson has been a friend and mentor to me since 2003, when she co-supervised my Master of Arts in Anthropology and then supervised my work as a tutor at Athabasca University until I had the honour of taking on her position and her courses as faculty at Athabasca University when she retired in 2018. During my PhD research in 2015, Leslie co-organized the Wisdom Engaged conference that resulted in many of the book chapters in this volume and in the earlier volume, *Wisdom Engaged: Traditional Knowledge for Northern Community Well-Being* (2019). I attended the conference in amiskwaciwāskahikan (Edmonton), and roomed with Fort McKay Elder Celina Harpe-Cooper (see Chapters 5 and 13 in *Wisdom Engaged*).

Celina and I have bunked together at Moose Lake in what is now known as northern Alberta several times. We have often laid in our bunks by the wood

stove in a small trap cabin, telling stories and watching the northern lights. We worked together for years on a berry-monitoring project in Fort McKay's traditional territory, which is now also the region that has been excavated and surrounded by the oil sands mines in northern Alberta. I did not think twice about bunking together at a hotel across from the University of Alberta Hospital, where the meetings were held. The remarkable thing, though, was that Celina's daughter, who had chronic health conditions, needed to see her specialist at the University Hospital, and she came and stayed with us over several days while accessing medical care and supporting her mother on this trip to the city. At the time, this felt like so many trips to the city for meetings with northern First Nations co-researchers and friends, but now, in retrospect, I realize that the layers of relationships and well-being that we were meeting about were being enacted all around us.

This volume provides the reader with many examples of how, when research and community-based projects are based in good relations, well-being and conciliation can occur. I joined Leslie Main Johnson as a co-editor in late 2021, which for me has been a joyful collaboration and an honour to tend to the many voices in this book. While so many of us ponder how to decolonize academic publishing (McAlvay et al. 2021), the authors here do it clearly and well. The authority of an Elder sits well beside that of Indigenous community workers, Indigenous scholars, and academic allies. Many authors write about how Indigenous medicine and science-based medicine do not have to exist in an oversimplified dichotomy but rather in relation to patient and healer, community and the land. The lesson I learn from this volume is that we really do need to walk together to support one another and well-being for the sake of the planet and us all.

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- McAlvay, A.C., C.G. Armstrong, J. Baker, L. Black Elk, S. Bosco, N. Hanazaki, L. Joseph, et al. 2021. "Ethnobiology Phase VI: Decolonizing Institutions, Projects, and Scholarship." *Journal of Ethnobiology* 41, no. 2 (July 5): 170–91. <https://doi.org/10.2993/0278-0771-41.2.170>.

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Leslie would also like to acknowledge her colleagues who were then at the Alaska Native Tribal Health Consortium (Dr. Gary Ferguson, Meda DeWitt, and Margaret Hoffman David) for their vision and their aid at the conference, and for inviting her to Alaska to attend the Alaskan Plants as Food and Medicine conference in 2016, which enabled her to make productive connections, especially with Dr. Allison Kelliher. Thanks to Erik Visser and Glenn Eilers for helping to video-record Elder Harry Watchmaker's words, and to Riva Benditt for helping to cement a relationship with Harry and encourage his participation in the project. Dr. Eugene N. Anderson, professor emeritus, anthropology, University of California Riverside, read the entire manuscript of this book and contributed many insightful comments and helpful editorial suggestions. Dr. Chelsey Geralda Armstrong, now assistant professor of Indigenous studies at Simon Fraser University, also helped

with some of the framing presented in the introductory chapter. The anonymous reviewers, acquisition editor, Mat Buntin, and the University of Alberta Press committee provided helpful comments and suggestions. Thanks also go to Dr. Janelle Baker, assistant professor, anthropology, Athabasca University, for being willing to join the editorial team late in the production of this book and share her understanding of complex issues of Indigenous health, well-being, and voice. Thank you to Renata Jass for her editorial insight, and the copy edit team at the University of Alberta Press for their work on the manuscript. Finally, Leslie would like to thank her family for putting up with her during the sometimes-fraught production of this book.

## 9 *Health and Healing on the Edges of Canada*

*A Photovoice Project in Ulukhaktok, NT*

DOROTHY BADRY AND ANNIE I. GOOSE

*Dorothy Badry is a professor in the Faculty of Social Work at the University of Calgary, and Annie Goose is an Inuvialuit Elder, language expert, and craftsperson from Ulukhaktok, NT. They collaborated on the Brightening Our Home Fires project to address women's health and FASD (Fetal Alcohol Spectrum Disorder) prevention, which took place in four communities in the Northwest Territories, including Yellowknife, Eutselk'e, Behchokō, and Ulukhaktok (2011–2012), using the Photovoice methodology described below. The chapter included here is based on their collaborative research project report and was revised for inclusion in this book.*

### **My Family—Enjoying the Simple Things in Life**

My bonding with them is more genuine than ever before. And we are the best of friends, my boys and my daughters. We can share, and laugh and be real with each other. That gave me great inspiration to carry on with my own life. Photovoice is a very safe passage for one to express themselves. Our words and pictures convey more about our inner being and support healing more than I realized. Taking pictures can reflect everyday reality and contribute to healing your inner being. This experiencing gives you an enjoyment—just being true to yourself and those around you. There are moments that you

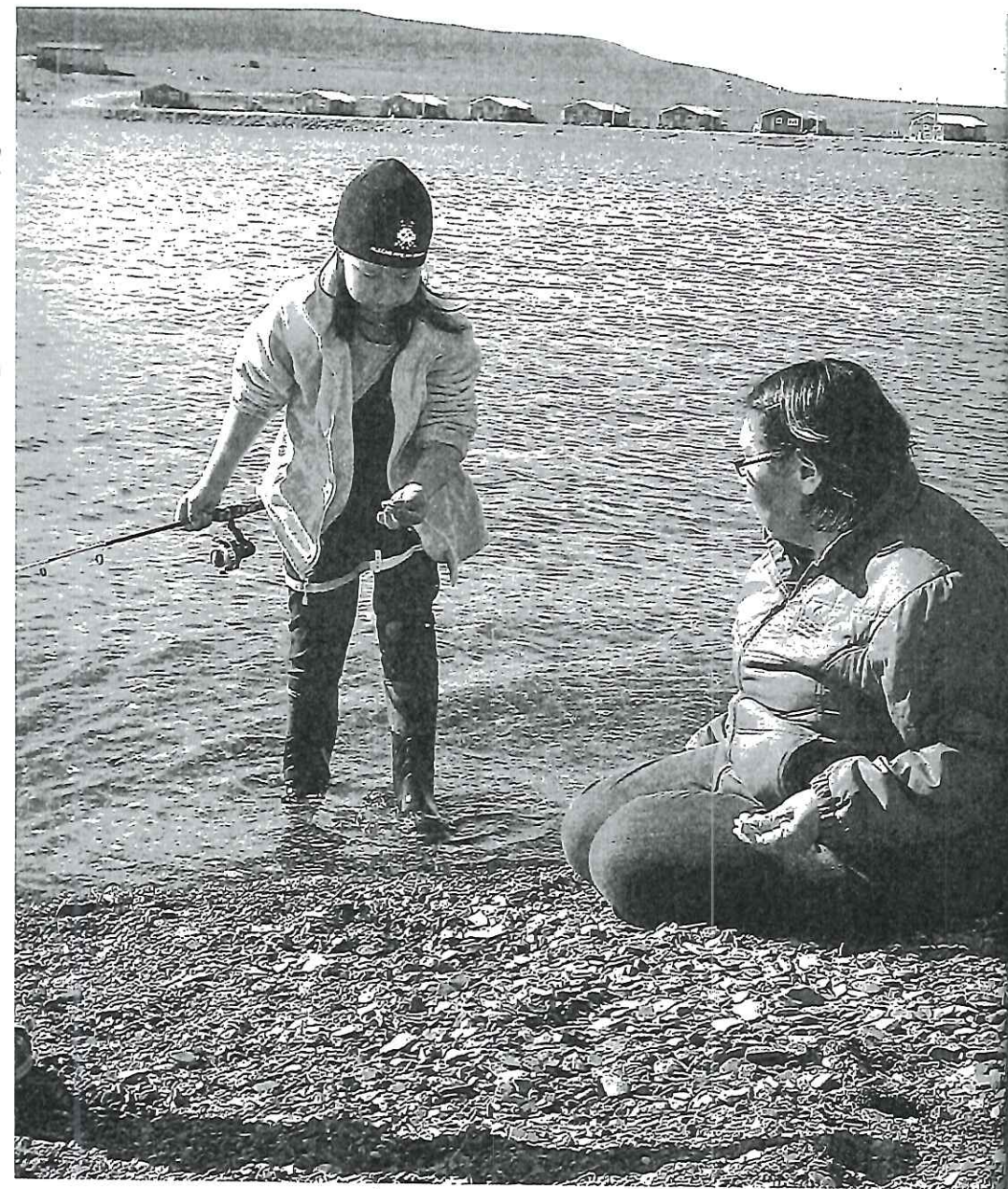


FIGURE 9.1 *My family—enjoying the simple things of life.*

never realize you see until you take a picture and then you see it—differently. Photovoice through images and true colours offers inner peace and enjoyment of moments in your life that you never thought were important.

— PHOTO BY ANNIE GOOSE, Ulukhaktok, NT, June 26, 2012

### *Introduction*

We begin this chapter with the above photo and Annie's commentary in order to identify and illustrate the powerful reflections offered through Photovoice—the guiding methodology for this research. Photovoice is a qualitative research methodology used in community-based and health research as a method to document local experiences and realities as seen through the eyes of the participant taking photographs. Photovoice is a powerful methodology to use in reflecting the lived experience of people in community. Wang and Burris (1997) identify Photovoice as a feminist method that involves taking photographs that reflect lived experience within a community in relation to issues or concerns, and, as such, it offers a place to engage in critical dialogues and supports sharing the information gathered with policy makers.

The cameras are something that are useful for daily living, taking family photos and today social media has a lot of photos out there. I think the most powerful way of expressing self—it shows in individuals showing photos of what is important to them—whether be family, children, the land, community events, hunting, fishing and traditional cultural activities. Cultural vibrancy is shown in many ways in the photos.

— ANNIE GOOSE, Ulukhaktok, NT, December 5, 2012

Further discussion of the Photovoice methodology takes place in the section on methodology below.

How do you open a dialogue on the complex health topic of FASD prevention in northern and remote communities that is sensitively grounded from a trauma-informed perspective? This question cannot be addressed without considering the historical impact of contact with outsiders and the legacy of colonial impact on the North. Communities on the northern edges of Canada



continue to grow and develop, and family life is deeply valued. The northern environment, while often cold and harsh, is culturally rich. We know contextually that women face many challenges in the North. Health care, safety and security in cases of domestic violence, poverty, substance abuse, and homelessness are all problems that pose risk in small, remote communities. Other challenges for remote communities include timely access to treatment, and often having to travel long distances to access health care or addictions treatment. There is bleakness in the winter, and concerns about substance use rise while suicidal thoughts simmer, when darkness descends 24/7. The winter months are often challenging in small, remote, northern communities, and illness and deaths among community members are deeply felt. Health promotion is an important focus of Beaufort-Delta Health and Social Services and includes support for chronic disease, Elder supports, prenatal and post-natal care, and disease prevention, and provides access to regional health services, including dental care, diabetes education, nutrition, and other allied supports as identified by Ulukhaktok Health Services.

A project was undertaken in the Northwest Territories between 2010 and 2012 called Brightening Our Home Fires. Members of the Canada FASD Research Network Action Team on Women's Health (2010) initiated the research and engaged with four communities. The financial contribution of the First Nations & Inuit Health Branch supported this research project. The focus of this chapter is on the work completed in the community of Ulukhaktok, above the Arctic Circle and located on Victoria Island.

Ulukhaktok is a small hamlet with a population of over four hundred people, and is a remote community on the Beaufort Sea that is only accessible by airplane most of the year. There were twelve women involved in this project, and co-author Annie Goose from Ulukhaktok was a research facilitator and translator for the project. Annie also participated in the Photovoice work and shared deep insights into health and healing, and her reflections of this experience are included in this chapter. The purpose of the Brightening Our Home Fires project was to understand factors women see as important in health and healing in the North and to consider protective and supportive of women's health.

We recognize that FASD prevention and discussions about addictions are deeply personal topics and not something that women would want to talk about in front of others. We also acknowledge that there are limitations to this research. Asking directly about FASD poses a barrier to working with women in the North. While some awareness of FASD exists, there is no infrastructure in small remote communities for diagnosis. It is also recognized that it is a challenge to identify the cause of a disability, due to the stigma associated with alcohol use and pregnancy. It is important that individuals with disabilities are integrated and included as members of the community, and it is important in remote communities to provide natural supports wherever possible.

This chapter will focus on the value of Photovoice as a means to talk about complex health concerns, using an approach that is nonthreatening and is grounded in imagery and text. We discovered that using Photovoice diminishes perceived stigma, fear, and apprehension in relation to talking about FASD as a health concern, and our conversations focused on health—not FASD. Strong themes emerging from this research included the healing nature of family connections, culture, and community. We will report the major themes of the research, share some images, and reflect on the process. As co-authors of this chapter, we collaborated to provide some contextual information about health and social concerns in the North, while balancing these issues with insight and lived experience that is grounded in culture and community.

### *Setting the Stage for FASD Prevention: Review of the Literature*

The topic of women's health and healing in relation to addictions and FASD prevention is a critical, yet daunting, topic. The Ajunnginiq Centre, National Aboriginal Health Organization (2006) undertook an environmental scan of service and gaps in relation to FASD. Its report documented efforts being undertaken since 2003 in relation to developing awareness materials, and holding community-based workshops with an overall focus on prevention. Prevention efforts have included sharing information across regions and work conducted with the Canadian Prenatal Nutrition Program, which has been very active in the Arctic regions of Canada. It is difficult to acknowledge that

a child may be having difficulties due to alcohol exposure during pregnancy due to stigma, and it was suggested that community voices, especially Elders, aid in contributing to discussions on prevention. The other challenge is a lack of specialized health care services in remote and isolated communities, which often requires extensive travel for health care treatment (Pauktuutit Inuit Women of Canada 2010). If a concern is identified that FASD may be an issue for a child, it would take substantial effort to access diagnostic resources, and communities often have more pressing concerns, such as poverty and a lack of adequate housing.

The Northwest Territories Child and Family Services Act is the guiding legislation that outlines the circumstances and conditions under which Child and Family Services could become involved. Involvement with child welfare can also be stigmatizing in the North, particularly in small communities in contrast to larger urban centres. In relation to child welfare involvement, Northwest Territories Health and Social Services (2011) reported,

Children may receive services because they were abused or neglected. Other children may come into care voluntarily and/or receive services because they have unmanageable behavioral problems resulting from developmental delays, mental health issues or Fetal Alcohol Spectrum Disorder (FASD). (70)

In the 2013–2014 *Annual Report of the Director of Child and Family Services* (Government of the Northwest Territories 2014–2015), section 7(3) (g) of the act identifies the concern that children with mental or emotional health problems, or other developmental conditions (disabilities), may be in need of support or intervention if families cannot access services, or are unable for a number of reasons to engage with such services. Society places the responsibility to protect and nurture children with biological parents or extended family members. Child protection agencies, while responsible for investigating allegations of neglect/child abuse, can also be an avenue to offer and provide supports to families through voluntary agreements to ensure the safety and well-being of children. There are limited resources in small communities, and children with disabilities are generally integrated into existing programs

within schools. It is not uncommon in the Northwest Territories for children to live with extended family, and this is an important aspect of the social fabric of remote communities.

The *Annual Report of the Director of Child and Family Services* (Government of the Northwest Territories 2015–2016) reported that approximately one thousand children receive some form of service either through agreement with the family (66.4 per cent), or by court order (33.6 per cent). The use of voluntary agreements is reported as a means to support and strengthen families and is consistently used with families, as well as with youth ages sixteen to eighteen needing supports that include housing, financial aid, and support with treatment for addictions. Further, rates of children in permanent care have declined from 252 in 2006–2007 to 167 as of 2016. A primary concern in the Northwest Territories is parents with drug, alcohol, or solvent problems, and this is a major concern in referrals to Child and Family Services. This concern was reiterated in the 2013–2014 report of the director of Child and Family Services, and the need to address alcohol use and its impact on families remains a focus. It was indicated that there are fifteen Healthy Family Programs in the Northwest Territories. Further, this report suggests that the need exists to differentiate between cases of child neglect and child abuse. From a social determinant of health perspective, this is an important consideration, which leaves room for recognizing that poverty and inadequate housing are often contributing factors to children requiring intervention or support. *Building Stronger Families: An Action Plan to Transform Child and Family Services* (Northwest Territories Health and Social Services 2014) and the adoption of a structured decision-making model are key tools in child protective services to support the goal of building stronger families. New directions have been undertaken in the Northwest Territories focused on the *Building Stronger Families* action plan.

The *Report on Substance Use and Addiction* (Northwest Territories Health and Social Services 2015) reported that the impact of addictions is deeply felt in families and communities, and includes the use of 2012 data on addiction, including alcohol, tobacco, drugs, and gambling. It was noted that children of residential school survivors were at much higher risk of alcohol

addiction compared to those whose parents did not have this experience. For example, “Of those who reported a parent had gone to residential school, 25% are considered heavy infrequent drinkers, compared to 16% of those who did not have a parent attend” (Northwest Territories Health and Social Services 2015, 37). Additionally, alcohol-related harms were reported to be much higher for individuals living in small communities, often impacting social cohesion in smaller communities. The same report indicates that 75 per cent (Aboriginal and non-Aboriginal) of the population that consumed alcohol are current drinkers, of whom 84 per cent were within the 25–39 age range, 74 per cent (15–24), 72 per cent (40–59), and 59 per cent (60 and older) (Northwest Territories Health and Social Services 2015, 9).

The government released the Mental Wellness and Addictions Recovery Action Plan in 2019, and it calls for the need to reduce stigma around addictions and mental health to increase supportive pathways for addiction recovery, to provide more coordinated and integrated services that recognize family at the centre of recovery, and to strengthen community-based supports, aftercare, and peer support for individuals with mental health and addiction problems. In this action plan, pathways to health have been developed with a focus on increased access to services that address mental health and addictions. The plan recognizes that there are many paths to addiction recovery.

The Social Determinants of Health are social factors contributing to the attainment of a complete state of physical and mental well-being (World Health Organization 2008). Health is impacted by social and economic factors such as income, wealth distribution, employment, education, and by the working and living conditions experienced by different populations and communities. The social determinants of health do not exist in isolation to each other; they are intertwined and inevitably affect quality of life. Access to the basics in life such as food, shelter and clothing, and health and social care are intended to be universally available to all citizens in Canada. The social determinants of health are critical to examine in relation to FASD prevention, as social and economic factors include income, wealth distribution, employment, education, and living conditions. Employment is a major challenge in northern, remote communities as so few jobs exist in small hamlets. Cameron

(2011) compiled a list of social determinants of health as they relate to the northern reality and context, which include acculturation, productivity, income distribution, housing, education, food security, health care services, social safety nets, quality of early life, addictions, and the environment.

In a newer report, Inuit Tapiriit Kanatami (ITK) (2014) quote the World Health Organization (2013) in defining social determinants of health as “the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices” (3). The key determinants of health within Inuit communities identified in the ITK report include quality of early childhood development, culture and language, livelihoods, income distribution, housing, personal safety and security, education, food security, availability of health services, mental wellness, and the environment.

It is worth noting that these social determinants of health are considered in light of challenges, as well as identifying key positive efforts in each of these areas. For example, progressive efforts include learning and understanding constructs such as harm reduction, leadership development in communities, promoting Inuit language and culture, food security, and promoting culturally relevant services that focus on mental health and community well-being to address concerns about suicide. There are deep concerns about suicide among youth and young adults, and efforts at prevention are important to each community. Suicide is considered a serious health issue that contributes to chronic grief and loss. *Social Determinants of Inuit Health in Canada* (ITK 2014) is a critical and progressive report that is focused on health promotion. This report also highlights the work of the Maternal Child Health Working Group, which is working on supporting and promoting “healthy pregnancy and birthing by bringing birthing closer to home and preventing children being born with FASD” (13). It is also recognized that Inuit culture was disrupted through Canada’s residential school experience in the Northwest Territories, which we address in relation to its relevance in this chapter.

### *Contextualizing the Topic of FASD in Northern Communities*

Residential schools are part of the history of the North, and when children were moved far away from home, “many Inuit children lost their familial, communal, and socio-cultural connections, had no opportunity to eat country foods, were banned from speaking Inuit languages, and were forced to follow southern norms” (ITK 2007, 6). The removal of children from their communities to attend residential school has also left a legacy that resulted in broken ties in families due to this imposed separation. The legacy of these experiences contributes to the use of alcohol in communities in the Northwest Territories, and the intergenerational effects continue to unfold over time.

In reviewing the literature, the TRC—Virtual Quilt (Pauktuutit Inuit Women of Canada 2013) was discovered, which is a visual and artistic reflection based on the work of the Truth and Reconciliation Commission and the impact of residential schools in northern Canada. Similarly to our project, this project shares voices of women and men in communities who are reflecting on healing through the medium of artistic representations. The use of visual methodologies, then, reflects an important venue for sharing experience and voice.

It is very difficult to initiate and have conversations about FASD in small communities, given it is such a sensitive topic. Salmon and Clarren (2011) identified the need to develop culturally relevant responses to FASD prevention in the northern areas of Canada. It is critical to note that alcohol-exposed pregnancy is an experience grounded in historical trauma, and the use of alcohol is, more often than not, an effort to self-medicate against personal pain (Rutman 2011; Poole 2010). There is no intent to cause harm during pregnancy, yet judgmental viewpoints dominate in response to FASD. Prevention is not simply about abstention from alcohol during pregnancy, given that FASD is an outcome that is often a result of historical trauma. It is important to consider the interpersonal context for women that contributes to, and leads to, substance use. The identification of a child with FASD symbolically represents the need to look back at the history of the mother; prevention must be grounded in promoting health and healing for women, their families, and their communities. The health and healing journey is what makes a difference in prevention of many health and social challenges.

This project provided an opportunity to consider the topics of health and healing, while reflecting a positive approach to a dialogue through using visual imagery and text as a means to evoke reflection. Embarking on new pathways and having new conversations have a ripple effect in communities, which is resonant with Inuit societal values (Government of Nunavut 2013).

### *Approach to the Research*

Given the challenges associated with the topic of FASD prevention, it was important to identify an approach to the topic that would contribute to a deeper understanding of the phenomenon of women’s lived experience that deeply influences health choices over time. Photovoice was identified as the primary methodology for the Brightening Our Home Fires project as it is well suited to participatory action research (PAR).

Community members who live in, or have strong relational ties to, their communities were invited as co-researchers in this project. The research team held many discussions about how best to approach this topic, and over time it became clear that a focus on health and healing was an essential place to begin our exploration. It was also important to be transparent and identify that, while FASD is a health/social concern, the underlying construct of women’s experience and health are contributing factors that require a much deeper understanding. Through the visual methodology of Photovoice and a qualitative research approach, women were asked to take photos in their home communities in response to the question: What does health and healing look like for you in your community?

### *Methodology*

Photovoice was used as a primary methodology in this project, and it supports community engagement and involvement. PAR has created protocols for ensuring respectful and ethical partnerships that better support active and collaborative community participation in research (Aurora Research Institute [ARI] 2010). Photovoice as a methodology has traditionally focused on how a group of participants view a particular topic within their community (Palibroda et al. 2009). However, it was important to adapt Photovoice to

work with individuals, as the topic is sensitive. Our adaptation involved working with individual women throughout the project.

### *Ethics Statement*

Specific protocols exist for obtaining ethics for research in the Northwest Territories. This included completing an application for the Aurora Research Institute, NT, for a research licence, which takes several months to finalize and receive approval for. The waiting period is associated with the process of the ARI reviewing the application and engaging in community consultation in all communities where the research is to take place. It is also important to obtain letters of support to include in the application to ARI from communities where research will be conducted. Simultaneously, ethics approval for this project was obtained through the University of Calgary Conjoint Faculties Research Ethics Board. Once the university ethics certificate was obtained, the certificate was forwarded to ARI, at which point final approval was gained and a research licence granted. These measures are critical steps in the interest of transparency regarding research projects conducted in the Northwest Territories. While this process is detailed and lengthy, it is an essential aspect of conducting research that is respectful of northern communities in Canada.

### *Photovoice Examples and Reflection*

In order to illustrate the representations of community and culture brought forth through Photovoice, co-author Annie Goose has shared several of her images and text created in this project. We also provide some images and text that women graciously shared in the project to give a sense of the process and content of the Photovoice project and the diverse images that represented health and well-being to the participants. Annie acted as host and translator, and also participated in the project. The northern reality is that all community members are welcome when a project takes place, and we are deeply appreciative of the involvement and voices of women that have contributed to a deeper understanding of health and healing grounded in community. Please note that all images and descriptive text for each photo in this chapter are used with consent.

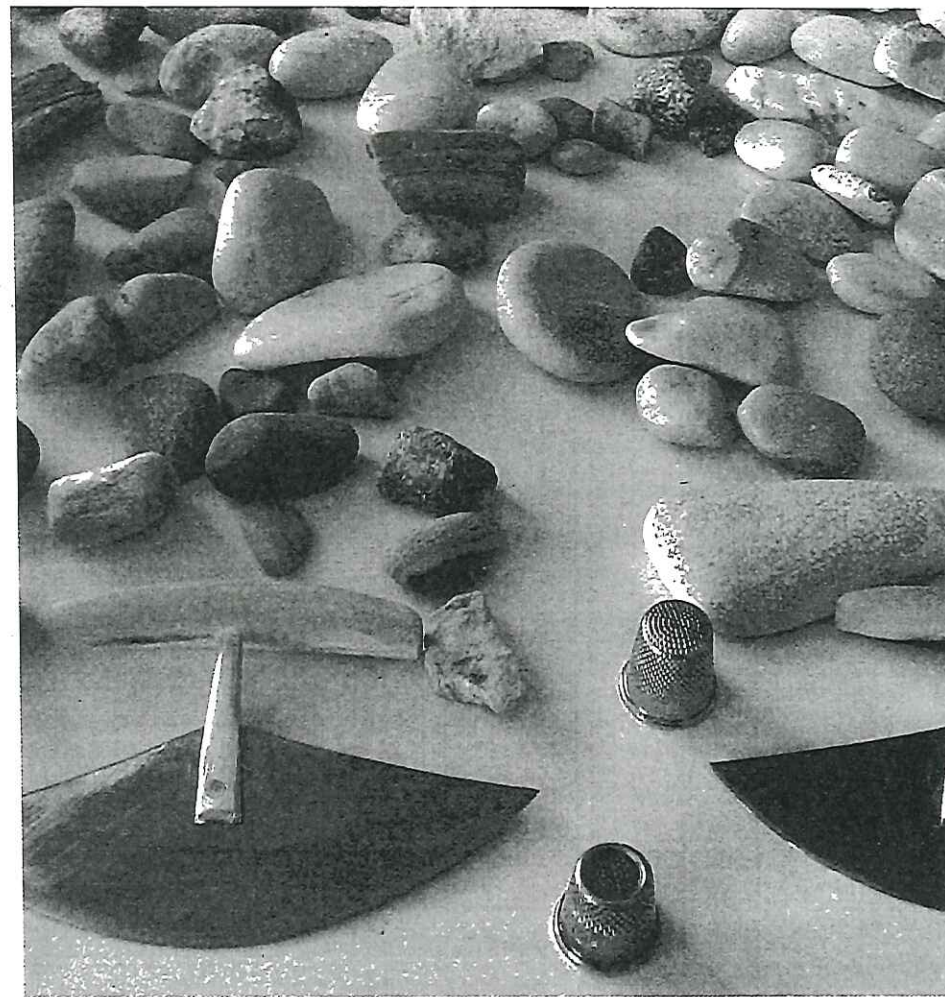


FIGURE 9.2 *Handicraft—Rocks.*

### *Handicraft—Rocks*

My mom's handicraft of clothing she made was appreciated by us and that is where I learned to do my best for my family and myself. She was a hard worker and displayed her faith by doing rather than by talking. In my own work and healing, I model what I have learned throughout my life—to share with care, with those around me, my family, my community and anyone else.

— PHOTO BY ANNIE GOOSE, Ulukhaktok, NT, 2012



FIGURE 9.3 *The Land.*

*The Land*

The land—is my place of therapy, picturesque scenery, flowers, the stones, the rocks, the plants, animals, birds, ocean mammals all have a place in my own life. There was a time in my own life that I did not know how to properly prepare these things as a young mother, and over time I learned these skills, and how to store away dry, frozen meat and the lands has a way for my own life. I feel free, energy—you can gather energy wide as your arms, high as the sky and as deep as the ocean for your own life. If I am in the tree-line country I improvise—take in what I can and leave the rest.

— PHOTO BY ANNIE GOOSE, Ulukhaktok, NT, 2012

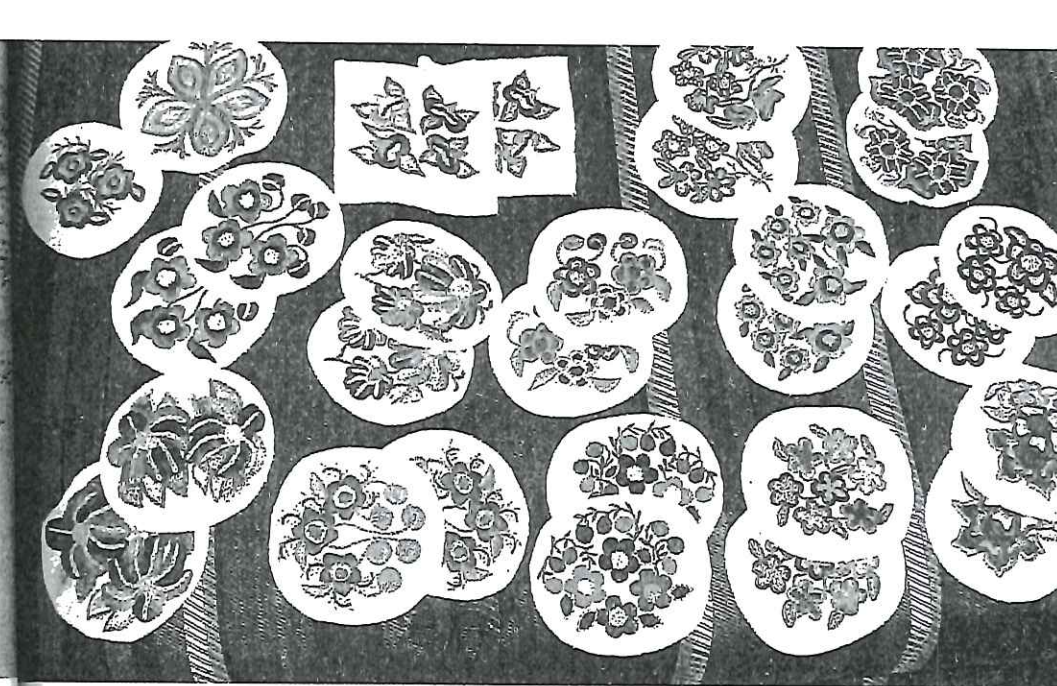


FIGURE 9.4 *My Work.*

*My Work*

Part of my therapy is through my handicrafts, which is very relaxing in creating the colours and the choice of colours—the colours I choose reflect my healing and how far I have come. I have a need to see the mistakes I make sometimes in my own life and reflect on how beautiful life, on my own, life can be through my creations...As I do my handicrafts it helps me to relax and take pride in my work and be real in my own healing journey. As I grow older and progress in life I begin to know my own need to model and not so much speak it or show it off: I need to be real in my own choices because life is about choices and I know if I do make my choices I will live with either the positive or the negative.

— PHOTO BY ANNIE GOOSE, Ulukhaktok, 2012



FIGURE 9.5 *A Light at the End of the Tunnel.*

*A Light at the End of the Tunnel*

This picture represents our greater power—the amazing gifts He has for people. No matter how dark things may seem there's always “a light at the end of the tunnel.” There is always hope for a better tomorrow.

— PHOTO BY LAVERNA KLENGENBERG, Ulukhaktok, 2012

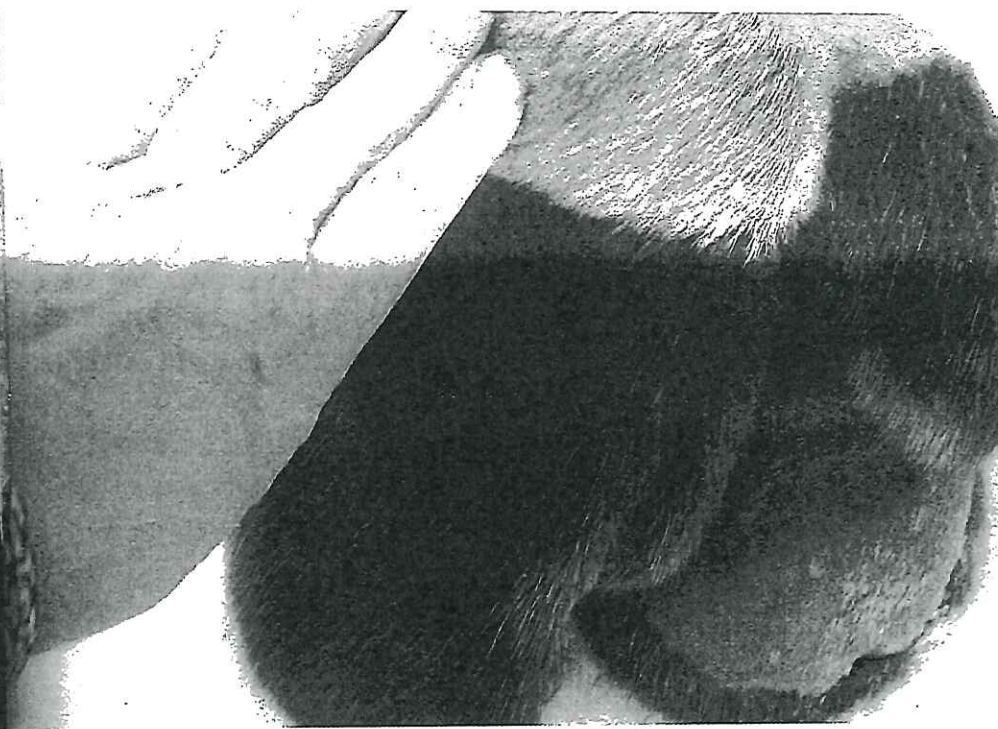


FIGURE 9.6 *Healing with Art.*

*Healing with Art Photo*

My crafts helped me to heal during a difficult part of my life. They help me express what I feel—they help me to think in quietness and contemplate life. My crafts are an expression of my thoughts, my dreams, and my hope for a better life. It is in these moments of sewing, of feeling, of thinking, of dreaming, of hoping, that I am who I can become. I am me, the way I really see myself.

— PHOTO BY LAVERNA KLENGENBERG, Ulukhaktok, 2012

UPLAK KOVIANATOK. KAOMANIK TAKOPLOGO. HILA  
PINIKTOK NONAMI MANIKKAMI NIGYOTIN. TAKOPLIGIN.  
HAIMAKTIGOTAOKMATA NIKKIGHAK. KAITAOHIMAYOK NONAMON.  
INOYUTTIKHAK KOYAGAMA. KOLVEK. KOVEMAN. NAMAATKA.  
OKILYOTTUN. ILIMATA.KOVIANAKNIK. MALLAGO. TAVONGA.  
MAKITKIKPALUNGA. KANOLUNIN. MAMAKMA. DATIMALU  
ILHAOYUTAIT. ELANI. TAKOPLIGIN. MIGHONIK. MINGOLIHINIK.  
ATOHUGO. TOGHIANIK ATOHUGO KUVIAKON. KAGLLIPAKTOK.  
HILA. TAKOPLUGO.

*Our Land, Our Country Food*

Beautiful morning, bright and welcoming here in our community and our region. Healing comes in many ways, through our culture and country food chain, gives me strength for my physical and mental/emotional well-being, through my tears that flow freely, gives me inner peace and healing. My mother and father's words of encouragement, and through my artwork/crafts, also my faith all are entwined together. Gives me my complete together as in my recovery and my inner healing throughout life.<sup>3</sup>

— PHOTO BY ELSIE KLENGENBERG, Ulukhaktok, 2012

In summary, it is clear through all the beautiful photographs and captions associated with each image that meaning is found in the everyday things of life. It is important in community-based research to watch it unfold over time. As co-authors, Annie and I have continued to collaborate since this project ended and have participated together in conference presentations in Edmonton, AB, and in Yellowknife, NT, at the first FASD conference in 2014. We have also worked on several research articles and reports related to the Brightening Our Home Fires project. As we worked through this chapter, and talked about how we could present the research, we engaged in a reflective conversation in the fall of 2015—three years after the project concluded. While Annie spoke, I diligently typed each word.

FIGURE 9.7 *Our Land—Our Country Food.*



### *Annie Goose Reflects on the Brightening Our Home Fires Project*

One of the greatest most helpful ways of healing was captured in every person that participated in this project. In terms of healing personal family circle and always hoping our own version of recovery through PV was helpful to other people who are interested in this work. We know that personal wellness only happens when an individual comes to a place of needing to start enjoying life in general. Despite whatever challenges, setbacks, and times of feeling: Where do I go from here? And always looking up and getting back on board to continue healing, to enjoy life no matter what is about us in our daily lives.

And to forever continue role modelling, even though I may not always feel I am modelling my healing—even though recovery is about that. The impact of this project on the community is to see individual participants feel lightened—that Photovoice work was something to brighten individual living day to day. Through picture and words of encouragement, coming together was a very nonthreatening way of expressing—for where one was in their journey and where they want to go. Photovoice is real—the photos and one's words are real powerful. The focus on health and healing was also nonthreatening, and women felt free to express themselves through the question that was asked about health and healing.

Even though that project ended, the desire to do more Photovoice work exists. I think from the time that we started to work on something that looks at what type of need exists in personal healing. What kind of work can we do together in communities that is inviting to an individual who might want to participate—who might want to be part of a project that promotes self-healing? Photovoice has a large role for communities, particularly remote communities, and it's needed to open dialogue with people who feel they might be stuck in something and have no way to express those feelings and thoughts. How can I move on? What can I do? And to have trust built to express self, to feel included, and from that to continue moving forward. I feel there is a lot of room in any community to have Photovoice or other types of projects to happen in their community, to feel supported and to be asked if they would like to participate and carry on from there. Funding is always

a need in the community for promoting healing and wellness in families. Photovoice has done a great deal for me as an individual! It's brought me forward to enjoy life, enjoy community, connections, and to understand when one is in the place of unsureness or uncertainties, and to do a project that is fun to do. There was enjoyment in taking photos and comparing that with person, emotion, mental space—it is a very safe way of expressing, and at the same time coming together with something that is very useful, colourful, strengthening ways for physical, emotional, mental. In hoping that it may help others to participate—there is always room, but it needs coordinators and people to take on projects, and for funders to work with communities to be open to work with communities in dialogue and to support other projects in the future.

### *The Findings: Key Themes Important to Health and Healing*

In this section, the cumulative findings of the Brightening Our Home Fires project that involved four communities in the Northwest Territories is reflected. All the images and texts were entered into a qualitative software program called ATLAS.ti, then coded and analyzed for emerging themes. These themes were repeatedly identified in relation to health and healing and reflect the voices of women participants in response to the question: What does health and healing look like for you in your community? The themes are presented in alphabetical order below and are relevant to culture, place, and community health and healing.

- *Arts, Crafts, and Handiwork:* Women shared the cultural connection as reflected in these activities and found this work to be soothing and healing.
- *Community Care and Support:* Women reflected on the importance of being part of a community and being supported where they are at in life.
- *Employment (Work and Education):* Women reflected that these were important factors, particularly in relation to the high cost of living in the Northwest Territories. Additionally, work opportunities were highlighted as severely limited in the Northwest Territories, and this presented both social and economic challenges.

- *Environment and the Land; Family (Children and Relatives):* The environment is an integrated landscape that includes the land and family members (children, grandchildren, and extended family and relations). The importance of Elders was also highlighted in this theme, and their voices are deeply meaningful to the women. Elders also represent cultural connectedness through language preservation.
- *Health and Healing (Addiction):* Almost all the women involved in this project had experiences with addiction, treatment, and recovery. There were many voices that reflected losses associated with addictions. Some women reflected that perhaps life could have taken a different path—one that was less difficult. It was notable that women in Yellowknife who were homeless had multiple experiences of trauma. One woman had taken a photo of a clock, and when asked to describe this picture, she commented that she realizes she lost a lot of time in her life. Women typically saw themselves in a healing process while acknowledging that there is always a need to stay connected to recovery resources, such as community members and counsellors who may provide telephone support in remote locations. It was identified that women with addiction issues feel exposed to a great deal of harm, experience a lack of safety, and primarily are dealing with unresolved trauma. Women also raised concerns about accessing addictions treatment in a timely manner, particularly when located in remote and isolated communities. Women's voices also indicated that they require supports around pre-conception planning where addiction is a concern.
- *Housing and Poverty Reduction:* This theme reflects an ongoing challenge, as housing resources in the Northwest Territories are limited. The need for social housing that is affordable was highlighted, and even those with housing struggled with bills and the high cost of living. Women participants who experienced homelessness in Yellowknife were particularly challenged, and many had lived in the shelter system for years.
- *Photovoice Project Participation and Connection with Culture:* Women identified that participating in this project gave them something to do, and it helped individuals to reflect on culture, as this was often the focus of photographs. One woman commented on her friends being mad at her

for not hanging out with them while she participated in the project. One woman thought she might sell her camera, and she was asked to consider holding off for a couple of days. With great enthusiasm, this woman returned with twenty-seven photographs for which she provided deep reflections. One woman who agreed to participate eventually shared that she had given her camera to her son for his birthday, as she didn't have anything else to give him. Women were excited about receiving a camera to keep and taking a workshop on digital photography, as well as taking photos and reflecting on this work in the context of the project.

- *Tradition, Culture, and Elders' Roles:* This was another important theme threaded throughout the photos and reflections by women. Many women took photos of Elders, if possible, and reflected on the importance of those relationships. Also many photos were taken of the land and nature. For example, one woman reflected on the importance of the tree to the earth, but also commented that the tree was very cold, and she knew what it was like to be outside in the cold.

The voices and participation of women from four different locations in the Northwest Territories offered these themes, and they were relevant themes to all participants. The one exception was the challenges faced by women in Yellowknife who experienced homelessness. While they valued and reflected these themes, there was a tangible sense of challenges they faced in keeping connections in an urban setting, and homelessness contributed to many other social and economic challenges. It was our experience that women who were located in their home communities were able to reflect and connect deeply to these themes.

Other themes identified included:

- *Mental Health:* Access and availability of mental health services for all communities in the North is critical based on resolving historical and intergenerational concerns while supporting healthy relationships.
- *Trauma:* Levels of trauma vary but exist consistently in many communities. Ongoing efforts to address trauma, whether historically based or current, are a foundation for individual, family, and community health.

- *Travel:* Travel is an essential service in the North to access health care services for women in rural and remote communities. Travel to urban centres, for medical treatment, tests, and other support services, is critical. The ability and resources to travel for health matters for women can be very stressful, and a key finding of this research is that travel should be considered as a social determinant of health in northern Canada.

### **Conclusion: FASD Prevention Is about Health and Healing**

The foundation of health and healing are critical constructs in FASD prevention. Engaging in FASD prevention work in the North requires a culturally sensitive approach and a deep focus on the lives of women in community. Talking about FASD is a sensitive topic and one that needs to be carefully approached in the North. In many ways the identification of a research project focused on FASD prevention can pose a barrier to participation, and this work may be best housed within a maternal health context. Linking FASD prevention and addiction supports to other health-based initiatives in communities is helpful. It was recognized in this project that connections with communities were forged over time, through visits and presence. FASD prevention is grounded in supporting family and community health. It is important to note that the experience of homeless women is profoundly different from other communities, and these women spoke more frequently about troubles with addiction and loss of children to care.

As a qualitative methodology, Photovoice opens doors to dialogue in a nonthreatening way, and taking photos opens new ways for women to see their world. In the voice of one participant: "I never thought about healing through photography!" Asking about health and healing is holistic and inviting. Women participants shared deep insights, and evoking images focused on their lives and communities. Asking about FASD can be a barrier in prevention activities. Photovoice supports developing and sharing new knowledge. Through this research, we were able to connect with women who were willing to share insights into their lives through Photovoice. We know that women are the best teachers about their health and healing processes, as well as shared aspects of community life including nature, culture, and the

value of relationships. A camera is a tool that can effectively be used to engage in dialogues about complex health topics.

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## NOTE

1. Translated from Kangiryuarmiutun by Annie Goose.

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