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First Nations Elders in Northwestern Ontario's perspectives of health, body image and eating disorders

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Abstract

Health, healthy eating, and ideal body image often have been conceptualised from a Eurocentric perspective. Indigenous perspectives may differ, and are necessary to better conceptualise eating disorders among Indigenous peoples. Five First Nations Elders from Northwestern Ontario were interviewed to gain a better understanding of these concepts, and how they may relate to the well-being of youth. Results demonstrate the importance of conceptualising health holistically; the impacts of colonisation on health, well-being, and understandings of self; how the relationships among food, health, and nutrition are complex; and that ideal bodies often have been equated with health and balance. Moreover, participants described how these findings may influence youth and their well-being. This paper demonstrates that, in order to better support the health, well-being, and body satisfaction of First Nations youth, it is essential to understand how these are defined, and how different factors may be of influence.

Keywords: Healthy eating, body image, health, First Nations Elders, eating disorders.

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Introduction

Eating patterns (Story, Neumark-Sztainer, & French, 2002) and body image (Polivy & Herman, 2002; Tiggeman, 2005) are important factors in adolescent development and are

influenced by individual, interpersonal, and environmental factors (Croll, 2005; Story et al., 2002). However, much of this research was completed from a Eurocentric lens. While these patterns may not be relevant or applicable to all peoples, and despite reported increases in health disparities in immigrant and ethnic minority youth (Alegria, Vallas, & Pumariega, 2010; Price, Khubchandani, McKinney, & Braun, 2013), they continue to be used.

Body Image

Indigenous peoples typically have been overlooked in the body image literature (McHugh & Kowalski, 2011; Mellor, McCabe, Ricciardelli, & Ball, 2004). Some research has demonstrated that Indigenous women in Manitoba, Canada tend to prefer a larger body, and that this characteristic is desirable and attractive (Marchessault, 2004). Other research has discussed how preferred body size may differ based on geographic location, demonstrating the fluidity of body image satisfaction (McHugh & Kowlaski, 2011; Paquette & Raine, 2004). For example, Fleming and colleagues (2006) demonstrated that young Indigenous women in Saskatchewan, Canada differed on whether they felt thinner or larger depending on the setting. In an urban school setting, they felt heavier and wore more revealing clothing, but in their more isolated communities, they felt thinner and wore bulkier clothing. The only existing Northern Ontario study with First Nations participants found differences by age and sex (Gittelsohn et al., 1996). Findings indicated that 16.4% of the overall population was satisfied with their body (i.e., selected an ideal body shape that was the same as the body shape they thought they had), 61.3% desired a thinner shape (more women than men), and 22.3% desired a larger body shape (more men than women). Older men and women found larger body shapes to be ideal and healthy more often than did their younger counterparts, and individuals who spoke mainly in their Native language (Oji-Cree) were also more likely to select larger bodies as healthy. These findings suggest that acculturation may play a role in perceptions of ideal body shape, as it is through this process that non-European groups are likely to internalise Eurocentric ideals of thinness (Gittelsohn et al., 1996).

With more First Nations peoples living in urban areas (Aboriginal Affairs and Northern Development Canada, 2010), and technology bridging gaps between isolated and urban communities, acculturation and urbanisation may be contributing to shifts in healthy living and eating, and ideal body image (Gittelsohn et al., 1996; Place, 2012); however, research in this area is sparse (Place, 2012). Moreover, research that does exist on the health of Indigenous peoples in Canada continues to be conceptualised from a Eurocentric perspective.

Healthy Eating

Similarly, healthy eating, which is thought to be a key contributor to health and well-being (World Health Organization [WHO], 2015), has several definitions (Health Canada, 2007; WHO, 2015). While these definitions have many consistencies (e.g., the importance of vegetables and fruits), there are also some differences (e.g., consumption of *starchy roots* such as sweet potatoes and the inclusion of trans fats; Health Canada, 2007; WHO, 2015). It has been argued that many Indigenous peoples do not engage in healthy eating, as suggested by high rates of type 2 diabetes and obesity (Skinner, Hanning, & Tsuji, 2006). It is possible that definitions of health and healthy diet are culturally bound (Nordström, Coff, Jönsson, Nordenfelt, & Görman, 2013), and, thus, mainstream definitions do not capture the cultural complexities of such concepts. While Health Canada (2010) has established a Food Guide for First Nations, Inuit, and Métis peoples, they continue to lack culturally based conceptualisations of healthy eating. Moreover, according to a study by the Assembly of First Nations (Assembly of First Nations, Université de Montréal, & University of Ottawa, 2012), First Nations adults in Ontario are not getting the amounts and types of food recommended in Canada's Food Guide. One reason for this is food insecurity. Food insecurity (i.e., the unavailability and inaccessibility of nutritionally adequate and safe foods) is a particular concern in northern communities (Socha, Zahaf, Chambers, Abraham, & Fiddler, 2012). Food insecurity has been linked to malnutrition, poor learning outcomes, developmental delays, low birth weights, and mental health concerns, including depression, anxiety and suicide—all

pressing problems in remote Indigenous communities (Socha et al., 2012).

The process of preparing and eating food may carry much cultural significance to Indigenous peoples. For example, Willows (2005) explains that there is more than *just eating* when consuming traditional foods. Instead, it involves several meaningful processes, including harvesting, processing, distribution, and preparation, as well as culturally important ways of behaving, emphasising cooperation, sharing, and generosity. Earle (2013, p. 2) noted that the energy spent obtaining traditional foods is significant, contributing to a physically active lifestyle. Thus, the process of preparing and eating traditional foods reflects a healthy lifestyle. With more individuals living in urban areas and/or consuming market-purchased foods (Earle, 2013), there may also be a disconnection from the significance of food, leading to a large shift in culture (Willows, 2005). The wellness concept of balance among many First Nations peoples emphasises the importance of connection to land (Ross, 2014), thus, the shift away from relying on the land may affect health and well-being.

Health

The understanding of health as eating nutritious foods and being physically active (Health Canada, 2013) may not necessarily resonate with non-Western peoples. Many Indigenous peoples utilise the Medicine Wheel to conceptualise health and well-being (Isaak & Marchessault, 2008). The Medicine Wheel is divided into four parts (Physical, Mental, Emotional, and Spiritual), and First Nations belief systems often suggest that health is achieved when these parts are balanced (Isaak & Marchessault, 2008; King, Smith, & Gracey, 2009). This definition differs from the Western idea that health is the absence of illness (King et al., 2009). Although this understanding of health may not reflect current definitions of health (WHO, 2015b), it remains a popular conceptualisation (e.g., that a physical with no identified concerns equates with being healthy, or that sick days are reserved for when one is physically ill). Healthy eating and body image could be redefined using a more holistic understanding to be more relevant to Indigenous peoples shifting the focus from illness to health promotion.

Health promotion is the process of "enabling people to increase control over, and to improve, their health" (WHO, 2015b, para. 3). To promote the health and well-being of a specific community, an adequate understanding of its needs, as defined by its members, should be obtained, followed by an identification of its strengths and resources (Ontario Agency for Health Protection and Promotion, 2015). Using a health promotion approach would allow individuals to have agency over their health, and would allow space for community participation. Understanding health as more than the absence of illness but as a key factor in one's overall well-being provides a more holistic perspective of health that fits within Indigenous models of self, well-being, and living a good life (King et al., 2009).

Eating Disorders

Once thought to apply predominately to White populations (Polivy & Herman, 2002), binge/purging and restricting eating behaviours and disorders are increasing dramatically in immigrant and ethnic minority youth, including Indigenous youth (Crago, Shisslak, & Estes, 1996; George & Franko, 2010; Marchessault, 2004; Shaw, Ramirez, Trost, Randall, & Stice, 2004). Polivy and Herman (2002) outline several factors that may contribute to the development and maintenance of eating disorders.

Sociocultural factors. The idealisation of slimness is reported to play an important role in the development of eating disorders, as is the derogation of fatness (Polivy & Herman, 2002). While these factors are more prevalent in cultures where food is abundant, with the homogenisation of Western culture, the thin ideal body has been internalised by individuals globally. Peer groups are likely to reinforce this ideal, as are family members. Families may play a unique role, as many patients with eating disorders have reported perceived hostility and coercion within the family environment. Moreover, there is a significantly positive correlation between a mother and a daughter having an eating disorder (Polivy & Herman, 2002).

Individual risk factors. Polivy and Herman (2002) outline some individual risk factors. However, it is important to recognise that these are shaped by several conditions (e.g.,

environment), and are complex and multifaceted. Experiences such as child abuse, trauma, and teasing frequently are linked to the development of eating disorders (Polivy & Herman, 2002). Individuals with eating disorders have reported higher levels of premorbid stresses and difficulties. Some theories suggest that focusing one's attention on weight, shape, and eating allows for control, including over one's emotions, and for a coherent sense of self to be developed. Negative affect, including self-directed hostility, covert hostility, guilt, and suppressed anger, and low self-esteem may also influence the development of eating disorders. There exists a high rate of comorbidity between mood and eating disorders. In almost all theories of eating disorders, body dissatisfaction plays a prominent role, and often leads to dieting (Polivy & Herman, 2002). Weight concerns and dieting are significant predictors of an eating disorder. Polivy and Herman (2002) highlight cognitive factors, including obsessive thoughts, inaccurate judgments, and rigid thinking patterns, as playing a role in the development and maintenance of eating disorders. Individuals with eating disorders are more likely to be obsessed with becoming thin and to judge their body as being larger than it is. The biological factors related to eating disorders are complex, and may have genetic and neuroendocrine connections.

There are several measures of eating disorders. The EAT-26 (Garner, Olmstead, Bohr, & Garfinkel, 1982), originally developed in 1979, is one of the most widely used self-report screening measures for eating disorders (Lock & Schapman, 2006). In a study (Marchessault, 2004) of Grade 7 to 12 youth across Manitoba, 17.5% of Aboriginal girls, as compared to 2.4% of non-Aboriginal girls, were at risk of eating disorders (as indicated by EAT-26 scores). Almost 40% of girls from First Nations communities reported vomiting or having the impulse to vomit (Marchessault, 2004).

While measures such as the EAT-26 have been used with Indigenous populations, and individuals of diverse ethnicities (Marchessault, 2004), it remains unclear whether the way in which eating disorders is conceptualised and operationalised in these Western-developed models is relevant for Indigenous individuals. Some research has demonstrated that ethnicity can serve as a protective factor for the development of eating disorders, but the relationship is complex, and the interconnectedness of Western society further complicates this (Miller & Pumariega, 2006). The research described previously suggests that Indigenous youth may be at higher risk of developing eating disorders, and that age and geographic location may be important factors to consider (Marchessault, 2004). Despite growing evidence of increased risk of body image concerns and disordered eating behaviors in Indigenous youth in Canada, there is little epidemiological research on this matter, nor is there a clear understanding of ideal body image and healthy eating. Frequency of eating issues and body dissatisfaction often differs across ethnic groups because of differences in recognition of these problems, access to care, and risk factors (George & Franko, 2010). Before risk can be assessed, a culturally appropriate and relevant understanding of eating disorders must be achieved.

Present Study

The present study sought to better understand definitions of health, ideal body image, healthy eating, and eating disorders from the perspective of First Nations Elders in order to address gaps in the literature in culturally relevant ways. Elders are individuals who have gained the respect of their community, and whose actions and words communicate "consistency, balance, harmony, and wisdom" (National Aboriginal Health Organization, n.d., p.2). Their knowledge is often a consideration in every aspect of community and individual health and wellness (Poudrier & Kennedy, 2008). As such, before beginning to explore First Nations youth's experiences related to health, body image, and eating with youth, it was thought to be important to be informed about traditional perspectives on these issues. The goals of the study included 1) developing culturally appropriate conceptualisations of health, ideal body image, and healthy eating; 2) understanding cultural factors related to eating disorders; and 3) learning strategies to best support the health of First Nations youth, as it relates to body image and eating.

Methods

Participants

The research team identified a list of potential participants, including Elders who were staff at community agencies where research team members had affiliations, as well as Elders who had personal relationships with research team members. The research team members who had relationships with the potential participants made initial contact with them to inform them about and invite them to participate in the study. Participants consisted of five Elders, four of whom were men. To preserve confidentiality, few demographic variables were recorded. All participants had lived in the Thunder Bay, Ontario region for several years. Moreover, it should be noted that most First Nations peoples living in Northwestern Ontario are of Ojibway, Oji-Cree and Cree descent (Thunder Regional Health Sciences Centre, 2014). All participants had experience working to support and maintain the health of First Nations peoples (e.g., working in counseling centers, with mental health and addictions). As such, the sample chosen for this study was a convenience sample.

Procedure and Interview Questions

Interview questions were developed and agreed upon by the research committee. The interview was intended to be semi-structured in nature; however, all participants preferred having a conversation or sharing stories to following the interview protocol. Therefore, the interview questions were used as a guide and prompted the interviewer to ask follow-up questions. Questions in the interview protocol related to concepts of health, ideal body image, and eating disorders:

1) What does it mean to be a healthy Anishinabek person?

2) What does it mean to have a healthy body?

3) How would you define an eating disorder (and, if prompting were used, the researcher would explain that this includes someone who does not eat, someone who loses control of their eating to the point where they eat too much, and/or someone who throws up what they eat)?

Data Analysis

Interviews were conducted by a researcher affiliated with Lakehead University, and as such, this individual had no prior or continuing relationship with the participants. This approach was selected in order to decrease the potential of dual relationships and help maintain the confidentiality of participants, especially considering they were not anonymous to the research team. Interviews were audio recorded and transcribed, stripped of identifying data, and then analysed using content analysis (Braun & Clark, 2006). This analysis included 1) becoming familiar with the data; 2) generating initial codes and identifying features of the data that appeared interesting, and organising the data into meaningful groups; 3) searching for themes and sorting different codes into themes; 4) reviewing the themes, refining those developed in the previous step, and making decisions about whether to keep a theme (based on amount of evidence in the data), and considering whether the themes accurately represent the whole dataset; and 5) defining and naming themes, identifying the essence of each theme, and determining what aspect of the data each theme captured. Once these steps were completed, in order to ensure validity of the data analysis process, each transcript was reanalysed to check that the themes adequately captured the information. Lastly, consultation was an ongoing process with the participants, in order to ensure that perspectives were appropriately captured. This process included sharing the themes with the participants and engaging in discussion about their thoughts related to the themes.

Ethical Approval

This study was developed by a community-based research committee, comprised of several representatives from social service delivery organisations that work with Indigenous youth (including child welfare, education, and health sectors). It was the research committee that identified the process of discussion with Elders as the initial step to a larger project to identify youth's conceptualisations of health, body image and eating disorders. This decision was made as it is often the Elders that are considered the gatekeepers to traditional and culturally-grounded knowledge, and thus their knowledge would be important to integrate into the ways in

which we interact with the youth around these topics. As such, from its inception, members of the community research team led the project and its methods. Although the project did not go through a formal research ethics approval process for each of the organisations represented in the research committee, the research project was supported by the members of this committee. This study was approved by the Research Ethics Board at Lakehead University, in Thunder Bay, Ontario.

Results and Discussion

Because the interviewers did not adhere strictly to the protocol, and the concepts were overlapping in nature, responses included broad topics that related to the more specific areas of inquiry. In order to help readers connect with the messages shared by participants, each participant's voice will be identified uniquely.

Health

Participants shared definitions of health that focused on *balance*, including references to holistic approaches to understanding health to the Medicine Wheel. Some participants discussed specific aspects of the Medicine Wheel without explicitly referring to it. Elder Two shared:

> I'm thinking holistically. Okay, your mental health, your physical health, your emotional health, your spiritual health. There's not just one thing, right, because your emotions and your mental and your physical and your spiritual are all connected, right? If one is weak on one area, it affects the other three…And if you look at that Medicine Wheel, right, it's cut into four quarters, and where we're trying to get at is the center of that Wheel so we are balanced with those four things.

First Nations belief systems often suggest that health reflects balance in all parts of the Medicine Wheel, and can include simultaneous health and illness, as long as one maintains this balance. For example, one participant shared that, despite her diabetes, she was healthy because she was taking care of herself and making efforts to manage her illness.

Conceptualisations of health and illness often involve explanatory models (Kirmayer & Bughra, 2009), which include information from different knowledge structures (e.g., biomedical, cultural, and social factors), and it is at the intersection of these structures that an individual's illness and wellness narratives exist. These models are fluid, and, for example, represent an individual's effort to understand his or her predicament, cope with fears and concerns related to their illness, communicate needs to health care professionals, and position themselves in both the clinical relationship and in larger institutional and social contexts.

For Ojibway individuals, living a balanced life is part of *mino-bimaadiziwin* (living the good life), and involves the four elements of the Medicine Wheel being "intricately woven together" (King et al., 2009, p. 76). This interaction will be different for each individual. Elder Four recounted a conversation with a youth where he shared, "You want to live the good life, mino-bimaadiziwin? What is that to you? I cannot define that for you, only you can, and only you can go and get it and incorporate it into your life, make it part of who you are." Mino-bimaadiziwin needing to be defined by the self was echoed by other participants. Participants shared that, because of the dynamic nature of balance, health is something for which people constantly strive. Explanatory models help explain illness, while concepts such as mino-bimaadiziwin describe well-being. An individual's explanatory model for his/her illness can shift the experience of that illness, including symptom presentation and levels of distress, and one's understanding of both (Kirmayer & Bhugra, 2009). There exist perceptions that medical and Indigenous conceptualisations of health cannot coexist (Durie, 2004); however, one's explanatory model can demonstrate how health can exist through illness (Kirmayer & Bhughra, 2009). It is through the recognition of holistic health that, for example, one can understand living healthily while having diabetes, as Elder One amongst others described.

Being healthy also included *knowing oneself and feeling connected to identity*—that is, feeling confident while recognising that one may not know everything, being at peace, trusting, and loving oneself. These concepts could be demonstrated through having a positive outlook, being assertive, and engaging in laughter and smiling. Health could also be achieved through *self-care*, such as eating well/having a balanced diet (as

defined by each individual), engaging in prayer, developing life skills, and using one's mind. Some participants also shared the importance of engaging in ceremony and feeling connected to one's spiritual self. Elder Three shared:

> When I was 23, that's when everything changed for me. I had a deeper awakening and a deeper understanding of my—I wanted to explore my culture and explore who I was and what it is to be Anishinaabek, you know? And I went back to the—where I came from and I started asking the elder people, and I started asking the spiritual people in our community. And I started asking, "Who am I?", "What am I?", "What is it about being the color of my skin?", "There has got to be more to being Anishinaabek." But that's what I found, over the years, was Anishinaabek…And I continue to practice my spiritual beliefs, the spiritual way of life, I guess, that was handed down to me through the elders and teachers that I've had over the years since I stopped doing drugs and alcohol.

This participant was able to learn about himself and move away from a life of drugs, alcohol, and "trouble" by connecting with his culture and spiritual identity. Many of the Elders shared that this process of connecting with culture and spiritual identity is a necessary part of one's journey toward health, something that has been reiterated in the literature (King et al., 2009; Kirmayer, Simpson, & Cargo, 2003). Kirmayer and colleagues (2003) expressed that this process could be through the recovery and application of traditional methods of healing (including ceremony, subsistence activities, language, and communal practices), returning to the land to take part in these activities, and establishing legal claims to traditional lands and self-government.

The participant referred to above shared that much of his "troubled" behaviour began when he went to residential school in 1970, leading to a separation from his family and living away from the land. This led to anger and disconnection, and he used alcohol and drugs as a method of coping. This experience of anger was similar for many of the Elders who participated in this study. Through the process of colonisation, the identity of many Indigenous peoples was lost, creating fragmentation and disconnection within oneself and one's community (King et al., 2009; Richmond & Ross, 2009). Thus, learning about oneself and reconnecting with one's culture can be an emancipatory, empowering, and healing process (Isaak & Marchessault, 2008; King et al., 2009; Kirmayer et al., 2003). The Assembly of First Nations and Health Canada (2015) proposed four key components to mental wellness: hope, meaning, purpose, and belonging. This model further suggests that culture is at the center of mental wellness (Health Canada, 2015). With the disconnection with and fragmentation of identity and community that many Indigenous peoples have experienced, it is likely through restoring one's sense of purpose in their daily lives, hope for their future and that of their families, regaining a sense of belonging and connectedness, and having a sense of meaning, with a recognition of how culture is a large part of all of these facets, that mental wellness can be achieved (Health Canada, 2015).

Participants expressed the importance of each individual having to "do the work" in order to achieve and maintain health, which meant being actively engaged with parts of their life and was related to self-care. Several Elders explained the importance of individuals wanting to "help [themselves]" as a prerequisite to embarking on their healing journey. In addition, healing cannot be understood outside of the context of family, community, and the land (Baskin, 2003; Ross, 2014). Healing for many First Nations involves cultural revitalisation and political resurgence (Kirmayer, Tait, & Simpson, 2009; Molema, 2013). It is essential to recognise that for many First Nations, "doing the work" on an individual level, without systemic change, is unlikely to lead to wellness (Molema, 2013), as hope, belonging, purpose, and meaning are key factors to mental wellness (Health Canada, 2015). Maintaining the current state of disparity in which many First Nations live, compounded with experiences of oppression and disconnection (Adelson, 2005), it is unlikely that feelings hope and belonging can be restored, regardless of the amount of individual "work" done. As such, self-healing must be understood within the context of community-healing, a statement echoed by several Elders.

Effects of Colonisation

All participants shared how there have been significant changes from traditional and historic ways of living, and that these changes have been detrimental to the health and well-being of the

Indigenous peoples living in Canada. These changes were largely attributed to the process of colonisation, including life prior to the effects of colonisation, and shorter- and longer-term effects of colonisation.

Health and well-being prior to colonisation. All participants shared how there was *integration of physical activity* in everyday tasks. This was explained by giving examples of how there was always work to be done (e.g., "from the time they got up in the morning till the time they go to bed"), that children would spend their day playing outside, and that, in order to carry out daily tasks, physical exertion was necessary (e.g., cutting wood, hunting, chores). As such, people were naturally healthy (and not overweight) because they were physically active. Participants shared that *living off of the land* offered them opportunities to maintain their health. This was related to regular physical activity in that physical effort was necessary in order to be able to live off of the land, but participants shared that this food and the connection to the land also helped maintain their wellness, something that has been demonstrated through research (Willows, 2005; Young & Katzmarzyk, 2007). This meant eating traditional foods, which has been described as fish, wild game, berries, and other gathered vegetables, fruits, and grains (Kerpan, Humbert, & Henry, 2014, p. 2). Connection to the land, however, is often more than about living off of the land. First Nations peoples have a special connection to the land (Assembly of First Nations, n.d). According to the Assembly of First Nations (n.d., para. 2), the relationship to the land is based on "a profound spiritual connection to Mother Earth" that guides First Nations to practice "reverence, humility and reciprocity." Thus, all actions related to food and physical activity are interconnected, and relate back to the relationship with Mother Earth (Assembly of First Nations, n.d.).

There were also different *self-regulation and awareness processes* prior to the introduction of stores, residential schools, and the Church. These involved waking up with one's natural circadian rhythm (as opposed to being controlled by a clock), eating only when one was hungry (as opposed to external cues related to pleasure), having better awareness of satiation (and because of limited resources, there was not a desire to eat more than one needed), and relying on environmental cues (rather than technology) to predict the weather. This allowed for a more connected and holistic way of life. These processes further demonstrate the importance of First Nations peoples' relationship to the environment, as well as the interconnectedness between the self and the land (Assembly of First Nations, n.d.).

Participants shared the importance of *relationships* and mutual respect. More specifically, prior to the introduction and proliferation of European systems, there was more emphasis on family connection, working with one's community, and more respect within relationships. Relationships contribute directly to a sense of belonging, and would therefore be contribute to mental wellness (Health Canada, 2015). Some participants discussed the value of learning from the wisdom of others' stories and experiences. Others talked about how parenting strategies were often encouraging and liberal, allowing children the opportunity to learn lessons on their own, and how community played an important role in the parenting process. Elder Four described the importance of allowing the Seven Grandfather Teachings (humility, love, respect, honesty, bravery, truth, and wisdom; Ontario Native Literacy Coalition, 2010) to direct how individuals should treat themselves, others and their environment. These teachings have been demonstrated to be essential to balance, healing, and the maintenance of well-being (Hill, 2008; Menzies, Bodnar, Harper, & Aboriginal Services Centre for Addiction and Mental Health, 2010). The Seven Grandfather Teachings overlap with the concept of mental wellness (Health Canada, 2015), as it is through the teachings that one can experience hope, meaning, purpose, and belonging.

Most participants shared how there was less illness historically, which they related to a healthy way of life, including living off of the land, by the Seven Grandfather Teachings, and having better awareness of one's needs. Using the framework of explanatory models (Kirmayer & Bughra, 2009) in conjunction with Indigenous conceptions of health (e.g., balance and the Medicine Wheel), it becomes apparent that health could exist despite illness. Living a good life (mino-bimaadiziwin), feeling connected to the

land and Mother Earth, and understanding oneself, one's family, and one's community all contribute to wellness. When health is conceptualised holistically, then the presence of illness plays a small role in one's overall health.

Effects during the process of colonisation. Through the process of colonisation, there were several changes and disruptions to the lifestyle of First Nations peoples (King et al., 2009; Kirmayer et al., 2003; Partridge, 2010), including many First Nations children being forced to move away from their families and into boarding school-type facilities (Kirmayer et al., 2003; Partridge, 2010), and high rates of physical, emotional, and sexual abuse throughout these schools. Through this process, children's connection with family and their Indigenous identity was lost, or in a state of "betwixt and between" (Kirmayer et al., 2003, p. s17). Several pieces of legislation were also passed that changed access to resources on reserves. For example, The General Welfare Assistance Act was introduced in Ontario in 1958, and this intended to provide monetary benefits and social services to many First Nations (Falvo, 2015). Consequences of this included increased consumption of store- and market-bought food, with longer term effects on how food was produced and consumed, the nutrients obtained from food, and levels of activity related to this (Socha et al., 2012).

All of the Elders shared how the introduction of stores, residential schools, and/or the Church disrupted their way of life. Through the introduction of stores, there was a *shift in food choices/availability*. All participants shared how this has been a major way through which the health of Indigenous peoples has deteriorated throughout the decades. Specifically, there became a reliance on canned and processed foods, there was an increase in the consumption of flour, salt, and sugar (Elder Two called these the "three white poisons"), and this also led to a disconnection from the land. Although not discussed explicitly within the interviews, the shift from living off of the land to relying on stores was also linked to laws related to expropriation of land, exploitation of land for resources, and the extinguishment and restriction of rights (Alfred, 2009). This not only led to a shift in the ways of gathering and consuming food, but furthered a disconnection from cultural and traditional practices (Willows, 2005). Today, much of the land on which First Nations live is no longer capable of producing the nutritious foods, due to contaminants in the food chain (Earle, 2013). Moreover, health messages promoting low fat diets may seem incongruent with traditional Indigenous diets, creating barriers in how healthy food can be incorporated into one's lifestyle (Earle, 2013). Thus, simply reverting back to traditional land-based diets may not be desirable or feasible (Earle, 2013; Socha et al., 2012).

Through the introduction of residential school, there were more profound *disruptions to identity*. In discussing her experience of residential school, Elder One shared, "We were raised to be somebody else that we're not, and that affects your whole being when you're being raised to be somebody else. I was a happy child until I went to school, and that's what I remember. I was a happy child until I went to school." Such experiences were echoed by several participants. The introduction of residential schools led to family disconnection, cultural disconnection, and the adoption of practices and ways of being that seemed incongruent with traditional ways of being (Partridge, 2010), with the Church having similar effects on Indigenous peoples (Kirmayer et al., 2003). However, it was not only through the destruction and silencing of cultural practices that violence was enacted. Through the process of colonisation, and the systems that were introduced to support these efforts, physical and sexual abuse, emotional neglect, internalised racism, and language loss became common experiences (King et al., 2009; Kirmayer et al., 2003; Partridge, 2010). These violent and oppressive practices have had lasting effects on Indigenous peoples living in Canada.

Some participants shared that these experiences could be seen through individuals not engaging in traditional practices, not being familiar with one's history, and/or denying one's Indigenous identity. Elder One explained:

> …the way we were raised, you know, um, especially for First Nations people, I think that's even been more difficult for us to have a healthy sense of ourselves because of the way… well, you know, our history. Our history still has an impact on us, in all areas of our lives and it's not just one area, and we're seeing the evidence of that today.

> There is evidence of that; people just have to ignore it. I ignored it too though; I'm just as guilty… used to be guilty of that because I didn't want to be part of it and yet I was a hundred percent part of it because I am Anishinaabek.

It has been asserted that "identity is a necessary prerequisite for mental health" (Durie, Milroy, & Hunter, 2009, p. 39). Considering the Medicine Wheel's assertion that wellness can only be achieved when there is a balance between one's physical, mental, emotional and spiritual self, with a continued loss and disconnection from one's identity, the health and well-being of Indigenous peoples in Canada will continue to be affected (for a more thorough exploration of the effects of colonisation on the health and well-being of Indigenous peoples in Canada, see Kirmayer and Valaskakis, 2009, and Kirmayer, Brass, and Tait, 2000). The profound effects have been articulated by others as well. For example, Grand Chief Dave Couchene Sr. explained that "Residential schools taught self-hate…Too many of our people got the message and passed it on" (Aboriginal Justice Implementation Commission, 1999, para. 26).

Long-term consequences of colonisation. There were several consequences of colonisation that were discussed throughout the interviews. *Living in urban areas* (such as Thunder Bay, where this research took place) has led to a reliance on food that is lacking in nutrition (such as canned foods, fast food, "junk food", and soda; Kerpan et al., 2014). However, even in isolated areas, with a reliance on stores (as opposed to living off of the land) there is a lack of nutritious options. Elder Five shared that "you never see any kind of fresh [food]. Even if you do have fresh food, it's probably outdated by the time it gets to you." Skinner and colleagues (2006) shared many barriers to accessing healthy food, including the price, the quality, the freshness, the lack of options, and the lack of knowledge in how to prepare certain foods. They also discussed the roles that motivation and interest play in making healthy food choices. This was something that participants echoed as well, discussing how individuals often find it easier, more convenient and more enjoyable to consume less nutritious foods.

Eating traditional food has been associated with feelings of good health (Willows, 2005); however, the younger an individual is, the less likely they are to consume traditional foods, suggesting an inter-generational difference in taste preference. It is possible that younger generations are losing the knowledge of harvesting and preparing their traditional foods (Willows, 2005). This thought was shared by participants as well, with Elder Three saying

> …today it's different for the children, you know, like if the children live in the city, it's really different; the children don't learn how to hunt that much; they don't get the opportunity to go to hunt to learn all these life skills and the… and the earth survival skills I'll call it; they don't learn… they don't get a lot of that; it's not like when I was younger; I got a lot of that when I was younger…I think that's the difference for children nowadays is a lot of our children today we'd rather have McDonald's food and KFC and Burger King and all that kind of stuff …it's rough, because of the health, you know, no one is eating… nobody's eating traditional food.

Some Elders shared that through the changes in living off of the land to living in urban areas and/or relying on store bought food, people have begun living *sedentary lifestyles*. This has affected health because physical activity is no longer part of an individual's daily routine. Thus, physical activity is understood to be more effortful than it used to be. Elder Four explained that when he was young, physical activity not only allowed him to maintain his physical health, but that playing sports offered him a way of coping with his emotions, allowing him to feel emotionally well. He further reflected that this is an outlet that youth often do not use, and that this may contribute to why they are more likely to turn to less helpful coping strategies.

Effects on ideal body image. The Elders all shared that prior to contact with Europeans, Indigenous *ideal bodies were healthy bodies*, meaning that is someone was thought to be healthy, her or his physical appearance was thought to be attractive and/or ideal. In response to a question about ways of measuring beauty, Elder Two shared, "Holistically they were beautiful. As a human being, they're beautiful. You know? It wasn't what shape, form or size you are, you're beautiful, you know?" Some participants referred

to beauty as having "balance", being "strong" and able-bodied, and that all individuals were seen as "valuable" and "beautiful", regardless of physical appearance. In addition to these perspective, all Elders shared that having a larger body was a sign of beauty. For example, Elder Four shared:

> And for Anishinaabek people, for centuries, having a little bit of fat insulate you from the cold and being comfortable was more acceptable…Maybe our people were very fit 200 years ago because of the physical activity and lifestyle. There wasn't obese people and fat overweight people. The activity kept us healthy, um, cardiac workout, paddling a canoe or snowshoeing ten miles in a day.

Other research supports these statements, as older Indigenous peoples and those living in more remote areas tend to prefer a larger body size (Marchessault, 2004). This variation in perspectives of ideal body by geographic location and age (Gittelsohn et al., 1996), may demonstrate how acculturation plays a role in preferences for ideal body.

Through the introduction of residential schools and the Church, ideal bodies moved away from being healthy and well and toward *ideal as thin*. Elder One shared that being overweight was natural, and that there was a social understanding that her body would "spring up" as she got taller. She went on to say, "I never heard anything different as I was growing up. But of course the nurse, the school, the Church, they'd start to influence and change our thoughts about those kinds of things." These changes continue to affect people through the emphasis placed on thin bodies as beautiful within present day media. This has a profound effect on individuals, and all of the participants shared the negative effect that such images have on youth today. Elder Three shared:

> I guess in today's society to have, uh… because it is difficult to have the right body weight, you know, because, you know, like if you look at girls, you know, and they get those magazines and all that, you know, and they get real skinny figures in there, you know, like stick… stick people and all that; so they got to look like that, and that's the body image that they portray. You got to look like that in order to be a woman or a girl or something, you know. But the reality is, you know, a lot of our people aren't like that, you know; so they have the image that is portrayed today for the younger people is you got to dress for all these clothes, you know.

Images in popular media are of ultra-thin women and muscular men, and that these images can have a negative effect on affect and self-esteem (Tiggeman, 2005). The pervasiveness of White women in the media was thought to be a protective factor for young women of color, because there was an assumption that these young women would not identify with the women represented through media (Abrams & Stormer, 2002). Moreover, individuals of non-European ethnicities have been thought to have different ideal body shapes and sizes, and, as such, they may place less importance on a woman's appearance. However, more recent research has demonstrated that exposure to thin images in media (despite the prevalence of White individuals within these images) can have a negative effect on individuals of all ethnicities (Grabe & Hyde, 2006).

One study conducted with Indigenous adolescents in Australia aimed to better understand the effects of media. While the results demonstrated that non-Indigenous adolescents were more likely to experience media messages to lose weight, Indigenous adolescents who did perceive these messages in the media were more likely to engage in strategies to lose weight (McCabe, Ricciardelli, Mellor, & Ball, 2005). It is possible that participants in this study did not want to reveal the effects that these messages had on them (McCabe et al., 2005). However, it is also possible that the association of beauty and White individuals leaves people of color feeling less attractive and inadequate. Thus, messages to lose weight may not be the most pervasive messages being communicated through media. Research exploring the effects of media on African American women has found that women who more closely identified with White culture experience higher levels of disordered eating (Capodilupo & Kim, 2014). African American women who were more affirming and who highly identified with their ethnicity exhibited fewer disordered eating behaviors (Capodilupo & Kim, 2014). Positive feelings about one's racial group were a protective factor against body dissatisfaction (Capodilupo & Kim, 2014). While this research was not with Indigenous peoples, it

is possible that these findings can be extrapolated. These findings relate to the importance of belonging to mental wellness (Health Canada, 2015), as it seems that women who feel more positively connected to their ethnicity and racial group experienced protective factors (Capodilupo & Kim, 2014).

It is possible that the effects of a lack of Indigenous peoples in mainstream media may have an even more profound negative effect on the self-image of Indigenous peoples than just body image dissatisfaction. Many of the Elders shared that there is a lack of positive Indigenous role models, and thus, there are very few examples for Indigenous youth to look to, not only for ideal body, but for health and positive healthy lifestyles. While not directly spoken about by the participants of this project, it is possible that the process of urbanisation may have also increased feelings of disconnection between similar peoples. In other words, when living in mostly Indigenous communities, although there would likely still be limited exposure of role models through popular media, one would have been geographically surrounded by potential positive role models. However, through the process of urbanisation, Indigenous individuals are no longer surrounded by individuals that are Indigenous, thus shifting the norms of self-image and body image.

This effect is likely compounded by messages in the media that Indigenous peoples are "primitive, violent and devious, or passive and submissive" (Media Smarts, n.d., para. 2). Furthermore, the rare time when Indigenous characters appear in fiction, they are often played by non-Indigenous actors (Media Smarts, n.d.). Paula Gunn Allen (1986, p. 192-193) articulates the effects of this by stating that "the colonizers' revision of our lives, values, and histories have devastated us at the most critical level of all—that of our own minds, our own sense of who we are." Finding positive Indigenous role models is rendered even more difficult with the bombardment of messages that White culture is more acceptable, White people are more beautiful, and having an Indigenous identity is associated with weakness and distress (Aboriginal Justice Implementation Commission, 1999; Media Smarts, n.d.).

Disordered Eating

All of the participants shared that they did not think eating disorders existed when they were growing up, and some were hesitant to discuss this topic because of their lack of familiarity with it. However, most participants shared that there are two pathways through which disordered eating may occur—one is through a *desire to be thin and "beautiful"* (as discussed above), and the other is through *food consumption*. In terms of one's desire to be thin and beautiful, some participants shared that this was not simply about conforming to standards of beauty, but was part of how one defined his or her self-worth. For example, Elder One shared

> I had to compensate for being abused to—for it not to be known. So I guess I acted in a certain way to compensate for that. But some of us have become the perfectionist, eh (laughter). That's one of the impacts from being abused, you become a perfectionist…And I remember the ways we made ourselves look good. Sometimes some of us used too much; some of us used it because it would make ourselves feel good; but not--it's not to make themselves look good to other people; it's to make their selves look good to ourselves, to feel good ourselves, like the way we dress, you know? It's really important the way we dress and—so to me it's sad, the part when I think about as First Nations people, where we've come to be that we're a very unhealthy people, but that's changing.

Elder Three discussed conforming to Eurocentric standards of beauty in the context of peer pressure and bullying. He explained that, presently, many youth do not want to stand out or draw attention to themselves, and this means feeling a pressure to conform to standards of ideal body. This has been demonstrated within research literature as well. For example, some research outlines the negotiation that takes place for Black women who both resist and conform to ideals of (White) ideal body (Capodilupo & Kim, 2014). Research has demonstrated that even those who are more likely to conform to these images (i.e., White girls) notice the unrealistic standards of these images (Milkie, 1999). This research demonstrates, however, that despite a recognition of these unrealistic images, girls still feel a need to conform because of an expectation that their peers value this ideal (Milkie, 1999). These reasons for wanting to conform to

standards of ideal body are related to how one's physical appearance relates to one's self-concept and self-worth (Fredrickson & Roberts, 1997; Hesse-Biber, 1996).

Food consumption was reported to be related to emotion regulation and coping with negative feelings. More specifically, some of the participants shared that individuals may choose to eat foods that are high in sugar or salt, because such foods offer more enjoyment and pleasure. Salt, sugar, and foods high in fat are often the most pleasurable and cheapest foods to access (Kearney, 2010). Some Elders shared that the same reasons for choosing to eat these enjoyable foods may also be related to why individuals engage in overeating, with some drawing links between food consumption and drugs, addictions, and medication. Research has demonstrated that individuals may use food to cope with distress similarly to the way people use drugs and alcohol (Kozak & Fought, 2011). Stress has been linked to higher consumptions of snack-type foods, as well as high-fat and palatable foods (Oliver & Wardle, 1999), and that this is especially the case when experiencing chronic stress (Torres & Nowson, 2007). Thus, it is possible that high caloric intake, and all of the features associated with this (e.g., diabetes, obesity, and other chronic illness) may be in response to high levels of chronic stress, and may be a method of coping with this distress.

Some Elders discussed that when experiencing an eating disorder, it is likely a reflection of *being unbalanced*. Elder Two shared, "It's a sickness; it's a mental sickness, you know. But again, you're talking about a holistic life here, right? So something is off-balance, right? You're not happy with yourself, right? So you substitute, you know, something else. It's psychological. So you're not balanced, you're not happy with who you are." Elder One shared that she did not like the term "disorder", as this could make people think that there was something wrong with them, but described the experience of an eating disorder as an individual's body being "out of whack", suggesting a lack of balance as well, tying back to wellness as related to balance and the Medicine Wheel. Explanatory models (Kirmayer & Bughra, 2009) could help understand how an eating "disorder" could be reflective of a lack of balance, but how this does not necessarily mean the individual is ill—illness can co-exist with health, and balance is often understood as something to strive for (Ross, 2014).

Other Factors Affecting Well-Being

Participants shared that there are other things that affect Indigenous peoples' well-being. All participants shared that they are affected by *diabetes*. While many shared that they can experience health through illness, including having diabetes, their lives were negatively affected by the effects of diabetes. For example, Elder One shared how her mobility has now been affected by her diabetes, whereas others described restrictions in their food choices as an effect. Some participants shared that youth are more likely to be diagnosed with diabetes, which has been demonstrated through epidemiological research (Public Health Agency of Canada, 2011), and that this is likely to affect their health and well-being for the rest of their lives. High rates of diabetes were related to diets high in sugar, as well as highly processed foods. Elder Five shared that he thought the high rates of diabetes in Indigenous peoples in Canada were related to "canned foods", and Young, Reading, Elias, and O'Neil (2000, p. 565) stated that diabetes is often thought to be a "White man's illness", further demonstrating the effect of changes in access to food and shifts in lifestyle on people's health.

Many Elders shared that *Indigenous people are thought of as "sick"*, and that this affected how people thought of themselves and their people. Participants shared that such messages are communicated through the high prevalence of illness, and statistics often support this (AHRNetS, 2013). Participants shared that being viewed as "sick" leads to an internalisation of sickness, and further feelings of hopelessness and shame, thus directly affecting one's mental wellness (Health Canada, 2015). For example, despite debunking, the thrifty genotype hypothesis suggests that through one's genetic makeup, Indigenous peoples are inherently more susceptible to illness (Fee, 2006). This perpetuates discourses of sickness and weakness within Indigenous peoples (Fee, 2006).

With discourses that suggest Indigenous peoples are "sick", and few examples that suggest otherwise, it becomes very difficult for alternative narratives to exist. Elder Four was discussing

youth when he shared, "but it's hard for them to break away from the model if the model they see in their home can be 'everybody is large'; 'everybody's overweight'; 'everybody's got some kind of scar on them or something from violence or just the unsafe lifestyle'." This becomes the only route that people can take because there are no other available examples of trajectories. Elder Two shared that health cannot be achieved when there is jealousy, fear and shame. This Elder further explained that society creates an environment where Indigenous peoples are more likely to experience these feelings through representations in media (Aboriginal Justice Implementation Commission, 1999; Earle, 2013; MediaSmarts, n.d.), making health and wellness even more difficult to achieve. Elder two also discussed the effects of racism on youth, and talked about how he encourages youth to look past it because they cannot escape it. The Aboriginal inmates in Kingston Prison for Women (Sugar & Fox, 1990, p. 18) expressed that "the critical difference is racism. We are born to it and spend our lives facing it. Racism lies at the root of our life experiences. The effect is violence, violence against us, and in turn our own violence." Internalised messages about being sick, not being able to achieve as much as others, and constant exposure to racist dialogue can have detrimental effects to an individual's health and well-being (Paradies, 2006). Such discourses also allow policy makers and the general public to justify the continued colonisation of Indigenous peoples and their lands (St. Denis, 2007).

Recommendations

As the participants provided their thoughts on the concepts of body image, health, and healthy eating, although not explicitly mentioned within any interview, the importance of *culturally appropriate understandings* was highlighted. Whether this was through the process of explaining changes over time, or the current environments in which youth live. Elders explained that current expectations of health, body image and healthy eating do not necessarily align with First Nations understandings of these concepts. Therefore, in order to be relevant for youth, and in order to engage youth in dialogues about health and eating disorders, appropriate definitions of these concepts must be used. Current and popular models of health are not from an Indigenous lens, although are shifting to be more holistic in nature, and therefore do not adequately capture what it means to be healthy or well. If the concepts that are measured are not culturally appropriate to begin with, it is likely that all findings, outcomes and interventions will not actually meet the needs of the individuals for whom such initiatives are created.

All of the Elders shared ways that First Nations peoples, specifically youth, can engage in resistance or continue on their journeys to wellness. Some Elders discussed the importance of *making information accessible*, including information about physical health and nutrition, so that people can understand the food they eat and its effect on them; pregnancy and child rearing; sexually transmitted diseases; and how to prevent acne. However, they also shared that people need to learn about their history, their culture, about the Seven Grandfather Teachings, and they need to learn to find positive ways of coping with stress. Some participants shared that youth today look for immediate results and find it difficult to invest a lot of time for long-term change. It is important to make information relevant and accessible to youth, and to do it in a way that will not be perceived as an inconvenience (e.g., through the use of social media, through choices in language, by waiting until a television show is over before offering a teaching). Engaging youth in such processes might be one way through which this can be achieved. By making youth stakeholders in initiatives that are meant for them, it is possible that their investment and commitment to such initiatives will be increased, the initiatives will be well-received, their needs will be met, and outcomes will be sustainable. Moreover, considering popular discourses about Indigenous peoples (e.g., that they are "primitive" and "violent"; Media Smarts, n.d., para. 2), increasing opportunities for Indigenous youth to own and promote their health would increase agency and likely empower youth to be more proactive in their own well-being.

Having *more connection with youth* and *more positive Indigenous role models* were suggestions made by Elders. Elders seemed concerned that youth were somewhat disconnected and disengaged from learning about tradition. Elder Three shared, "I talked to my son there and I said to my son, you

know, 'You got to believe in—you have to go in the sweat lodge and you have to seek religion and you have to be nice to everyone.' And my son said to me, 'Dad, nobody thinks like you. Nobody thinks like that."' This tension may result from rejection of one's identity or lack of interest, or from value systems (such as caring for everybody) that seem to contradict Western values (such as taking care of yourself first). Connection and role models may help to resolve some of these tensions. Role models have been demonstrated to be important in positive youth development (Park, 2004). To be most effective, role models should be as similar to the youth as possible (Park, 2004).

Limitations and Implications

Limitations

There were several limitations to this project. Primarily, only one female Indigenous Elder participated, creating a gender imbalance. Considering how body image and eating disorders may affect girls and boys differently, having more female participants would have strengthened the study. Future research should seek to understand whether gender differences in the importance of ideal body image exist.

Second, only Elders living in Thunder Bay, Ontario were invited to participate. While several participants were originally from other areas in Northwestern Ontario, their perspectives likely were more focused on the experiences of living in an urban area. Because research has demonstrated that perspectives of ideal body may differ geographically (Gittelsohn et al., 1996; Marchessault, 2004), in order to best support youth from Northwestern Ontario (who often must come to Thunder Bay for services), future research should include perspectives and knowledge of Elders living in more remote areas.

Moreover, due to the convenience sample selected for this project, the perspectives of the Elders who participated are likely not representative of all Elders. More specifically, because the Elders selected were already affiliated with community agencies and organisations, it is likely that they all know each other, share similar values and beliefs, and have similar perspectives on health. Future research should consider a more diverse sample of participants in order to ensure a range of perspectives and to ensure a comprehensive conceptualisation of health and well-being.

Lastly, there was only one individual who engaged in the data analysis process. As such, the reliability of the data analysis process cannot be commented upon. Having said this, the researcher consulted with participants in order to make sure that themes were captured appropriately, and the conclusions of the project were reviewed with the larger research themes to ensure that the conclusions extrapolated from the interviews and the themes fit appropriately.

Implications

This research will be used to inform interactions with First Nations youth, so that the research team can better understand how youth connect with and define health; how they achieve and maintain health; how they define ideal body image and whether they desire to confirm to that image; how they define healthy eating and whether they desire to conform to that definition; how they perceive their ability to eat healthily; and how their perceptions of body image and healthy eating affect their lives. Moreover, to better support youths' experiences with eating disorders, appropriate and relevant definitions of eating disorders, their etiology, symptom presentations, and consequences must be understood. Using culturally relevant frameworks and recognising the complexity of explanatory models of illness and well-being should be a part of this process. Working with Elders and youth to gain these understandings is essential to rebuilding, maintaining, and increasing wellness for youth.

This research has also demonstrated the complex ways that health, body image, and eating have interacted with the history of colonisation to create the present conceptualisations. While individuals may recall different and more holistic conceptualisations while growing up, and these may have posed as protective factors, results from this project demonstrate that individuals are all affected by this history. As such, in order to achieve more holistic and balanced perspectives, information and history must be shared in engaging and relevant ways. Role models that can demonstrate others ways of thinking about oneself and well-being would likely be an

effective day of accomplishing this. Moreover, conceptualisations of health, body image, and eating are dynamic. As such, thinking that *going back* or *restoring* such conceptualisations would likely be inadequate and would marginalise the experiences of youth who are living a different reality than that of their Elders. Collaborative and empowering methods of redefining these concepts would likely meet the needs of all those involved, while at the same time recognising that each individual's needs will be unique.

Conclusion

This study sought to better understand First Nations Elders conceptualisations of health, ideal body image, healthy eating, and eating disorders in Northwestern Ontario. We sought this information from Elders because they are considered the holders of knowledge (National Aboriginal Health Organization, n.d.), and because their wisdom and stories are valued by others (Poudrier & Kennedy, 2008). Moreover, research related to Indigenous peoples often is offered in comparison to other groups (generally White samples), potentially furthering discourse about how Indigenous people are inherently different and contributing to problematic discourses of marginalisation (Smith, 1999). Allowing the knowledge of Elders to stand alone provides a platform for the celebration of wisdom, history, and culture that can exist outside of mainstream and Western knowledge (Smith, 1999).

Elders who participated in this study shared that health should be understood holistically, and the Medicine Wheel may offer a good framework. They also shared that health can exist through illness, and that present epidemiological statistics frame Indigenous peoples as particularly sick. These messages were thought to be harmful. There were discussions about how health existed prior to colonisation, and how health status, conceptualisation, and connection changed with the introduction of residential schools, the Church, and stores. Participants shared how, through the process of colonisation and current messages in the media, Indigenous people's body image has been negatively affected, creating a shift away from understanding beauty as health and balance. Disordered eating was thought to emanate from an internalisation of a thin ideal, from not feeling good about oneself, and from the use of food as a coping mechanism. Participants shared the importance of teaching youth in relevant and accessible ways, and noted that Indigenous role models need to be a part of this process.

Without an adequate contextualisation of Indigenous peoples' health, indigeneity will continue to describe peoples who are perceived as weak, sick, and in need of saving (AHRNetS, 2013; King et al., 2009; Kirmayer et al., 2003). Having to conform to Western models of health and well-being is oppressive, as it does not recognise or allow for other ways of feeling, experiencing, and being (Fellner, 2014). There needs to be resistance to these discourses, and Indigenous peoples should be the leaders in these initiatives; otherwise, the results may be continued colonisation and marginalisation (St. Denis, 2007).

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