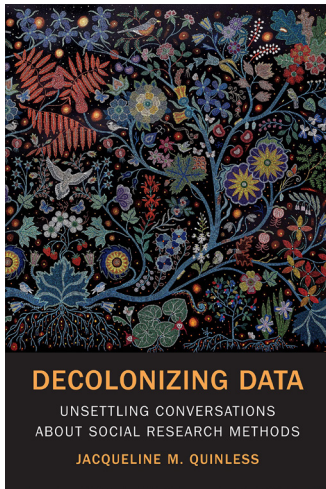


Book Reviews



QUINLESS, J. (2022) *DECOLONIZING DATA: UNSETTLING CONVERSATIONS ABOUT SOCIAL RESEARCH METHODS*. UNIVERSITY OF TORONTO PRESS.

Stephanie Irlbacher-Fox

The eminent scholar Vine Deloria Jr.'s infamous August 1969 *Playboy* essay "Anthropologists and Other Friends", later published as a chapter in *Custer Died for Your Sins* (1969), described exploitative practices of "anthros" researching American Indian Reservations each summer. Deloria re-framed the authority-endowing anthropological fieldwork rite of passage as an exploitation ritual required by the discipline. Newly minted anthropologists went on to achieve status and careers on the backs of data mined from Indigenous Peoples, and often deployed data to Indigenous disadvantage. This critique launched

awareness among first anthropologists and then social scientists generally that maybe Indigenous Peoples should be doing their own research, for their own benefit, according to their own values, in their own ways. In the late 1990s when I began graduate studies, debates over the content and legitimacy of traditional knowledge (as it was then called) hotly raged, as though the debate was about something other than white academics seeking to maintain their grip on institutional power at the expense of Indigenous research methods. Back then, participatory action research was a revolutionary paradigm, mainly owing to its novel challenge to white academic domination and power. This was followed by a period where Indigenous participation in academia gave rise to what Shawn Wilson characterizes as a shift from "Indigenous perspective(s) in research" to "researching from an Indigenous paradigm" (Wilson, 2001, p. 175). One such Indigenous research paradigm is Two-Eyed Seeing, a paradigm distinguished by its transcendence of transactional and interpersonal relations, through an ecological-relational positionality contextualized by engaging within a colonial research context, and issuing from Indigenous conceptions of ecologically grounded inter-relational sustainability (Marshall, 2020), an aspect of the paradigm which has been more recently labeled and theorized as grounded normativity (Coulthard, 2014).

This book examines ways that sociological research practices, including relating to the analysis of quantitative, statistical, and qualitative information works to colonize and re-affirm colonial understandings of Indigenous Peoples' social dimensions of health. The Two-Eyed-Seeing paradigm both informs and is rejected by Quinless in her contribution to unsettling mainstream sociological research methods. Based primarily on evidence drawn from the author's research and experiences in British Columbia, *Decolonizing Data's* target audience is non-Indigenous social science researchers, challenging them to contest "deeply ingrained structures of inequality" (p. xvi) in their research practice. The author engages in relational accountability partly through identifying herself as a person of mixed European and Central India descent. Quinless argues that ongoing colonization

by the state imposes western notions of wellness on Indigenous Peoples over Indigenous ones, consequently contributing to perpetuating health inequities. Therefore, social science research must combat this persistent injustice by decolonial allyship demonstrated through settler research methods shaped primarily by Indigenous values and practices (p.xiii).

For the author, such decolonial praxis is enacted by weaving western and Indigenous theory and research paradigms to illustrate the potential for “braiding” an Indigenous research paradigm with western theory and standard statistical methods, to illuminate strengths-based categories of Indigenous well-being. Bourdieu’s theory of social capital (Bourdieu, 1975), built out through a secondary literature applying social capital’s theoretical concepts within Indigenous communities, plays a central role in the author’s approach. Connecting social capital with a perspective developed by the First Nations Health Authority in British Columbia known as First Nations Perspective on Wellness (FNPOW), is Quinless’ contribution to “Two-Eyed Seeing” and decolonized research.

While the first three chapters contextualize the health status of Indigenous Peoples and their colonial impact antecedents, chapter four sketches Bourdieu’s notion of social capital, important to foregrounding and legitimating its use as an analytical framework to conceptualize and understand what does – and what should – go on in First Nation communities to promote well-being. The utility of this theory is substantiated through a thoughtful analysis of colonial health system impacts on Indigenous Peoples, and a description of the First Nations Health Authority in British Columbia as a form of Indigenous health governance, which the author identifies as an important element of Indigenous strengths-based wellness. Social capital as a theoretical underpinning of both research method (such as defining measurable categories) and results interpretation index, stands in contrast to standard well-being indexes that over-emphasize and thereby entrench narratives of Indigenous deficit, without measuring Indigenous strengths. Findings in this and the subsequent chapter analyzing quantitative measures show how standard well-being indexes elide the role of the state in creating health inequities. This point is highlighted through the fifth chapter’s discussion of the Transgenerational Trauma Index Score, a measure generated from results of the 2012 Aboriginal Peoples’ Survey. With a focus on quantitative information extracted from the 2012 Aboriginal Peoples’ Survey and 2011 National Household Survey, chapter five offers quantitative analysis through categories defined within the FNPOW, which are argued to be more culturally relevant and aligned with Indigenous world views than standard quantitative survey categories.

One difficulty in the book is its use and treatment of the Two-Eyed Seeing paradigm. A twenty-five-year-old Indigenous research method popular particularly within health and wellness research, it often garners rather less explanation in most academic work than it merits. That is certainly the case here. Less than one page is devoted to its description, in contrast to eighteen pages devoted to social capital theory, and six pages dedicated to the First Nations Perspective of Wellness (FNPOW). The reader is given to believe that Two Eyed Seeing merely advocates for using both Indigenous and western knowledge together when doing research.

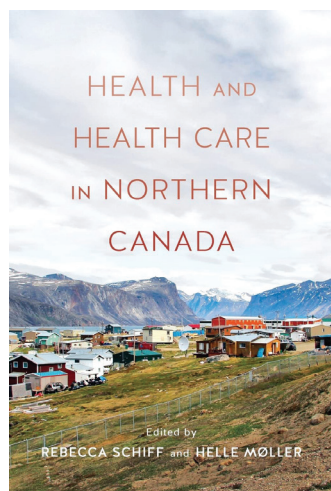
In fact, its originator Miqmaq Elder Albert Marshall (Marshall, 2020) explains the Two Eyed Seeing paradigm in his language as “Etuaptmumk” (pronounced Eh’-tah-wup’-te-mumk). Etuapmumk holds that each individual must interrogate their own ways of knowing, to fine tune so that collaboration can occur through co-learning, and transcultural/transdisciplinary collaboration. Essential to this paradigm is netukulimk or “sustaining ourselves”, in a way that constantly upholds balance not only in relation to each other, but within the natural world. This element establishes it as a classic Indigenous research paradigm owing to its rootedness in an ecological/all of creation and seven-generation relational and time horizon. This temporally and relationally

expansive orientation is shaped by principles of practice including respect, relationship, reverence, ritual, repetition, responsibility and reciprocity in an ecological sense, where all of creation is deserving of the seven “R” principles that are essential elements of co-existence. The principles are brought to life through “co-learning”: a transcultural, collaborative relational project. According to Marshall, while we only have two eyes, this paradigm is about seeing through and with multiple perspectives where “one is not above the others”, and instead the challenge is to “weave back and forth” between and with different perspectives. As a result of employing this approach, “promising practices for engaging in a co-learning journey”, Indigenous control and perspectives are centered, mindful of power relations in collaborations to avoid dominance of western paradigms, and instead promote reciprocity, and actions resulting in systemic transformation. (Marshall, 2020)

Throughout *Decolonizing Data*, Quinless states her work is informed by Two-Eyed Seeing, yet ultimately questions its usefulness as both a method and explanatory tool owing to her assessment that it:

“...is more of a principle than a method per se. It is not trauma-informed, which renders it problematic...[and]... does not braid Indigenous and western epistemologies together at specific stages in the research process (e.g. research scoping, data collection, data processing, interpretation, and writing), which poses difficulty with praxis” (page 111).

These failings are explained with brevity: All of three sentences in the conclusion chapter of the book, without providing the reader with an account of Two-Eyed Seeing as a complex, ecologically rooted paradigm explicitly acknowledging the colonial context within which research occurs. However, this brief analysis offers an interesting starting point, and perhaps a cautionary tale for researchers employing Two Eyed Seeing in their work, as impetus to treat this Indigenous research paradigm as the nuanced and complex analytical method that it is, rather than a limited research principle.



**BOOK REVIEW: SCHIFF, R., & MOLLER, H., (EDS.). (2022).
HEALTH AND HEALTH CARE IN NORTHERN CANADA.
UNIVERSITY OF TORONTO PRESS.**

Stephanie Irlbacher-Fox

With a focus on Indigenous peoples and Indigenous social determinants of health, this volume offers twenty chapters of thoughtful, well-researched, and diverse perspectives of important acute and long-term institutional and practice-based challenges for provincial and territorial Northern, and provincial rural and remote community health care in Canada. This rich and important collection of mostly applied research studies contributes to a growing consensus supporting the necessity and urgency of a culturally safe, flexible, and innovative health system evolution. An overarching theme is recognition of and respect for Indigenous peoples' rights, contextualized through ongoing colonization, its attendant social suffering, and the importance of Indigenous consent and cultural strengths-based interventions for effective health services and research. The editors' analytical introductory and concluding essays orient the reader to important discrete issues and thematic connections throughout each section, and identify promising areas of research and practice.

A significant methodological issue of note is the definition of “North”. Based on a notion of North guiding the Northern Development Minister’s Forum and adopted by the Conference Board of Canada Centre for the North, and subsequently by Statistics Canada, this definition of North includes most of Canada. According to Statistics Canada:

“The North refers to the northern parts of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, and Newfoundland and Labrador—collectively, the ‘Provincial North’—as well as the three territories (Yukon, the Northwest Territories and Nunavut), per geographical boundaries adopted by the Conference Board of Canada’s Centre for the North (Map 1). Although the North accounts for the majority of Canada’s landmass, about 6% of the Canadian population resided in the North in 2017.” (Statistics Canada, 2019)

Contrast this with the definition of the North offered by Natural Resources Canada:

“The northern regions of the provinces, which are north of the limit of isolated permafrost, also include the seven provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec and Newfoundland and Labrador. Combined the territories and the northern portions of these provinces represent, just less than two-thirds of Canada’s landmass. The presence of permafrost is just one of many ways of demarcating the northern region of Canada, as it provides a natural boundary between northern and southern Canada.” (Natural Resources Canada, 2017)

The definition adopted by the volume editors sees a geographical southern limit pushed near to the border with the United States, rationalized by conflating the concepts of “North” with “rural” and “remote” (pp.5-8). The definition encompasses for example, most of the province of Ontario, including up to and most of its border with the United States. By this definition, only the populous area of southern Ontario is considered “south”.

Such a definition may make sense to readers in Toronto. It does not make much sense to those in the territorial norths, or even those residing in the most northerly areas (those with discontinuous permafrost) of the provinces. Call it “rural” or “remote: Defining southern areas as Northern owing to some, but not all, North-South commonalities has the effect of minimizing significant and unique factors pertaining to combined climate, ecology, socio-economic, and infrastructure realities that do not as a complex manifest in much of the geographic area covered by this volume. Perhaps more troubling is that including the majority of Canada’s landmass in a definition of “North” has implications for how the funding and policies of the federal government in particular is applied with respect to badly needed research and infrastructure resources earmarked for “the North”. As such definition creep escalates, alarm bells should be ringing for policymakers in the territorial norths participating in forums and initiatives focusing on Northern issues. Indeed, contributors Lavoie et.al. (391) note in their chapter on health policy, that health service inadequacy often issues from policies created by and for southern systems which cannot accommodate Northern realities. By defining “North” as the vast majority of Canada’s geography, and rendering it a catchphrase for multiple and diverse institutional, climactic, and socio-economic realities, it becomes a less meaningful demarcation of difference for those developing health policy.

As a result, both the insights and innovations in various chapters, while falling within a category defined as Northern, divide starkly between contexts in the territorial Norths and the provinces. For example, three of the excellent chapters in section three (Matheson et al., Mushquash et al., and Spadoni et al.) focus on northern and remote Ontario communities’ innovative approaches to treatment interventions. These interventions are only possible in contexts with access to significant institutional supports and services, such as those available in more populous Canadian provinces.

It is important to note that innovations created within well-resourced provincial health systems (as compared to those health systems in the territorial north) may minimize glaring disparities between provincial and territorial institutional and research resources that enable innovative solutions. Or conversely, categorizing rural innovations as “northern” implies innovation in the territorial north is possible, despite a context where not only do most communities lack basic health care, but also lack access to specialized institutions, research, and data capacity within much less developed territorial health systems, as compared to larger provincial systems such as Ontario’s.

The editors are to be congratulated on expertly assembling a broad-based survey of research into critical social and Indigenous determinants of health, including through chapters offering detailed accounts of Indigenous conceptions of well-being. In addition, individual chapters particularly in part one of the volume assess how specific health determinants impact Indigenous well-being, which has implications for health programs and services. Colonization, inequity, and attention to the Calls to Action and Justice of the Truth and Reconciliation Commission (2015) and Missing and Murdered Women and Girls Inquiry (2019) respectively, are identified as important future frameworks for research and innovation. The editors have skillfully assembled a high quality and insightful volume reflecting the normalization of culturally safe health research being undertaken in Northern, remote, and Indigenous communities. This volume should be considered essential reading for health and governance researchers, policy makers, and practitioners seeking examples of inspiring research and responsive health service provision in Canada, and examples of flexible policy making responsive to unique contexts and needs of Indigenous populations in both Northern and southern Canada.

Stephanie Irlbacher-Fox attended primary and high school in Inuvik, then went on to earn a BA and MA in Political Science at the University of Alberta, and received a PhD from Cambridge University during 2005. For the past twenty-five years, Stephanie has worked for Indigenous peoples’ organizations across the NWT on Treaty and self government negotiations and implementation. She is currently Scientific Director of Hotìì ts’eeda, a Canadian Institutes of Health Research-funded research support unit hosted by the Tłı̨chq Government. Stephanie lives in Yellowknife with her spouse Andrew and their two teenage boys.

REFERENCES – DECOLONIZING DATA: UNSETTLING CONVERSATIONS ABOUT SOCIAL RESEARCH METHODS

- Coulthard, Glen. (2014). *Red Skin, White Masks: Rejecting the Colonial Politics of Recognition* University of Minnesota Press.
- Deloria Jr., V. (1969). *Custer Died for Your Sins: An Indian Manifesto*. MacMillan.
- Marshall, A. (2020) *Etuaptmumk Two-Eyed Seeing with Albert Marshall* Oral presentation of Two-Eyed Seeing paradigm. [Video]. Youtube. <https://www.youtube.com/watch?v=pJcJfInUckc>
- Wilson, S. (2001). What Is an Indigenous Research Methodology? *Canadian Journal of Native Education*, 25(2), 175-179.

REFERENCES – HEALTH AND HEALTH CARE IN NORTHERN CANADA

- Statistics Canada, 2019. *Police-reported violent crimes against young women and girls in Canada’s Provincial North and Territories, 2017 (“Note to Reader”)*, <https://www150.statcan.gc.ca/n1/daily-quotidien/190704/dq190704a-eng.htm>.
- Natural Resources Canada, 2019. “The North,” <https://www.nrcan.gc.ca/francophonie/north/16886>.