

Indigenous Wellbeing: A Strengths-Based Approach with Virtual Supports

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In the spirit of respect, reciprocity and truth, I honour and acknowledge Moh'kins'tis and the traditional Treaty 7 territory and oral practices of the Blackfoot confederacy: Siksika, Kainai, Piikani, and the Îyâxe Nakoda and Tsuut'ina Nations. I acknowledge that this territory is home to the Métis Nation of Alberta, Region 3, within the historical Northwest Métis homeland. Finally, I acknowledge and thank the Whitehorse Aboriginal Women's Circle for virtually inviting me to the traditional territory of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council. These sacred gathering places provide me with an opportunity to engage in and demonstrate leadership in reconciliation.



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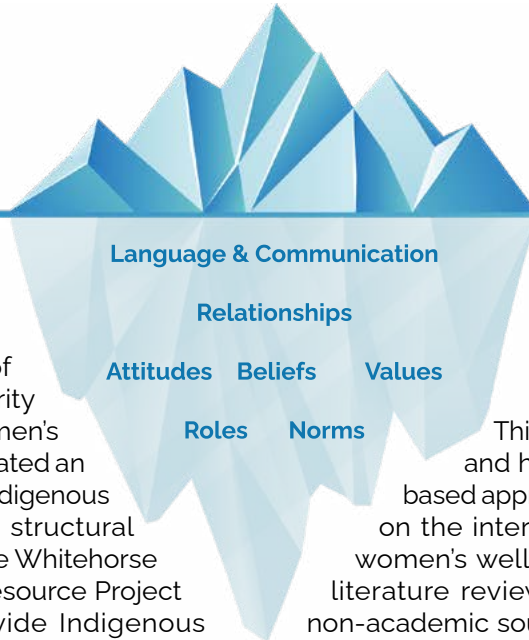
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Introduction

With the support and partnership of the Institute for Community Prosperity and the Whitehorse Aboriginal Women's Circle, the Catamount Fellowship created an opportunity to uncover and explore Indigenous peoples' wellbeing, resilience, and structural challenges. This report will inform the Whitehorse Aboriginal Women's Circle Virtual Resource Project (WAWC-VRC), which aims to provide Indigenous women and families in Whitehorse with access to culturally relevant resources and support in a safe space that enriches the community through full participation in their cultures, communities, governments, and economies.

Context and Background Information

The Catamount Fellowship is a once-in-a-lifetime cohort-based opportunity that takes students from different disciplines through a transformative learning experience to cultivate changemaker skills and systems thinking approaches. Throughout the fellowship, students were encouraged to self-reflect on their capabilities and life experiences to learn how to be leaders and create change. This journey also taught students to examine the dynamics and relationships within specific systems to understand how everything is interconnected. Additionally, students learned how to shift their mindsets to understand how the social world is at the forefront of wicked problems. By the end of the fellowship, students were able to embrace the complexity and components of various systems.

Research Methodology

This report explores Indigenous wellbeing and health from a systems- and strengths-based approach. Particularly, the research focuses on the interplay between Canadian Indigenous women's wellbeing, resilience, and challenges. A literature review compiling various academic and non-academic sources has guided this report and was used alongside community engagement to recognize and acknowledge truths about Indigenous wellbeing, with a focus on mental health as a WAWC-VRC identified priority. More importantly, the report is guided by a community conversation hosted by the Whitehorse Aboriginal Women's Circle board members and the Catamount Fellowship team. Similar to how an iceberg can often represent the culture of a community, the information available is only a small part of what lies beneath the surface, which includes language and communication, relationships and roles, beliefs, values, attitudes, and norms (Indigenous Corporate Training Inc, n.d.). Thus, it was essential to learn about a community's structure, needs, and traditions from its members, as each culture has its unique existence (Indigenous Corporate Training Inc, n.d.).

The question that the research aims to explore is "How might we support wellbeing and health for Indigenous women & families with a Virtual Resource Centre?"

Guiding Principles

This work is guided by cultural humility towards the outcome for cultural safety within the community; guiding principles were created to establish a clear and complete understanding of the goals and priorities of the process. The Catamount and WAWC-VRC collaborative work was grounded in the following principles guided by WAWC board members.

1. We recognize wellbeing from an Indigenous perspective as the four aspects of the self, holistic, relational, dynamic, and complex.
2. We believe the Virtual Resource Centre development occurs through a respectful, collaborative learning partnership between project members and the community to cultivate cultural humility and competency.
3. We prioritize cultural wellbeing priorities with self-awareness, compassion, and empathy for safe, ethical, and effective family-centred care.
4. We understand that cultural connection and access to Indigenous teachings and practices are necessary to advance Indigenous wellbeing.
5. We respect Indigenous knowledge, spirituality, and beliefs to frame the Virtual Resource Centre.
6. We affirm the importance of language revitalization and preservation, oral history, and Elder guidance to support creating a culturally safe Virtual Resource Centre.
7. We acknowledge the contextual challenges of technology access in Whitehorse.

For instance, deficit-based models of mental health aim to solve the problems of Indigenous peoples for better mental health (First Nations Information Governance Centre [FNIGC], 2020; Kennedy, 2022). Although this approach may appear to be helpful for Indigenous peoples, these deficit-based approaches often maintain colonial narratives, which centre on western biomedicine as superior to Indigenous knowledges and truths (Bryant et al., 2021). “The deficit model didn’t have an intervention focus; it just pathologized us and reinforced discrimination and racism in how Canadians look at and think about Indigenous people. It wasn’t helpful.” — Namaste Marsden, FNHA. (FNIGC, 2020).

Countering the inherent disrespect of a deficit-based perspective, strengths-based approaches look at the strengths and resilience of Indigenous individuals and communities as leverage to examine and address challenges (FNIGC, 2020; Kennedy, 2022). Strengths-based approaches in healthcare and research aim to expand and support the resilience of Indigenous peoples and communities while honouring Indigenous knowledge (FNIGC, 2020; Kennedy, 2022). Specifically, this approach reconciles Indigenous peoples with their identities, communities, and land connections (FNIGC, 2020). Researchers employ strengths-based models to promote traditional values and practices of Indigenous peoples that further cultivate Indigenous self-determination and self-efficacy (Bryant et al., 2021; Kennedy, 2022).

As said by Stephanie Wellman in the First Nations Information Governance Centre Research Series report (2020):

“Instead of talking about suicide prevention, trying to talk about life promotion. And talking about what makes life worth living; how can communities promote life rather than focusing on the negative things that are happening... It’s saying that First Nations people have strengths, and it’s building on those strengths. Looking at protective factors, culture and language, and focusing on how First Nations youth can take a lot of pride in being gatekeepers, in being protectors of other youth, and how they can strengthen communities themselves.” (p. 17)

The Differences Between a Strengths-Based and Deficiency-Based Approach

A deficiency-based “mindset” within western educational institutions tends to be continuously emphasized and desired (Smith, 2016). Within a deficiency narrative, there is an accentuation and focus on risk behaviours and problems (Bryant et al., 2021; Kennedy, 2022). Research on Indigenous peoples that uses a deficit discourse often pathologizes Indigenous peoples, as there is an overemphasis on illness and the need for “solutions” (Bryant et al., 2021; Kennedy, 2022).



Concept of Interconnectedness Related to Indigenous Wellbeing

As mentioned previously, western conceptualizations of health employ a colonial narrative and often pathologize Indigenous peoples. Alongside a deficiency-based approach, western medicine concepts typically follow biomedical models, which suggest health is merely the absence of disease (Hopkins & Dumont, 2010). The main goal in westernized medical practices is to then focus on diagnostic criteria and treatment of the symptoms (Hopkins & Dumont, 2010). Additionally, health is mainly up to the individual in western society and does not involve the broader community or family systems (Bryant et al., 2021). In comparison, Indigenous perspectives of healing and wellbeing are holistically driven (Thunderbird Partnership Foundation, 2015). Specifically, Indigenous beliefs and constructions of wellbeing encompass the balance of the four aspects of self, including mental, spiritual, emotional, and physical, rather than only resolving symptoms of health problems (Government of Yukon, 2016).

The balance of the four aspects of self in Indigenous peoples is cultivated through a sense of life purpose through education, employment, family relationships, or cultural practices, hope for the future, a sense of cultural connectedness and continuity, and an understanding of their meaning within their family, community, and the Creator (Government of Yukon, 2016). Accordingly, Indigenous perspectives of wellbeing consider the importance of broader influences such as social, economic, environmental, and cultural factors of Indigenous peoples' wellbeing (First Nations Health Authority, n.d.).

Mental Wellbeing

For the Virtual Resource Centre project, the Whitehorse Aboriginal Women's Circle identified that mental wellbeing was a priority in the community. With this in mind, further research was completed on the interconnectedness of mental wellbeing and the four aspects of self. From an Indigenous perspective, mental wellbeing does not just include the absence of mental health problems as narrowly thought in western approaches (Alberta Health Services, 2009). Instead, mental wellbeing is suggested to be an ultimate state of Indigenous peoples that helps them realize their full potential, have healthy coping strategies to deal with everyday stressors, and contribute to their environment (Thunderbird Partnership Foundation, 2015). Additionally, mental wellbeing within an Indigenous perspective also encompasses mental health, mental disorders, substance abuse and misuse, trauma, mental health challenges, and mental distress (Government of Yukon, 2016). Indigenous constructions of mental wellbeing occur from the balance between physical, emotional, spiritual, and mental wellbeing, as it is holistically driven (Government of Yukon, 2016).

Similarly to overall wellbeing, mental wellbeing is deeply associated with connection to culture, traditions, spirituality, land, and family (Alberta Health Services, 2009). For instance, the Thunderbird Partner Foundation (2015) reported that mental wellbeing in Indigenous peoples and communities is supported by Elders, families, friends and a relationship with the Creator. Additionally, mental characteristics like hope, self-efficacy, self-esteem, and sense of identity influence Indigenous mental wellbeing (Thunderbird Partnership Foundation, 2015).

Resilience of Indigenous Women and Communities

In following a strengths-based approach, it is salient to share the strengths of Indigenous peoples first and as a leverage point for addressing challenges and disparities; the central focus of a strengths-based approach is to build upon the skills and resilience of Indigenous peoples (First Nations Information Governance Centre [FNIGC], 2020). Although Indigenous peoples in Canada experience higher levels of adversity than non-Indigenous peoples, such as health, social, and economic inequalities, they convey immeasurable resilience, especially Indigenous women (First Nations Health Authority [FNHA], 2021). From an Indigenous perspective, resilience is the capacity of Indigenous peoples and biological, psychological, and social systems to restore themselves to wellbeing after facing challenges (First Nations Information Governance Centre [FNIGC], 2020). Particularly for Indigenous women, resilience is found within their values, culture, and identities, which gives them the strength to overcome the consequences of colonization (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

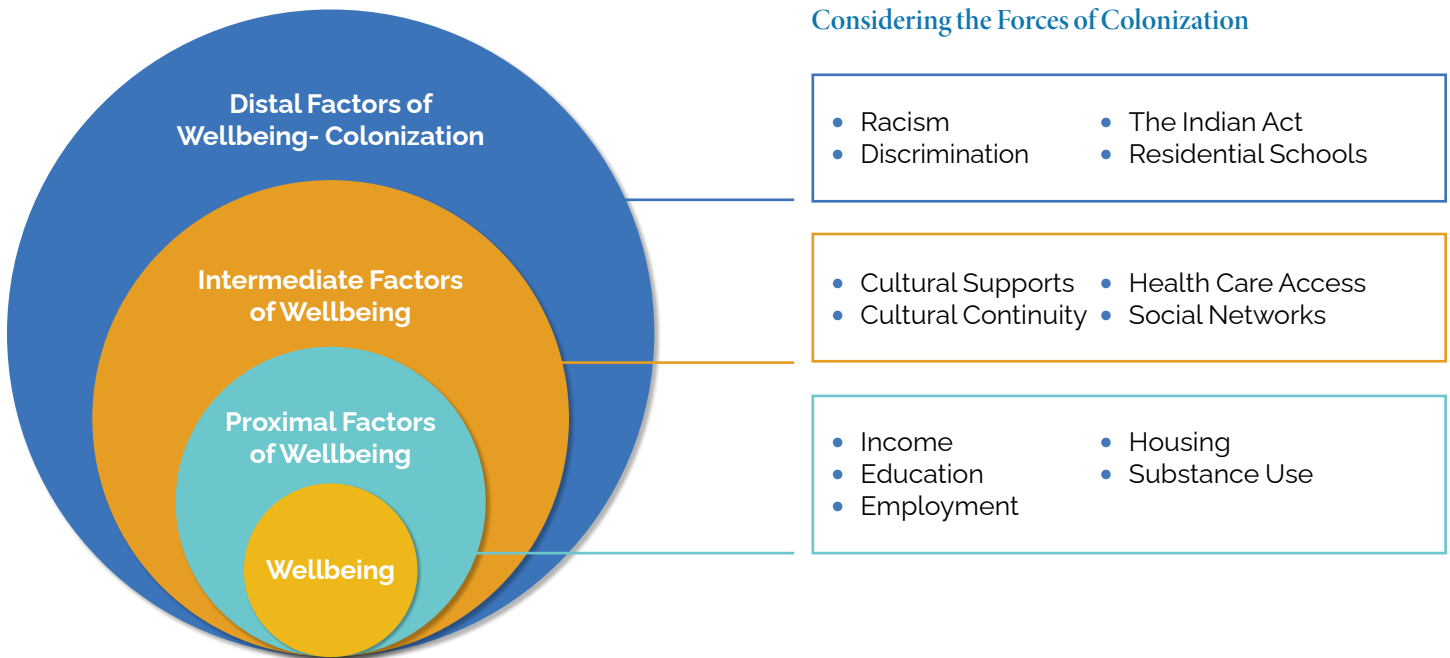
Strengths of Indigenous Women

Western concepts often believe that self-efficacy, independence, inhibition of emotions, and competition are strengths of resilient individuals; this is markedly different from how strengths are viewed from Indigenous perspectives (First Nations Information Governance Centre [FNIGC], 2020). Instead, Indigenous concepts of strength indicate resilient people are humble, helpful, respectful, connected to their culture and compassionate (First Nations Information Governance Centre [FNIGC], 2020).

The ongoing and historical consequences of colonization have resulted in violence and abuse against Indigenous women, silencing their voices, harmful stereotypes, and the stripping away of their human rights (Halseth, 2013). Despite this, Indigenous women continuously demonstrate immense strength to improve their quality of life and connection to their culture. For instance, even though Indigenous women have been at the forefront of assimilation efforts, they continue to recognize the importance of their culture, spirituality, and roles, which is demonstrated through their transmission of knowledge to Indigenous youth (National Collaborating Centre for Aboriginal Health, 2013). Moreover, the experiences of intersectional discrimination have allowed abuse and silencing of Indigenous women's voices.

However, Indigenous women demonstrate strength in their advocacy efforts for the Missing and Murdered Indigenous Women and engagement in leadership roles (Native Women's Association of Canada, 2010; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Notably, the involvement and leadership of Indigenous women are directly associated with the wellbeing and health of Indigenous peoples and communities (First Nations Information Governance Centre [FNIGC], 2020). This connection between the overall wellbeing of Indigenous peoples and the involvement of Indigenous women in communities is seen mainly because Indigenous women are grounded in their cultural practices while trying to heal their communities from the effects of colonization (McNab, 2020). Ultimately, the strengths of Indigenous women come from their willpower to restore and balance their communities and revitalize their culture and traditions as they continue to transfer knowledge, cultural practices, and insights with other Indigenous women, youth, and communities (National Collaborating Centre for Aboriginal Health, 2013).

Structural Challenges of Colonization



According to the Government of Canada, social determinants include various personal, social, and economic factors that ultimately influence the health of individuals or communities (Government of Canada, 2020). Several authors have identified distal, intermediate and proximal determinants as the three main categories of social determinants (Reading & Wien, 2009). Additionally, the Canadian Public Health Association identified fourteen primary social determinants of health: social-economic status (SES), education, employment, childhood experiences, food insecurity, housing, social exclusion, social assistance, health care accessibility, gender, race, and physical health status (Canadian Public Health Association, n.d.). These determinants are believed to be responsible for individual variances in health and are significantly influenced by money, power, and resources, which are determined by political practices (Giles et al., 2014). Accordingly, due to the ongoing and historical colonization of Indigenous peoples in Canada and the observed health inequities between Indigenous peoples and non-Indigenous peoples, the previously mentioned social determinants of health differ for Indigenous peoples and are largely equated to colonization as a distal determinant (Giles et al., 2014; Reading & Wien, 2009).

Colonization as a Broader Social Determinant of Health

Although many health organizations believe individual choices and lifestyles are responsible for a person's overall health, Indigenous peoples' health is predominantly impacted by the harmful forces of colonization. Remarkably, colonization is a significant determinant of the wellbeing and health of Indigenous peoples, and there is a need to refocus on related historical and social contexts rather than blaming individuals for control over health status (Crowshoe et al., 2019). Proximal determinants consisting of health behaviours, environmental stewardship, employment, income, and education are all influenced by ongoing colonization (Government of Yukon, 2020). For example, policies stemming from colonization were associated with poor housing on reserves and food insecurity in northern Indigenous communities (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Most significantly, historical colonization has shaped modern economic barriers for Indigenous peoples contributing vastly to higher poverty rates in Indigenous communities (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Consequently, Indigenous peoples have fewer resources and support, resulting in poorer health because of colonization (Government of Yukon, 2016).

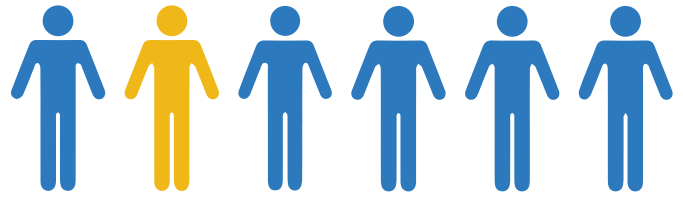
Furthermore, health care, education, and communities, intermediate determinants of health (Government of Yukon, 2016), are also negatively influenced by historical and ongoing colonizing policies (Crowshoe et al., 2019). These intermediate determinants are implicated by persistent racism and marginalization emerging from colonization, which is mainly responsible for the lack of opportunities in education, a limited connection to traditional practices and homelands, less accessibility to health care, and perpetuating harmful stereotypes (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Inevitably, this leads to poorer health status in Indigenous communities. Even for proximal and intermediate factors, which most individuals typically have control over, social determinants for Indigenous peoples are significantly and adversely impacted by colonization within Canada (Crowshoe et al., 2019).

Colonization and Mental Wellbeing

Colonization profoundly affects the overall wellbeing of Indigenous peoples, including mental health. Throughout history, reports have revealed Indigenous communities continuously have higher rates of mental health challenges than non-Indigenous communities (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). While examining Indigenous wellbeing in the Yukon, researchers found that one in five people will experience a mental health or substance abuse problem per year, equivalent to 7,500 Yukon people (Government of Yukon, 2016). Notably, evidence has shown that mental health problems commonly occur alongside substance usage (Government of Yukon, 2016). For instance, fifty percent of individuals seeking addiction treatment also had a mental health issue in the Yukon (Government of Yukon, 2016).



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1 in 5

Indigenous people in Yukon will experience a **mental health or substance abuse** problem per year. (Government of Yukon, 2016)

However, these challenges and disparities are not due to personal characteristics or choices. Instead, they stem from the ongoing and historical forces of colonization, as it has produced and reproduced environments that are detrimental and digressive (Czyzewski et al., 2011). For instance, due to the inadequate and inaccessible mental health care, substance abuse in Indigenous communities is common due to its functionality as a coping mechanism for emotions, trauma, stress, and social suffering (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

Additionally, western counselling and treatment services often do not meet the cultural needs of Indigenous peoples as they often further perpetuate colonial oppression as dominant cultural values are reinforced (Government of Yukon, 2016). In the Yukon, Indigenous peoples who had a co-occurrent mental health diagnosis and substance abuse problems reported their needs were not being met in the services offered (Government of Yukon, 2016). Other mental health challenges such as intergenerational trauma, suicide, post-traumatic disorder, and self-harming behaviours are higher in Indigenous women experiencing chronic abuse or family violence; however, this is directly influenced by intergenerational effects of colonization, as Indigenous women and girls have been devalued (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Thus, Indigenous peoples' mental well-being experiences are primarily associated with structural components of colonization, explicitly concerning social determinants of mental health and mental health services.

Initiatives to Create More Accessible and Inclusive Health Spaces

In attempts to support the wellbeing of Indigenous women and families, there have been various online initiatives created that are centred around holism and Indigenous culture. These initiatives are also beneficial to Indigenous peoples as they recognize the importance of accessibility and family-centred care.



Whitehorse Aboriginal Women's Circle

The Whitehorse Aboriginal Women's Circle (WAWC) is an organization established in the Yukon and guided by strong Indigenous women. This organization believes that celebrating and valuing Indigenous peoples and acknowledging the importance of culture, language, communities, and relationships in support measures can lead to the healing, growth, and health of Indigenous peoples (Whitehorse Aboriginal Women's Circle, n.d.). In the past, this organization has hosted multiple conferences, policy forums, and workshops for Indigenous women in the Yukon community (Rousseau-Thomas, 2011). Additionally, WAWC has also held a gathering for survivors of the Whitehorse Indian Mission School, created a space for Indigenous women to share their wisdom, legends, medicine, recipes, and other stories, and honoured the survivors of the Indian Mission School in Whitehorse by installing a monument (Whitehorse Aboriginal Women's Circle, n.d.). WAWC is currently immersed in supporting Indigenous women's capacity for leadership by attending workshops, developing a book and history project that identifies and honours survivors of the Whitehorse Indian Mission School, and creating a workshop series that shares and uplifts Indigenous spirits (Whitehorse Aboriginal Women's Circle, n.d.).

WAWC is in the process of creating a Virtual Resource Centre that will have culturally relevant programs, projects, and support resources for Indigenous women and families to enrich their wellbeing. The foundational work of the Virtual Resource Centre (VRC) project is in alliance with the Catamount Fellowship.

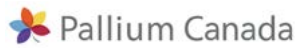
In collaboration with the WAWC VRC Project Team, I completed a relevant literature review to co-facilitate a virtual community conversation with board members of WAWC in January 2022. During this conversation, there was significant emphasis on the importance of the Virtual Resource Centre giving access to Indigenous language and knowledge, oral histories, and Elders to support Indigenous women and families' connection to their culture. There were also concerns about accessibility issues regarding technology, so board members suggested having user focus groups, offline components, voicing options, age-appropriate sections, and video resources. This opening community conversation is foundational to meeting project objectives over the next two years by the WAWC-VRC project team. This conversation inspired further inquiry into other exemplar virtual supports, including We Matter, the Canadian Virtual Hospice and Pallium Canada; these supports are helpful to consider as WAWC-VRC moves forward with designing its own Virtual Resource Centre.



We Matter. 'We Matter' is an Indigenous-led organization that aims to support, create hope, and cultivate life-promoting behaviours in Indigenous youth (Wemattercampaign, n.d.). The organizers strived to help Indigenous youth after observing higher education dropout, suicide, abuse, and substance abuse rates within this population (Wemattercampaign, n.d.). Essentially, the central focus of this organization is to convey to Indigenous youth that they matter while creating spaces for them that supports and enhance their strengths and resilience (Wemattercampaign, n.d.). To reach this goal, the projects and programs of We Matter prioritize connecting Indigenous youth with positive messages, initiating gatherings and connections with Indigenous youth, creating opportunities for the celebration of Indigenous peoples, developing materials and resources to encourage and support Indigenous youth, and by building the capacity of Indigenous youth through school and community efforts and engagement (Wemattercampaign, n.d.).



Canadian Virtual Hospice Centre. The Canadian Virtual Hospice provides educational support and information about advanced illness, palliative care, loss and grief to individuals who need palliative education (Canadian Virtual Hospice, n.d.). This organization was created out of an observed gap within palliative care that noted that many individuals requiring support were limited when searching for accessible, relevant, and timely support and information (Canadian Virtual Hospice, n.d.). Thus, the Canadian Virtual Hospice was established to address and support patients, family members, educators, and researchers (Canadian Virtual Hospice, n.d.). To ensure individuals are receiving high-quality resources, the Canadian Virtual Hospice uses evidence-informed content and has an e-health feature giving participants of the center to ask questions to a professional (Canadian Virtual Hospice, n.d.). The features of this website have allowed Canadians to have direct access to healthcare professionals, creating a safe space to help individuals manage their challenges with palliative care, dying, and grief (Canadian Virtual Hospice, n.d.). Although this organization is not Indigenous-led, the functions and features of the Canadian Virtual Hospice are a successful example of how to assemble virtual resources and support.



Pallium Canada. Pallium Canada is a non-profit organization that provides practical and evidence-informed support to build professional and community capacity within the palliative care sector (Pallium Canada, n.d.). The focus of this organization is to help improve the quality and accessibility of palliative care in Canada for healthcare professionals, patients, families, and communities (Pallium Canada, n.d.). Members of this organization include clinicians, educators, researchers, carers, administrators, volunteers, Indigenous leaders, and advocates for better palliative care support (Pallium Canada, n.d.). In efforts to improve the quality of palliative care, Pallium Canada has developed Pallium's Learning Essential Approaches to Palliative Care (LEAP), which are virtual courses offered to frontline professionals (Pallium Canada, n.d.). These courses provide information and education to help professionals effectively deliver palliative care (Pallium Canada, n.d.). Additionally, Pallium Canada has cultivated tools and resources, such as webinars, to promote wellbeing in palliative patients, caregivers, and loved ones of terminally ill individuals and reduce their suffering and other identified challenges (Pallium Canada, n.d.).

Summary and Moving Forward

In a society that emphasizes western approaches to medicine and health, initiatives that aim to empower and vitalize the strengths of Indigenous peoples are necessary. When considering virtual resources like the examples mentioned above, it is evident that creating culturally safe spaces is essential to support the wellbeing and health of individuals. Notably, these organizations focus their efforts on creating opportunities for Indigenous peoples to engage in healing while also helping them reaffirm their cultural identities. Ultimately, for virtual resources to support the wellbeing of Indigenous peoples, they must be developed from a holistic- and strengths-based approach and focus on the strengths and cultures of Indigenous peoples.

Since the focus of this Catamount project was on the question, "How might we support wellbeing and health for Indigenous women & families with a Virtual Resource Centre?" exploring virtual initiatives helps understand the possibilities for innovation, creativity, and inclusivity. Likewise, recognizing the importance of a strengths-based approach for this project also helped me uncover and understand my own personal strengths and Indigenous identity as a foundation for being a strong helper with the community.

Closing Personal Reflection

Tansi, hello and welcome.

I continually acknowledge who I am and where I come from through my reflection. I recognize the power and resilience of myself, my mother, my grandmother, and my community. Finally, I want to acknowledge all the strong Indigenous women who came before me and those who currently walk by my side.

I am Kaylie LaPierre, a Plains Cree nehiyaw woman from St. Paul, Alberta, near Saddle Lake Cree Nation. When I think of my own journey of being a proud Indigenous woman, I always reflect on where it began; in Calgary during my first year of university at Mount Royal. During these moments, I experienced the collision of two worlds, or you could say two belief systems. I grew up in a small town that did not acknowledge the strengths, identities, or culture of Indigenous peoples. After seeing other Indigenous kids in elementary and junior high school, I ignored my culture for a long time. This ignorance was easy to do, as I am a white-passing Indigenous woman. For the longest time, I would deny anything related to being Indigenous or simply look the other way. You could say this caused tremendous turmoil in my identity, as it was hard for me to acknowledge who I truly was as a person. However, it was something that I maintained until I started school at Mount Royal University, where my two worlds came together.

I remember the new student orientation like it happened yesterday, as I remember being in awe of the Indigenous representation and celebration of Indigenous culture. I remember calling my mom with excitement because of what I had just witnessed. At that moment, I felt like I was ready to accept myself for who I am, but I also felt immense amounts of guilt and ambivalence. How do you go from not accepting and acknowledging your culture to suddenly wanting to incorporate it into your life? I felt like a fraud because I was a white-passing Indigenous woman who, for the longest time, denied any part of my Indigenous identity; I felt like I was taking up space for other Indigenous peoples.

These feelings stayed with me for the first three years of my post-secondary education and got even more apparent when I started the Catamount Fellowship. It was intimidating taking on this role for a topic that was centred around Indigenous women's wellbeing. Again, feelings of being a fraud came up, as I kept questioning my ability to help Indigenous women as I never did experience the challenges they did as a white-passing Indigenous woman who never admitted her true identity to anyone.

However, I knew if I passed up on the offer, I would regret it for my entire life. Deep down, I knew this opportunity was meant for me and viewed it as a nudge from God and my ancestors.

I do not know if I had any expectations going forward with the fellowship; I remember feeling incredibly uncomfortable and challenged initially. Although looking back on my journey, I now realize that these feelings were indicative of my compassion, drive, and humanity, which helped me practice cultural humility. After participating in a blanket exercise and hearing stories from residential schools and day school survivors, I noticed my perception of Indigenous peoples was starting to change. I recognized how strong and resilient Indigenous peoples are, which was completely different from how I initially viewed myself and others. For the first time, I could only see the positives and strengths instead of the negatives and stereotypes perpetuated in the media and education.

This experience was undoubtedly the catalyst for reclaiming my roots and understanding my identity and culture. The transformation of my identity did not take place overnight after the first gathering; you have to remember I had and still have to unlearn all of the internalized racism and western beliefs and values that stem from colonization. However, throughout the ups and downs of the fellowship, I saw and felt my transformation. Coming into the fellowship and after years of educational institutions only acknowledging westernized concepts, I found it challenging to change my stubborn deficiency-based mindset to a strengths-based one. It felt foreign to me when I was told not to focus on problems, as being a student in psychology, that is one of the main things we look for in people. However, when it clicked, I felt a light bulb go off in my head as if the world was a brighter place. Being encouraged to find the strengths and resilience in myself and other Indigenous women made me realize the beauty of my culture. After all those years of doubting myself, I finally understood what I needed to love myself: a lot of self-compassion, empathy, and connection to my culture.

Through this experience, I realized that I, a proud Indigenous woman, and other Indigenous women are a culmination of strength, beauty, and wisdom. I have learned so much about Indigenous culture, well-being, and systems thinking; the most pivotal outcome I have encountered is reclaiming my roots and being proud of myself. I am so incredibly grateful for this opportunity, and I will always remember this project with deep fondness. Thank you to everyone who has supported me throughout my journey during the Catamount Fellowship.

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