


BMJ Open How do health, spirituality and well-being intersect in the Métis Nation of Alberta (MNA) Region 3? A Métis-guided, community-based, participatory study

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ABSTRACT

Objectives The purpose of our research was to understand intersections between health, spirituality and well-being in the Métis Nation of Alberta (MNA) Region 3.

Design This Métis-guided, community-based, participatory research builds on our previous patient-oriented community-based study where we co-developed a qualitative structured survey with leaders, Elders and community members to explore health, spirituality and well-being in the MNA Region 3.

Setting Métis people are affected by historical and contemporary impacts of colonisation. This includes the residential school experience, impacting how Métis people relate to themselves, to others and to their culture. Alberta has the highest Métis population in Canada, and our research is based in the most densely populated region.

Participants 101 surveys were completed between September and November 2021, via Qualtrics. Twenty-five participants who completed surveys participated in community-based participatory research sharing circle data analysis groups in January 2022, via Zoom.

Results Six overarching themes were developed in our participatory data analysis: (1) searching, (2) interconnectedness, (3) colonisation and systems, (4) traditional practices and teachings, (5) spiritual and religious practices and (6) relationship with Métis identity.

Conclusions We discovered multiple intersections between health, spirituality and well-being within the MNA Region 3. Our results indicate that the impacts of colonisation for Métis people are poorly understood. More research is needed to understand the ongoing impacts of colonisation, including increased understanding about Métis identity, health, spirituality, religion and well-being. In particular, more research is needed about the effects of intergenerational trauma in the broader MNA, and across Canada.

INTRODUCTION

Globally, effects of colonisation are devastating and profound, shredding the fabric of traditional societies.¹ In Canada, colonisation efforts have aimed to assimilate First Nations,

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The only existing research exploring Métis health, spirituality and well-being in the localised context in Alberta or anywhere else in Canada.
- ⇒ We used the qualitative structured survey co-developed in our previous study.
- ⇒ Our Métis-guided, community-based, participatory research included research sharing circle data analysis groups.
- ⇒ Limitations include a virtual sample from the Métis Nation of Alberta (MNA) Region 3 only, not all the regions across Alberta.
- ⇒ Our sample may have been larger, and findings more diverse if the COVID-19 pandemic had not prevented us from visiting each MNA Region 3 community in person.

Métis and Inuit people into dominant European settler systems and ways of life. Métis people account for over a third of Indigenous people in Canada;² Métis refers to a person who self-identifies as Métis, is distinct from other Indigenous people, is of historic Métis Nation ancestry and is accepted by the Métis Nation.³ Emerging as a people through seventeenth-century fur trade networks and the subsequent relationships that formed between Indigenous people and European fur traders, Métis people developed their collective identity with distinct cultural and social features over time, which continue to thrive and evolve today.⁴ Since the existence of Métis communities, the Canadian government has brought about assimilative and racist colonial policies to allow for white settlement and development on Indigenous land.^{5–7} These policies and processes have had destructive impacts on Métis people's identity and ways of life, including their relationship and connection to land, governance

and kinship systems.⁸ Christianity was promoted and often forced on Indigenous people and played a marked role in carrying out assimilative efforts, with similar and unique impacts across Indigenous groups in Canada.^{5 9} The missionary impulse, the residential school system and the child welfare system influenced Métis people's relationship with culture, identity and spirituality, along with how they relate to religion and spirituality.⁵

Cultural and spiritual orientations

Although Métis people are of European and First Nations origins, Métis communities are diverse in cultural orientations. Early descriptions of Métis people included the Nehiyawak (Cree) and apihtawikosisan, meaning half sons or half people,¹⁰ the independent ones,¹⁰ aka e-akimiht, meaning not counted in the treaties,⁵ and the people who own themselves.¹¹ Fiola⁵ notes Métis people adhering to Indigenous Spiritualism, Catholicism, Anglicanism, Methodism or Presbyterianism. In addition, Michif-speaking Catholics viewed Indigenous Spiritualism most favourably due to parallels between folk Catholicism of voyageur fathers and mothers' Ojibwa and Cree traditions.⁵ Prefontaine *et al*¹² noted today few Métis people may participate in Indigenous spirituality; however, throughout history, many Métis people were connected to and embraced it.

At the basis of this system is Kitchi Manitou or the 'Great Spirit' or 'Creator' who created the universe, the spirit world, the land, plants, animals and humans. In this spiritual system, it is vital to share, give and receive in order to keep the body, spirit, mind and emotions balanced. The traditional Métis worldview promoted living with the land, not exploiting it. The use of the land and its resources was that of a collective stewardship between a responsible community of resource users. In Indigenous languages, there is no such thing as inanimate objects—all things have spirits. Indeed, flora, fauna and humans were provided with spirits, emotions, minds and bodies, which made them equals and therefore worthy of respect... Christianity has long been an integral component in the spiritual lives of the Métis.¹² (pp. 2,3)

Payment¹³ noted the syncretic nature of Métis spirituality incorporating elements from parent cultures, believing in the Great Spirit and God, as well as spirit helpers.

Assimilationist policies

Historically, Métis and other Indigenous peoples' conversion to Catholicism was complicated. Many hesitated to accept the Christian message because of fundamental differences and fear of the substitution of values, traditions and morality according to western Europeans.¹⁴ According to Huel¹⁴ motives for Indigenous peoples' conversions were complex, frequently rooted in ethnic survival in the face of social, cultural, economic and health challenges. Huel¹⁴ described current impacts of Christianity on Indigenous people, by continued participation

in Catholicism, and the syncretism evident in the annual Lac Ste. Anne, Alberta pilgrimages. However, the lack of Indigenous clergy in the Catholic church, the exclusion of rich cultural traditions of Indigenous people in the missionary effort and attempts at assimilation were significant.¹⁴ According to Stonechild and Starblanket,¹⁵ there was conflict on contact regarding spiritual issues between Europeans and Indigenous people, and assimilationist policies forced some Indigenous people to move away from traditional spiritual beliefs. By the early 1800s, Métis people had integrated ceremonies and other elements of Indigenous spirituality.¹⁵

Residential schools

As part of colonialism, historical effects of Christianisation have shaped Métis people's lives, directly and indirectly impacting health, spirituality and well-being. Métis people are affected by historical and contemporary impacts of colonisation, including the residential school experience, impacting how Métis people relate to themselves, to others and to their culture.¹⁶ Between 1883 and 1996, more than 150 000 Indigenous children were placed in residential schools, which were set up to displace parental and community involvement in children's lives. There are ongoing adverse effects of residential schools for surviving families and communities, affecting individual and collective health.¹⁷ While many people who worked in the schools were inspired by an impulse to 'save' and to 'civilise' Canada's Aboriginal people, the government had other motives. To gain control of Aboriginal land, the Canadian government signed treaties it did not respect, took over land without making treaties and unilaterally passed laws that controlled nearly every aspect of Aboriginal life. No other Canadians were subject to this level of regulation; these schools were central to the colonisation of the Aboriginal peoples of Canada.¹⁸

Ongoing intergenerational trauma

Métis children comprised 9% of children in residential schools, and adverse effects were compounded by the Sixties Scoop, where thousands of Indigenous children were taken into foster care, adopted by mostly non-Indigenous families.^{19–22} Ongoing intergenerational trauma is evident in today's foster care system; although only 7% of children in Canada are Indigenous, they comprise 52% of children under age 14 in foster care.²³ Indigenous children in foster care are among the most vulnerable children in Canada.²⁴

Past collective trauma can affect current individual, family and community health. Impacts of residential school on former attendees and subsequent generations include poorer physical health, increased chronic and infectious disease, mental distress, depression, addiction, substance misuse, increased stress and suicidal behaviour.^{25 26} These historical and contemporary impacts of colonisation, including the residential school experience, have also affected how Métis people relate to themselves, relate to others and relate to their culture.

Colonialism resulted in Indigenous people disassociating from their culture and assimilating into the dominant culture. Of note, understanding how people conceive of themselves and how they relate to the world around them is fundamental to health and well-being.⁴ Part of addressing the health and well-being of Métis people is to understand more about historical collective identity and peoplehood, shaping how Métis people see themselves today. Métis spirituality and religion is not easily categorisable, and there is a gap in the literature exploring Métis relationships with traditional Indigenous spirituality.¹² This history and the understanding of Métis people as colonised, with complex religious and spiritual experiences over time, provide important context for our research.

Truth and reconciliation calls to action

In 2015, the Canadian federal government made a commitment to implementing the Calls to Action that were provided in the final report of the Truth and Reconciliation Commission of Canada (TRC).¹⁷ Along with the implementation of the TRC's call to close health outcome gaps between Indigenous and non-Indigenous people, McNally and Martin²⁷ highlighted the role of research in contributing to the development of policies and programmes that aim to increase health equity for Indigenous people in Canada. Particularly for Métis people, there is a lack of Métis-guided research advancing the development of local understandings of health and well-being that addresses cultural, social and historical aspects of health in local contexts.²⁸ The purpose of our research was to understand intersections between health, spirituality and well-being in the Métis Nation of Alberta (MNA) Region 3. To date, ours is the only existing research exploring Métis health, spirituality and well-being in the localised context in Alberta, or anywhere else in Canada. Our research team members (co-authors) are members of the MNA Region 3 except two. The first non-Indigenous author is the spouse (42+years) of the second author, who is Métis—and their children and grandchildren members of the MNA. The last author is connected to the Indigenous community through her Indigenous children. Our research question was: how do health, spirituality and well-being intersect in the MNA Region 3?

METHODS

Our Métis-guided, community-based, participatory research builds on our previous patient-oriented community-based study.²⁹ In our previous study, we co-developed a qualitative structured survey with leaders, Elders and community members to explore health, spirituality and well-being in the MNA Region 3.²⁹ Identified were priorities of passing on Métis traditions/culture to the younger generation, blending different cultural and spiritual practices and cultural immersion/traditional knowledge/learning in community. Connection to Métis ancestry, to community, to land and to

spirituality presented opportunities for individual, family and community healing.²⁹ In our current study, we used the qualitative structured survey we co-developed in our previous research.

The Canadian Institutes of Health Research (CIHR) Institute of Aboriginal People's Health describes the essential place of engaging in community-based, participatory research with Indigenous communities.³⁰ Our research team engaged in community-based, participatory research within the MNA Region 3 using these CIHR guidelines. Engaging in community-based, participatory research with Indigenous communities includes the following responsibilities: (1) understanding and respecting Indigenous world views; (2) respecting the jurisdiction of the community over the conduct of the research; (3) providing the option of a participatory-research approach; (4) obtaining community leader consent, and also individual community member consent; (5) respecting anonymity, privacy and confidentiality concerns; (6) addressing the use of the community's cultural and sacred knowledge; (7) maintaining the individual and community rights to cultural knowledge, sacred knowledge and cultural practices and traditions; (8) understanding and communicating individual and community intellectual property rights; (9) benefitting the community as well as the researcher; (10) fostering capacity of community members including participation in research processes; (11) learning about and applying Indigenous cultural protocols relevant to each community and engaging in ongoing, accessible, and understandable communication with the community; (12) recognising and respecting the rights of individuals and the community in data ownership; (13) viewing biological samples as on loan to the researcher; (14) including the individual and community in interpretation of data and the review of conclusions to ensure accuracy and avoid misinterpretation or misrepresentation and (15) providing opportunity for the individual and community to decide how contributions to the research project should be acknowledged.³¹

Two philosophical perspectives guided our current research, Indigenous ways of knowing and participatory action research (PAR), a philosophy as well as a method. Indigenous ways of knowing encompasses a wholistic worldview, a belief in the connectedness of everything, with transmission from generation to generation.^{32–34} Kovach³⁴ describes a continuum of ways to access information, and that Indigenous research is less researcher-dependent and more relational. PAR was influenced by Lewin³⁵ (emigrating in 1933 due to the Nazi's treatment of Jews and academics), who questioned the permanence of social change without community involvement, identifying the harmful effects of colonisation. Founded by Freire³⁶ and Borda,³⁷ PAR emphasises social transformation through placing those to whom the research matters most at the centre of it.

Ethical approval

According to the Tri-Council policy statement on ethical conduct for research involving humans, research with Indigenous people must arise from within the community

and include building trusting, reciprocal relationships with respect for persons, collaboration and engagement between researchers, community members and community leaders.³⁰ We built trusting, reciprocal relationships within the MNA Region 3, collaborating at each step in our research, developing a research proposal in conjunction with local MNA Region 3 leadership and receiving ethics approval from the University of Calgary Conjoint Health Research Ethics Board (REB: 18–0433). The Canadian Institutes of Health Research³⁰ also details ethical guidelines, which we adhered to: (1) respect for persons (mindful of the need for free, informed and ongoing consent and intergenerational interconnections with nature); (2) concern for welfare (mindful of physical, social, economic and cultural environments including communities); and (3) justice (engagement with participants prior to recruiting and then maintaining over course of the research can enhance ethical practice and quality of research, promote trust and identify mutually beneficial research goals). We were also guided by the National Aboriginal Health Organization³⁸ principles of ethical Métis research: (1) building reciprocal relationships through community engagement, acceptance and involvement; (2) respecting individual and collective practices and protocols; (3) recognising individual and community diversity; (4) researching with outcomes of relevance meaningful to the community in mind and (5) understanding relevant Métis history including straddled worldviews.

Métis Nation of Alberta

Alberta has the highest Métis population in Canada, where >114375 self-identified and 42000 registered Métis people live within six regions, along with >5000 people living on eight Métis Settlements (Canada's only designated Métis land bases, comprising over 1.25 million acres of land).³⁹ Métis settlements are governed by the Métis Settlements General Council (MSGC), and there is a distinct divide between the MNA and the MSGC. Our research focused on registered Métis people within the MNA Region 3, with >14000 registered members. The six regions in the MNA include Métis locals, each local having an elected president and vice president. The locals facilitate networking among smaller communities within the region and serve to support local interests. Our previous community-based study took place in the largest of 12 communities (Calgary) in the MNA Region 3, where 6300 members reside. Inquiring about the possibility of a research study with MNA Region 3 leaders and an Elder, they identified exploring some aspect of health, spirituality and well-being would be meaningful and helpful to the community.

Patient and public involvement

Our research team has years of ongoing trusting, reciprocal relationships within the MNA Region 3. When inquiring about a research study with MNA Region 3 leaders and an Elder, they identified exploring health, spirituality and

well-being as a meaningful topic that would be helpful to the community. Collaborating at each step in our earlier research, we co-developed a qualitative structured survey with MNA Region 3 leaders and an Elder. With continued collaboration in this current research, we distributed this co-developed qualitative structured survey electronically. We engaged in research sharing circle groups for data analysis and theme development.

Participants

We used the qualitative structured survey developed in our previous study for the current research (see survey attached as online supplemental file 1). The survey contains checkboxes with areas of interest and space for narrative writing. Originally planning to distribute the survey face-to-face across the MNA Region 3, we were inhibited by the COVID-19 pandemic. A Qualtrics⁴⁰ survey link was emailed by the MNA Region 3 Head Office and posted on their Facebook page for MNA Region 3 members to access. The Qualtrics survey was open September 2021–November 2021, 116 participants initiated surveys, of which 15 were incomplete (87% completion rate). One hundred and one participants aged 19–77 years (M=40.76, SD=11.87) completed the surveys. Following de-identification of the narrative data from Qualtrics surveys into word documents, we engaged in research sharing circle data analysis groups for participatory coding and theme development. Each participant completing the survey was given a \$50.00 gift card (and an additional \$50.00 gift card if participating in data analysis).

Research sharing circle data analysis

Twenty-five participants who completed surveys volunteered to take part in data analysis through attending one of four research circle sharing groups. Research sharing circle data analysis groups were held via Zoom weekly in January 2022 and were approximately 90 min long. Research sharing circles provide space, time and an environment for sharing ideas and are fitting for research with Indigenous people.³⁴ Our research sharing circle data analysis groups were attended and facilitated by our research team and an MNA Region 3 Elder, who provided guidance and perspective to each research sharing circle. Our participatory coding and theme development were modelled after previous studies.^{29 41–43} Research sharing circle data analysis group participants were provided with de-identified word documents of narrative survey data approximately 2 weeks ahead of each sharing circle. During each research sharing circle data analysis groups, participants were given opportunity to identify the data holding the most meaning to them, discuss why and work together to develop themes. Conversations focused on participants' understandings of the survey data that had been shared with them, and research team members took notes during each research sharing circle data analysis group, adding ideas for themes to a whiteboard within Zoom as participants shared them. More detail about

the data analysis and theme development process can be found in the notes and whiteboard themes attached as online supplemental files. Conversations were not focused on personal stories, but on survey data, however, there were natural opportunities for participants to share their personal connection to the data and their stories as well. The research sharing circle data analysis groups did not generate new narrative data; however, they contributed to the participatory data analyses process, building trust, reciprocity, collaboration and engagement among the research team, community members and leaders.

Following completion of the research sharing circle data analysis groups, the research team members reviewed and discussed the notes from each of the sharing circles to confirm themes that were developed about the data. Informed by PAR methods, the research team members condensed some of the themes identified in the research sharing circle data analysis groups, placing them under six overarching themes. These themes were member-checked with the MNA Region 3 community members at community mixers. We co-designed and shared an illustration of the findings at an MNA Region 3 mixer, where MNA Region 3 leaders, members and Elders enthusiastically verified it.

RESULTS

Six overarching themes were developed in a participatory manner in our research sharing circle data analysis groups: (1) searching (searching for connection, educating ourselves and others); (2) interconnectedness (interconnectedness and holistic health, family and community relationships); (3) colonisation and systems (navigating systems and Métis identity, colonisation and ongoing impacts on health); (4) traditional practices and teachings (reconnecting with and practicing Métis ways that fit, engaging in traditional practices and teachings); (5) spiritual and religious practices (living for something more, self-determination with spirituality and religion, centring spirituality in health); and (6) relationship with Métis identity (identity conflict and tensions, identity and self-concept) (see figure 1).

Searching

Searching for connection

Ongoing searching for connection included wanting to connect, or connect more deeply to Métis identity and culture, and to a higher power, sometimes referred to by participants as Creator, God, nature or Mother Earth. For Participant 74, it was broader:

Your health and well-being are definitely connected; if you are not a healthy person, there's a good chance that things in your life are harder to do or to live with. As for the spirit, I don't believe in spirits or spirituality. I believe we are all of the universe, you are made of space dust you go back to space dust. And I suppose I find comfort in that. (Participant 74)



Figure 1 Health, spirituality and well-being in the Métis Nation of Alberta Region 3.

Interconnections between physical health, mental health, colonialism, intergenerational trauma and spirituality were evident throughout the findings.

I'm having to learn about what it means to be Métis from people outside my family. I didn't grow up knowing what this meant or really anything about it. Because of this lack of knowledge and experience, right now my Métis identity is a source of conflict—I feel pride and curiosity, but also pain. I feel as an outsider and a fraud, which is hurtful. I see how this identity could bring connection to culture and nature, but I am just starting out. I feel I have a cultural wound that I'm shying away from, which leads to pain, anxiety, and almost a rejection of spirituality. (Participant 19)

Historically, Métis people have been hidden or erased, not fully fitting into European or Indigenous classifications.¹⁹ Some were searching for connection to spirituality, to address disconnection from spirituality, for belonging, to address disconnection from community and to connect to Métis family and community. Desired outcomes of searching included connecting to: (1) Indigenous ways of being, (2) learning opportunities, (3) teachings on Indigenous spirituality, (4) Indigenous ancestry, (5) culture, (6) oneself, (7) Indigenous cultures and beliefs, (8) Métis ways of life in the bush and (9) Métis identity.

Educating ourselves and others

Part of a search for connection included educating themselves about being Métis, after experiencing childhoods where Métis teachings were minimal.

I'm learning and trying to reclaim our ways of knowing. Slowly my grandmother is starting to share more but it takes time. I feel like I don't know enough and it negatively

impacts the way I view myself in the community. Knowledge that has been passed down makes me feel proud and connected in my spirituality, but the process is long and hard and can challenge sense of identity and can have negative impacts on well-being. (Participant 71)

For some, educating others about being Métis included educating medical professionals.

I smudge and pray twice a day on a daily basis. I've participated in ceremonies including sweats, and I monthly do my own River ceremony for guidance and peace from the Creator and my Ancestors. I'm teaching my children as much as I can learn about our culture and we have come to love traditional practices...I've shared openly with my specialists my desire to incorporate a blend of traditional healing and western medicine. My specialists are very supportive and open. My new family doctor who replaced my previous doctor of 19 years is not, and recently refused to work with me and my specialists on prescribing pain medication for a diagnosed condition having me end up in emergency and admitted from a pain crisis that had my body go in shock with my blood pressure 70/30 and oxygen 86%. I'm so frustrated and scared that I won't find a family doctor that will work with me and my girls again in a healthy collaboration in my health. My youngest daughter has also had emergency surgery these past few months and is still experiencing daily symptoms of vomiting and can't get help...even though the family doctor has seen her but hasn't looked at her wholistic health. Our people need help in accessing services and advocacy. (Participant 48)

Educating referred to informal and relational learning by receiving teachings from Elders or family members, but also referred to accessing classes and courses. Many had Elders in their lives to approach and learn from regularly.

Connection to kin gives me a larger pool of support that family alone does not. I am able to go to nature and the land to find a safe calming space to communicate with the Creator. My Elders help guide me and provide insight and teachings on how to live. (Participant 93)

Educating also sometimes included higher education or institutionalised learning beyond Métis-specific education. Educating ourselves and others included more understanding about: (1) Métis-specific teachings, (2) spirituality, (3) Indigenous spirituality, (4) Métis culture and ways, (5) smudging, (6) praying, (7) ceremony, (8) their roots (knowing who they are and where they come from as Métis people), (9) Indigenous culture, (10) plant medicines and (11) the impacts of intergenerational trauma.

Interconnectedness

Interconnectedness and holistic health

Interconnectedness and a holistic model of health, incorporating the entire person, was directly and indirectly referenced as a key framework for understanding health, well-being and spirituality. Participant 65 wrote, 'I see health, well-being and spirituality as being interconnected with all areas affecting one another in strengthening and weakening depending on how each area is affected. It is a

balancing act'. Throughout the findings, spirituality and a connection to something more, was self-defined.

Following the circle of life and the four directions, it is clear that all is connected. Personally, I have found that lack of spirituality is of great concern because if a person is not grounded it can affect the mental health of the individual leading to a decline in health which then affects the overall wellbeing of the person. Spirituality is not just a belief in a higher power or creator but also a belief in yourself because you know that you will be safe and protected. (Participant 5)

Métis identity was also indicated to be a strong factor in holistic health and well-being. Some participants had a strong sense of how their Métis identity influenced their health and well-being, where others hoped to better understand the connection between Métis identity and health. Interconnectedness with nature (land, the outdoors and Mother Earth) and individual interconnectedness (between mind, body, emotions and spirit) frequently included the spiritual. Everyday practice and incorporation of spirituality were vital parts of holistic health and well-being for Métis participants. Spiritual practices were described as individual as well as communal.

I embrace all sides of my culture and practice spiritual healing in my home by smudging, burning sweet grass. I also take part in sweats when I can, as well as taking part in healing circles and talking to Elders. (Participant 38)

For Métis people, engaging in ceremonies such as smudging, pipe, sweat lodge, sun dance and sacred lodges can create connection with creation; however, there is resistance in communities to these practices due to the influence of residential schools, Christianity and government policy.⁶

Family and community relationships

Relationships with family and community members, as well as building relationships with Elders, was an evident part of interconnectedness and social connection, supporting health, well-being and positive health outcomes. Family and community relationships included understanding how they were situated in it, particularly in urban settings.

I think that access to teachings and community is important for our nation[s] well-being. Many of us in urban settings and away from homelands are disconnected and lacking that guidance and connection. Especially if we don't "look" Métis it can negatively affect our view of ourselves. Where do we belong within the community? Lack of connection to community, teachings, language, etc all impacts health and well-being of our nation. (Participant 71)

For many, maintaining regular social connection was particularly difficult during the COVID-19 pandemic. Métis participants valued family as a source of support, particularly for mental health. Learning about their Métis history and prioritising family was a source of strength.

Participant 70 wrote, ‘I look forward to new opportunities to connect to the Métis community in my city, the land, and to continue practicing our cultural traditions like beading, gathering and ceremony’.

A priority for many people when considering the role of interconnectedness in health, well-being and spirituality was connection with Elders. In the words of Participant 97, ‘the more traditional ceremonies I take part in and Elders I speak to, the more I grow both physically and spiritually’. For some participants, this connection with Elders increased well-being:

When a new medical professional finds out my Métis identity they automatically assume that I have a lot of medical conditions or addictions! But I also think my Métis identity allows me to connect and speak with Elders and spirituality will improve my well-being. (Participant 50)

Participant 97 wrote, ‘I grew up Catholic. My family still practices some of that. But I attend speaking circles, rely on Elders and knowledge to support me in my life’. For some, finding a mix between Catholicism and more traditional beliefs was facilitated by family and community relationships.

Colonisation and systems

Navigating systems and Métis identity

Many participants openly shared their experiences of discrimination or fear of being discriminated against, with a particular focus on interactions with healthcare professionals and the healthcare system. Participant 85 described their Métis identity making a difference, ‘depending on the situation, I experience discrimination in health centres for my appearance and don’t like going to health centres for that reason’. Discrimination and racism was identified by many participants as interfering with health.

Myself and my Métis relatives have struggles with heart issues, diabetes and mental illnesses (schizophrenia, PTSD, anxiety, etc). I myself am white passing so I have yet to experience discrimination in the health system but my non-white passing relatives have (expected to be alcoholics, harassed for prescribed medicine at pharmacies, etc). This affects their desire to access services and distrust the system. (Participant 47)

Navigating healthcare services is impacted by being white or non-white passing; traditional healing and western medicine are difficult to merge. Some of the participants also had difficulties navigating the preceding in their places of work.

Most people spend their days at work. Workplaces, I feel, have a major impact on health and well-being. How does my Métis identity play out there? Can I say I’m Métis without prejudice? I made a workplace change 2 years ago for my mental health and I found that the change to a more liberal work environment helped my mental health because in an

environment that supported me in many ways. The pay isn’t great but my health seems much better. (Participant 43)

Culturally safe policies and practices promoted and centred with incorporation of the TRC Calls to Action are critical for Métis health and well-being within systems. As the TRC is implemented and policies and practices are developed, there should be a recognition of the impact on Métis people regarding health, spirituality and well-being, with a specific emphasis on workplace environments.

Workplace environments must do more to Indigenise and acknowledge the positive affects it has on all people. Equity, inclusion and diversity are intrinsic components. Governments must implement culturally safe policies and practices within the healthcare system. Active participation in the Truth and Reconciliation process brings new challenges for health, spirituality and well-being. The emotional labour and responsibilities that is expected of a Métis person continues to be present as it did historically. There are more truths to be told. (Participant 84)

One participant referred to challenges navigating academia, the justice system, and supports and services, including even Métis-specific services.

Completing graduate studies impacted my health negatively due to the presence of a racist academic in my sphere. Fighting the racist and misogynist justice system related to domestic abuse and the rights to safety for my baby also impacted my health negatively. (Participant 91).

Participant 65 wrote, ‘internalised racism from systemic issues in society has affected my well-being especially when hearing and being witness to racism and negative perceptions [in] society...however, it has also given me strength when learning what it means to be Métis’. External and internal challenges exist with experiences of racism and discrimination, along with opportunities for developing resiliency and strength through claiming and walking in Métis identity.

Colonisation and ongoing impacts on health

Ongoing effects of colonisation have significantly impacted the health, spirituality and well-being for Métis people. Participant 14 described, ‘my loss of identity not knowing my culture or Métis spirituality affected my sense of connection to my people, Spirit and value of my physical health’. Participant 79 wrote, ‘so much was lost and forgotten because being Métis used to not be socially acceptable’.

I have a lot of relatives and ancestors who struggle/struggled with addictions and mental illnesses. As I learnt more of this and my own mental illnesses began to show, I worked hard to avoid alcohol, drugs, as well as to seek therapy. I also began to acknowledge and understand the systems and history that created addiction in my family and use this knowledge to protect myself from these systems and work to return to traditional ways. This had helped me to understand that my mental health issues are not entirely my fault, and that by

taking care of my mind, body, and spirit I can help alleviate my issues and help to heal further generations. (Participant 47)

Another aspect of colonisation is the role of religion and mistreatment by religious institutions and staff.

It affects my mental well-being more than anything, as trying to understand why the Indigenous people were treated so poorly from the beginning. And how people are okay with using their religion as a scapegoat for their choices of mistreatment and or murder. And it really gives you an understanding of how humans treat humans for selfish reasons. (Participant 74)

Varying relationships to the church and organised religion were expressed.

I used to be Catholic which I totally reject now especially since learning more about the atrocities my family and others has experienced because of the church. I am a very new learner about our Michif “ways” of ceremonies. Of course it is connected at a deep level in the choices I make every day. (Participant 54).

Emphasised throughout was the importance of recognising, understanding and addressing personal and intergenerational trauma. Participant 7 wrote, ‘removed myself from toxic people and situations; began my road to sobriety so I could heal myself from the trauma of my life and past generations’.

Understanding who I am and where my family comes from is very important. Trauma from past generations is imprinting in my DNA and passed down through many generations. Knowing that helps me deal with the things that come up in life. (Participant 81)

Recognising the effects of intergenerational trauma and taking steps to mitigate them, Participant 83 described engaging in ‘physical activity, healthy food choices by mainly eating wild game protein, choosing to be a non-smoker, stress reduction techniques, recognising intergenerational traumas and most importantly living a strong spiritual way of life’.

For many, colonisation resulted in disconnection from Indigenous spirituality.

I was raised very Catholic with no discussion of traditional spiritual practices. As I got older I questioned those beliefs and began exploring spiritual connection to land and how those worked together. I smudge in the morning and say my prayers. My prayers still come through the way I’d almost pray in church, but now I use a different method I suppose. Smudge grounds and centres me. (Participant 71)

Participant 96 wrote, ‘in our household we are accepting of all religion and spiritually and are always trying to learn more without belonging to anything. This affects our well-being because I feel we have lost information, culture and understanding’. Reclaiming religion and spirituality as a way of addressing disconnection from Métis culture

and traditional spirituality was identified throughout the study.

Traditional practices and teachings

Reconnecting with and practicing Métis ways that fit

Finding and practicing Métis ways fit differently for each individual however, smudging was frequently identified as the way to reconnect with and practice traditional ways. Connection with Métis ways, or reconnection, knowing inside all along about being Métis, was described throughout.

I think it’s so important to gain teachings from Elders or family members. If young, urban Indigenous youth don’t have access to traditional knowledge, then I think they should be provided this support in schools or Aboriginal friendship centres. Without spirituality, it feels like a part of your self is missing. (Participant 16)

Being outdoors was a fitting way to connect with spirituality for some participants in our study.

I don’t consider myself to be a spiritual person. My only connection to spirituality is being in nature. I am outside a lot and hike throughout the year. Hiking to me is first and foremost physical, but it also reminds me that nature is powerful and enormous. Hiking is a mindfulness practice and also allows for a break from the tech-connected and busy city lifestyle. (Participant 19)

Engaging in traditional practices and teachings

Engaging in traditional practices and teachings occurs on an individual and collective level. Participant 36 observed, ‘I find that the Métis people tend to forget where the Indigenous part of them comes from, and we forget to celebrate that side. We focus on the non-Indigenous side and celebrate that more often’. Embracing and living out traditions and practices were informed by each Métis person’s unique relationship with local Indigenous people, personal history, family history and relationship to Métis ways. ‘I stay away from church, I am in a better place believing in the Creator’ (Participant 52). Distinguishing between Indigenous, First Nation, or Métis practices and traditions (such as smudging, Indigenous spirituality, prayer, being on the land and ceremony) was not frequent. Participant 91 wrote, ‘my well-being is intimately connected to practicing my culture and Indigenous spirituality, being involved in my community and being on the land’. Participant 16 noted, ‘I smudge regularly and I try to eat a traditional diet filled with meat and whole foods. I was raised Catholic however in my teens I rejected the faith and solely followed my father’s Indigenous spiritual teachings’. Participant 50 related, ‘I have nothing to do with Christianity. I follow First Nations spiritual practices’. Another noted, ‘I wish I could harvest more medicines and have more knowledge in that area’ (Participant 88).

Smudging and prayer were consistent practices. Smudging was ‘to help with stress’ (Participant 9).

Participant 16 emphasised, ‘maintain a healthy diet, follow traditional Indigenous teachings and spirituality as taught by my Métis father, and keep an active lifestyle through outdoor activities’. Connecting to land was referred to as part of religion or spirituality, as a part of mental health, as a part of physical activity and as a place of refuge, belonging and holiness, supporting health, well-being, connection, healing and wholeness.

My Métis identity affects my health and well-being as I feel drawn to the outdoors, I feel that nature is a holy place for me. While I believe in god I feel closest to her when [in] nature and I can smell the earth. (Participant 33)

Participant 46 identified, ‘mindfulness, time to connect to nature and the creator, realising the simplicity of walking/hiking to provide physical benefits as well as opportunity to connect to nature’.

Spiritual and religious practices

Living for something more

Living for something more included participants’ sense of purpose, meaning and personal values. Participant 46 identified, ‘we can’t be physically healthy without mental well-being and a connection to something larger than ourselves’. Participant 12 wrote, ‘worked hard, believed in a power greater than me’. Participant 35 summarised, ‘I go to Catholic church but also respect Métis cultural beliefs’. Living for something more was described more specifically by another participant:

I feel that honouring nature, Spirit and Christian values are synonymous and blend easily. I enjoy spending lots of my time outside in creation/nature honouring Spirit and enjoying its bounty. My soul is healed in the forest & mountains. The rivers and creeks listen & the animals teach me lessons. (Participant 14)

Self-determination with spirituality and religion

Self-determination with spirituality and religion included self-definition and self-leadership, shaped by colonisation, including religious missions in historical Métis communities. Participants strongly conveyed spiritual and religious practices as personal; Participant 56 wrote, ‘the way a person prays should always be personal and meaningful to a greater power’. In the words of Participant 80, ‘there is not one way or dogma’; rather, participants described embracing, rejecting or blending Christianity with traditional Indigenous spirituality.

My spirituality is kinda a mix of being raised Catholic, resenting that, becoming more in tune with Indigenous ways of knowing in regards to spirituality, and a whole mix of what I chose to believe and put into practice. These certain practices and having spirituality in general help me be mindful, which affects my well-being. (Participant 46)

Centring spirituality in health

The blending of Christianity with Métis beliefs was frequently mentioned, ‘re-learning what was lost during colonisation and still practicing the religion I choose today takes some juggling but it helps me be more comfortable with myself’ (Participant 81). Participant 4 wrote, ‘I definitely blend Indigenous spirituality with a Christian theology. I try to see Soteriology with Indigenous eyes’. Another participant described how health and well-being are connected with spirituality:

I am Christian but also believe in the creation stories and ways of being and doing that are more of my Metis up bringing. I use Christian prayer as well as smudging to stay healthy and seek guidance. I use the land as a place that gives me an understanding of our connectedness to everything. By recognising that we are all connected, I live with respect for everything and it brings me peace. (Participant 93)

Relationship with Métis identity

Identity conflict and tensions

A common thread indicated Métis people are connected; however, there is no one way to be Métis, ‘are unique and can’t be defined by one set way’ (Participant 12). Participant 67 wrote about, ‘deconstructing what I’ve adopted and deciding what is important to well-being as a Métis woman’. Participants described inner conflict and tension with identity as a Métis person, along with tensions between Métis identity and self-concept. Self-concept was expressed as central to health and well-being in childhood and adulthood, ‘so much was lost and forgotten because being Métis used to not be socially acceptable’ (Participant 79).

Another participant wrote:

My fathers’ negative views of the Catholic Church have been passed on to me. It’s a bias maybe? But then isn’t that what Métis are? Conflicted/Mixed ethnically and culturally. Métis are Catholic but look at what the Church did to the Métis. (Participant 43)

Identity conflict and tensions existed throughout the findings, but were noted to be essential to spirituality, health and well-being.

Identity and self-concept

Historically, Métis people hid their identity where possible due to racism, discrimination, marginalisation and fear of being unable to maintain housing and jobs. This hiding led to disconnection from Métis identity and culture. Participant 89 wrote, ‘I [grew] up not knowing my culture and I am learning everyday now’. ‘Understanding who I am and where my family comes from is very important. Trauma from past generations is imprinting in my DNA and passed down through many generations. Knowing that helps me deal with the things that come up in life’ (Participant 81). Pride in Métis identity was identified, as well as a reluctance for some:

Still trying to figure it all out. I am VERY proud to be a Michif woman and to have my children and grandkids now recognised. As an older woman I feel like a baby in this regard though and it is difficult for my cousins/relatives who've not taken this step to understand why belonging & participating in Métis community matters. (Participant 54)

The impact of accepting oneself as a Métis person and feeling proud is evident in the words of Participant 61, 'I am proud to be Métis. I think its a sense of community. Everyone has welcomed me and helped me learn about my family and heritage'. Another participant described their experiences working through Métis identity and self-concept:

While I am baptised and confirmed Catholic, I have extreme difficulty and anger with the fact that the church has yet to apologise for the atrocities of the residential schools and other colonised ways that they have oppressed Indigenous people. I recently found a new church that is affirming, focused on social justice, and working to decolonise their community. As I am in relationship and connection with the MNA community, I continue to learn and grow. I have been participating in Grandmother Tea ceremonies and this has been such a gift. (Participant 70)

DISCUSSION

The goal of our study was to understand how health, spirituality and well-being intersect for members of the MNA Region 3. Our research identified ongoing adverse effects of colonisation across the MNA Region 3 community, particularly in relation to how cultural identity informs health, spirituality and well-being. Colonial policies and processes (both historical and contemporary aspects of colonisation that discriminate against Indigenous people in Canada) have resulted in adverse impacts on health determinants and outcomes in comparison to non-Indigenous populations across Canada.^{44–48} Participants in our research identified searching for connection to Métis identity and culture, trying to fill a void and educating themselves and others about who they are and where they come from. Throughout the literature, participation in traditional activities, environmental and cultural connections, Indigenous language learning and spirituality are cornerstones of an Indigenous health.^{48–51}

In our research, interconnectedness and holistic health included the land and spirituality, along with family and community relationships and relationships with Elders. These connections can also be found in emerging research from Manitoba, Canada.⁵² Some literature exists exploring the relationship between spirituality and health for Indigenous people, emphasising consideration of spirituality in health policies and programming.^{53–55} Our research identified colonisations' effect on a societal level—and ongoing impacts on health. Recent events affecting processes of reconciliation for Métis people include unearthing of Indigenous children's bodies across

former residential schools across Canada.^{56–58} Survivors of the residential school system have clearly spoken about ongoing intergenerational effects (including participants in our research).^{59–62}

In our previous research, we discovered that engaging in pilgrimages to Lac Ste. Anne contributed to individual, family and community health, spirituality and well-being for Métis people.²⁹ Lac Ste. Anne is a site sacred to many Indigenous people, with yearly pilgrimages (since 1889) to the healing waters in honour of Saint Anne, mother of Mary, grandmother of Jesus.⁶³ On 26 July, 2022, Pope Francis engaged in a penitential pilgrimage to Lac Ste Anne. Additionally, Pope Francis travelled to Maskwacis and Edmonton in Alberta, Canada, on 25 July 2022, offering an apology for the evil committed in residential schools against Indigenous people.⁶⁴ Words are not the only significant part of apology, it also includes the spirit behind them.⁶⁵ Pope Francis' emphasis of colonisation as a common enemy implied responsibility outside the church; the church should not determine acceptance of an apology but should demonstrate deep sorrow and amendment for wrongs.⁶⁵ On Pope Francis' return to Rome, he described affirming local Canadian Catholic communities to engage with Indigenous culture, languages and worldviews.⁶⁶ Each survivor will need to make their own decision about accepting the apology, and concrete action is still required on behalf of the Catholic church.⁶⁶ In order to follow-up on Pope Francis' desire for restoration, it will require more than \$30 million dollars for concrete actions towards cultural healing including: (1) decreasing the percentage of Indigenous people in Canadian prisons, (2) decreasing in the number of missing and murdered Indigenous women and girls, (3) decreasing the number of children in the foster care system, (4) increasing the number of youth graduating from secondary and post-secondary schools and (5) engaging in special initiatives fostering cultural and spiritual flourishing.⁶⁷

In our research, reconnection with traditional practices and teachings along with spiritual and religious practices were identified as essential to individual and community well-being. Traditional Indigenous spirituality was targeted by assimilative efforts, with learning and development impeded, and resultant deterioration of the earth and human interrelationships.¹⁵ Relationality and spiritual development are essential across diverse Indigenous communities, including Métis communities; Indigenous knowledge systems and ethical guidelines promote and generate all life, not just human life, in an intergenerational manner, centring the land.⁶⁸ In contrast to colonial views of land as capital are Indigenous views of land as sacred and sustaining through connection to ancestors, medicines and teachings.⁶⁹ Prefontaine *et al*¹² described maintaining and respecting the spiritual connections between people and other living things through renewing mind, body, emotion and spirit.

Our research findings have implications for future research with Métis communities across Alberta, where

change towards self-government is currently occurring. As we share our research findings across the broader MNA, we will contribute to new policy development across programmes and services, including: (1) Alberta Métis works, a network of Métis entrepreneurs building relationships within communities and across Alberta; (2) Children and family services, helping build resilient Métis families by providing culturally appropriate resources; (3) environment and climate change resources through preserving Métis traditional and cultural ways of life; (4) harvesting rights, activities on the land including hunting, fishing and trapping essential to Métis people's way of life; (5) Métis health programmes, culturally appropriate, self-directed health and wellness opportunities; (6) truth and reconciliation intergenerational support for Métis individuals, families and communities affected by residential schools experiences; and (7) youth programmes and services for Métis youth to provide community belonging and cultural connection.

Limitations

Lincoln and Guba⁷⁰ proposed adding a naturalistic rather than rationalistic method of inquiry to research and identified four criteria for determining trustworthiness in qualitative research: (1) credibility (a type of internal validity); (2) transferability (a type of external validity); (3) dependability (a type of reliability); and (4) confirmability (a type of objectivity). Credibility included member checking results with MNA Region 3 leaders, members and Elders at community mixers. Transferability of our study results may be limited, due to our virtual sample from the MNA Region 3 only, not all the regions across Alberta. Dependability of our results may have been stronger with a larger sample, and our findings more diverse if the COVID-19 pandemic had not prevented us from visiting each MNA Region 3 community in person. Confirmability of our results is evidenced in in our prolonged engagement with the MNA Region 3—from research proposal to survey development to participatory data analysis, resulting in thick description. More research is recommended regarding ongoing impacts of colonisation, connections and understanding about Métis identity, health, spirituality, religion and well-being and the intergenerational effects of trauma in the broader MNA and across Canada.

Conclusion

In our Métis-guided, community-based, participatory study, we explored intersections among health, spirituality and well-being with the MNA Region 3. Many research studies occur with agendas set outside the community rather than with Indigenous people. Our research originated with community leaders identifying a topic of importance, co-developing a qualitative structured survey with community leaders, an Elder and community members and working closely to centre their priorities and perspectives throughout the research process. Our research sharing circle data analysis groups resulted in

unique participatory coding and theme development. We discovered innumerable intersections among health, spirituality and well-being for Métis people in our study. Searching for connection to Métis identity, educating themselves and others about who they are and where they come from, was ongoing. Interconnection and holistic health include family and community relationships, particularly relationships with Elders. Ongoing effects of colonisation affect every aspect of health, spirituality and well-being for Métis people intergenerationally. Reconnecting with traditional activities and teachings, including the environment, land and culture, learning original languages and practicing spirituality, is foundational to health and well-being for Métis people.

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