Living Stories Through a Sweet Grass Porcupine Quill Box Methodology: an Innovation in Chronic Kidney Disease

Mary Smith, PhD

School of Nursing, Queen's University

mary.smith@queensu.ca

Carol McDonald, PhD

School of Nursing, Faculty of Human and Social Development, University of Victoria

carolmcd@uvic.ca

Anne Bruce, PhD

School of Nursing, Faculty of Human and Social Development, University of Victoria

abruce@uvic.ca

Jacque Green, PhD

School of Social Work, University of Victoria

swdirect@uvic.ca

Follow the International Journal of Indigenous Health at:

<https://jps.library.utoronto.ca/index.php/ijih/index>

Recommended Citation

Smith, M., McDonald, C., Bruce, A., & Green, J. (2019). Living Stories Through a Sweet Grass Porcupine Quill Box Methodology: an Innovation in Chronic Kidney Disease. *International Journal of Indigenous Health*, 14(2), 276 – 292. DOI 10.32799/ijih.v14i2.31059

Living Stories Through a Sweet Grass Porcupine Quill Box Methodology: an Innovation in Chronic Kidney Disease

Abstract

The twofold purposes of this research project were to engage a distinctive Indigenous methodology and gather the living stories regarding community health experiences pertaining to Chronic Kidney Disease. An artistically inspired Indigenous methodology arose within contextual ways of being and knowing within the community, expressed through the art and crafting of a sweetgrass and porcupine quill box. The methods respected traditional community protocols prioritizing sharing circles involving elders and storytelling. The living stories from ten participants illuminated relationality and cultural knowledge as a strength amid fears and feelings of mistrust. Additionally, inequitable access and racialized health care also emerged as root factors leading to decreased participation in health care. The participant's sharing of dreams revealed wisdom and interpretations that created living stories where dreams are enmeshed in all daily moments to guide and direct life.

Keywords

Indigenous research methodology, traditional ways of knowing, storying/story-telling, sharing circles, cultural safety, decolonizing research methods.

Acknowledgements

Thank you to the Canadian Nursing Foundation for supporting the doctoral studies that enabled this important research initiative.

Creative Commons Licence

This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Introduction

Relational accountability emphasizes the values of respect, responsibility and authenticity where the sole intent of any research project should be to benefit the community (Wilson, 2008). In this regard, locating myself as a researcher who is relationally accountable is important and necessary. Given my background as a member of a First Nations⁷ community with many family members who have Chronic Kidney Disease (CKD) and as a kidney organ donor myself, I felt impassioned to further research that might improve health and health care for my community and beyond. Relationality is a concept like water, that flows and is fluid, is boundless interconnecting the mind, body and spirit with Mother Earth. Anderson (2010) explains, the "relationship between waters within our bodies and the waters in our environments remind us of how everything is connected, and how life is dependent on these connections" (Anderson, 2010, p.13). In the same vein, methodology must also be intricately connected to and flow together with ways of being and knowing. The methodology within a relational accountability perspective must make interconnections amidst the broader social, political and contextually traditional spiritual ways of being. This paper emanates from my doctoral research that received ethics approval through the University of Victoria's Human Research Ethics Board, Ethics Protocol Number 17-030.

Centered in the midst of 'my storytelling', are the accounts of kidney disease and my deep concerns about living experiences of kidney disease for those in my community and among other Indigenous families in Canada. For my doctoral studies, I wanted to extend my insights concerning kidney disease and organ donation. During this process, I struggled with mainstream methodologies, a wariness towards research where the exploitations of Indigenous peoples continue to resonate (Blair, 2015). Through the perspectives of many Indigenous peoples, quantitative and qualitative research may carry this stigma of distrust. "In the colonial context, research becomes an objective way of representing the dark-skinned other to the White world" (Denzin, Lincoln, & Smith, 2008, p.4). Acknowledging these aspects of westernized research methods, I began to realize Indigenous methodologies as a critical step in establishing trust and participation with the sole intent of improving health care conditions for Indigenous communities.

Following a candidacy challenge to pursue a contextual approach, I began to realize that a methodology unique to my own background was not only possible but also necessary. As a community member who has intimately lived and continues to live the experience of kidney disease, I pondered what it is in my life that delineates a meaningful path to fulfillment spiritually, emotionally, mentally and physically. Needing a deeper connection to earth, nature and dreams, I felt this was also something that was missing from the methodologies I had studied in academia. In this predicament, I held my

⁷ The terms First Nations, Indigenous, Anishnaabe are used interchangeably throughout this paper.

sweetgrass and porcupine quill birch box and inhaled the vague but lingering scent of sweetgrass. In a trance like state of mind, I recalled the words of an elder many years ago. The elder explained that through the sweet smell of the sweetgrass, any dark feelings are replaced with good and pure thoughts directing one towards a better life. In this moment I was also reminded of how the quill boxes are pieces of art, so meaningful to my family and community relations and despite all of our challenge we have survived and even thrived. The beauty in our quill box⁸ signifies the wholeness of mind, body and spirit that at one time flourished and fostered great creativity when First Nation peoples were predominantly strong and healthy. This sweetgrass and porcupine quill birch bark box that I am holding within the palm of my hand, I thought, is the art form that represents our enduring cultural and relational strength, connections to the land, the language and the methodology.

The context of this study involved a remote community where access to hemodialysis necessitated lengthy travel to satellite clinics located within hospital environments outside the community. Similarly, for Indigenous peoples in isolated regions throughout Canada, CKD has resulted in increasing need for dialysis and kidney transplantation. Organ donation, in particular, requires extensive accessibility to specialist services and diagnostic testing only available in distant urban centres (Duffie & Ashton, 2011). There have also been challenges in securing funding to enable medical transportation and accommodation through Non-Insured Health Benefits (NIHB) (Cram, 2016; Trojan, 2016). Furthermore, the extent of CKD is frequently related to the lack of primary health care and diabetes management (Komenda, 2016).

Methodology

Indigenous research approaches including methods, methodologies, frameworks, models and theories that characterize Indigenous research are considered here in order to understand their applicability to the quill box methodology. As a priority, Indigenous research should embrace the histories, languages, self-determination and ways of Indigenous being and knowing (Makomenaw, 2012; Smith, 2012). The challenge to revitalize Indigenous ways of knowing and being in an effort to broaden the scope of western research is of paramount significance if the goal is to 'benefit our communities'. The history of research within Indigenous communities is most frequently one of using research methodologies that incorporate a non-Indigenous paradigm and focuses on weaknesses versus strengths. Hence, this form of research often lacks full engagement and involvement of communities and does not centralize or prioritize Indigenous language, knowledge or historical colonizing incidents (Brown & Strega, 2005). Louis (2007) explicates the necessity for research to prioritize respect, radiate from an Indigenous worldview and be meaningful to the community. In considering the history of mainstream

⁸ The sweetgrass and porcupine quill birch bark box is used interchangeably with the term quill box.

research approaches in First Nation communities, Indigenous methodologies hold promise of restoring and protecting traditions, ceremonies, languages, lands, sovereignty and health (Crazy Bull, 1997).

Through the analogy of a sweetgrass and porcupine quill birch box, actually made by an elder from my community, the methodology of this research encompasses Indigenous traditions that speak to my background within an Indigenous family and community. Like the fluidity of water, the methodology of the sweetgrass and porcupine birch flows with contextual ways of knowing and being that intricately connects with ceremonies, protocols, sharing circles and storying. As Martin (2017) explains, there is no parting between an Indigenous epistemology and context. Unlike Western terms and meanings, Indigenous methodologies are a relational fusion of ways of knowing and being without divisions into categorical theories or frameworks.

The sweetgrass and porcupine birch box is a circular container where the walls and bottoms of this container are made of birch bark and bound through a weaving of sweetgrass that holds the walls to the bottom. The lid is a beautiful flower made of different colours of porcupine quills surrounded by intertwined sweetgrass. In this representation, the sweetgrass that is woven together represents the close knit and heartfelt relations and ancestors that continue to guide us through difficult times in illness and health. Wiingash is the Ojibwe word for sweetgrass and is like the long, warm beautiful smelling hair of our Mother Earth. The braided and woven strands signify the way the mind, body and spirit are not separate but are all woven intricately together. This weaving may also be likened to storytelling that brings the people together to follow the grandfather teachings of wisdom, love, respect, bravery, honesty, humility, and truth. The sweetgrass or wiingash, as one of the four sacred medicines, is also a reminder of the three other sacred medicines and for this reason are connected to the quill box methodology. The other three medicines in the Anishinaabe language are known as maskodewashk, kiizhik, semaa—or sage, cedar and tobacco respectively (“Anishnaabeg Bimaadiziwin,” 2015). Sage is often involved in healing and cleansing. Through smudging or burning of the sage, the smoke is wafted around as if when washing oneself, over the head and body to remove the negativity and replace with kindness and goodness. Cedar may also be used to cleanse during smudging and may bring the mind towards positive feelings. Cedar and tobacco, when ignited into a fire, may bring the personal messages to the spirit world. Tobacco is the primary gift that gives thanks and communicates with the creator. It is given first by laying it on the ground before other plants are picked or harvested. Tobacco, sage, sweetgrass and cedar represent the four directions (“Anishnaabeg Bimaadiziwin,” 2015).

The birch box is the delicate and versatile strength that may come to mean the ability to transform and see new perspectives. Together the birch bark and the sweetgrass, a sacred medicine, symbolize all earnest and good things and healthful ways of living. When the sweetgrass is smelled, the beautiful scent can only bring positive thoughts that cast away the dark lonely images. The porcupine quills represent the spirit animals and the clans that create a purpose and direction through living within

our families and community relations. The four points of the blackened flower quills signify the four directions further reinforcing the interconnectedness and guidance through the land and Mother Earth. The circular shape of the quill box is that of the universe and father sun. Inside the box, in the open space underneath the lid, is the space that contains the dreams that come to us in our sleep and visions that behold our collective paths, destinies and the unknown mystery (Elder community member, personal communication, April 27, 2017). The sweetgrass and porcupine quill birch box then captivates a perspective of Indigenous Knowledge, a paradigm that offers the ontological and epistemological ways of being and knowing, relational axiology, storytelling and dreaming.

The quill box has meaningful connections with the land and earth. All the elements of the quill box come from the earth, our Mother, who nurtures, cloths and feeds us and it is to her we must protect and cherish. “The metamorphosis of naturally occurring materials into carefully crafted objects is at the centre of every artwork; it speaks to our human capacity for transforming the world” (Jensen, 1996). Mino-nawae-indawaewin, meaning “to live in harmony with the world and within one’s being” is the guiding philosophy (Johnston, 2010, p.13). The connection to the land occurs through the traditions, ceremonies, sacred stories and craft or artwork such as in the making of the quill box. Women have been making quill boxes dating prior to European contact (Cole, 2009). This occurred in between all the other tasks required to survive including child bearing and rearing. During these times the craft makers of the quill boxes may have worked together with other craft makers, or taught their children or fellow community members how to prepare and make the quill boxes. This time spent together afforded warm bonding and strengthening family and community ties. It would also provide opportunities for story telling and learning from the stories being told. Throughout the storytelling, humour often shines through and laughter lightens the mood creating a happy perspective and an enjoyment of life. Craft makers would share their learning from life experiences while creating beautiful designs that were often expressions of the magnificence found in nature or forms seen in dreams. In the past all this happened while speaking the language of the Anishnaabe people (Elder community member, personal communication, April 27, 2017). The quill boxes are a manifestation of traditional living and knowing, and a peaceful and fulfilled life.

Methods

Living Stories

Emerging from an Indigenous paradigm and my situatedness within a First Nation community, the sweetgrass and porcupine birch box compels methods that embrace a relational axiology. “The relational dynamic between self, others, and nature is central” (Kovach, 2010, p. 42). Storying conversations, dreams and sharing circles are considered as culturally acceptable ways of building knowledge and align with an Indigenous paradigm (Hart, 2010; Kovach, 2010; Marsden, 2004; Wilson,

2008). The sweetgrass and porcupine quill birch box methodology draws on methods that involve storytelling within sharing circles. This storytelling includes the relating of dreams within sharing circles, methods that are intricately interwoven together. The circle must have the story and the story must have the dream. Storytelling, circles and dreams are ingredients that come together to express Indigenous Knowledge. An elder begins the circle through prayer spoken in the Anishnaabe language and initiates a smudge. The smudge involves the burning of sage shared with all those within the circle to cleanse away negative thoughts. Living stories come forth as rich dialogues interconnecting the spiritual and cultural with history and health. Narratives involving active self-expression are known to act as powerful tools towards healing (Wesley-Esquimaux, 2010). In the sweetgrass and porcupine quill birch box methodology, storying this living experience is different than the often-used interpretation of the words 'lived experience'. The words, *living story*, means that living experience is beyond that of being lived and continues through the past, into the present and beyond; it is not linear but transforms in relation to all living and non-living immersed within the cosmos. This speaks to a living story with no beginning or ending, like a web that continues to spin, linking with ancestors and majestic trees and mountains, living and breathing outside the European concept of time. With a methodology that leads to the methods of sharing circles and dreams, the living story transpires from and through these methods to reflect the methodology rooted within an Indigenous way of being-and-knowing. The sweetgrass and porcupine birch box is filled with living stories.

Sharing Circles

Three sharing circles occurred in the summer of 2017 on weekends, days and evenings to accommodate those who worked or were on dialysis schedules. Each session began with prayers, smudging from an Elder participant. Aligning with traditional ways, the Elder participant was gifted with tobacco and received a small gift as an honorarium. The participants in the circle were warmly welcomed to share their stories and dream stories. During the sharing circles the participants rotated from the east to west in a clockwise fashion to allow equal opportunities to express themselves. Similar to a talking stick, the passing and holding of the quill box signalled each participant's turn to speak, allowing everyone to share his or her stories. By its very nature, the quill box brought forth discussions of traditional craft making and culturally associated stories of the past in relation to present health experiences. The initial sharing circle was a time for everyone to become more familiar with each other and to again review the process required for the research. The following sharing circle allowed for more sharing of experiences and attention to particular stories, dreams and ideas that resonated from the first sharing circle. During the third session, participants were provided time to read over the transcriptions of the first two sharing circles. This enabled feedback for accuracy of the transcriptions. The final session also offered a time for feasting and celebration of bonds and solidifying friendships. Food and

refreshments were offered and several breaks occurred. The sessions lasted between two to three hours in length.

Relationship

The HREB application aligns with the Tri-Council Policy Statement, 2nd edition that includes Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada, 2nd Edition (TCPS 2). The TCPS 2–Chapter 9, was developed in light of the principles of ownership, control, access and possession (OCAP). Through consistency with the OCAP principles and the requirement for ethics approval with the University HREB the research aligned with concepts of relationality and axiology. In relationality, we are interconnected within the family, community and beyond; we are accountable to maintaining this relationship, which in turn nourishes us and guides us (Hart, 2010; Wilson, 2008). As foundational then, a relational ontological worldview is central to all research, methodologies and education that are to benefit Indigenous persons and communities. The concept of ownership is understood through a relational lens that holds accountability to the people, to build relationships to make things better (Wilson, 2008). Stories have always been shared to benefit the people. Similarly, the living stories through the quill box methodology are to benefit the community through informing ways to better health and furthering relationships through understanding of ways of being and knowing. Control, access and possession includes managing the data, including security or confidentiality and as directed for, by and with the community in accordance with HREB ethics approval.

All of this is also in keeping with the 4R's that include respect, relevance and reciprocity and responsibility (Kirkness & Barnhardt, 1991). Valuing the community knowledge through the quill box methodology and involving and engaging community participation in everyway possible facilitates respect. This required more than just being involved in sharing circles and consultation meetings. Respect meant engaging in as many community events as possible including powwows, sweat lodges, smudging ceremonies, sovereignty day, health fairs, senior dinners, craft making events and more. Reciprocity occurs through the sharing of knowledge and learning that occurs in consultation meetings, sharing circles and community events. Respect, relevance, and reciprocity also involve taking the responsibility to attend to all matters including confidentiality and being continually engaged with the community beyond this specific project or academic timelines.

Community Consultation and Participants

Prior to participant recruitment, several community consultation meetings occurred that involved leaders, including Chief and Council, where the initiative was explained and broadly supported by the community. An advisory committee comprised of three community members, including an elder, provided meaningful opportunities to discuss the methodology.

Participants were First Nation community members who are of Anishinaabe (Ojibwe) and Potawatomi origin. There were ten participants, who consented as per the form developed in accordance with the University HREB, Application for Research Ethics Approval for Human Participant Research. Seven women and three men were recruited. All participants knew someone in the community who had been on dialysis or had a family member or relative on dialysis in the past.

Results

Meanings Through the Living Stories

Meanings through the quill box methodology are circular expressing multiple connections between Indigenous Knowledge, Relationality, Cultural Safety and Equitable Access. Where ways of knowing and being are prioritized, participants found strength to continue in healthful ways in relation to their families and community. Participants spoke of the cultural meanings of the quill box's sweetgrass, porcupine quills and birch bark and associated traditions in relation to the family and community as a way to persevere with kidney disease. The living stories speak to the strength within a community bonded through a history of survival together, the relations, language and traditions. They also emphasize the injustices, pain, stress and fear that come with the hardships endured while seeking health care that is accessible and occurs in a context in which community culture and history of colonialism are understood.

Indigenous Knowledge

Stories flow through the quill box expressing Indigenous Knowledge as ways of being and knowing.

That's why I see the Mashkikiwinini [traditional healer in Anishinaabe]. You see like this quill box is a gift from the earth, everything it is made from comes from the earth, the birch tree, the sweetgrass, the porcupine are all from the land that gives us protection, a way to move on the water, medicine and food. We and all our people come from this earth and belong to it and together we made this box from the gifts of the earth. Our medicine does not separate us from the earth but it is connected to it and heals the mind, body and soul. (Smith, 2018, p. 98)

A deep interconnectedness to the earth ensues through all ceremonies, medicines, the artwork and the language where this umbilical like attachment to the land and its spiritual meanings pave the journey to a meaningful and good life.

Profound connections with the spirit world may happen through dreams. Dreams foster insights and wisdom that may guide through one's life journey. The quill box has a space for dreams within the circular and foundational birch bark walls. The dreams are always there in a person's life and may link with symbols including Indigenous art forms. Another story speaks to the significance of sacred symbols:

The dreams might let you know what to make, you might dream of the birch bark or the sweetgrass for what you are making because they will help you know what is your journey, what you need when you walk that journey...in my dreams my body is strong, young and healthy, we believe dreams tell us what is to come...but in the spirit world I will soon be, without any pain or suffering, healthy and strong and feeling good like I am young. (Smith, 2018, p. 98)

Thoughts drift towards the afterlife in the participant discussions. Dreams that the participants share speak to the way health is interconnected within the deeper psyche and express the hardships and difficulties experienced. A participant shared:

I dream of tubes and beeping noises, I dream of being free of this [dialysis], I don't want to spend the rest of my life like this...but I dream about the water because it surrounds us and it is clean and pure, then it is like my blood in my good dreams... I will be like this water so clean and this will be what happens when I get a kidney. (Smith, 2018, p. 105)

Hope transpires through dreams reflecting the hope for a kidney transplant amidst the struggles of dialysis. Relational ceremonies immerse the presence of the spirits. The following story expands further where the ceremonies for those who have passed are delineated.

This helps the journey of those who have died and helps the family and relatives in their time of loss, birch bark wraps the person who has died or we make something from it [the birch bark] to scare off spirits from taking others just the one who has died, we have feasting. A medicine bundle and pipe need to be at the side of those who died for their journey to the spirit world. We come in through the east and go through the west. Sometimes the spirits will come through in dreams and whatever they ask from you, you have to give them. (Smith, 2018, p. 106)

From the dialogues, the expressions of ceremonies and dreams interweave within and throughout the kidney health experience, expressing the ongoing struggles, the hopes for better health, the

recognition of life's phases including death and the way dreams and symbols in the materials of the quill box and birch box prevail with deep unfolding meanings.

Relationality

Relational ways of being are seen as a cornerstone to strong communities that have survived the ongoing historical assaults resulting in the degradation of families with associated poor physical and mental health. This passage reflects how vital the family and relations are:

...it hit me like a ton of bricks [when first diagnosed]... my kidney function was down to 11 %, told my wife and had a good cry, what are we going to do, we're going have to deal with it I guess but then my sister came along and said ok I'll give you one of my kidneys. (Smith, 2018, p. 98)

The quill box with its materials of porcupine quills, birch bark that are bound together with sweet grass came to represent the crucial community relational bonds that offer critical support and survival through the difficulties associated with kidney disease and its treatments.

Cultural Safety

Numerous stories described views regarding healthcare and expressed interpretations of the root causes of illness. A particular story provided some valuable insights into the relationship between stress and health and the experiences with healthcare providers:

It is the stress that makes us unhealthy, we always have stress making those appointments, speaking and trying to get those guys in the white coats to understand and all they see is an Indian, they don't know our language, our ways, what it is to be an Anishinaabe... (Smith, 2018, p. 102)

Words that reverberate and signify the pervasive lack of cultural safety inside healthcare systems are depicted through the interpretation of this statement. The resulting stress and implications for self-esteem and feelings of self worth are demonstrated in the face of a clashing system that lacks respectful understanding.

Equitable Access

The strength of the relational bonds shine through where there is family and community support of kidney donation. Close interpersonal relations make persevering the crisis of losing kidney function

possible. The stories spoke to the challenges associated with the travel to dialysis and their interfaces within westernized health care.

Dialysis, I was on for six months and it was horrible because you live by their clock, that was the ultimate goal, a dialysis [in the community] it was suppose to be, [the] Dr. was over here at one point to see if we could get a dialysis clinic because there were so many people on dialysis cause the thing is you don't need one machine you need two, cause you always need a backup. (Smith, 2018, p. 100)

At this point there is not a dialysis clinic in the community. A more accessible dialysis service is required given the many community members must travel long distances on at least three days a week to medical centres.

Limitations

The quill box methodology is subject to the contextual circumstances that include geographic remoteness. Indeed, it would also have been extremely interesting to have involved adjacent communities in this study that would offer the opportunity to determine similarities and differences in perspectives associated with the kidney health care with regards to accessibility and engagement with mainstream health care.

Within an Indigenous paradigm, the quill box methodology does not divide the supernatural from reality or assert truths and thereby measures rigor in terms of authenticity and trustworthiness. The quill box methodology then is unique and flows from the interpretations and understandings between myself as both a researcher and as a community member in conjunction with the community. This has required a critical awareness of the entrenched patterns of utilizing Eurocentric and positivist approaches that associate a methodology with discovery of facts or truths.

Discussion

The quill box and its living stories are those of the participants that offers a journey towards meaningful relationships. The living stories flowing through the quill box methodology emphasize Indigenous knowledge and relationality as a strength for families with kidney disease. Systemic health care structures that are disrespectful and stigmatizing towards Indigenous Knowledge stand out as a deterrent to accessibility and participation. Participants also spoke of the difficulties they encountered with health care being difficult to access as well as disrespectful and racist encounters. The health care system that is necessary for providing primary health care, dialysis and kidney transplant services is

frequently inaccessible and deters participation where cultural safety is lacking. Kidney transplantation emerged through the living stories, where the new kidney offered so much hope and a chance to live life again more fully. The need for medical procedures is prioritized to occur within the context of respect for traditional healing and Indigenous knowledge.

Although the quill box is both ancient and contextual, its portrayal as a methodology for this study is innovative. Developing such a methodology has become an immense undertaking where the learning through the quill box links with the infinite knowledge within the medicine wheel. In this construal, the decision to develop this approach arose from the need for a contextual methodology consistent with the particularities of both the researcher and the community's history and ways of being and knowing. As Lambert (2014) explains the medicine wheel is used as a methodology, however, the medicine wheel is not generalizable to every Indigenous person or community and its usage varies widely.

The quill box is an Indigenous methodology that shares many features with participatory action research (PAR). Yet PAR has also been criticized as granting approval to Indigenous people to participate in another form of a Westernized based methodology that lacks full immersion with Indigenous ways of knowing and being (Zavala, 2013). As well, community based participatory research was not founded upon Indigenous or tribal knowledge, relationality and its extension to the relationship with the land (Alcantara, Lalonde, & Wilson, 2017; Kovach, 2010). The quill box methodology prioritizes relationality, the supportive relationships between people who survive kidney health issues through their connectedness with their ways of being and spirituality.

The quill box methodology steers away from emulating other mainstream methodologies. Furthermore, the quill box methodology emphasizes the transformative perspective that methodologies that arrive from other than Westernized origins may be developed by, for and with the community to maximize the success that the research will benefit the community. Inadvertently this very process increases knowledge that may be transmittable to further new methodologies that disrupt entrenched patterns. This way of thinking has the potential to open the door to 'outside the box' strategies that risk going beyond the westernized norm to bring in the voices of those who have long been oppressed. Focusing on the contextualized Indigenous Knowledge to guide the methodology decolonizes and prioritizes the community's relational strengths and traditional values.

There are a growing number of holistic frameworks and Indigenous methodologies that reflect diverse communities and cultural contexts around the globe. Oolichan fishing (Green, 2009), whole petal flower (Lavallée, 2009) and many more are arising as Indigenous representation increases within the academy. The potential to develop research methodologies within the contextual community is possible and is furthered when Indigenous scholars are supported. Indigenous methodologies including

the quill box methodology are built upon distinct Indigenous Knowledge systems and contextual protocols. They have riveting significance for the academy and will require intensive learning that may unsettle and challenge established westernized research methodologies. Representation of the Indigenous community and elders within the academic setting is critical, as well as for all faculty to recognize their responsibility to learn and engage within Indigenous ways of knowing and being. Indigenous methodologies have great potential to improve and identify ways to further health care and education. However, learning Indigenous methodologies includes the necessity to opening up to a history that lies at the root of many health issues, a history that may stir up trauma and distress. Students should be genuinely supported through stressful or contentious circumstances where the legitimacy of emerging methodologies may be heavily scrutinized. As future researchers, students involved with Indigenous methodologies have enormous potential to further learning and health.

Conclusion

Coming to know the living stories through the quill box methodology offers a means to illuminate perspectives from a cultural context apart from westernized methodologies. The unique methodology may be of interest globally towards research that seeks to prioritize Indigenous ways of knowing and being as central to health. Indigenous research methodologies are coming forward during a time when Indigenous peoples are emerging from a history of oppression and intergenerational trauma. This has been demonstrated through the Idle No More movement and Reconciliation events throughout the country. Amidst all of this there are those who are suffering or just finding out that they have CKD. As well there are those who are on dialysis or waiting for a kidney transplant. Many are living in remote areas lacking access to the necessary health care services to sustain life. Frequently the living stories delineated access issues in conjunction with health care that stigmatizes and has led to decreased participation and engagement with mainstream health services. In this distinction, it becomes clear that there are many challenges to overcome yet it is through understanding as afforded through the living stories where appropriate actions may begin. Further research through Indigenous methodologies may steer away from pathologizing the people to support community relational ways of knowing and being that are foundational to well-being.

References

- Alcantara, C., Lalonde, D., & Wilson, G. N. (2017). Indigenous research and academic freedom: A view from political scientists. *International Indigenous Policy Journal*, 8(2).
doi: 10.18584/iipj.2017.8.2.3
- Anderson, K., Prairie Women's Health Centre of Excellence, & Canadian Electronic Library (Firm). (2010). Aboriginal women, water and health: Reflections from eleven first nations, inuit, and métis grandmothers. Winnipeg, Man: Prairie Women's Health Centre of Excellence.
- Anishnaabeg Bimaadiziwin: An Ojibwe Peoples Resource. (2015). Georgian College Aboriginal Resource Centres. Retrieved from <https://walkinginhermoccasins.org/wp-content/uploads/2018/02/Ojibwe-Teachings-The-7-Grandfathers-Anishnaabeg-BimaadiziwinAn-Ojibwe-Peoples-Resource.pdf>
- Blair, N. (2015). Researched to death. Indigenous peoples talkin' up our experiences of research. *International Review of Qualitative Research*, 8(4), 463-478.
- Brown, L., & Strega, S. (Eds.). (2005). *Research as resistance: Critical, Indigenous, and anti-oppressive approaches*. Toronto, Canada: Canadian Scholars' Press.
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada and Social Sciences and Humanities Research Council of Canada. (December, 2014.) Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.
- Cole, K. (2009). Native American Quillwork. Retrieved from <http://www.curatorscorner.com/2009/06/native-american-quillwork.html>
- Cram, S. (2016, November 29). First Nation family forced off reserve for health care. Moving to city for medical treatment is matter of life and death for people in remote communities. CBC News. Retrieved from <http://www.cbc.ca/news/indigenous/first-nation-family-uprooted-from-reserve-for-health-1.3819879>
- Crazy Bull, C. (1997). A Native conversation about research and scholarship. *Tribal College: Journal of American Indian Higher Education*, 9, 16–23.
- Denzin, N. K., Lincoln, Y. S., & Smith, L. T., 1950. (2008). *Handbook of critical and indigenous methodologies*. Los Angeles: Sage.

- Duffie, D., & Ashton, C. W. (2011). Chronic kidney disease in Canada's First Nations: Results of an effective cross-cultural collaboration. *Healthcare Quarterly*, 14(3), 42-47.
doi:10.12927/hcq.2011.22489
- Green, J. (2009). Gyawaaglaab (Helping one another): Approaches to best practices through teachings of Oolichan fishing. In R. Sinclair, M. Hart, & G. Bruyere (Eds.), *Wicihitowin Aboriginal social work in Canada* (pp. 222-233). Winnipeg: Fernwood Publishing.
- Jensen, D. (1996). Metamorphosis. *The Vancouver Art Gallery*. Retrieved from <http://ccca.concordia.ca/c/writing/j/jensen/jen001t.html>
- Johnston, B. (2010). *The Gift of the Stars. Anangoog Meegiwaewinan*. Cape Croker first Nation: Kecedonce Press.
- Hart, M.A. (2010). Indigenous Worldviews, Knowledge, and Research: the Development of an Indigenous Research Paradigm. *Journal of Indigenous Voices in Social Work*, 1-16.
- Kirkness, V.J. & Barnhardt, R. (1991). First Nations and Higher Education: The Four R's--Respect, Relevance, Reciprocity, Responsibility. *Journal of American Indian Education*, 30(3), 1-15.
- Komenda, P., Lavallee, B., Ferguson, T. W., Tangri, N., Chartrand, C., McLeod, L., Gordon, A., Dart, A. & Rigatto, C. (2016). The prevalence of CKD in rural Canadian indigenous peoples: Results from the first nations community based screening to improve kidney health and prevent dialysis (FINISHED) screen, triage, and treat program. *American Journal of Kidney Diseases: The Official Journal of the National Kidney Foundation*, 68(4), 582-590.
doi:10.1053/j.ajkd.2016.04.014
- Kovach, M. (2010). Conversational method in Indigenous Research. *First Peoples Child & Family Review*, 5(1), 40-48.
- Lambert, L. A. (2014). *Research for indigenous survival: Indigenous research methodologies in the behavioral sciences*. Pablo, Montana: Salish Kootenai College Press.
- Lavallée, B., Chartrand, C., McLeod, L., Rigatto, C., Tangri, N., Dart, A., . . . Komenda, P. (2015). Mass screening for chronic kidney disease in rural and remote Canadian first nations people: Methodology and demographic characteristics. *Canadian Journal of Kidney Health and Disease*, 2, 46. doi:10.1186/s40697-015-0046-9

- Louis, R. P. (2007). Can you hear us now? voices from the margin: Using indigenous methodologies in geographic research. *Geographical Research*, 45(2), 130-139. doi:10.1111/j.1745-5871.2007.00443.x
- Makomenaw, M. V. A. (2012). Welcome to a new world: Experiences of American Indian tribal college and university transfer students at predominantly white institutions. *International Journal of Qualitative Studies in Education*, 25(7), 855-866. doi:10.1080/09518398.2012.720732
- Marsden, D. (2004). Expanding knowledge through dreaming, wampum and visual arts. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 2, 53-73.
- Martin, B. (2017). Methodology is content: Indigenous approaches to research and knowledge. *Educational Philosophy and Theory*, 49(14), 1392-1400. doi:10.1080/00131857.2017.1298034
- Native Women's Centre, Aboriginal Healing & Outreach Program. (2008). Traditional Teachings Handbook. Retrieved from http://stallseniormedical.com/Traditional_Teachings_Booklet.pdf
- Smith, L. (2012). *Decolonizing methodologies: Research and Indigenous Peoples* (2nd ed.). New York, NY: Zed Books.
- Smith, M. (2018). *Weaving the sweetgrass and porcupine quill birch box into a methodology: the living stories of chronic kidney disease for First Nations People*. (Doctoral Dissertation). Retrieved from <https://dspace.library.uvic.ca/handle/1828/9308>
- Troian, M. (2016, October 31). Lack of dialysis services in Northern Manitoba proving fatal, Indigenous patients say. CBC News. Retrieved from <http://www.cbc.ca/news/indigenous/dialysis-patients-north-services-1.3814107>
- Wesley-Esquimaux, C. (2010). Narrative as live experience. *First Peoples Child & Family Review*, 5(2), 53-65.
- Wilson (2008). *Research is ceremony: Indigenous research methods*. Halifax, NS and Winnipeg, MB: Fernwood Publishing.
- Zavala, M. (2013). What do we mean by decolonizing research strategies? Lessons from decolonizing, Indigenous research projects in New Zealand and Latin America. *Decolonization: Indigeneity, Education & Society*, 2(1), 55-7.