An Application of Two-Eyed Seeing: Indigenous Research Methods With Participatory Action Research

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Abstract

In this time of reconciliation, Indigenous researchers-in-relation are sharing research paradigms and approaches that align with Indigenous worldviews. This article shares an interpretation of the Mi'kmaw concept of Two-Eyed Seeing as the synthesis of Indigenous methodology and participatory action research situated within an Indigenous paradigm of relevant, reciprocal, respectful, and responsible research. Two-Eyed Seeing is discussed as a guiding approach for researchers offering Indigenous voices and ways of knowing as a means to shift existing qualitative research paradigms. The author offers practical considerations for conducting research with Indigenous peoples in a "good and authentic way." Through the co-creation of knowledge with Indigenous communities, a collective story was produced as a wellness teaching tool to foster the transfer of knowledge in a meaningful way.

Keywords

indigenous, aboriginal, indigenous research methods, participatory action research, community-based research, Two-Eyed Seeing, indigenous knowledge

What Is Already Known?

Indigenous peoples have called for meaningful research deriving from Indigenous worldviews. Scholars are increasingly using Marshall's Two-Eyed Seeing as a framework to reconcile the use of Western method and theory with Indigenous knowledge.

What This Paper Adds?

This article adds to existing qualitative methods by applying Two-Eyed Seeing in the bridging of Indigenous and participatory methodologies. This article discusses the creation and translation of knowledge that is responsive to both Indigenous and academic communities.

Background

In this time of reconciliation, Indigenous peoples have called for meaningful, respectful research deriving from Indigenous worldviews; as such, Indigenous researchers are sharing research approaches which align with these worldviews. In the past, people who have had limited knowledge about Indigenous peoples, worldviews, or communities have conducted *research*

on Indigenous peoples. These researchers often employed a "helicopter approach" where they would arrive in communities, collect data, and rarely, if ever, return (Hall et al., 2015; Smylie et al., 2004). Prior to 1985, the federal government had jurisdiction over education in my home community. In elementary school, I became one of many *subjects* in IQ and achievement *research on* Indigenous children. It remains uncertain what these researchers did with the data they collected, how it was interpreted, and, more importantly, how it may have contributed to *mis*information about my community. Indigenous peoples have expressed skepticism and research fatigue and have used phrases such as "we've been researched to death" (Blair, 2016; Castellano, 2014; Maar et al., 2011; Maar, Sutherland, & McGregor, 2007; Noojmowin Teg Health Centre, 2003). These adverse experiences with misguided research has made it challenging to change how Indigenous

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peoples conceive research and to build trust in this context. Respectful and ethical research should be underscored for Indigenous peoples because of these past experiences. Indigenous researchers have a vested interest in transforming the concept of research "into an instrument for creating and disseminating knowledge that once again authentically represents ourselves and our understanding[s] of the world" (Castellano, 2014, p. 274).

Working from Indigenous research paradigms, researchers are calling for Indigenous methodologies (IMs) and knowledge to be the foundation of a new research agenda (Kovach, 2010a, 2010b, 2018; Smith, 2013; Wilson, 2008; Wright, Wahoush, Ballantyne, Gabel, & Jack, 2016). Furthermore, Indigenous scholars are asking for research that is ethically and philosophically congruent with Indigenous peoples' worldviews. This body of work involves asserting worldviews that are more representative of, and meaningful to, Indigenous peoples. Having been influenced by these researchers and my own experiences, I intend to share how my research derives from an Indigenous paradigmatic approach. This approach flows from a worldview based on Indigenous ways of knowing and being. This paradigm influenced the methods I chose; how I gathered, understood, and interpreted the stories (Kovach, 2010a, 2010b, 2018; Wright et al., 2016); and how the knowledge shared would be translated for others.

Locating Myself in This Research

Graveline (2000) and Kovach (2010a) use the terms "self-in-relation" and "researcher-in-relation" to describe researchers who define their work in terms of personal experiences, families, clans, communities, and nationhood. In the *Anishinaabe* way of being, "all my relations" encompasses both physical relationships and ties to the spiritual realm. My work honors this *Anishinaabe* way of being and involves locating myself in a purposeful way in order to demonstrate respect for and remain accountable to "all my relations" (Absolon & Willett, 2004; Geniusz, 2009; Hart, 2002; Kovach, 2010b, 2018; Lavallée, 2009; Linklater, 2014; Weber-Pillwax, 2004; Wilson, 2013).

I begin this article with an introduction in my language. *Mskoo Beedabeno Kwe ndizhinikaas* [My name is Red Dawn woman]. *Name ndoodem* [My clan is the sturgeon]. *Wiikwemkoong minwaa Nbisiing ndoonjiba* [I am from Wiikwemkoong and Nbisiing]. *Anishinaabe-kwe indowe* [I am an Anishinaabe woman]. I acknowledge that I am an emerging Indigenous scholar, *re*learning my own history, *Anishinaabe-gikendaasowin* [Anishinaabe knowledge], and *Anishinaabemowin* [Language of the *Anishinaabe*]. My research journey can be succinctly described in this passage by an Indigenous scholar describing his work on *Anishinaabe mno-bimaadiziwin*: "In the case of research dealing with the way of a good life [*mno-bimaadiziwin*], knowledge, and identity, it not only develops the necessary structures for the investigation but also ultimately provides a degree of self-revelation for the investigator" (Rheault, 1999, p. 16). My research proved to be intensely personal, and the self-revelation referred to in this quote was always evident.

This research journey embodied Kovach's (2010a) concept of "researcher-in-relation," solidifying my conviction to ground my work from relational connections, personal narratives, and my identity as an Indigenous researcher. This research began with an intent to honor family members who have walked with cancer and began with my grandfather who had lung cancer. He courageously demonstrated his work ethic and strength of spirit until the day he passed on to the Spirit World. In early 2006, my mother was diagnosed with breast cancer, and she epitomized strength while enduring cancer treatment as well as caring for my grandmother who was "getting ready to go home."[1] Soon after my mother recovered from her cancer treatments, my father's health began rapidly declining. Community members and friends expressed concerns about his failing health including a former colleague who shared that a well-known healer would be visiting our community. She asked whether my father would be interested in seeing the healer. On our first visit, this healer told my father that the black mass growing in his kidney would be called cancer. My father lived in *mno-bimaadiziwin* [the way of a good life] and with instructions from the healer prepared for his spirit journey through Indigenous healing. These personal experiences grounded my purpose and writing.

Two-Eyed Seeing as a Frame for an Indigenous Inquiry

The present article describes how Mi'kmaw Elder Albert Marshall's concept of Two-Eyed Seeing was applied in my research. In Marshall's words, Two-Eyed Seeing is: "To see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together" (Bartlett, Marshall, & Marshall, 2012, p. 335). Scholars are increasingly using Marshall's Two-Eyed Seeing as a framework to reconcile the use of Western method and theory with Indigenous knowledge (Hall et al., 2015; Marsh, Cote-Meek, Toulouse, Najavits, & Young, 2015; Martin, Thompson, Ballard, & Linton, 2017; Vukic, Gregory, & Martin-Misener, 2012).

Using both Indigenous knowledge and Western theory, my research examined the potential benefits, challenges, and contributions of Indigenous healing to cancer care and *mno-bimaadiziwin* (an understanding of wellness) for the Anishinaabe people of Manitoulin Island, Ontario, Canada. Manitoulin Island is home to seven First Nations: Aundeck Omni Kaning, M'Chigeeng, Sheguiandah, Sheshegwaning, Whitefish River, Wiikwemkoong Unceded Territory, and Zhiibaahaasing. Thirteen community members from these First Nations shared their stories and experiences with cancer. An additional 17 key informants shared stories of working in both Indigenous healing and Western medical perspectives. The sharing of a story was accomplished through a conversational method honoring Anishinaabe oral tradition. I used both Indigenous knowledge

and Western theory to create meaning from the stories gathered, interpreted as a Two-Eyed Seeing.

This article will also articulate how my work was grounded from an Indigenous research paradigm which informed the methodological approach. Specifically, Indigenous methods (IMs) were paired with participatory action research (PAR) that I present as an application of Two-Eyed Seeing. The latter sections of the article describe how Indigenous methods impacted each step in this participatory action process, including planning, implementation, production of knowledge, and action that moves the research into practice.

Grounding Inquiry Within an Indigenous Research Paradigm

I was reminded by my supervisors and other Indigenous scholars that it would be important to explain my research paradigm since it influenced my thinking, writing, and approach. The ontological, epistemological, axiological, and methodological roots of my work are depicted in Figure 1 (Peltier, 2012; Wilson, 2008, 2013).

This paradigm is rooted in Indigenous ways of knowing framed as *Anishinaabe-gikendaasowin* [the knowledge, information, and the synthesis of Anishinaabe teachings] (Geniusz, 2009). Specifically, my paradigm is centered on an understanding of *Anishinaabe mno-bimaadiziwin* [the way of a good life]. This knowledge stems from the teaching that before birth we had a conversation with the Creator who provided us with Original Instructions comprising all of the knowledge we would need to navigate the path of life (Peltier, 2012, 2015). In a research setting, *mno-bimaadiziwin* teachings can provide the researcher a framework for conducting work with Indigenous peoples in a good way, one that is rooted in a relational way of being. In *Anishinaabe* ontology, relationships tie us to everything and everyone in both physical and spiritual realms. To further illustrate, Elder Jim Dumont and National Native Addictions Partnership Foundation (2014) describe *Anishinaabe* relationality as "strings of lives connecting us to our ancestors and to those yet unborn" (p. 9).

When Indigenous inquiry is grounded in these relational connections, the researcher has special responsibilities that stem from a shared collective history with participants (Kovach, 2010b, 2018). Throughout my research, the significance of "all my relations" was always apparent. Participants would often ask about my familial connections if they were not already known. Our visits frequently opened with participants sharing stories about my family members, which was imbued with our relational connection. I have been told that these connections are the essence of what it means to be *Anishinaabe*. It was not unusual that I knew all of the participants or that they knew me. In another research context, this degree of relationality might render the inquiry invalid due to a lack of objectivity.

Scholars like Absolon and Willett (2005) have claimed that research can never be entirely neutral or objective because *all* research is conducted through a human epistemological lens.
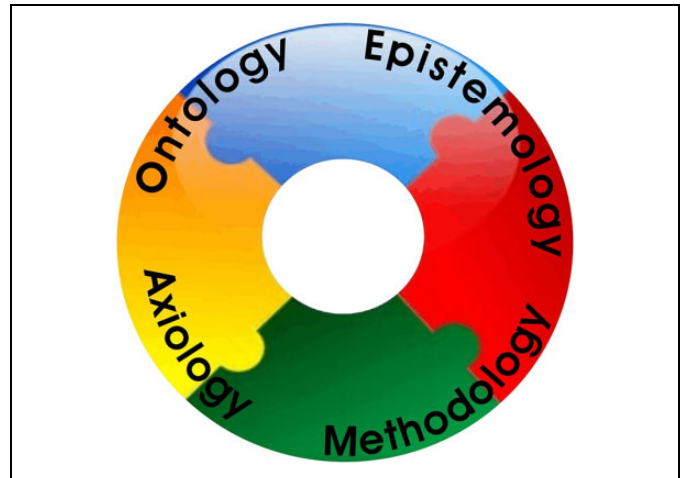

Figure 1. Elements of an indigenous research paradigm (Wilson, 2008).

My paradigm necessitated the description of an Indigenous-specific epistemology that *Anishinaabe* scholar D'Arcy Rheault (1999) describes as the Seven Directions of Knowledge. For *Anishinaabek*, sources of knowledge originate from story and ceremony; empirical, observational, and land-based knowledge; knowledge that came directly from the Creator in the form of Original Instructions; as well as what has been described as ancestral or spirit memory (Rheault, 1999).

My Indigenous research paradigm is rooted in a system of *Anishinaabe* values. These values permeated my methodological approach since my work with the Manitoulin *Anishinaabek* reflected shared values. Ongoing consultation would be a wise practice for researchers interested in applying this paradigm with other Indigenous communities. This research was based on the values' inherent responsibility, respect for, and accountability to "all my relations"—those who came before me, those who are still in this realm, and those who are yet to come (Peltier, 2012, 2015). This *Anishinaabe* axiology has been described by other Indigenous scholars as the four R's of Indigenous research: respect, reciprocity, relevance, and responsibility (Kirkness & Barnhardt, 2016; Pidgeon, 2018; Weber-Pillwax, 2001; Wilson, 2001, 2008, 2013). Overall, this paradigm underscored how I approached all aspects of research from how I selected a relevant topic, how I respectfully gathered stories, how I responsibly interpreted those stories, and the reciprocal way in how I presented the information for others.

Indigenous Methods and PAR as Two-Eyed Seeing

Indigenous researchers have been called upon to conduct research of direct relevance to their communities (and thus to themselves). Embracing research in a way that privileges Indigenous voices and Indigenous ways of knowing and being will change the way research is conducted: "When Indigenous people become the researchers and not merely the researched, the activity of research is transformed. Questions are framed
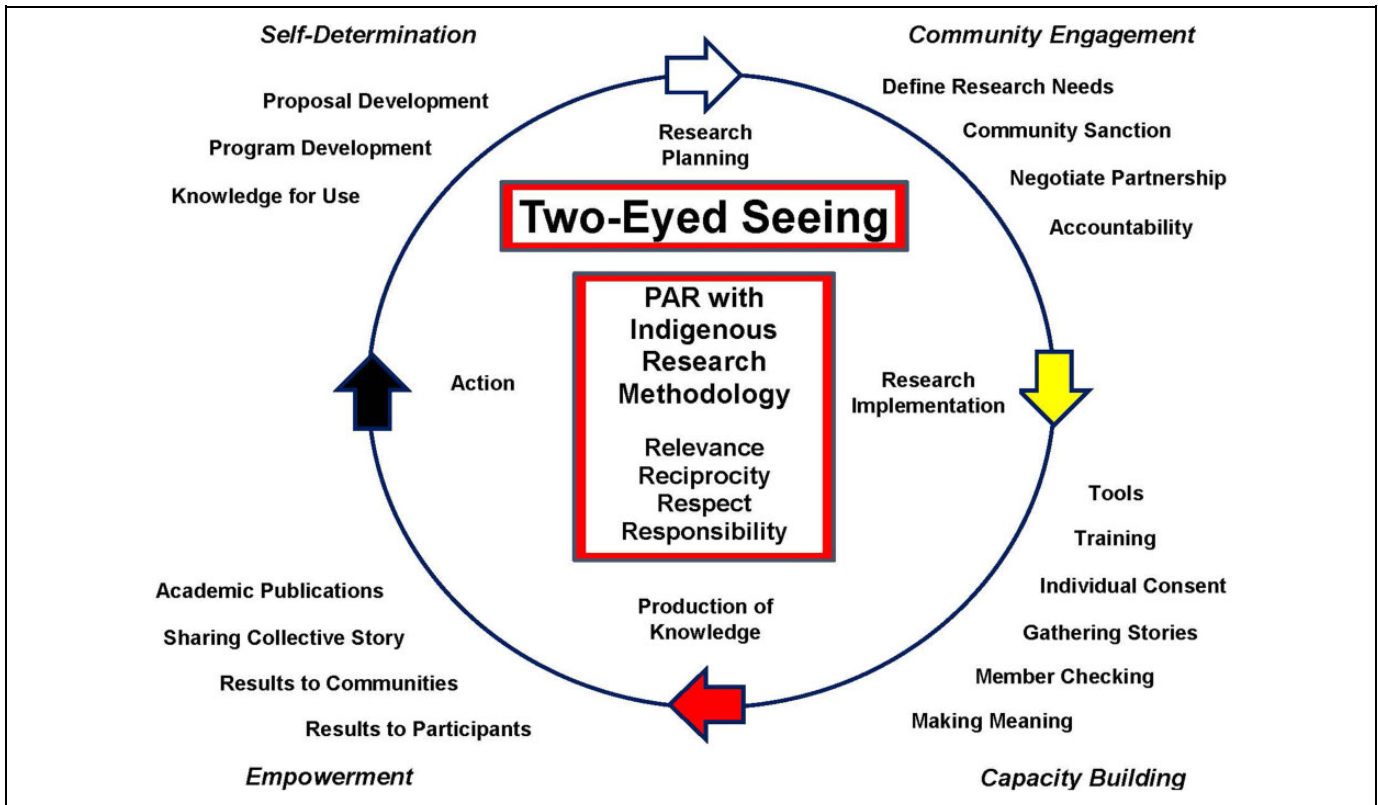
Figure 2. Participatory action research with Indigenous methodologies as Two-Eyed Seeing. This model was adapted from the Jacklin and Kinoshameg (2008) *Wikwemikong Community Needs Assessment Research Model.*

differently, priorities are ranked differently, problems are defined differently, and people participate on different terms" (Smith, 2013, p. 193).

As such, Indigenous scholars (Hill, 2009; Kovach, 2010b, 2018; Pidgeon, 2018; Smith, 2013; Wilson, 2013) emphasize the importance of using appropriate approaches to make research relevant. Participatory, community-based approaches have been effectively paired with Indigenous approaches (Evans, Hole, Berg, Hutchinson, & Sookraj, 2009; Hall et al., 2015; Jacklin & Kinoshameg, 2008; Liebenberg, Wood, & Wall, 2018; Reich et al., 2017) yet can still honor and can flow from Indigenous paradigms. I contend that this can be respectfully accomplished through Two-Eyed Seeing.

PAR prioritizes a collective process in promoting action through empowerment of marginalized groups (Caxaj, 2015; Evans et al., 2009). In research with Indigenous peoples, community members become engaged in the design and delivery of research as equal partners rather than merely as participants (Evans et al., 2009; Jacklin & Kinoshameg, 2008; Liebenberg et al., 2018; Reich et al., 2017). From a PAR approach, the lived experience and knowledge of Indigenous peoples is honored, there is an aim of creating social transformation, and power over the research process is shared (Caxaj, 2015; Evans et al., 2009; Jacklin & Kinoshameg, 2008; Liebenberg et al., 2018; Reich et al., 2017).

IMs have roots in Indigenous values and share a deep respect for Indigenous ways of knowing. They are often cited in research conducted by, and for, Indigenous peoples using methods that reflect Indigenous worldviews (Denzin, Lincoln, & Smith, 2008; Kovach, 2018). An emancipatory component (Caxaj, 2015; Evans et al., 2009) of my research enhanced the already compatible pairing of IMs with PAR. In my study, this emancipatory component would be the *agency* afforded to Indigenous peoples in accessing plural systems of health care (i.e., Indigenous healing or Western medicine).

Shared practices in both IMs and PAR include the community's involvement in the design, shared power over the implementation and the delivery of research, and a focus on the relevance and benefits of the research to Indigenous communities (Jacklin & Kinoshameg, 2008; Liebenberg et al., 2018; Reich et al., 2017). The pairing of IMs and PAR fostered an application of Two-Eyed Seeing in practice (refer to Figure 2). Conducting research in a good way involved wise practices. First, the project was conducted by a researcher-in-relation which established an *Anishinaabe* relational context. Through the lens of Two-Eyed Seeing, theoretical and analytical frameworks were centered on *Anishinaabe gikendaasowin* [Indigenous knowledge]. There was consistent, ongoing involvement with and a deep respect for *Anishinaabe* communities. This was important throughout the process, from initiating "kitchen table" visits on the relevance of the research topic to making decisions on the best way to interpret and disseminate stories (i.e., a collective teaching story). The approach ensured that the research was relevant to communities and was reciprocal in

that it transferred skills to community members. Finally, this research aimed to contribute to community wellness goals of empowerment and self-determination by providing agency in accessing plural health systems as a means of change (Ermine, Sinclair, & Jeffery, 2004; Jacklin & Kinoshameg, 2008). Throughout this process, I was learning to see with two eyes and continually questioning colonial influences impacting my beliefs and practices. I chose to frame my work as Indigenous inquiry, which demanded a decolonizing outcome from both myself and the communities with whom I partnered (Kovach, 2010b, 2018). The decolonizing objective of my research was to assist in furthering the path of wellness to *mno-bimaadiziwin*.

My Research Process as an Application of Two-Eyed Seeing

Figure 2 provides a visual to discuss my research process moving from research planning to the action phase. Each phase of the cycle also reflects IMs through examples from my work with the Manitoulin Anishinaabek.

The Research Planning Phase

Relevance and Community Sanction

This community-based, Indigenous inquiry began with considering relevance of the topic to the communities *prior* to the development of a research proposal. The research started to take shape when I visited three Elders from my community who saw the need and importance of this research in my home community. One of these Elders, the late Marjory Shawande, was a knowledge keeper whose work was well respected in all seven of the Indigenous communities on Manitoulin Island. Thus, community sanction for this work began with the acknowledgment and advice of Elders. From an Indigenous worldview, some Elders may encourage a researcher-in-relation to extend this sanction to ancestors through ceremony. I was advised by another Elder to participate in a sweat lodge ceremony to seek direction and sanction from the spirits to conduct this work. To my knowledge, not all researchers are directed to participate in this way of knowing. As a researcher-in-relation, I embraced this experience not only because it grounded my work in ceremony but because it also allowed for a personal connection to spirit.

Defining Research Needs

With respect to how this research addressed gaps in the academic literature, a community-based report (Maar, Lightfoot, Sutherland, Strasser, & Wilson, 2009) provided foundational knowledge focusing on cancer needs and priorities within the seven Manitoulin Island First Nations. This seminal report identified a need for research on the lived experience of Aboriginal peoples with cancer who used Indigenous healing. The gaps in the literature base along with Maar, Lightfoot, Sutherland, Strasser, and Wilson's (2009) research assisted in framing

my research questions: (1) What is the lived experience for *Anishinaabe* adults of Manitoulin diagnosed with cancer and their use of either Indigenous healing with Western medicine or only Western medicine? (2) Does the inclusion of Indigenous healing bring an Anishinaabe person closer to *mno-bimaadiziwin*? and (3) How does this relate to the overall cancer experience?

Community Engagement and Negotiating Partnership

Community engagement and negotiation of research partnerships were not as easily accomplished for a researcher-in-relation as one might imagine. I remember a colleague of mine stating, "It must be easy for you to work with Indigenous communities, especially when they know you." In fact, as researchers-in-relation, we are often held at a greater level of accountability than a researcher who may not be a member of the community. Following appropriate consultation, relationships were formalized through partnerships with Mnaamodzawin Health Services, M'Chigeeng First Nation, and Wiikwemkoong Unceded Territory. The rationale for selecting these three research sites was embedded in relationality. I had either lived or worked in these communities and, because of these connections, I felt a sense of responsibility to each community. Wilson (2008) explained that the "key to being included [in the Indigenous community] is not only the work that you have done in the past but how well you have connected with others in the community during the course of your work" (p. 81). Initial community engagement involved meeting with health directors and allowing them to determine whether this research had merit in their respective communities. Beyond the formalities of presentations and cocreating research agreements, these visits provided an opportunity to engage with the experience and knowledge held by these respected Indigenous professionals. As such, relationship development with these communities began long before the presentation of my research proposal.

Since 2002, the Canadian Interagency Panel on Research Ethics has acknowledged the need for guidelines for research with Aboriginal Peoples (Government of Canada Panel on Research Ethics, 2015). Chapter 9 of the Tri-Council Policy Statement 2 (TCPS2) was developed to serve as a framework for conducting ethical research involving the First Nations, Inuit, and Métis Peoples of Canada (TCPS2, 2014). In order to ensure that any proposed research respects customs and is culturally appropriate, the Manitoulin Island Indigenous communities had the foresight to assume stewardship of their own interpretation of research ethics. Working as a collective, these communities developed *Guidelines for Ethical Aboriginal Research in the Manitoulin Area* (Maar et al., 2011; Maar et al., 2007; Noojmowin Teg Health Centre, 2003) and have established the Manitoulin Anishinaabek Research Review Committee (MARRC). In addition to acquiring institutional ethics approvals from the university and hospital research ethics boards (REBs), I participated in a community-based

ethics process. This process involved explaining my research from an Indigenous-specific, ethical paradigm centered on the Seven Grandfather Teachings. Specifically, this involved engagement with a Manitoulin understanding of the Seven Grandfather Teachings. The respect for and local understanding of these teachings was accomplished through both relationships and learning that have been cultivated over my lifetime. As a researcher-in-relation, learning always involves humility and the capacity to listen and accept direction from a variety of sources.

Accountability

Accepting direction from a variety of sources would culminate in the development of a community advisory committee. A central tenet of both PAR and IMs is to remain accountable to communities by involving them in all aspects of research, not just at the stage of community approval. Noojmowin Teg Health Centre (2003) suggested a model of ideal community representation where membership would be comprised of those in a leadership capacity (i.e., Chiefs and Councils, health boards or community agencies), those holding Indigenous knowledge (i.e., Elders or traditional/cultural advisors), and, finally, academic or community researchers. Ideally, the committee would ensure that the expectations of both the participating communities and the researcher were aligned (Maar et al., 2011; Maar et al., 2007; Noojmowin Teg Health Centre, 2003). As such, health directors in the three research sites (i.e., M'Chigeeng Health Centre, Nahndahweh Tchigehgamig Wikwemikong Health Centre, and Mnaamodzawin Health Services) advised that their respective staff members with relevant research and program expertise be invited to participate in this committee. The committee provided guidance in all aspects of research: planning, implementation, production of knowledge, and action (Figure 2). The community advisory committee directed the hiring of a community-based research assistant and the recruitment of participants, and they also assisted in refining the interview tools, the analysis of the stories, and provided input on the dissemination project.

As a researcher-in-relation, I would face another level of accountability in conciliating some past, negative research experiences. One experience with a community member, who has since passed on to the Spirit World, has stayed with me. This Anishinaabe-kwe [Anishinaabe woman] initially agreed to participate in my research, but on the day of our visit, she chose not to, and only later would I understand why. On that day, I initially felt that this was a setback since I had driven more than 3 hours round trip to her home. When I arrived, she very pointedly asked me, "Can you tell me how this will help us? I've seen so many researchers coming into our communities, but nothing ever changes." As per her wishes, we did not proceed with the interview, but I gained invaluable knowledge. As with many Anishinaabek I visited, this woman invited me in for tea. When I stepped into her home, I observed that she was overwhelmed and visibly tired as she explained that she was just home from a cycle of systemic treatment. She was in the

middle of doing laundry for her grandchildren who were staying with her. On top of all of this, she was busy making wreaths for All Souls Day. In her community, All Souls Day was celebrated with a community feast and the placement of wreaths in honor and remembrance of family members who have passed on to the Spirit World. This woman, a community leader and volunteer, was instrumental in keeping this annual tradition alive. While we visited, I helped her with some of the unpacking and sorting of the dried flowers and craft supplies. She thanked me for the help and the visit.

Her words have come back when I had doubts about completing this research. Since then, I have come to view this visit as an integral turning point in my learning journey. The point was not just to get the interview but to contribute a tangible (positive) difference for our communities. Researchers have acknowledged that research as a term is not "taken lightly" or may even be viewed as "a dirty word" (Carreau & Robinson, 2018; Pidgeon & Hardy Cox, 2002; Smith, 2013). I have also attributed her decline to participate to the research fatigue that has been commonly experienced in Manitoulin Anishinaabek communities (Maar et al., 2011; Maar et al., 2007; Noojmowin Teg Health Centre, 2003). My experience with this participant spoke directly to the relational accountability that researchers-in-relation face in decolonizing the research process.

The Research Implementation Phase

Reciprocity and Capacity Strengthening

This research project was reciprocal in at least three different ways. First, I was reminded by one of the health directors that participation in the community advisory committee was a form of capacity strengthening in itself. Committee members shared that they were learning about the research process, but they were also being provided a collective story of cancer experiences within their communities which, in turn, could inform their own work. The advisory committee members contributed the required historical, cultural, and linguistic context for their respective communities. As shared earlier, committee members also participated in the selection, hiring, and training of a community-based research assistant, which further strengthened the community's research base.

Reciprocal and Respectful Knowledge Translation

Second, reciprocity was reflected in respectful story gathering that involved a joint effort between myself and the community-based research assistant, Karen Pitawanakwat. An *Anishinaabe-kwe* of the Thunder Bird clan, Karen is a fluent speaker of *Anishinaabemowin*. She brought an in-depth perspective to this research beyond a translation capacity. I contend that there is far more to honoring community perspective than permitting someone to speak their language and then providing a direct English translation. Honoring community perspective involves

a conscious process of going back to the original meaning of those carefully chosen *Anishinaabemowin* words and sharing this understanding in the form of recommendations using *Anishinaabe gikendaasowin* [Indigenous knowledge]. This demonstrates a respect for communities and is a reflection of *biskaabiiyang* [a returning to ourselves] (Geniusz, 2009, p. 9). Through this way of knowing, I was gifted invaluable knowledge by both Karen and other members of the community advisory committee, which would further my own personal learning journey.

Reciprocity and Personal Relevance

A third way in which the research was reciprocal became evident in the impact the research would have on those who chose to participate. For Karen, the project was an opportunity to hone research skills, to learn how to better assist her fellow community members, and to share this information with her colleagues. This research would serve another purpose that, unbeknownst to us at the time, would have great personal meaning for Karen. As the community-based researcher, Karen's role involved the participation in and transcription of interviews, translating *Anishinaabemowin* when required, and co-constructing the collective story through data analysis. Unfortunately, at the time of story gathering, Karen's husband was diagnosed with cancer, and, naturally, caring for her husband and family became her priority. Despite this life-changing experience, Karen wanted to remain in her role with respect to this project. When time permitted, she listened to all of the interviews to develop her own perspective on the stories gathered. Later, she shared that she learned through this process in her own personal way.

Another participant's reflection on what she received by participating in the research further demonstrates reciprocity. I began each conversation by discussing the consent form in addition to providing the purpose, and potential benefits of the research. I would typically (and erroneously I might add) inform participants that there would be no *immediate* benefits to participating. One participant objected to this statement and expressed, "I disagree with you when you say there's no immediate benefits. There are personal benefits." She explained that she was unable to speak to her family members about her cancer experiences, so for her, our visits were cathartic.

Respectful Consent and Ethical Sharing of Stories

As a researcher-in-relation, I will admit that the formalities of obtaining informed consent required by all Research Ethics Boards felt antithetical to the relationship-building I had accomplished. The initial research meetings with participants were more akin to visiting, which for *Anishinaabek* is an acknowledgment of each other's spirit. Many of these visits were infused with *Anishinaabemowin*, especially when Karen was present. My fear was that the intent to conduct this research "in a good and authentic way" might be lost in these formalities. Since the

Figure 3. Medicine bundle gift.

arrival of the settlers to our territories, providing a signature has often been a "Catch-22" situation for Indigenous peoples.

Conducting Indigenous research "in a good and authentic way" means conducting research that is respectful of, and deferential to, the protocols in a given Indigenous community (Gone, 2006). In *Anishinaabe* territories, the passing of *Semaa* [tobacco] as a gift signifies that a request is forthcoming (Gone, 2006). Thus, in my research, the passing *Semaa* was adopted as a "traditional consent process" where each participant was gifted a medicine bundle containing the sacred medicines *Semaa* (tobacco), cedar, sage, and a braid of sweet grass (Figure 3).

The passing of tobacco signifies to both recipient and presenter that they have agreed to participate in the ethical sharing of story. A former Wikwemikong Chief shared what I believe represents relationality:

> When two people are sitting together and engaging in a conversation, they must know each other and have respect for each other as human beings put on this earth by the Creator. With the mutual respect, they are able to communicate with each other freely because of their culture and their upbringing. People can actually pass on to each other this respect and support for each other and educate each other in the process. We can always learn from one another (Leblanc, 2003, n.p.).

Story gathering was facilitated through ongoing consultation with the community advisory committee. Community-specific conversational guides were designed to capture a holistic cancer experience but were also reviewed to reflect cultural appropriateness and the uniqueness of each community. Although the guides followed a literature-guided approach in creating domains addressing the research questions, from an Indigenous methodological perspective, the interview guides served only as a starting point for gathering stories. The questions allowed participants to share their stories in a conversational manner. Bishop (as cited in Kovach, 2010a, 2018) refers to this conversational manner as "collaborative storytelling" and serves as an apt description of the process

I followed in my visits with participants. As a researcher-in-relation with many direct, family cancer experiences, I actively listened and contributed to the conversation, when appropriate. At times, the participants referenced my relatives or fellow community members' experiences in their storytelling. Indigenous scholars, like Wilson (2001) and Bishop (as cited in Kovach, 2010a, 2018), posit that through a relational way of being, relationships are strengthened when both researcher and participant are engaged in co-creating knowledge (Kovach, 2010a, 2018).

The Production of Knowledge Phase

Responsible Meaning Making

One might wonder whether a researcher-in-relation can present stories without personal bias. Arguably, the presentation of qualitative data is always dependent on the researcher's interpretation and meaning-making strategy. Moreover, the notion of stories without bias would be artificial since I am relationally connected to the stories, people, and places in this research (Lavallée, 2009). I did incorporate ways in which I could share stories that honored the participants' perspectives independent of my own personal perspective. I maintained notes and observations throughout the research process. My teachers often reminded me of my own *mno-bimaadiziwin* and that I should remain mindful of balance in the mental, emotional, spiritual, and physical domains of my own life while doing this work. The co-creation of knowledge also involved member-checking where each participant received a copy of their story with ample time to review and reflect. Participants were asked to collaborate ensuring their stories were not misinterpreted and could be clarified if necessary. Finally, the community advisory committee reviewed the collective story and provided the community's perspective throughout this meaning-making phase.

This research process culminated in the creation of a meaning-making framework that complemented both the conversational method and my Indigenous Research Paradigm. Throughout the co-creation of knowledge with participants and the community advisory committee, my intent was to create a collective, teaching story (Kovach, 2010b, 2018). This process was not without challenges, and I floundered through many iterations until I was able to fully trust my heart and IMs. I returned to those teachings that were gifted to me by Elders such as John Rice of Wasauksing and Edna Manitowabi of Wiikwemkoong in order to create the meaning-making framework. Like Kovach (2010b) and Linklater (2014), I deliberately avoided the use of Euro-Western methodological terms such as phenomenology, ethnography, or narrative inquiry. "Indigenous people have the right to revitalize, use, develop, and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems, and literatures and to designate and retain their own names for communities, places, and persons" (United Nations, 2008, p. 7). Ultimately, *Anishinaabe-gikendaasowin* [Anishinaabe knowledge] framed the collective story and served as an *Anishinaabe* data analysis framework (Figure 4).

To share the analysis protocol, each of the conversations was audio-recorded and transcribed verbatim. Upon listening to each recorded interview and reading each transcript to get a sense of the whole, I would reread the transcript finding similar concepts between the participants to which I would apply a code name. Karen also listened to the interviews to develop her own perspective including the translation of stories shared in *Anishinaabemowin*. We would meet to co-create summaries that then would be shared with participants. Each summary would contain a code name followed by the participants' quotes and our interpretation of their stories. We provided ample time to respond, and any feedback was incorporated into the revised summaries. Using these revised summaries, code names were collapsed across all participants and new code files were created. Each code file would contain all of the statements made about a specific concept (e.g., the *mno-bimaadiziwin* code file would contain all statements made about this concept by every participant). In order to tell a story, I began to sequence story elements representing parts of the collective *Anishinaabe* cancer journey and the influences on that journey depicted in Figure 4. The collective story depicted in Figure 4 was reviewed by the community advisory committee for approval.

The Collective Story of Cancer and Mno-bimaadiziwin

The collective story depicted in Figure 4 is based on *Anishinaabe gikendaasowin* on the Path of Life, Seven Stages of Life, or *Miikaanas* (Little Roads) Teachings gifted to me by *Anishinaabe* elders.[2] This story privileges the voices of *Anishinaabe* participants and focuses on six aspects of the participants' cancer journey, which are represented by "slices" of the greater Path of Life that have been magnified and represented in Figure 4 from the time of receiving a Cancer Diagnosis to receiving Palliative or Western Doorway Care.

The cancer journey usually began with a diagnosis (Cancer Diagnosis); however, for some *Anishinaabek* [*Anishinaabe* peoples as a collective], the cancer journey began prior to the receipt of this news. Many shared their personal conceptions of what cancer is and how one gets cancer. *Anishinaabek* shared how they acquired knowledge about cancer and most sought cancer information from a variety of sources. Others received their education about cancer directly from a health professional (Gathering Information). Ideally, each person made a choice regarding the type of cancer treatment they would eventually receive (Making a Choice). In terms of healing, a choice was made to receive conventional cancer treatment or to braid Indigenous healing with Western medicine. Participants described their experiences with cancer treatment reflecting on personal choices and how this affected their *mno-bimaadiziwin* (Experiencing Cancer).

At some point in the cancer journey, *Anishinaabek* came to a point of acceptance (Acceptance). What acceptance meant was unique to each person. Acceptance could mean the acceptance
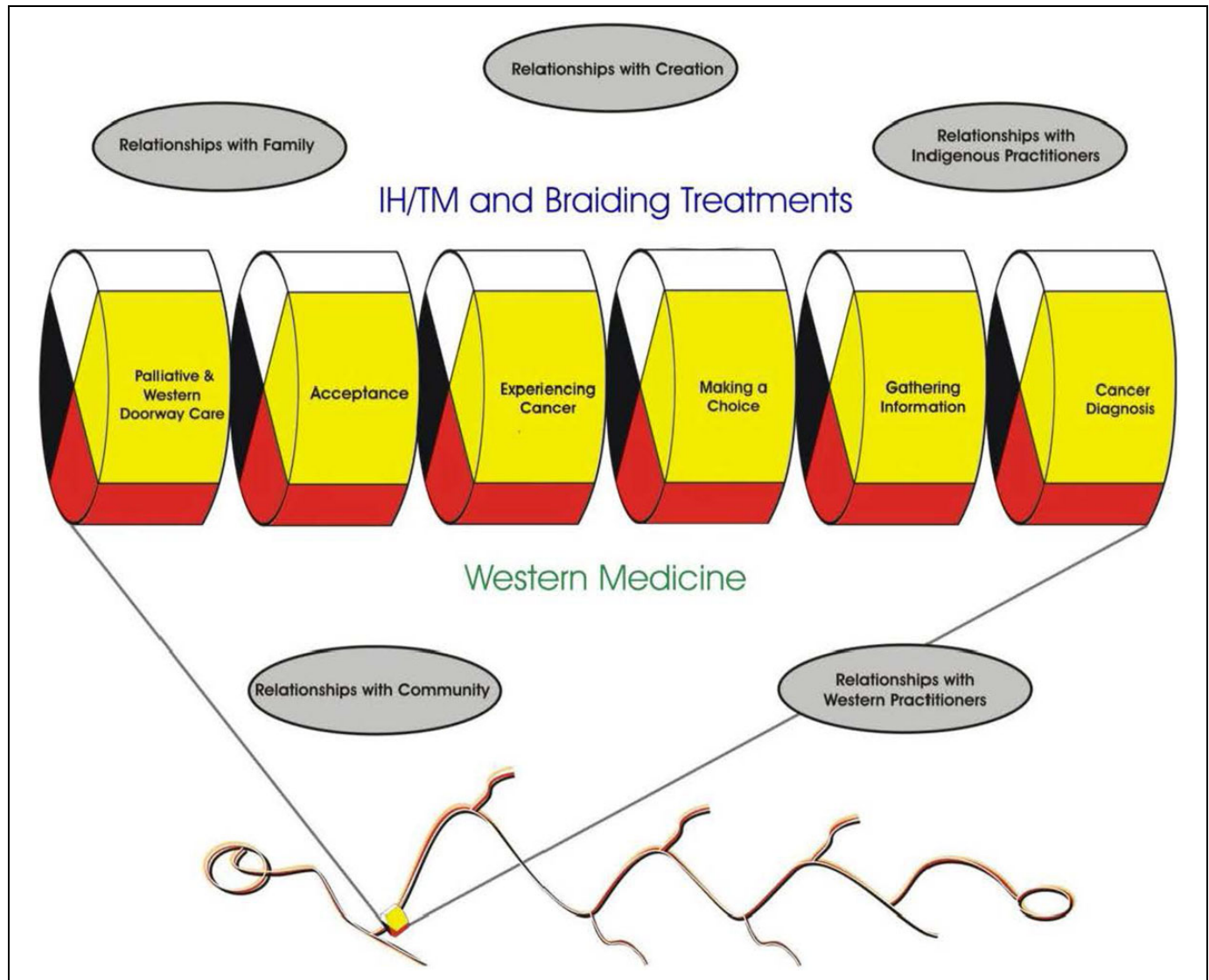
Figure 4. Collective story of cancer and mno-bimaadiziwin.

of the cancer diagnosis, acceptance of death, or acceptance of a life beyond the cancer experience. Upon approaching the end of the cancer journey, some participants were deemed palliative and were approaching the acceptance of death. However, all *Anishinaabe* participants involved in this study reflected on their own end to physical life at some point in their journey (Palliative Care and Western Doorway Care).

Figure 4 also depicts influences surrounding the cancer experience, which are represented as gray ovals depicting relationships influencing the cancer experience. The importance of all relationships, whether between people, animals, plants, and spiritual forces, was reflected in the participants' sharing of stories about their lives, inclusive of the cancer experience. These relationships filter in and out of the cancer experience at many points along their journey. *Anishinaabek* described relationships with Creation, Western practitioners, Indigenous practitioners, community, and family.

Finally, Figure 4 indicates the type of healing methods engaged in by participants: The blue type indicates braiding Indigenous healing with conventional medicine (IH/TM), while the green type indicates only Western medicine. As with the influence of relationships, the influence of the type of healing filters in and out of the cancer experience. Some people have used IH/TM throughout their lives and not just during their cancer journey.

The Action Phase

In the past, there have been claims made by Indigenous communities on Manitoulin Island that research has not been shared or that research information has not been useful to communities (Jacklin & Kinoshameg, 2008; Maar et al., 2011; Maar et al., 2007; Noojmowin Teg Health Centre, 2003). With these concerns in mind, my priority was to share the results in a

meaningful manner with participants and the wider Indigenous community.

Two-Eyed Seeing has been described as a process of co-learning that can result in multiple forms of meaning-making (Bartlett et al., 2012; Marshall, Marshall, & Bartlett, 2015; Vukic et al., 2012). Similarly, Kovach (2010b) posited that meaning-making can incorporate both IMs with Euro-Western approaches to data organization or meaning-making. Using the Two-Eyed Seeing analogy, when looking through the metaphorical Euro-Western knowledge eye, the PAR component of the research aimed to produce action-oriented findings intended to improve the situation for community members (i.e., promoting agency in accessing plural systems of care, both Indigenous healing and western medicine). From the other side, looking through the Indigenous knowledge eye, *Anishinaabe-gikendaasowin* [Anishinaabe knowledge] allowed the collective story to be presented within a meaningful context for Indigenous peoples and fostered a research process that was culturally safe. This Two-Eyed Seeing approach informed several knowledge translation products including this academic publication which focused on how *Anishinaabe-gikendaasowin* [Anishinaabe knowledge] informs the research process.

Two-Eyed Seeing was also reflected in knowledge translation for both my academic and community advisory committees. Once the results were available, they were presented to both committees for feedback and approval. The approved research was shared widely within the academic and Indigenous participating communities. Presentations were made at health board meetings and on community research days (i.e., Nahndahweh Tchigehgamig Wikwemikong Health Centre Research Information Sessions and MARRC Health Research Conference) in addition to international, national, and local academic conferences. Production of "knowledge for use" through the reporting of results assisting in funding proposals or program development (Jacklin & Kinoshameg, 2008) was another form of knowledge translation. One community opted to use the recommendations to assist with a strategic initiative to hire a navigator to facilitate health-care systems and the cancer journey.

Finally, Two-Eyed Seeing prompted the dissemination of the collective story (Figure 4) in a creative manner that can be used as a teaching tool for both Indigenous peoples and health-care providers. In an effort to share the results in a meaningful manner and to reach as many different audiences as possible, a video creation project is underway to share the collective teaching story. With a research allowance from the Indigenous Health Research Development Program and additional research funding from Nipissing University, I was able to enlist the help of the local filmmaker to complete this component of knowledge translation.

Conclusion: Indigenous Research Transforming the Academy

Working from a Two-Eyed Seeing approach grounded in an Indigenous research paradigm, I endeavored to share a collective story of cancer and *mno-bimaadiziwin* to honor family and community members who walked with cancer. This research journey involved a degree of self-revelation that proved essential for my own learning and continues to shape my work. This personal education would not have been possible without engagement with IMs. In this article, I reflected on my experiences and challenges in conducting this research and how they might provide guidance for others. This work comes at a time when health-care systems and academia are beginning to recognize Indigenous knowledges as essential to their curricula. This movement toward reconciliation and the inclusion of Indigenous knowledges has been termed by some as "Indigenization" and is defined as:

> ... the transformation of the existing academy by including Indigenous knowledges, voices, critiques, scholars, students and materials as well as the establishment of physical and epistemic spaces that facilitate the ethical stewardship of a plurality of Indigenous knowledges and practices so thoroughly as to constitute an essential element of the university. It is not limited to Indigenous people, but encompasses all students and faculty, for the benefit of our academic integrity and our social viability. (Pete, 2016, p. 81)

It is my hope that this application of Two-Eyed Seeing and articulation of an Indigenous research paradigm will not only contribute to scholarship in qualitative, IMs but that they may offer valuable lessons in "transforming the existing academy" for future Indigenous researchers.

Notes

1. From an Anishinaabe understanding, death is a transition rather than an end. This article makes reference to the phrases "passing on to the Spirit World," "going out the Western doorway," or "going home" in this context.
2. For a more detailed account of the collective story, please refer to Peltier (2015).

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