FIRST NATIONS' EQUITY EXPERTS TALKING ABOUT DIFFERENTIAL TREATMENT, IDENTITY TENSION AND CULTURAL SOVEREIGNTY:

AN APPLICATION OF WEBER'S SOCIOLOGY

Mino-pimaa-ti-si-win … Nihn-wa-windwidji-da-ki-wema

(Living the Good Life … We are of the same Land)

By

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Abstract

Service providers, researchers and policy makers acknowledge that First Nations, and other marginalized citizens, encounter disproportionate barriers to being heard, feeling respected, developing trust, and accessing care that is appropriate. People experience differential treatment and related feelings; although there are laws, policies, and values to prohibit discrimination and bias. By way of examining and explaining differential treatment, social science refers to micro-inequities, multiple oppressions, entrenched colonialism and divisive social structures. The thesis enters into this scholarly dialogue to consider input by more than 100 First Nations equity experts. The thesis applies a Weberian approach in sociology as a method to gather information and as a lens to examine the concerns that participants raise. The student's interest to gather perspectives on a new framework in health studies, known as 'cultural safety,' was the starting point for the thesis. In particular, the student was interested to know the meaning and implications of cultural safety to First Nations people in Northern Ontario who have first-hand experience with marginalization in health delivery organizations. Prior to ethical approval, the student developed questions by way of engaging with 79 individuals in her personal, community (grassroots), professional, and academic networks. Questions to individuals and focus groups asked about seven focal points. These points of interest were culture, Anishnawbe culture, cultural difference and sameness, how culture maps onto identity, cultural safety, factors that negatively and positively influence cultural safety, and optimal healing environments. An optimal healing environment was prior defined by the student, to participants, as one that is equitable and keeps a person's identity and culture intact and unthreatened. Upon ethical approval in July 2013 by the Lakehead University Research Ethics Board (REB), the student asked a sequence of questions to132 interview and conversation discussants. Individual and group discussions, between August 2013 and February 2015, raised concern with differential treatment as a factor influencing identity (causing tension), cultural sovereignty (imposing on culture), and organizational environments (suboptimum conditions for healing). The thesis project exemplifies using Weber's ideal type methodology. A Weberian approach in sociology prioritizes using the words and meanings that people themselves use to explain their experiences and contexts. Using techniques of constant comparison and reduction; the student organizes the words by First Nations equity experts into a solution to the concerns they raise. *Identity tension* is put forward as a concept to describe a human outcome of differential treatment. *Mutual respect* is suggested as a transformative concept to reflect an encompassing theme. Mutual respect typology is described as a way of *being, knowing and doing*, using the words of First Nations equity experts who participated in the thesis based on their first-hand experience with marginalization. The thesis emerges a hypothesis for future consideration that *mutual respect may moderate (but does not necessarily solve or eliminate) the problem (paradox) of identity tension*. A next qualitative research step would be further defining mutual respect from the perspective of diverse people with power and privilege, but no first-hand knowledge of what it is like to be and feel marginalized. Another outcome of the thesis is the emergence of a mixed methods questionnaire. The questionnaire, readied for further field testing, is an opportunity to gather information that can later be rendered by way of factor analysis. Factor analysis is a statistical technique which would assist further clarifying and specifying the dimensions of mutual respect.

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This thesis journey and narrative involved several ethical review processes. Ethical commitments require preserving anonymity. Agreements prohibit naming individuals, organizations and First Nations. I am nonetheless grateful to all who stuck with me over a time frame that began in April 2011. This is when I began preparing graduate studies applications. Your practical, advisory and Spiritual supports have assisted me fulfilling my educational goals. My gratitude is as vast and eternal as your collective hearts and intellects. I experienced and grieved and moved beyond several emotional burdens and losses during the same time period; and several were related directly or indirectly to the thesis and its topical focus. Each emotional impact that dented the thesis journey and narrative contained within it some Spiritual guidance. Those teachings surely helped me grow as a human, and as an intellectual, in ways that bettered the thesis journey, narrative and writing. My thesis owes a Spiritual debt to those who assisted me by way of Prayer. For the giving, and the answering; I give thanks to our Creator.

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I want to thank my family, friends and colleagues. You have been by my side; and we share in common knowing first-hand what it is like to be, and feel, marginalized. My professional network has been vital to keeping me focused, productive and committed. I want to acknowledge but will not name the many close friends, family and community members whose lives passed, including some prematurely and others tragically; while I completed this episode of my thesis journey. One in particular is owed focused mention for his mentorship, Spiritual teachings, linking me with others, providing cultural knowledge, and empowering my identity as a First Nations woman and community member. Sadly, DS left this world for the next at the precise moment when I hit 'send' and electronically submitted my first draft thesis in October 2014. The first draft gave space exclusively to the voices of those interviewed. It was written using poetic license and cryptic creativity. The style is one I developed that optimizes readability by those grassroots community members who agreed to provide reflexive review. Importantly, I

wish to recognize my earliest academic mentors. Instruction by them and hands-on opportunities by their employing me, during undergraduate years (1983-1987) and my earlier life chapter of graduate studies (1987-1990) has rewarded me immensely over my lifetime. Foremost, they immersed me in practicing the disciplines of sociology, community development and evaluation. My mentors ignited a sociological imagination that my faith kept aglow; and through its embers they influenced my critical awareness of structural influences on human (inter)action, cognition, emotions and opportunity. My sociological imagination helped me reframe an uncommonly negative life, which otherwise would have defeated me. I am indebted to a long list of scholarly mentors: the late Dr. Frank Nutch, Dr. Roy T. Bowles, Dr. Alexander (Sandy) Lockhart, Dr. Greg Conchelos, Dr. Beng Chua, and Dr. Florence Kellner. Other academics who also serve as my lifelong inspirations to keep engaged with sociology, outside schooling, include Dr. Alan Hunt, Dr. Stephen Richer, Dr. John Cove, Dr. John Shepherd, Dr. Chris Huxley, Dr. James Connelly, Dr. John DeVries, Dr. Jared Keil, Mustafa Koff, Dr. Rod MacRae.

I pay intellectual homage to Max Weber, Charles Wright Mills, and Paolo Freire. Perhaps their resonance with me is due to knowing, as I know, what it is to be ridiculed for being different, exiled for speaking out, and ostracized for doing right. Weber is not the 'forgotten intellectual' (Neil McLaughlin's term) that some may believe; only is he the lesser emphasized classical theorist perhaps due to the complexity of his writing. During my undergraduate studies in the 1980s, I had decided that Weber's ideal type approach to social-historical analysis felt more open to divergence than did Durkheim's rules. To me, Weber felt more scientific in relying on empirical analysis in comparison with Marx's political critique that is somewhat empty of empirical referents. As well, Weber's way of approaching knowledge holistically holds, I feel, much in common with the framework of knowledge by Anishnawbe Elders that in modern day is referred to as the Medicine Wheel teachings. Charles Wright Mills can be said to follow in the tradition of Max Weber. He translated one of Weber's books, in partnership with Hans Gerth. Mills also took up the same project to consider the complexity of social totality while at the same time keeping close to what can be observed and measured empirically. In coining the phrase, *sociological imagination*; and in articulating the promise, value, tactics, and strategy of *intellectual craftsmanship*; Mills kindled within me a "quality of mind" (Mills, 1959). Mills reinforced my aptitudes for inquiry and writing that surely have afforded me important life and vocational opportunities: "To write is to raise a claim for the attention of readers. That is part of *any* style. To write is also to claim for oneself at least status enough to be read." (Mills, 1959: 218). As a community development professional I was turned toward Paolo Freire's teachings, including as articulated in *Anishenēwe Machitawin* (Sainnawapp, Winter and Eprile, 1984). I remain centred in an approach to citizen engagement that centres on hope and pushes beyond the margins to achieve a common ground. The mutual respect typology which First Nations equity experts propose by way of this thesis is, perhaps, one such common ground.

> "To inhabit an ambiguous self requires courage…
> Through education we invite one another to risk 'living
> at the edge of our skin,' where we find the greatest hope
> of revisioning ourselves." (Boler, 1999: 199).

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Chapter One – Introduction

Aim of the Thesis: Applying Weberian Sociology to Concerns about Healthcare

The thesis uses a Weberian approach in sociology to explore concerns raised during conversations and interviews with 132 First Nations citizens in Northern Ontario. Stories are an asset to scholarly enterprise when they contribute to examining "how our modes of seeing have been shaped specifically by the dominant culture of the historical moment" (Boler, 1999: 179). By way of purposive and snowball sampling procedure, participants were selected who have first-hand experience with marginalization. Contributors responded to questions about cultural safety; and their answer focused on relations of difference, exclusion, and racism which seem to permeate the experiences of those trying to get care. By reflection of content analysis of interviews and conversations, this thesis refers to these relations as *identity tension*. All discussants share in common that they spoke from the position and viewpoint of experiencing, witnessing and/or advocating against relations of difference, exclusion and marginalization, and racism. Two exemplary quotes by First Nations women participating together in a group interview reflect how this thesis is an opportunity to demonstrate how Northern Ontario First Nations equity experts exercise their voices and their skills of resistance:

> **Demonstrating the voice of resistance:** "In my earlier life, I used to let comments ride. And now I may give a retort; and say something back. (Storyteller, 2014)
>
> **Demonstrating skills of resistance:** "I was able to advocate for myself. I also advocate for others. And it is having a ripple effect." (Storyteller, 2013)

The thesis intentionally limited participation to those who speak from a viewpoint of direct experience with marginalization and a vantage point of readiness to resist marginalization. Weber's ideal type method and techniques of qualitative analysis are used to organize interview content into a framework of strategic values that reflect a major organizing theme in the study – *mutual respect as a solution to identity tension*.

In addition to defining culture on their own terms, contributors' responses point to the problem that cultural stereotypes, discrimination and an uneven distribution of power and privilege are at work in Western-styled health and social caring settings. The thesis takes as a starting point the theoretical viewpoint that individuals who are marginalized and those with power and privilege will view and experience situations differently. Each party to the encounter will attribute cause and perceive effects differently when asked to describe and explain what happens in a care relationship that a person seeking care believes has been disruptive, involved wrongdoing by the person providing care or their administration; and/or resulted in negative outcomes to the person seeking care and their pride of identity, interpersonal relationships and reputation; and cultural sovereignty within the health organization.

Those interviewed spoke from the vantage point of persons who know marginalization first-hand. Their cultural identity or affinity is First Nations. They explain how the typical 15-minute sessions do not work well with a 'getting to know you' approach that is more favourable to First Nations people. They pointed to additional contrasts between the mainstream context of health and social caring and the healing and wellness culture, realities, and preferences of First Nations people living in remote and isolated reserves and traditional Lands throughout Northern Ontario. They discussed these

contrasts as being important to them and their families and communities; and not only in the sense of being points of discomfort for people like them who are marginalized. Rather, they discussed these significant contrasts as being points of contention in that those who are privileged and have power in the context will "see things differently," with the tendency to "focus on some shortcomings or inferiorities in those who are marginalized." The thesis writer searched databases of published literature using search terms that reflected the themes raised during interviews.

Discussions in published literature by contemporary sociologists and indigenous studies scholars are consistent with the general perspective of Weberian sociology that involves looking for foundational differences between cultures and discerning how these differences influence ways of being, knowing and doing within health system encounters. In the published literature are found analogues to the voices of those interviewed. The published literature agrees with those interviewed that there are differing perceptions and interpretations of what goes on in encounters between a marginalized and privileged person in the encounter within these mainstream organizational contexts. In contexts of cultural pluralism, these differences in perception and interpretation cut across the categorical distinctions of race, ethnicity, skin colour or other superficial markers of cultural identity. Those who were interviewed, and analogues in the published literature, draw out what appears to be a contrast between *grassroots culture* on the one hand and the *culture of biomedicine, bureaucracy and consumerism* on the other hand. Those interviewed point to the marginalizing influence of a cultural identity that makes three things central and serves to disadvantage access to respect within the health system.

These three central points of cultural contrast that disadvantage First Nations access to equity in the mainstream (biomedicine, bureaucratic, consumerism) health system are: The Land and connection with the Land (vs. institutionalized health organizations); informal ways of knowing (local knowledge vs. curricular knowledge); and spending time (being there in the same attitudinal space, or ethos, as the person seeking care). An exemplary quote illustrates this focal contrast:

> In the native culture … treatment is a long process of getting to know somebody, learning to respect them and all of that. And at the time, when the clinic is ready, they will tell you. Actually the best thing to do, which is totally against the grain of Western medicine is that with health delivery teams they don't go in there and book people one at a time and do an assessment. They just go in there and then they visit people. They don't ask, ''What's wrong with you?' or 'Are you having a problem with this?' They just visit and have tea. They go for dinner. They help them cook and clean house. If you allow them to tell you what their problem is, when they're ready; then you'll get a better working relationship. Whereas if you go in there poking at them, asking, 'Where is it that you're sick now?' People feel like a piece of meat that you poked. (Storyteller, 2013)

Thesis participants clarify through their involvement in conversations, interviews and field visits with the student that cultural sovereignty is sustained, health outcomes improve, and more optimal healing environments are built by establishing a wider personal and holistic context of health that provides an equivalent space and credibility to these Anishnawbe ways of being, knowing and doing that denote mutual respect in the terms of First Nations equity experts who were interviewed..

Three salient themes emerge from interviews as distinguishing Anishnawbe cultural sovereignty and healing ways from Western-styled approaches. These themes are connections to Land and all humanity (*all my relations*); lifestyles that differ from consumerism lifestyles (*local knowledge*); and willingness to know the person's needs

from where the person is at in their own space (*being there*). These three themes taken together are defined by participants as a way of knowing, being and doing that denotes *mutual respect*. Participants in conversations and interviews believe mutual respect is a key to preserving the integrity of identity, sovereignty of culture, and optimization of healing environments.

This thesis takes up the Weberian invitation to build a typology using participants' thoughts, expertise, advice, perspectives and conclusions as the building blocks. The thesis uses techniques of induction, abduction and synthesis from qualitative methodology to thematically organize and conceptualize the interview content with close affinity to the phrases and meanings of those interviewed. These techniques fulfil Weber's method of the ideal type. The ideal type method is used in the thesis to represent the three mutual respect dimensions (local knowledge, all my relations, and being there) as mutual respect is viewed by thesis participants; and as a solution to the problem of identity tension that was the starting point for the thesis. The viewpoint of those engaged in interviews and conversations by this thesis is that mutual respect is a solution to their concerns about differential treatment, the tendency of those with power to explain away differential treatment as not happening or not happening in the way perceived by those who are marginalized; and the consequential threats to the cultural sovereignty of Anishnawbe ways of being, knowing and doing.

Introduction to Weberian Sociology: A Brief Overview

A Weberian approach takes the perspective that theory, methodology and observable social reality are in a constant interplay; and that humans and their environments are subject to change when being observed. This notion of continuous

interplay among theory, method and social reality is also foundational to Grounded Theory Approach, which Barney Glazer and Anselm Strauss introduced to sociology in 1967 (Dr. Frank Nutch, PhD., personal communication, 1986). Max Weber's general perspective acknowledges the importance of culture, and cultural difference, as a factor explaining access to resources like power, privilege, high positive regard, and being seen as credible and hard working. Weber's theory reflects his collection and analysis of exemplars across time and geographic space that shows people behave and interact based on what they give (and take) as the purpose and meaning to their own and others' actions. Further, Weber's viewpoint is that people will reflect purpose and they will denote meaning to their experiences; and their perceptions of those experiences, in ways that reflect their positioning (place) in the macro-sociological scheme of things. Further, Weber's general theoretical view would hold that people in an organizational context may receive differential treatment and encounter inequitable access to important resources (e.g., time to listen, perceived credibility of knowledge) based on their positioning within, and their affinity toward, the predominant social groupings, knowledge hierarchies, and worldviews in that context.

In sociology, a Weberian methodology is referred to as an interpretive approach. An interpretive approach focuses the sociologist's attention on discovering how people themselves give meaning to their experiences and situations. A Weberian methodology also strives for political and ethical neutrality. The intention of neutrality is to circumvent that participants' phrases will be unwittingly fit into preconceived concepts, ideas, perspectives and conclusions. This first and foremost principle of Weberian methodology in social research, which places primacy on the words and reflected meaning of those

researched; is why the literature is searched not only to guide the study; but foremost to guide the interpretation of what is important within the findings. In other words, the literature review that is done after the findings are compiled is more important to conclusions of research because it is uniquely guided by the perspectives of those interviewed and what they see as purposeful and meaningful in their interpretation of their experiences and those of their families and communities. Weber, and some of his followers, organize these differing meanings into a typology that aims to clarify and specify how differing social locations (macro-level considerations) actually 'frame,' and therefore 'influence,' the actual meanings that people give (and sociologists may hear) when participants examine their micro-level experiences in their everyday encounters. This thesis takes guidance from Weberian methodology to also build an ideal type; which reflects on the interview content. The ideal type is developed and presented as a starting point for further conversation; in knowing the short time span for completing a Master's-level thesis is not sufficient to complete the conversation and confirm the full breadth of perspectives among those who experience marginalization in health and social caring contexts.

A Weberian theoretical approach as used in this thesis takes the position that joint social action (also called micro-level experience) is the first unit of sociological analysis. Weberian sociology makes joint social action the first-order unit of analysis because unlike broader structures (e.g., culture) joint social action can be directly and subjectively observed, meaningfully operationalized, and logically reasoned. Weberian sociology as applied in this thesis considers the historical, structural and ideographic context of joint social action as a second-order of analysis. Cues to help discern what is going on in joint

social action can be found by clarifying and specifying the context of joint social action; and the interview content is relied upon for doing this in this thesis. In this way, Weber's framework acknowledges how intentional and unintentional actions are patterned by and embedded into collective structures. Weberian sociology conceives of broader structures as 'frames,' which influence perceptions, perspectives, choices, and consequences of peoples' actions and their relationships with one another and with their environments.

In this thesis, an example of joint social action is when there is a dialogue or an encounter between a treatment provider and a person seeking care. National culture, community culture and organizational culture are examples of collective structures. In sum, the view from Weberian sociology is that people act with intentions; these intentions may be influenced by cultural differences; such cultural differences in turn are influenced by the way power and status gets unevenly distributed among differing cultures; the distribution of power and status is contemporaneous to a given context; and contexts differ by reference to historical, structural and ideographic factors (conditioning influences). In specific application to this thesis, Weber's argument would be that differential treatment and resulting identity tension are mediated by cultural differences which privilege some and disadvantage other ways of being, knowing and doing.

Thesis Background and Context: A Weberian Journey of Qualitative Rigour

In following Weber's interpretive methodology of meaning-seeking, the student began her thesis journey by asking for others' input on community, policy and academic priorities. Between April 2011 and August 2013; and prior to completing the procedures for ethical review within academia, the student engaged with 79 individuals within her personal, community, professional and academic networks. Early engagement within close

networks was an opportunity to define priorities, identify a topic, and consider questions to focus interviews.

Engaging within her networks, the student learned how a new cultural safety perspective was emerging into health system consciousness by way of policy conversations and the dissemination of health research. Analytically, the student contemplated and reflected during conversations with others how cultural safety perspective closely resembles the general perspective of sociology, as sociology is presented by Max Weber and his follower Charles Wright Mills. In the 1980s cultural safety had developed as a conceptual framework for the analysis of power relationships among health professionals and those they serve. A Maori nurse, Ramsden, in New Zealand considered the term appropriate to reflect how Maori people felt dissatisfied with the ineffectiveness of non-Maori health services to respond to their needs. Ramsden (1988) promoted cultural safety as ranking above cultural awareness and cultural sensitivity in propensity to improve relations and outcomes of healthcare in contexts of cultural pluralism particularly those involving an indigenous power minority and non-indigenous power majority. In similar fashion to Weberian sociology, the cultural safety framework takes into consideration how historical and structural differences and power relationships influence interactions involving a provider and recipient of services. As a variously marginalized person, the student at first felt an affinity for the cultural safety perspective based on her experiences with health services that are unwelcoming, disruptive and oppressive. Cultural safety diminishes in conceptual fortitude when using a lens of Weberian sociology to interpret feedback by First Nations equity experts. Cultural safety is cumbersome due to overlooking Weber's general rule that makes joint social

action a first order of analysis and collective structures a second order of analysis. Cultural safety remains descriptively and analytically useful; however, it is difficult to measure. Consequently, the student placed considerable emphasis on deriving a way of asking about cultural safety that stripped it back to a first-order analytical level.

Drawing on the sociologies of Max Weber, and his intellectual follower Charles Wright Mills, the student wondered if the unique geographic, political and social-cultural context of Northern Ontario was a relevant basis of contrast for perspectives on cultural safety. This curiosity led the student to organize a thesis around an intellectual interest to first clarify what cultural safety involves, in the first order of analysis; and subsequently to discern if cultural safety is perceived differently in Northern Ontario in comparison with published studies examining contexts outside Northern Ontario.

Taking these curiosities as starting points, the thesis implements a qualitative methodology wherein questions were worded and sequenced by reference to early engagement within close networks. Questions were further refined by way of input from the preliminary conversations and interviews with individuals and groups, between August 2013 and November 2013; and this was after receiving ethical approval by the Lakehead University Research Ethics Board. Questions asked about culture, Anishnawbe culture, cultural difference and sameness, cultural safety, positive and negative influences on cultural safety; and environments that optimally support healing.

The thesis project purposely avoided using either a complex questionnaire or a highly structured survey guide. Rather, the student used the same sequence of simple questions with all participants. The student used an empowering approach known as action-orientation to demonstrate her openness to hearing viewpoints that either diverged

or affirmed existing academic, policy and medical viewpoints on cultural safety/unsafety. The student is adept at community-based research due to being a seasoned community development professional with more than 30-years combined academic, grassroots and policy experience. Ethical approval was received by the academic community in July 2013. During conversations of varying length and formality between August and November 2013, 94 individuals gave input to further refine a way of asking about the thesis topic and community priorities. A purposive sample of 17 individuals was interviewed between November 2013 and February 2014. Purposive sample participants made referrals to an additional 21 interviews, which the student followed-through. This was the snowball sample. The threefold inclusion criteria involved: 1. Knowing first-hand what it is like to be marginalized, as a person; 2. knowing the experience of being disrespected or mistreated without cause of disruptive behaviour; and 3. knowing how it feels to be discounted or invalidated in care experiences because of a hierarchy of privilege and power, which permeates organizations that deliver medical services.

Chapter Overview: Plan of the Thesis

The thesis is a presentation of selected content of interviews and conversations, which engaged 132 First Nations equity experts. The thesis considers their perspectives on differential treatment, identity tension, and the mediating influence of a cultural attitude such as mutual respect. The thesis is presented in three parts that together comprise six chapters.

Following the introduction, the first section reviews the theoretical and methodological approach of Weberian sociology. Weberian sociology is the lens which

focuses all phases of the thesis. The second section is a review of key concepts. This section draws on interview voices (Anishinēwe Machitawin) and discussions excerpted from the relevant sociological literature. A Weberian approach in sociology places strong emphasis on setting the historical, structural and ideographic context of a given social problem and a forecasted social solution. In light of the Weberian emphasis on context factors that frame joint social action, subsequent chapters in the second section describe the historical, structural and ideographic context that influences differential treatment, identity tension and the mediating influence of culture (and cultural difference). These chapters also present information from the interview and conversation participants; and where appropriate this primary research is enhanced by reference to the secondary research in the literature.

The third section presents and discusses the main contribution of the thesis, which is the use of Weber's ideal type method to present the words of those interviewed. Their words emphasize solutions. Their solution lays out mutual respect as a cultural attitude with three dimensions. The three-dimensional ideal type of mutual respect is proposed as a common ground strategy that will moderate differential treatment and mitigate identity tension. Prospects for future research are discussed within the final section. At the early stage of working through a qualitative project of this magnitude, the ideal type method draws out the common ground and brackets (for future investigation) any significant contrasting voices. Contrasting perspectives that are bracketed are looked into during later episodes of the spiraling process of grounded inquiry. "If you are interested in a career where things get finished quickly, or at all, take up knitting instead" (Dr. Sandy Lockhart, PhD., personal communication, 1984).

The thesis emerges a hypothesis for future consideration that *mutual respect may moderate (but does not necessarily solve or eliminate) the problem (paradox) of identity tension*. A next qualitative research step would involve that mutual respect is further defined from the perspective of diverse people who have power and privilege, but no first-hand knowledge of what it is like to be, and feel, marginalized. Another outcome of the thesis is the emergence of a mixed methods questionnaire. The questionnaire, readied for field testing by way of the thesis, is an opportunity to gather information that can later be rendered by way of factor analysis. Factor analysis is a statistical technique, which would further clarify and specify the three dimensions of mutual respect in the ideal type.

Chapter Two – Weberian Theoretical Approach

The thesis is an application of classical and contemporary approaches in Weberian sociology. The *intellectual promise* of the thesis is to apply Weber's general perspective and method. "Weberian analysis can be considered a distinctive *approach* to knowledge, a way of thinking about social, political, cultural and economic phenomena" (Scaff, 2014: 3). This chapter reviews the theory and general approach of Weber's interpretive sociology.

First, this chapter reviews the general perspective introduced into sociology by Max Weber in the late 1800's and early 1900's. This chapter next briefly considers how Charles Wright Mills modified Weber's approach, during the 1940's, 50's and 60's, by melding a critical intellect and embedding political action directly into theoretical enterprise. Weber preferred to separate politics and social criticism from his scientific work of clarifying and specifying the conditions under which humans will act, in one or another way; and the related consequences of their actions, which are either expected or circumstantial.

Finally, this chapter introduces readers to contemporary (today) versions of Weberian sociology. Contemporary sociology, which follows and embeds Weber, is reviewed more thoroughly in the fourth chapter of this thesis. In addition to reviewing the main concepts that formulate the thesis topic and focus, chapter four takes a closer look at 'context' as a defining element in Weberian theory. By way of a cursory overview of modern Weberians, chapter two quickly considers 'context' (historical, structural and ideographic), which Weberian sociology makes prominent as a second-order realm of

social analysis. Viewed through a Weberian lens, context is a key mediating factor in human relations involving differential treatment and identity tension.

Max Weber's Viewpoint on Human Behaviour in Diverse Social Contexts

Max Weber is a classical period theorist, methodologist, historian, legal scholar, and behavioural economist; he placed joint social interaction, values and meaning-seeking at the centre of his theoretical enterprise; he focused equivalent attention on discerning differences that impact human behaviour whether at the level of national cultures (macro-lens), or religious sects (meso-lens), or administrative organizations (micro-lens); and Weber was known to advocate and support equality for women and racialized and indigenous peoples (Gerth and Mills, 1946: ch. 1; Swedberg, 2003: 285-287). Weber's ideas are embedded into modern intellectual scholarship, which makes theory an instrument to signify, clarify and specify the conceptual and practical (multi-dimensional) relations between context, values and joint social action. Fulbrook (1978: 71) explains the continuing relevance of an interpretive approach to sociology today: "Weberian sociology…and its internal comparative analysis [by attention to chains of circumstances], and interpretations have useful implications for contemporary sociological debates and approaches" (Fulbrook, 1978: 71). Scaff (2014:4-7) who is an expert on Weberian theory, describes six criteria that demarcate a uniquely Weberian approach.

A Weberian approach is one which is holistic, multi-level, multi-causal, concrete and clear, historical and comparative; and, finally, reflexive and self-conscious (Scaff, 2014: 4-7). These criteria are also principles of human-centred community development, and Anishnawbe worldview (Anishenēwe Machitawin). This alignment between Weber and the student's worldview and culture may explain why the student who is a First

Nations woman and community development professional finds affinity with the Weberian interpretive approach in sociology. In particular, the student finds affinity in Weber's emphasis on meaning-seeking that involves affirming the credibility of local knowledge over the outsider viewpoint. The student also finds affinity in the characteristic flexibility of a Weberian approach to the modeling of human society. Weber's flexible approach to concept formation and theorizing involves using the ideal type method. In sum, these characteristics make Weber's interpretive sociology a good fit for this thesis, which aims to explore concerns raised about differential treatment in health organizations from the perspective of First Nations equity experts who know first-hand what social, political and cultural marginalization feels like and its impacts on them and their families and communities.

Weber's teachings remain relevant to 21st century sociology; and more broadly to social science; and to management and organizational studies. Scaff (2014: 2) explains that "Weber's ideas…found their way into the perspectives of the human science[s], …the language of public discourse…, [and] theoretical elaboration, … through practical applications to contemporary circumstances." Tijsterman and Overeem (2008: 73) reason that "Weber clearly counts as one of the most important authors in the field of public administration" due to the "paradigmatic status of his accounts of bureaucracy and freedom;" and, these authors point to a recent "emergence of the concept of the 'neo-Weberian state' due to "renewed attention to public (service) values" by management and organizational studies (Tijsterman and Overeem, 2008: 72). "The work of Max Weber has been a continuous source of inspiration for social scientists during the twentieth century … and there is renewed interest in the role of values in human action" (Rijks, 2012: 55).

Clarifying and specifying how values play into human action is important to a thesis which takes, as a policy focuses, the contrasting interpretation of values that appear to arise in contexts involving infractions of human rights law and policy by treatment providers toward those seeking unbiased judgments and non-prejudicial care from them.

Paraphrasing Scaff (2014:3-4) and Fulbrook (1978: 71-72; 81) [1] the philosophy which underpins Weberian sociology points to a dynamic interplay between conditioning influences (factors) that are external to individuals, that is "structure" (e.g., institutional and normative collectives that may facilitate or constrain choices) and influences that are more internal to individuals and joint social action, that is "subjective intentions" (i.e., individual meanings and intentions) that are ascribed to (inter)actions in contexts (Scaff, 2014: 3-5; Fulbrook, 1978: 71-72; 81). Intellectually and pragmatically, Weber points to a continuous interplay between macro-level processes (i.e., the abstract realm of ideas and intangible structures) and micro-level experiences (i.e., the concrete ground of human feelings, action, and relationships).

Verstehen is the term used for this Weberian emphasis on seeking to understand the meaning of action from the actor's perspective; and this emphasis draws on a certain philosophical viewpoint. Weber makes "meaningfulness of social action of individuals … the starting point of sociological analysis… and considers concept formation to be essential… for describing relations of domination (or 'authority') at the micro-level by way of analysis of large-scale social processes" (Sass, 2014: 5-7). Weber insisted on a "multi-causal analysis that navigates complexities of human phenomena; and is at the

[1] Contemporary theorists and analysts may prefer to reject Weber as outdated, outmoded, and out of fashion; however, Fulbrook (1978: 81) cautions against this: "Weber's methodological discussions were directed toward the controversies of his time, and his arguments were conducted in terms of the parameters of these controversies."

same time reflexive – self-conscious – in developing conceptual clarity within inquiry, analysis and conceptualizing (Scaff, 2014: 3-5). Linked into verstehen, for Weber, is the emphasis he places, as following scientific method, on ethical and political neutrality. In light of Weber's emphasis on value neutrality within quests for understanding and explaining social phenomena, he advocated that intellectual inquiry remain separate from political activities; but his life and work outside scholarship was politically engaged (Scaff, 2014; Gerth and Mills, 1946; Swedberg, 2003) and he espoused political ideals and an interest in community betterment (Swedberg, 2003).

Weber with his focus on macro-micro interplay and its interpretation in the words of those involved in that interplay, provides a forum to debate modern cultural problems by way of "a sociology that places the problem of 'meaning' at the center of its concerns … [and] is capable of dealing … with …structures and symbols, material interests and normative orders, economic conditions and ideal aspirations." (Scaff, 1993: 850). Weber resolved contradictions in forms of being in the world by conceptualizing them into typologies known as "ideal types." In this thesis, Weberian sociology is used as a lens to discern, clarify and specify whether divergence in lifestyle, life conduct and social honour across micro-cultural localities (i.e., treatment provider and treatment recipient) will create meaningful differences in the way health and social caring services are allocated by providers and experienced by those seeking care.

Daniel Bell (1996: 35) critically examines a key contribution to sociology by Max Weber, which is the idea of an "ethos, also referred to as calling that provides elective affinity between character and one or another historically situated social structure."[2] Using

[2] Mills writes in collaboration with his associate Hans Gerth and draws on this Weberian contribution in their book *Character and Social Structure: The Psychology of Social Institutions,* written in 1953 and

the term "cultural attitude," Tubadji (2014) further develops this Weberian idea of ethos. A cultural attitude is a "locally-specific rationale that influences choices of what to do, how to be, when to relate, with whom, and on what terms to relate with others" (Tubadji, 2014: 56; 63); its use in studies of rigorous design will "facilitate comparative analysis" (82) and is useful "to correct and improve the predictive power of the endogenous growth model" (82). This notion of cultural attitude, or ethos, is foundational to the mutual respect ideal type that this thesis proposes by way of conducting some analytical renderings of the content of interviews and conversations with 132 First nations equity experts who have first-hand knowledge of what it is like to be marginalized in organizational encounters within the health system in Northern Ontario.

Charles Wright Mills and the Addition of Critical Praxis to Weber's Approach

Weber's problem-informed approach influenced Charles Wright Mills (Smith, 1983: 11; Eldridge, 1983: 112; Horowitz, 1983; 88). "Charles Wright Mills (1916-1962) was one of the most influential radical social theorists and critics in twentieth century America." (Smith, 2009: 1; 1999). "Like Weber, C. Wright Mills looks to the problematic relationship between the individual and society; wrestles with the nature of power; and is concerned with social stratification" (Eldridge, 1983: 23-4). Mills' made "lasting intellectual stimulus to others… by way of his discussions of power" (Eldridge, 1983: 112), his "outrage at the oppression he saw around him" (Horowitz, 1983: 88), and his critique of imperialism and apathy (Horowitz, 1983: 7).

Smith (2009: 11) draws on Eldridge's biographical discussion of Mills' work (1983: 112); which concludes Mills' legacies in sociology. Mills' legacies are described

comprehensively reviewed by Rick Tilman in his book about Mills' Life, subtitled *A Native Radical and His American Intellectual Roots* (1984).

by Smith (2009) as being influential within critical theory, political science, education studies, and health research. Mills and Weber each share this in common also that their teachings span across the boundaries of social science, political science, education studies, health studies, and other domains of intellectual inquiry and action. Paraphrasing Smith's (2009) summary of Eldridge's reflections on Mills' legacy is as follows: Mills fused American pragmatism and European sociology; Mills contributed innovative insights to the sociology of knowledge; Mills was a prolific writer who offered a wide range of studies; Mills applied a perspective that was historical, comparative, detailed and empirically grounded.

Mills differed from Weber by his juxtaposition of politics and critical intellectual inquiry with scientific enterprise, social modeling, and theory-construction. "Unlike Weber, and much of mainstream sociology, Mills writes from 'the standpoint of radical social change, not of fashionable sociological neutrality' (Smith, 2009; 1999: 4-5). Weber's political and ethical neutrality, which differs from Mills, is not to be discredited; in that he positioned that value neutrality was a way to keep research unspoiled by either political action or community organizing.[3] A close review of the differing biographies of these two intellectuals provides insights into their respective decisions on the importance of neutrality within scientific inquiry; and the impacts on their intellectual reputations of

[3] Close reading of biographical chapters in Gerth and Mills (1946) and Swedberg (2003) reveal Max Weber's political engagement, as well his vocal and personally disruptive opposition to patriarchy. In particular by gaining familiarity with Weber's family relationships and his closeness with many women mentors, it is revealed that Max found distaste and showed resistance toward his father's oppression of women and Max's mother included. This contradiction between Weber's "cultural attitude" and the general spirit of maleness and patriarchy of his time is further illustrated by knowing, from a close read of Gerth and Mills (1946) in particular, how Max engaged with the emerging feminist movement. Weber was approached by a woman colleague and he offered her support in becoming the first woman to formally engage within military leadership. Weber was also invited on occasion and served as keynote and supporter within the rising feminist movements, engaging with their legal and political discourse as part of ther forums and meetings.

the independent choices that they each made. This biographical information and its pertinence to their differing views on theoretical enterprise is beyond the scope of this thesis; however, this student encourages readers to closely review the biographical details of Weber and Mills for the rich evidence that those biographies provide to understand their similarities and differences as scholars and activists. The common ground between the two intellectual sociologists is their interest in comparative research that would clarify the structures, processes and outcomes of inequality and its impacts on human identity and sovereignty.

Craig Calhoun and Troy Duster (2006) are quoted in Scanlan and Grauerholz, 2009: 3-5) as describing Mills' work as "opening up new pathways for paying critical attention to public problems while also shaping the eventual rise of the new left .. by advancing social justice and real-world solutions to the problems confronting all corners of the planet." Inspired by the European influence of Max Weber, as well as American pragmatism, Mills (1959) contributed three general constructs to sociology. One is the 'sociological imagination, which he defines as a way of viewing. The second is 'intellectual craftsmanship,' which he defines as a way of doing. Third, Mills explores power relationships as a way of being. Mills' view on power involves connecting private troubles and public issues; Mills' sociology of power is to examine who are involved making decisions or failing to make decisions as "the basic problem of power" (Mills, 1954: 195; 1958; 1963:23). Writing with Hans Gerth (1954: 195) Mills defines power as the resources including fear, rational calculation, apathy, loyalty and a range of other motives that influence whether a decision is made or an action is taken." The focus on motives (intention) and related values (apathy, loyalty, etc.) is derived from Mills'

working together with Hans Gerth in their mutual publication, *For Max Weber*, which translates Weber's most prominent collections of writings (Gerth and Mills, 1946).

In common with Weber, Mills took aim at discerning the real-world troubling conditions that led people to act in one or another way. Mills did this by applying a lens to distinguish and examine, and analytically consider, the implications of whatever complex linkages could be perceived and measured among the historical, structural and biographical coordinates of social problems; which for Mills were simultaneously personal problems. In this thesis, the social-personal problem is that some people, in particular people with direct experience of marginalizing factors about them, receive differential treatment by health and social caring providers who have direct knowledge of (un)earned privilege; and differential treatment undermines identity, relationships and cultural sovereignty in ways that are disruptive to achieving optimal healing environments. The teachings of Mills, as following Weber, are a useful and relevant framework to understanding and overcoming such a social-personal problem as the one which focuses this thesis.

Like Weber, Mills used constant comparison and techniques of induction and abduction. Mills applies these qualitative approaches to theory-construction as ways to reduce massive compilations of qualitative information, sometimes scribbled haphazardly into his notebooks; but apparently well-organized within his scholarly imagination by way of his intellectual craftsmanship. In making sense of what could be observed and measured in the realms of his research, Mills also followed the general logic of Weber's sociology. This logic was to develop typologies from analytically rendered qualitative

details; and to also make use of quantitative information that could be obtained and was relevant to the problem or change-effort that was under consideration.

Like Weber, Mills focused his attention on power stratification. Mills was curious about differential access in the worlds of his experience by marginalized people (and nations). Mills noticed; and he actively resisted (and vocally rebelled), any unfairness in opportunity structures. Many of Mills' manuscripts, and the numerous letters he wrote to his colleagues and prominent leaders,[4] exemplify his active retaliation against differential treatment toward a 'marginalized other.' By way of reading biographical evidence about Mills, the student draws into consideration within this thesis chapter some personal insights about Mills' active intention to change the world rather than merely (as Weber) to clarify the dimensions of inequality, or potential points of intervention, by way of using a neutral research enterprise and theory-construction. Mills (1959: 193) says, "I do not believe that social science will 'save the world' although I see nothing at all wrong with 'trying to save the world' … If there are any ways out of the crises of our period by means of intellect, is it not up to the social scientist to state them? .. It is on the level of human awareness that virtually all solutions to the great problems must now lie."

Consequently, Mills focused his attention and writing; and entered into the public stage of political and intellectual debate; on agendas of community betterment. Mills saw community betterment as actively changing the structures which fractured access for

[4] Mills' writings that take the critical voice and point to the importance of a lens of change, and not only discernment, include *The Power Elite* (1959), *The New Men of Power: America's Labor Leaders* (1948), *The Causes of World War III* (1958), *Listen Yankee* (1960), Mills' address to the Mental Health Society of Northern California, titled *Work Milieu and Social Structure* (1954). Mills' welding of political activism and sociological research is also apparent within his letter-writing to his vast intellectual network and others (*Letters from Readers*, *Organization Men* written by Mills in 1957; and his collected letters as published in 2001 under his name by his daughters Pamela and Katherine.

some, while bolstering access for others, to resources. Mills considered political activism not as a separate function from research; rather, Mills saw it as necessarily embedded into, if not the driving purpose *of* research. Autobiographically, Mills describes himself in *The Sociological Imagination* (Mills, 1959) in ways that illustrate these differences from Weber; in that Mills saw no contradiction between value neutrality, as a general principle of research, and his active and transparent political engagement wherein he exercised his critical judgment, for example, toward power brokers (and a biased state politick) which may be implicated by way of sociological analysis in the problems of his, or any, times (and place).

By contrast with Weber, then, Mills' abandons neutrality; and he infuses in its place an active and radical commitment to political movement and also to ethical outrage. Mills does this, perhaps, due to how he was himself systemically marginalized in various ways within academia and broader society. In this way, by measure of the student's conclusion made during a 1983 introductory sociology lesson at Trent University; Mills weaves together sociology's foundational concepts and theories with an agenda of social change. In doing so, Mills foreshadows the specialized profession of community development. A discussion of the origins and history of community development is however beyond the scope of this thesis except to illustrate this bridge between Mills and the student's professional career over 30-years beginning as a student assistant to such published scholars as Dr. Sandy (Alexander) Lockhart and Dr. Greg Conchelos; and learning social impact assessment as a research assistant to Dr. Roy T. Bowles. Important to the current thesis is the way Mills' idea, following Weber, that effective sociological analysis involves considering the intersection of biography (personal background),

structure (placement in the social-political scheme of access to resources, for example), and history (broad ideologies that weigh-in on the credibility of one or another lifestyle and its manifestations by human actors). This general theoretical perspective on human social behaviour is illustrated by a careful consideration of Weber, Mills, and others who follow in the tradition of Max Weber's interpretive sociology.

New Weberians: Rehearsing Weber for Today's Times and Problems

Instruction by qualitative research experts Denzin and Lincoln (2008: 2) draw awareness to the affinity of Paolo Freire's community development and liberation theory with the teachings of Charles Wright Mills and his mentor Max Weber. The scope of this thesis is not a place to consider the intellectual trajectory that may link Weber or Mills to Paolo Freire's now famous adult education approach.

Like Mills into Cuba, Freire entered into the economically depressed and socially and politically marginalized communities within Brazil. Freire's aim was to engage the marginalized people of Brazil into mobilizing their own literacy, so they could advance action toward their own human rights. In this way, Freire differs substantially from Mills in that Mills takes a more overbearing approach of *doing for and raging on behalf of others*; whereas Freire responds to the issues from the stance of knowing, by his own experience, that empowerment is the end result of autonomous acts that outsiders may facilitate but ought to leave no trace of themselves in doing that (Greg Conchelos, Personal Communication, 1985).

Freire also differs from Weber in that Weber restricted his political action primary to the realm of intellectual debate. Weber debated political issues and social differentiation as a cause for change within close circles of well-to-do people who had no close

familiarity with what it is like to live without either power or privilege, on the margins of society; where chances are few and far between to get much by way of a kick at the can of success. Freire does however share in common with Mills this sense of marginalization. By review of biographical information in *For Max Weber* (Gerth and Mills, 1946), Mills is the son of a traveling salesman and a mother who managed a home and had no outside employment to earn an income independent of Mills' father. Mills walk of life differed vastly from the typical graduate student; as well his life, his ways of speaking and being in the world; and thereby the ease of his access to opportunities differed considerably from any professor or man of business during Mills' short lifespan.[5]

Freire devoted his career to mobilizing a sense of hope among oppressed people who are marginalized from the stage of world politics and economic prosperity; and who collude or resist that the supremacy of bureaucracy and consumerism threatens their way of life, manners of living and the validity of their worldview and ways of knowing the world. Freire influenced the development in Northwestern Ontario, Canada of a uniquely Oji-cree approach in community development: Anishenēwe Machitawin. Translated into English, Anishenēwe Machitawin means human-centred community development.

Radical humanism was the central focus, approach and objective of Freire's pedgagy Freire is quoted by Lake and Dagostino (2013: 122) for his belief that "human relationships have suffered because they have assumed a spirit of manipulation and instrumentality and have lost their sense of connectedness and relatedness: There is no sense of solidarity in modern society… except based on mutual usefulness… As such,

[5] Mills died suddenly from heart disease at the age of 46 in 1962; yet he had written prolifically by the time of his death; only, he did not have time to mature intellectually or socially in ways that would afford him a fair opportunity to edit his work; and continue his legacy; or venture into subject matter which were opening a wider lens of critique on human rights, civil rights, and other forms and forums of citizen empowerment beginning in the 1960s.

humans have become bewildered and insecure rather than strong and secure… capable of liberating both themselves and others." Freire's impact on developing and implementing Anishenēwe Machitawin was indirect. It happened that some of his students and followers influenced or were directly involved with a Toronto-based adult education facilitation group known as the Participatory Research Group; and several of its members (one who is a colleague of the student) began consulting in Big Trout Lake First Nation and Kingfisher Lake First Nation. Ultimately one of the group, Paul Eprile, worked closely with two local people (Noah Winter and Bill Sainniwapp); and the communities. Their work led to writing a small book under the title *Anishenēwe Machitawin*; all this transpired during the late 1970s through to the 1990s (Greg Conchelos, personal communication). Like the tradition of sociology owing lineage to Weber and Mills, community development aims to decolonize humanity, respond to social issues and transform political oppression.

Freire aims at a two-fold objective of eliminating the culture of silence and mobilizing a humanist political consciousness of hope (Cruz, 2013: 169-182). Freire's root action philosophy (praxis) is that bringing socially dominant and oppressed groups together to work and learn across divisions will gradually erode distinctions between oppressors and oppressed (Smith, 1997; 2002). Freire contributes three concepts to the thesis narrative, and in alignment with Weber, Mills; and the main results of the thesis (a mutual respect ideal type). Freire's three contributions are his belief in common humanity, his aptitude for un-silencing voice, and his turn to reflexive-transformative inquiry.

Paulo Freire is not a direct follower or student of Mills or Weber; but like Mills, Freire immersed himself in critical pedagogy (Cruz, 2013: 169-182; Aronowitz, 1993; McLaren and Leonard, 1993; Kincheloe, 2008) and pragmatic theology (Reynolds, 2013:

127-140). Like Weber, Freire's ideas reflect Hegelian philosophy (Lake and Kress, 2013: 13-22). Freire is also best known for his influential work, *Pedagogy of the Oppressed* (1970). In common with Mills, then; who Weber influenced; Freire is aligned with the pragmatists and phenomenologists (Smith, 1997; 2002). Freire also figures prominently in the domain of qualitative and post-colonial methods. Consequently, Freire serves as a relevant voice within critical scholarship, politics and education for change; and these commonalities with the theoretical enterprise of the student's thesis project service to hold this place for Freire to close this chapter and introducing the next.

Chapter Three: Weberian Methodology and Qualitative Methods

This chapter orients to methods and methodology. It reviews principles of community-based, participatory and emancipatory research and community development; as these are seen to align with Weberian sociological method; and Weberian method itself is considered to align with some defining characteristics of Anishnawbe worldview. The ethical and cultural principles that guided the thesis journey, narrative and presentation derive from Weberian methodology; as his sociological method influenced qualitative sociology and a grounded (emergent) approach to knowledge construction. A methodology is designed toward the purpose of applying a Weberian approach and reflecting Anishnawbe worldview in a project that aims to clarify dimensions of an important political and social problem; and define some points of intervention (mutual respect) that may resolve the problem.

The chapter also looks at how stories (a basis of evidence) were gathered. It reviews the ethical commitments, patience, approaches and techniques that facilitated (and sometimes disrupted) the student's trustworthiness, access, participation and respect in contexts where conversations, interviews, site/field visits, and observations were completed in collaborative fashion; and recorded either digitally or by hand-writing into journals; or using the most ancient recording device of oral narrative into the student's memory coiffures.

The chapter also introduces participants without breaching ethical commitments to confidentiality, full anonymity, privacy and non-disclosure. Roles taken in the project are described. Briefly reviewed in this chapter are procedures that related to design, execution, troubleshooting and finishing the thesis project. Finally, self-reflexive thoughts are

presented about the limitations of the design, doing and presenting of the thesis journey and narrative.

Discussing the interpretive theoretical research practice of "critical personal narratives," Denzin and Lincoln (2008: 13) open space to bridge the historical gap between classical and contemporary sociology. As well-established experts in qualitative sociology, and empowerment approaches within intellectual inquiry, Denzin and Lincoln (2008: 4) celebrate an affinity they notice between the interpretive approach in sociology and the logos of post-colonial inquiry:

> Interpretive research practices … create the space for critical, collaborative, dialogical work…of resistance, critique and empowerment… [and] disrupts taken-for-granted epistemologies, by privileging indigenous interpretive … and inquiry practices" (Denzin and Lincoln, 2013: 4).

An affinity between post-colonial and indigenous worldviews and those of sociology are purposeful to a thesis, which aims to apply Weberian (interpretive) sociology to concerns that First Nations people, who were interviewed, raise about healthcare inequities.

Overview of a Weberian Approach to the Gathering and Analysis of Evidence

A Weberian approach, which also reflects the approach by Charles Wright Mills, by route of Mills' calling to follow his European mentor; links theory and method in continuous dialogue. Mills (1959: 195-226) emphasizes that the "quality of mind that is a sociological imagination must achieve an appropriate level of maturity to adequately equip for intellectual craftsmanship, neither … are seen as being restricted, and neither are they a guaranteed attribute." Stated similarly in contemporary literature, the "role of "participant-conceptualizer" (Bennet, et.al., 1966) "provides a basis for a role for … community

participation in decisions that affect them… [to be a] norm and … value… recognized in policy development… [using a] method [which is] reciprocal, dynamic and iterative in nature" (Bishop, Vicary, Browne and Guard, 2009: 111; 113; 118). As well, Weber and Mills advance the perspective that first-hand accounts of human experiences in complex social worlds must also intertwine with the theory-method intersection. Methodologically, this tripartite intermingling of theory, method and empirical evidence means detecting and collecting traces of human problems within the contexts of human experience using whatever methods make sense to the circumstances and evidentiary requirements. Weber's lens of inquiry conjoined theory and method with an empirical world that is riddled with ambiguity and complexity (Crawford, 2006: 401-2; 419; Rijks, 2012: 60-61; Wallace, 1990: 215-220; Scaff, 1993: 846; Scaff, 2014: ch.1; Tubadji, 2014: 62-65).

Scholars in disciplines including sociology acknowledge Weber for his teachings on a *general method*. Weber advances the analytic and ethical importance of a politically neutral interpretation of the intention (volition) and context (constraint) of human action; its meaningfulness as differs by reference to locality and situation; and his valuing the ideal type, which is a method to clarify and specify the conditional influences that create variation within and between culturally bound economic contexts and have individual-level impacts (Scaff, 2014: ch. 1; Tilman, 1984: 42-50).

Postcolonial perspective engages dialogue about the appropriateness of forms of information gathering that involve indigenous peoples, vulnerable populations, and sensitive topics that are potentially controversial and upsetting in communities of any size (Denzin and Lincoln, 2000). Weber's teachings on political-ethical neutrality and reflexive self-restraints that bind those entering into webs of research action are

instructive. These teachings are relevant to contemporary postcolonial epistemologies that promote indigenous ownership, control, access and partnering into decisions about ethical protocols and decision-making. Counterpoint, that is, to Weber's view is a stance within post-colonial inquiry that aligns more with Mills' perspective of using methods in research that are politically aware of differentiation that disrupts equity; and ethically transformative of perspectives within joint social action by diverse humans in complex situations.

This thesis therefore follows a logic of research design and practice that is open to embedding into research a reactionary agenda. Embedding a reactionary agenda into research, or at least the potential for reaction to wrong acts and disadvantage that may be observed in the contexts where research unfolds; allows that the logical extreme of value neutrality will disrupt the capacity of scientific inquiry to clarify and suggest points of intervention into complex factors which inhibit the societal equity that is embraced as a universal human value (Weber, 1949: 61-103; 164-177). Denzin and Lincoln (2008: 2) call for such a reform of indigenous methods through a "re-grounding of Paulo Freire's (2000) pedagogy of the oppressed in local, indigenous contexts." Drawing on Freire's theatrical model of consciousness-raising, Denzin and Lincoln (2008:2) explain further that post-colonial theoretical and conceptual projects "must be ethical, performative, healing, transformative, decolonizing and participatory." In this sense, Paolo Freire's liberationist theory is appropriate to meld into a research design and methodology; as was the case for this thesis. A research design, methods and approach to implementation is open to a reactionary agenda. A reactionary agenda intentionally, or by coincidence of findings, strives to go beyond scientific description, or explanation; and instead

emphasizes transformation. Weber's general teaching aligns with this approach to distancing from neutrality; because his first principle is verstehen. Verstehen places primary emphasis on the meanings, and interests, which those most closely affected by a social problem will bring to bear on a research interest. In the setting of this thesis, what those interviewed bring to bear on the research focus is an emphasis on transforming complex barriers to equity that they experience and witness. It is not enough to explore, examine, describe or even explain these barriers from a stance of ethical neutrality; because this would go against the meaning and implications of the research to the participants themselves; and this would break Weber's first and foremost principle.

Community-Up: Ethical Meaning-Seeking through Even Collaboration

A 'community-up' approach in research "emphasizes the importance of looking/ observing and listening in order to develop understandings and find a place from which to speak" (Denzin and Lincoln, 2000: 98). As described in the earlier part of this chapter, the thesis involves intentional deviations from a stance of ethical-political neutrality. The thesis transparently admits to an emphasis on reactionary agendas. The thesis strives to draw attention to social injustice; and by way of solution-building, the thesis uses and organizes words by contributors to delineate an ideal type that is a tool for mobilizing change. An intentional deviation from political and ethical neutrality means there is a heightened importance placed within the thesis on the open declaration and description of the procedures and outcomes of ethical approval.

The first ethical approval involved following First Nations principles. It was a time of early engagement within personal, community networks, professional and academic networks to decide a topic, issue and focus; and consider a way of asking; and the right set

and sequence of questions. During this time, the student also garnered support letters and the related authorizations to do this work involving area First Nations. The student approached and received support letters or e-mail endorsements from several First Nations political entities, official networks for redressing health access and system design; some First Nations and mainstream health agencies; and collaborating First Nations communities.

A second ethical approval involved the standard process through the Lakehead University Research Ethics Board (LU-REB). An added requirement was a risk and safety protocol in partnership with Nodin Child and Family Initiatives, which is an agency funded by Health Canada. The protocol equipped within existing resources that participating communities and individuals could access. Participants were notified of resources that are readily available to them as registered First Nations within the Indian Act; and these resources would help them if their inclusion in the thesis project ever contributed to social disruption or disease of their holistic wellbeing.

Snowball sampling, which was by way of a first-order referral by one in the purposive sample of individual interviews, led to a third level of ethical approval. This third order ethical approval was navigated within an organizational context outside academia and within Northern Ontario. This ethical review was successful in opening the gateway as was referred by the purposive sample participant; an Elder and opinion Leader; and it required the student to guarantee full anonymity to any participating entity at every stage of the student's project including those already underway.

Pausing to interpret findings and write was an opportunity to contemplate alone; and within groups; and it was an opportunity also to engage reflective feedback. This

ethical process included that a summary overview of the thesis was translated into Syllabics and then circulated both in English and Syllabics within an open call for feedback. The open call was in addition to focused feedback by academic, community and personal networking. Several presentations including one to a First Nation Council and community; are included within the pause to organize the information that had been gathered, and write.

Ethical commitments, which comprise the student's orienting framework as a community development professional, are presented in this chapter. The student's ethical intentions, and related commitments align the thesis with "a pedagogy of emancipation and empowerment … that encourages struggles for autonomy, cultural well-being, cooperation, and collective responsibility…[and] that … groups own the … process. It speaks truth to people about the reality …of lives… to resist oppression… moves them to struggle, search for justice." (Collins, 1998: 198-199). During the thesis journey, the student openly presented, in written and verbal communications, her ethical commitments:

- **Ethical Intention One is Mino-pimaa-ti-si-win – Offering Knowledge, Improving Wellness:**
    - This first and foremost intention is to contribute to the good life – Mino-pimaa-ti-si-win -- by offering knowledge for improving wellness.
    - This motive involved engaging others to share stories about health system encounters involving them feeling marginalized.

- **Ethical Intention Two is for Engaging Contributors to Talk about their Priorities using their words:**
    - This intention extends from Weber's first principle of interpretive sociology and research that places primacy on the purposes and meanings which people give to the situations of their experience, to joint social action.

- This intention also derives from Neufeld's (2003) review of contexts of First Nations research:
  - Geographic remoteness and other factors unique to Northern Ontario and First Nations may influence perceptions, communications, practices and encounters involving organizations and institutions.

- **Ethical Intention Three is to be supportive not directive of participants and the process of emerging stories, concepts, themes and an ideal type:**
  - This third and final intention involves the student's accountability to make the project responsive to priorities.
    - For example, contributors identified a need for a checklist for measuring disruptiveness by treatment encounters.
      - In light of this intention, and ethical commitment; a checklist was developed as a higher order priority over the writing of a thesis.[6]
    - Potentially such a checklist involves participants interacting from positions of both privilege and marginalization whether earned or unearned.
      - For this reason, the checklist strives for neutrality of voice; and equally can be completed by individuals with first-hand experience with either marginalization or disempowerment OR power and privilege.

Communicating and honouring these ethical intentions was used as a way to create a safe space. Creating a safe space for research is further discussed later in this chapter.

[6] Appendix 1 is the support letters as were presented within submissions for ethical review by Lakehead University Research Ethics Board (LU-REB), completed July 2013; and an unnamed organization in Northern Ontario, completed January 2013.

Project Collaboration: Facilitating Access, Engaging Participation and Balancing Ideas

The qualitative methodology reflected principles of human-centred community development, Anishenēwe Machitawin; and this also contributed to creating and sustaining a safe space throughout the duration of the thesis project. Community development holds much in common with and is informed by Weberian sociology; in that it is a participatory, emancipatory and non-hierarchical approach to gathering and making sense of information for purposes of community betterment.

A qualitative, two-phase participant recruitment procedure was implemented. A first wave of information involved a purposive sample. Purposive sampling is a type of non-probability sampling (Craven and Coyle, 2007). It involves identifying one or more individuals and/or groups to interview (Craven and Coyle, 2007), by selecting from an existing network (Handcock and Gile, 2011; Given, 2008). Purposive sampling is similar to a 'Delphi' method of identifying people who are known to have a lot of knowledge and expertise on a topic (Handcock and Gile, 2011). Purposive sampling differs from 'delphi' (or key informant) techniques in that the additional requirement is for those in the purposive sample to be opinion leaders or have other known and established capacities to not only provide a referral but also facilitate that the referral is viable in that a next interview and additional, ongoing, referrals will result (Handcock and Gile, 2011). The technique is relevant to an exploratory project when a stated purpose is to get a sense of types or diversity in units of analysis; or when a large population is being sampled for in-depth information (Craven and Coyle, 2007).

Those pre-selected were individuals and groups that are known to the student, familiar with the student's credibility, available and agreeable to meet with the student;

and considered by the student or others in the student's networks to be knowledgeable about equity and barriers to equity; as well as themselves knowing what it is like to be treated in marginalizing ways within broader Canadian society or the health system in particular. Contributors to the purposive sample were seen as having knowledge about the topical focus (as defined in Chapter One) and contexts (as defined in Chapter Two).

Referrals were requested or offered spontaneously by those in the purposive sample. This second wave engaged a snowball sampling process. The snowball sample branched outward from a core group of pre-selected participants (Delphi). In the realm of qualitative sociology, the referral aspect of a purposive sample is termed snowball sampling. Referrals may be to another individual or group. The effect is to interview or to gain an additional opportunity for doing fieldwork. Fieldwork is a location where relevant observations or access to cultural immersion and improving contextual familiarity with insider perspectives may result. Contributors to an interview who extend the sample by making referrals are the first-layer of the snowball sample. Contributors to interviews that follow from the first-layer are the subsequent (outer circle) in the snowball sample. Purposive and snowball sampling are not new and not unique to qualitative methods. Their earliest use is attributed to the *Columbia Bureau of Applied Social Research* that Paul Lazarsfeld directed and employed Charles Wright Mills (Handcock and Gile, 2011).

Implementing these recruitment strategies involves establishing criteria of inclusion and exclusion. Inclusion criteria can be grouped into core criteria and peripheral (or less vital) criteria. The **core inclusion criteria** were as follows: is a person, group or organization with First Nations identity; has relevant knowledge (or expertise); is recognized by others for topic or context expertise; is willing and able to share time, space

and knowledge; is fluent in English or provides an interpreter (student had no resources for interpreter fees), and is seen as key decision-maker in community, organizational or political sites; and knows first-hand what it is like to be marginalized. Peripheral inclusion criteria were: is likely able to provide and support follow-up referrals to "next best persons" or "other relevant groups" or is a person, group or organization that approaches directly or indirectly to be included.

Core exclusion criteria were: residing outside the defined geo-political area; unaffiliated in advocacy or by membership with Nishnawbe Aski Nation communities; has chronic health issues creating heightened risk of psychosocial vulnerabilities that falls outside the terms of the ethically approved and sponsor-assisted Risk Protocol; or ; is a primarily academic or biomedicine system voice. The academic and biomedicine system voices are reflected within a published body of literature and including these within the interview frame would deviate an intention to test for alternative explanations and themes than are found in their literature. **Peripheral exclusion criteria** were unintentional. These include: gaps in financial resources, short time frames available to complete a thesis, unpredictable weather and related flight and other travel delays and changes (including a lengthy 'weathering-in'); and everyday pressures not the least of which were several major life upheavals in the student's life and lives of participating community members.

Creating a Safe Space for Project Collaboration and Input: An Ethical Guideline

An ethically safe space is one where differing worldviews and perspectives are affirmed. Safety was supported by using informed consent and actively inviting freedom to decide or refuse to contribute; and to change decisions at any time without objection. A

Risk Protocol was an additional safeguard. It is included as *Appendix 2*. Safety was reinforced by three additional strategies.

One strategy is crafting a collective voice.[7] Elders advise how divisiveness disrupts the good life; so the thesis strived (but may not have succeeded) to avoid divisiveness. Anonymity also supports safety. Anonymity was guaranteed by the thesis; except by way of a thesis committee which reviewed early drafts that sometimes disclosed details about contributors and other participants, both core and peripheral; when the writing exercise clipped directly into the thesis from transcribed interviews or research journals and did not get edited out carefully before sharing early drafts for review and feedback.

Honouring local knowledge helps create a safe space. Participants view 'extra stimuli of academic or bureaucratic concepts, theories and phraseology as dishonoring local thoughts, knowledge, interpretation; insights, time and trust.

> "When we have meetings, in the community; involving other First Nations; and everything is clear on what the Elders are saying, what the communities want to see happen because the people have expressed themselves in their language and people understood what it is that they wanted to do. Then when outside politicians become involved, and we need their involvement; a meeting is organized in an urban environment with the same Elders and same First Nations. But in the report that gets written from that meeting in the city you no longer can recognize what it was that the people were trying to do. Everything fizzles out. My analysis of that is once you remove people from their culture; once you remove them from their environment; then things just get convoluted. You begin to no longer recognize

[7] In crafting information as a collective voice, mostly this has excluded 'outlier' information (extreme divergence). Excluding outliers is premised on appreciating the potential disruptiveness of unique or controversial opinions. A larger and more diverse dialogue group would either extinguish or enrich and saturate such extremes. These 'outliers' are kept for future consideration since the project's intention and commitment has been for minimizing disruption while at the same time discomforting identity tension and putting in its place mutual respect.

> what initially was so clear at the community level."
> (Storyteller, 2013)

Conceptualizing using words of those interviewed finds academic support beyond 1900's sociology by Weber. For example, in a recent article entitled "Don't Argue with the Members," which is written by seasoned sociologists Jaber F. Gubrium and James A. Holstein (2012: 95); authors explain how "arguments with members emerge when researchers replace or challenge members' actions or meanings with their own or other exogenous understandings." This constructionist principle originates with sociologist Mel Pollner (1978; 1987; 1985; 1996; 2001) who studies labeling theory, narrative mapping of social worlds, and identity from an interactionist perspective using grounded methods.

Starting Points: Designing a Project and a Mobilizing Feedback

The stated objective for the thesis was to facilitate interviews and gather perspectives about the meaning and implications of cultural safety to participants and their families and communities. The thesis student who is a community development practitioner and policy professional, engaged with individuals, groups and communities to gather stories over a timeframe of 17-months. Story-gathering proceeded using a flexible project methodology. Contributor-analysts responded to questions. Questions emerged by way of collaborating within personal, community; professional and academic networks. This networking by the student was done both prior to entering into the field and throughout the thesis journey. A responsive interviewing approach was used. An open-space was facilitated. Using open space involved the student drawing on her well-established skills in facilitation, trust building and project management.

The stated intention referred to the student's interest in conducting an education project that would involve gathering stories, writing a thesis, achieving educational and career goals, supporting participants to achieve their priorities, considering equity gaps, and furthering a transformative agenda of community betterment. This intention was communicated in writing by way of formal letters, e-mails, and phone calls; and at the outset of each engagement (prior to ethical approval) and interview/conversation (after ethical approval) encounter. A qualitative and exploratory research design was used. The design is described in this manuscript as a 'thesis journey' because the student takes the approach of deliberately unfolding a process by way of ongoing collaboration; this is a way of keeping focused on the priorities of those most closely involved with the thesis and its purposes. In the context of this thesis, it was the 132 individuals who shared their perspectives, as First Nations equity experts, who are most closely affected and therefore guided the thesis process.[8]

The project was paced by considering mutual locational and temporal availability of the student and other core participants. Intended timelines were sometimes adjusted. Adjustments were needed to keep true to ethical commitments and community-driven priorities. As well, there were factors like geographic distance, busy schedules, and encumbrances on resources; and community or family issues that prolonged some timelines. These factors created delays that influenced the gathering stories, the pausing to write, and ultimately the presenting of an adequately-written thesis draft.

The student took the role of facilitator, tutor, lead narrator and coordinating analyst. These are roles in keeping with the liberation theology of Paolo Freire, which the

[8] The exploratory method uses grounded conceptualizing (Glaser and Strauss, 1967). Consequently, findings (interviews, interpretations, and an ideal type) guide the selection of what Weberian-informed literature to review, which makes aligns findings with contemporary debates in sociology.

student learned through over years mentoring and developing professionally as a community development practitioner.[9] The student takes roles of contributor-analyst and lead narrator of the thesis journey. The acknowledgements section specifies who took roles advising, sponsoring and supporting the student. Direct participants are protected by the anonymity provisions. Those protected include individuals, groups, agencies and communities. Core and peripheral roles, which participants took, are outlined below.

CORE ROLES FOR THOSE PARTICIPATING IN THE THESIS

- **Advisors:**
    - Contributors during early network engagement
    - Purposive sample that was interviewed
    - Those who read drafts or an Abstract (in English and Syllabics) and provided feedback during the pause to write
- **Referral interviews and conversants:**
    - Snowball sample who were interviewed
    - Snowball sample who offered conversations
    - Site visits, field visits and tours that allowed discussion, note taking and reflective feedback
    - Some network engagement both prior to and after ethical approval

Conversants are those providing feedback informally, *in-situ*; and at events and other happenstance locations; or by request as an alternative to digital recordings. Many in First Nations contexts objected to what they described as "a lot of paperwork" and were ways that "put many community members off." Interview participants are those providing individual, dyad (2-person), triad (3-person), small group (existing networks and

[9] The role of facilitator-tutor also finds space in the Problem-based Learning approach by Harvard University and McMaster University that is used in university-based learning, evaluation projects within the public service and as a grassroots approach in adult education (David L. Lewis, 2015: Personal Communication).

committees), and community (teams) interviews. Some agreed to be recorded using journaling approach; some agreed to digitally recording their words; and others agreed to speak with no recording either paper or digital. Conversants and those interviewed are positioned as contributor-analysts. This is because the student believes fundamentally that people who *live an experience or situation* know it best.[10]

Other participants took more peripheral roles as sponsors, supporters and bystanders. Some bystanders provided information indirectly through others; or they gave feedback indirectly by offering reading materials they deemed to "said it all in there already." This strategy was favoured by native language speakers due to the limitation that the student lacks fluency in Ojibway, Oji-cree or Cree languages. Some peripheral bystanders took scrutinizing roles. The project became subject to scrutiny and objection by some onlookers. Peripheral scrutinizing created disruptions and delays. These needed to be mitigated; and the moccasin trail, Tobacco or Prayer were used as resourceful strategies to mitigate interference and continue the thesis journey. Scrutinizing also sometimes created a buzz that could be celebrated.

PERIPHERAL ROLES FOR THOSE PARTICIPATING IN THE THESIS

- **Sponsors:**
    - Those providing direct funding support to the thesis or tuition and fees
- **Supporters:**
    - Those providing letters of endorsement
    - Those opening gateways to interviews, site visit, tours of sites; and field visits for observation and cultural immersion

[10] I also believe by my experience that creating a safe space and being viewed as trustworthy by demonstrating trustworthiness and accountability is a safeguard against being misled by participants wanting to appear socially desirable and thereby not telling it like it is as cautioned for example by Ostertag (2010: 831).

- **Scrutinizers and other bystanders:**
    - Those who commented indirectly and through channels that orienteered back to the student
    - Some seemed to see the thesis project as cause for concern
    - Some even took a counter-reactionary stance that was disruptive and at times delayed progress on the thesis gathering stories and being written

Ultimately, core/peripheral roles and the declared intentions of the student's project were able to coalesce; and the thesis was written in reflection of varied interests at stake.

Networking before Ethical Approval: Designing a Way of Asking and Sampling

Prior to ethical approval the student engaged with her personal, community, professional and academic networks to consider priorities, narrow a topic, design a way of asking; and define inclusion/exclusion criteria for sampling; as well that a purposive and snowball sampling approach would be used. In sum, this is the general approach that the student implements as a community development practitioner and policy professional. A thesis proposal and submission to the Lakehead University Research Ethics Board culminates the early engagement; and included a general overview of engagement prior to ethical review. After ethical approval was completed, in July 2013; is when the interview and conversation phase of the thesis, for gathering the stories that would inform the thesis findings; commenced. During the active story-gathering phase of the thesis is when the student facilitated 132 interviews and conversations; with individuals and groups.

Core participants taking roles as contributor-analysts in group and individual conversations and interviews involved a total of 132 individuals. The total participation in the purposive sample was seventeen (17). This represents participation by nine

communities, three tribal councils, and six organizations. The total participation in agency-related group processes was fifteen (15) people in three groups. Two were in urban sites and one involved an institution committee. Six group interviews involved between 4 and 8 participants. Two were in urban settings and four were in community. The student facilitated ten formal interviews, and five were digitally recorded. In addition, the student engaged conversations with 109 individuals, 7 dyads (14 people) and 3 triads (9 people). Eighteen conversations allowed the student opportunity to record information into my project journals. Prior to each connection, the student stated the personal and academic purposes of my projects. The student has a well-developed memory of experience and conversation; which she has developed over 30-years in roles within community development, qualitative research, stakeholder consultations, and facilitating policy and social change conversations.

During early engagement between March 2011 and February 2013, three groups (established networks engaging multiple communities and agencies) were identified and participants contributed ideas as part of dialogue. Two are enduring; and one is project based and temporary. By referral during the course of doing the thesis one group dropped off participating due to members' objecting the project; and several community-based groups were identified. These were planning, administration, advocacy and work groups. Individual and group interviews were facilitated with representatives. Participation was always less than 100% explained by busy schedules and competing priorities.

Site visits involving nine (9) community locations in two tribal council areas provided opportunities for cultural immersion, language exposure, being on the Land and experiencing health and social caring in true reflection of foundational Anishinawbe

principles. The student was engaged in opportunities to observe or participate in community processes and situations. Field opportunities also included a tour of one hospital site with an active cultural safety program and a second hospital where a cultural safety initiative is formally emerging. Second-hand accounts were given by core contributors for five other hospitals and health delivery agencies where NAN communities encounter services. Field visits were used as opportunities for presentations within local processes where the student was invited. In addition to site visits, the student made three formal presentations. Formal presentations were as follows:

- One presentation placed me as a discussant to a fourth year women's studies:
  - It focused on place and placement in research
- One impromptu presentation was requested during a university meeting:
  - It focused on an overview of my thesis project methodology
- One presentation was required for the student to gain entry into a remote site:
  - It focused on similarities between Weberian sociology and Anishnawbe world views; and was an opportunity to build rapport.

Anonymous Profile of Interview and Conversation Participants

Information of a demographic nature was deliberately not gathered or recorded in a systematic way. This stemmed from the importance of anonymity and confidentiality. As well, the student's perspective is that asking such questions would cause her to feel she was imposing and creating a burden of research. Also, such a line of questions during an oral interview would likely be perceived as objectionable by those participating.

Information is inferred about the participating contributor analysts. The range in age is from 18 to 88; and most are in the 45-67 years old age group. Their gender is naturally split about 50/50; but more men than women were interviewed. This is probably

explained by referrals to community staff and leadership and there are more males than females in these positions. Some express their identity as two spirited. Being digitally recorded and signing a lot of paperwork was overwhelmingly opposed by people who were approached, including some who ultimately agreed to sign-off the paperwork. All paperwork is securely filed in accordance with the ethical requirements.

Among the 132 individuals there are only 3 who are not First Nations heritage; and these individuals were part of natural networks. Their participation reflected the inclusion-exclusion criteria. There were no physicians or academics, also reflecting inclusion-exclusion criteria. One referral to a medical provider who is a community member and lives in a distant province could not be followed-up within the available timeframe. Some academics were suggested for inclusion and were not contacted because this fell outside of inclusion criteria. What all shared in common was direct experience as a First Nations person, or person embraced within the First Nations community; with what it is like to be marginalized and to witness others being marginalized. All are experienced with various social problems in different ways. **Professions reflected the following:**

- Administrator/CEO
- Cultural experts
- Educator
- Nurse
- Social worker
- Counselor
- Advocate
- Politician
- Leadership (community chief/councilor and board members)
- Elder
- Service leader (e.g., health directors)
- Consultant
- Support staff/Administrator
- Clergy
- Living a traditional lifestyle
- Parenting / informal caregiving
- Not working

There were 17 of 132 in the purposive and snowball sample who are living in the urban setting on a mostly permanent basis. There were 4 who are back and forth. There were 113 who are on-reserve exclusively and in the noted region. Politically active in being aware of the issues and prepared to voice their interests are 100% of those participating. Varied faith orientations are perceived by the student-researcher's awareness to be reflected; inclusive of gospel, Catholic, Anglican, not practicing, Medewin, other Traditional, just native; and some who walk in all worlds without division on their mind or intentions. Several indicated during interviews that they personally or those within their family group or close relatives are residential school survivors. Others talked of family, friends, and other community members whose lives were lost due to suicide and other tragedies; there was a sense during discussions that relations of difference, exclusion, and racism; and marginalization involving broader society robs people of dignity and their pride in identity and is a factor in self-harm and other community disruptions.

The logarithm below is an outline of the purposive and snowball sampling approach, purpose/outcomes, timeframe and numbers contributing during each phase. The logarithm maps the thesis journey into five phases. These phases are listed below:

1. **Phase 1:**
    - Engage, Mobilize and Gain Entry to Field
2. **Phase 2:**
    - Ethics Review
3. **Phase 3:**
    - Gather Perspectives
4. **Phase 4:**
    - Pause to Write
5. **Phase 5:**
    - Angle (Contemplation and Reflection)

LOGARITHM: PURPOSIVE AND SNOWBALL SAMPLING PROCEDURE

Gathering Input about Marginalization and Provision of Care in Northern Ontario

PHASE	POINT OF CONTACT	PUPOSE AND OUTCOME	TIMING	#
ENGAGE, MOBILIZE AND GAIN ENTRY TO FIELD	**Student's Personal, Community, Professional and Academic Networks**	• Discussions to focus topic considering three context factors: (1) cultural safety framework; (2) first-hand what it is like to be marginalized; (3) witness/advocate against marginalization	Apr/11-Aug/13	43
	↓			
	Lakehead courses, events **In particular:** • *Problems and Issues in Sociology,* Graduate Seminar • *Bridging the Gap – Innovative Treatment Options for Rural & Northern Communities,* Sept. 28/12	• Review/feedback of preliminary proposals (e.g., "Strangers in Care Networks") • Frame to sociological theory • Identify supervisor	Aug/12-Nov/12	15
	↓			
	Leaders, decision-makers and gatekeepers with First Nations and healthcare organizations	• First Nations ethical review • Align to policy/ community priorities • Endorsement letters • Authorizations • Travel funding agreement • REB Submission	Nov/12-Apr/13	21
	↓			
ETHCS REVIEW	**RESEARCH ETHICS BOARD, Lakehead University**	• Ethical approval	Apr/13-end-Jul/13	2
	↓			
GATHER PERSPECTIVES	**Participate in meetings/events**	• Decide a way to ask • Initial input, emerge themes • Conceptual diagrams	Jul/13-Nov/13	44 23 27
	Interviews and conversations	• Gather input (interviews) • Collaborative analysis • Individual / group contacts	Nov/13-Apr/14	38
	Secondary ethical review	• Ethical approval/anonymity	Dec/13-Feb/14	3
	Presentations	• Consider divergent angles	Jan/14-Apr/14	3
	↓			
PAUSE TO WRITE	**Eight Drafts**	• Transcribe, review, annotate, organize, code, synthesize, narrow, conceptualize, focus • Balance voices (community, sociology, policy, broader)	Aug/14-Jun/15	5
	↓			
ANGLE	**Close network follow-up**	• Conceptualizing that fits sociology and community voices	Nov/14-Apr/15	8
	Open call for feedback	• Share Abstract (Engl./Syllabics)	Dec/14-Mar/15	61

Responsive Interviews: Asking Questions, Gathering Stories

Stories emerged by way of participants responding to questions. Questions were informed by a review of grassroots and academic scholarship; literature and in conversation with those who the student talked with during early engagement. The thesis student entered into the engagement phase with some prior familiarity with the cultural safety perspective; and she had identified cultural safety as a broad topic for guiding her thesis project.

The student takes the approach of continuous back and forth between information gathering, journaling, coding, analysis, organizing, and interpreting. However, beginning in April 2014 the thesis journey turned to a close and systematic revisiting of journals. This was an opportunity to affirm keywords that would contribute to thematic analysis. A first thematic inventory had emerged by November 2013.

Emergent Thematic Inventory as Presented to Project Participants

REFLECTING ON GROUP/INDIVIDUAL INTERVIEWS UP to DATE
DATE: November 26, 2013

EMERGENT THEMES

- Respect through knowing
- Respect through being with
- Disrespect
    - Bias
    - Attitude not quality of care
- Gap
    - Between provider and client
        - Incongruence of person-perception
        - Incongruence of time perception
    - Betrayal of trust
- Unearned (white) privilege
- Fake-ing cultural competence/sensitivity
- Vs. Genuineness in cultural competency/sensitivity

- Changing self-presentation to connect with people in the (power/esteem) minority
- Knowing people as individuals not as stereotypes
- Being tolerated vs. being celebrated
- Showing toleration vs. showing celebration
- Situations/experiences that cause changes in "meaning structures"
    - Critical/fateful moments[11]
    - Being at a crossroads

AFTER INTERVIEW (Dec. 9/13) – from Journal:

Add theme to cultural safety – emergent from interview with John Cutfeet:

DEROGATION

- Cause to seem inferior, disparage
- Take away a part so as to impair, detract
- Act beneath one's position or character, diminish
- Perception or treatment as being of little worth, devaluing
- Exemption from or relaxation of a rule or law – the temporary or partial nullification
- Act which belittles, con-descend

Between November 2013 and April 2104, the student used this thematic structure, as consolidated by November 26th, 2013 to inform conceptualizing, theoretical saturation and constructing an ideal type.

Techniques and Tactics: Opening Space for asking a Plan of Questions

Themes are derived by reference to 562 lines and 6,621 words entailing 90 distinct responses. General comments depicting the processes, outcomes and impacts of culture

[11] For this: From journal (Nov 1, 2013): I was reading and this concept "critical or fateful moments" seemed to me to reflect well on those parts of conversations where people are moving from one to another way of looking at something, from acceptance and acquiescence to taking steps to make a change (in particular thinking about Brenda M's story of working with an Elder to organize a workshop to help mobilize a shift in some people's hostile or otherwise negative behavior in the workplace toward people of First Nations heritage. Brenda M. and the Elder mobilized the conditions that did in fact result in critical or fateful moments. Similarly, my conversation in 2006 Spring with Dr. Linden Crowshoe where he described an innovative physician-oriented curriculum that would use dramaturgical methods reminiscent of Paolo Freire's pedagogy of the oppressed, to help physician professionals gain awareness and acknowledge their internalized racism that was projecting outward and sometimes potentially outside their immediate cognition and self-perception. Denzin, N.K. 1989. *Interpretive Biography.* Sage: Thousand Oaks, California – "Critical or fateful moments are moments that change peoples' meaning structures." Similar to Denzin is Giddens (1991) saying human organisms can become at a crossroads when new information is absorbed that can potentially be empowering. Giddens, A. 1991. *Modernity and Self Identity: Self and Society in the Late Modern Age.* Policy Press, Cambridge.

clash are selected from close to 500 single-space legal size pages of typed excerpts from interview transcripts, notes from conversations, records of observed dialogue, and other journal entries from field visits and the expanse of a thesis journey that spanned from the time of my preparing my application to graduate studies in 2011 through to February 2015.

The listed themes were the culmination of the first phase of exploratory interviewing (between August 2013 and November 2013), which emphasized groups and events that were purposive in sampling structure. Deriving and focusing ongoing interviews by reference to these themes marks the turning point toward the second phase of the thesis, which involved more focused interviewing; and continued with a purposive sample of individuals and small groups; and spiraled out into the snowball sample by way of referrals to other individuals, small groups; a secondary ethical review; and elsewhere.

In scanning contemporary literature for advice on qualitative interviewing, Rubin and Rubin (2005: ch. 1) describe responsive interviewing in their book subtitled, *The Art of Hearing Data* (2nd edition). Qualitative interviewing is "a window on a time and a social world that is experienced one person…, [and] one incident at a time" (p. 14) and "modify … questions to match the knowledge and interests of the interviewees" (p. 15). Facilitating "responsive interviewing" (Rubin and Rubin, 2005: 30) using a standard set of questions provided beforehand is more reflective of a "positivist philosophy [that] underlies … surveys, and other statistical studies" (p. 19). In the context of this thesis, a structured approach was not used as in positivism to "look for central tendency, some measure of what is average or typical" (Rubin and Rubin, 2005: 29). Rather, following an interpretivist-constructivist (Weberian) philosophy, sa underpins qualitative (re)search; the

aim was a "syntheses of understandings that come about by combining different individuals' detailed reports of … issue[s]" (Rubin and Rubin, 2005: 29).

Interview questions were developed during engagement and further refined during interviews with individuals and groups between July 2013 and November 2013.[12] Five considerations guided thesis-question development. Questions were designed, and asked of participants, with an intention of hearing, in participants' words, about the meanings and implications of cultural safety to them and their families and communities. However, to avoid leading participants to a certain end that *a priori* would reflect an academic or policy voice; a way of asking was constructed around five broad interests. A series of emergent diagrams and a sequence of seven questions (please refer to Appendices 3a, 3b and 4) were designed to reflect the five focal points listed below:

1. Awareness and alternatives to cultural safety as a concept, policy and practice that is meaningful and relevant in First Nations contexts of Northern Ontario;
2. Whether and how different contributors to service delivery in First Nations health and social caring contexts define cultural safety and put it into practice;
3. Perspectives among contributors to service delivery on how to know if health and social caring encounters, practices and communications are disruptive to culture, situations and identity of First Nations people and communities;
4. Barriers and facilitators to health and social caring that affirms pride in First Nations identity, culture and local knowledge credibility;
5. Ideas for increasing value of health and social caring to First Nations identity, culture and communities.

Participants in varied contexts provided access to alternative channels of access that fell outside plans; and supplemented the interviews, conversations, observations and field/site visits. These additional ways were impromptu or unscheduled conversations and,

[12] Please refer to Appendix 3a for the orienting framework that emerged during early engagement and was shared within the first 'key informant' interviews and during group interviews as questions were being set and as a way of orienting to keep consistent within those interviews and conversations occurring after the structured guide to questions was set.

in some cases, being given (or directed to the whereabouts) of books and other documents and reports to read and incorporate as findings or interpretations to findings.[13]

Fielding Questions, Yielding Dialogue –Turbulent Analysts, Contentious Times

Questions elicited information in a culturally reflective way that deemphasized any active and directive voice by the facilitator. Instead, the facilitator presented the questions, context and purposes; and then minimally probed to allow the speakers (individuals and groups) to free-form in a way that reflects the traditional approach of storytelling in community. "The meaning in a story is unique to its readers; and are to be found by each reader and may differ across time, space, personality and growth (John Cutfeet, 2015 January 9, Personal Communication).

Three scholarly works give foundational advice on using this narrative approach in sociology. Reich and Michaels (2012: 17) explains that "stories, rather than facts, are what constitute the world of meaning." Reich and Michaels (2012: 16) describe the story as a way to "bridge the knowledge gap between culture or whole medical systems and Western Medicine." The story will "humanize, articulate caring, create meaningful relations, bridge connections, and provide insights (Reich and Michaels, 2012: 17). Stories are a way to "get our attention to create change" (Reich and Michaels, 2012: 18). Asking for information through the narrative, or story-telling, is a way to avoid the hazards of

[13] These referrals were to Adelson (2000); Agger with a foreward by Elijah Harper (2008), Block (2009), Brubacher with the people of Tikinagan (2006), Campbell (2013), Centre for Social Innovation (2010), Chief Thomas Fiddler (edited by James R. Stevens) (1985), MacIntyre (2014), McKnight (1995), McKnight and Block (2012), Ningewance (2012), Ralston Saul (2014), Raphael (2013), Shrivastava and Tandon (1982), Upson (2012) and Vaillant (2010); as well varied audio and print news articles regarding the inquest into racism experienced in ERs toward Aboriginal people, city hate-crime rates and Canada's misalignment with certain related United Nations positions. As well where leadership authorized my access and review, I was provided community reports and related materials.

categorizing and essentializing people, relational networks, and situations on the basis of stereotypes and ascribed characteristics (Somers, 1994: 605-606).

The strategy to elicit stories was to take participants through a logical sequence that would simultaneously encourage not only providing but also analyzing feedback by way of collaborating with the student facilitator. Warm-up questions about culture, cultural difference, and how culture maps onto identity were asked. These questions set the stage for asking the three central questions. Three core questions looked for insights about disruptions to identity, relationships and culture that health and social caring encounters may influence; explaining what accounts for such disruptions; and suggesting ways to increase positives and reduce negatives.

A central objective of asking these questions was to gather information in the words of participants to 'unpack' the abstract concept of 'cultural safety' and provide a definition, illustrations, and examples of cultural safety, disruptions to identity and culture; and ways to positively and negatively influence optimal healing environments that reflect the voices (input) of those interviewed. In sum, the sequence amounted to seven main questions. In addition to the analysis of information and induction of themes in collaboration with participants; the thesis student also applied techniques of abduction such as domain analysis, theoretical saturation, constant comparison, and bracketing. These techniques were used to organize and reduce the information into emergent concepts and an ideal type.

Abduction Techniques

This section describes the strategies that were used to develop responses into themes, emergent concepts and an ideal type. Borrowing from Charles Tilly, as reviewed

in a recent vintage article by Krinsky and Mische (2013), the naming and further organizing and analyzing of the sorted and grouped content of interviews involves using four qualitative techniques that Tilly applied to modeling political and social processes: 1. Formulating and bracketing that focuses on grouping information relationally by questioning about motives; 2. Detection strategies which looks for disturbance variables and relates those to context; 3. Abstraction which challenges sense-making accounts and looks for critical intervening factors by leveraging detail into narrowing forms; and 4. Explanation which leads into pattern detection and looks for processes that can be organized into coherent analytic frameworks; and explanation involves pulling out the important theoretical factors. These "abductive analysis" techniques are ways for doing "qualitative data analysis" that generates "creative and novel theoretical insights through a dialectic of cultivated theoretical sensitivity and methodological heuristics" (Timmermans and Tavory, 2012: 180).

Domain Analysis: Organizing, Grouping, Naming and Conceptualizing Story Content

The first step in theoretical saturation is to generate themes using such techniques as domain analysis (Glaser and Strauss, 1967). Domain analysis is a technique involving constant comparison that supports thematic analysis. The technique is to put information into groups (domains) based on similarities and differences and names the groupings by reference to repetitive keywords and phrases being reflective of contributors' voices and may show consensus, ranges of insight and even controversy. This strategy reflects teachings by Spradley (1980).

Theoretical Saturation: Knowing when to Pause from Sampling Interview-Stories

Charles Wright Mills (1959: 212-215) describes techniques, which support identifying and saturating themes within quantities of qualitative information. Analysts will know themes "because they keep insisting upon being dragged into all sorts of topics" yet do not establish as "mere repetitions" but important dimensions of the private troubes-public issues under consideration (Mills, 1959: 216). These techniques act to "stimulate the sociological imagination," and include such tactics as "an attitude of playfulness" in arranging and rearranging information, "getting a comparative grip" or using "the contrasting type approach" in ways that contribute a sense of the "range of types" while also clarifying the "conditions and consequences of each type" that the intellectual craftsperson will recognize by using such additional "techniques of cross-classification" that entails "considering extremes," "thinking in opposites," and "deliberately inverting your sense of proportion" (Mills, 1959: 212-215). In simple terms, theoretical saturation is explained as the point of readiness to pause in the interviewing (information gathering) and analysis cycle because information variety is sufficient to communicate relevant and meaningful findings (Spradley, 1980).

Points and sites of resistance give rise to information that may be bracketed for future consideration, in exploring outliers or a new thematic focus within an emergent framework of concepts or an ideal type. Listed below are some points and sites of resistance that are considered more fully in the discussion of results, later in this thesis.

Points and Sites of Resistance

- Multiple perspectives on 'marginalization' – this is one focal point of marginalization

- Perspective of complex bias
- Voices of treatment providers
- Voices of organizational stakeholders who were not invited and involved in designated group processes
- Multiple ethical review processes
- Jurisdictional broadening as some communities / First Nations and regional bodies felt left out with a narrow NAN territory focus that broadened conceptually first to Northwestern Ontario and then to Northern Ontario

Mingling academic and grassroots voices also enriches the ideal type and emergent conceptualizing. Reviewing the relevant Weberian-influence literature was also a way to reconcile the principle of "not arguing with the members" (Gubrium and Holstein, 2012: 85; 90; 91) and keeping true to members' "accounts of intention" [14](Mills, 1940: 904); while still meeting expectations of academic convention in writing a graduate studies thesis. Emergent concepts are presented in Chapter 4 and an ideal type is presented in Chapter Five. Concepts and the ideal type are a first step in the ongoing process of grounded theory construction. The student discusses future research and career interests that may further consider the thematic, conceptual, theoretical and practical contributions that have emerged by way of the thesis.

[14] Mills (1940: 904) cites Max Weber's teachings on "motive as an intrinsically social complex of meaning that shapes conduct" as the crux of Mills' writing about "vocabularies of motive" that "stand for anticipated situational consequences of questioned conduct" (905). It is understood that Giddens (1990) differentiates this model by bringing into focus that situational consequences may also be unanticipated.

Chapter Four: Contexts and Concepts – Findings on Place(ment)

In light of applying a general Weberian perspective, this chapter focuses attention on context and concepts. Weber and his followers place emphasis on the historical, structural, and ideographic context of social, and sociological, problems. In the interpretive-constructivist tradition of sociology, context is a frame. Context is the location of conditioning influences. In their responses to a sequence of questions not asking directly about context, thesis participants talked openly about context factors that influence their identity, culture, perceptions and experiences with health services, optimal healing environments, and Anishnawbe cultural sovereignty. These same responses, by participants, provide some emergent concepts.

Concepts which emerge out of meaning-seeking activities by those looking into social, and sociological, problems; is also a focal point of intellectual craftsmanship following Mills, and his mentor Weber. This chapter discusses these second-order analytic results of primary information that was gathered during the thesis. Primary information is supplemented by selected content from relevant literature. Literature was reviewed, which is informed by Weberian perspective or method in sociology and social science.

Contextualizing the Marginalizing Experiences within Services

First in this chapter is a review of the historical, structural and ideographic context. Context is discussed by reference to the spoken word by those who participated in conversations and interviews. By way of conversations, interviews, observations and field visits the thesis gathers perspectives within a specific geo-political, historical, demographic and ontological context. Illustrative quotes are also selected from peer-

reviewed, academic literature. Exemplary evidence from published literature is selected, which corroborate the views of thesis participants. Participants describe the macro-sociological factors, which influence micro-level relations of difference, exclusion, and racism which seem to permeate the experiences of those trying to get care.

MacDonald (2014: 82) explains how "Aboriginal peoples have often been marginalized for not 'integrating' as well as immigrants… [due to] distinct historical, legal, and constitutional aspects of Aboriginal languages, values, governance, traditions, and … ways of knowing and being." In alignment with Weberian sociological perspective, an Elder and health services professional and leader describes the *identity tension* process as involving a *voluntary intention* (agency) that is influenced by the *external environment* (structure):

> "Attitudes that the caregivers from Western society display when they're dealing with a minority (and they do it ***unintentionally***); it's [like] the fish that's in the fish bowl doesn't realize it's in a fish bowl. That's just what its' environment is. So a non-native person who comes from one culture just ***behaves*** the way they do because that's their ***environment***. That's how they grew up. They don't realize that they're ***being*** condescending, or belittling, or racist. Some of them actually believe ***they're helping***." (Storyteller, 2013)

A health leader with international experience with these issues contributes his thoughts on the tragic outcomes of this sometimes voluntary (*fold back*) and sometimes unintentional (*fish bowl-umwelt*) process of identity tension. He raises the point that it may contribute to community attrition by auto-oppression, out-migration and youth suicide.

> "So once you break out of that boundary of the reserve, your environment gets bigger; your world starts to increase. Our youth face a choice. We face a choice. We either must change who we are and become our own oppressor. And

> that is social suicide and often ends in tragedy. Or we find ways to change the system for our acceptance. (Storyteller, 2013)

Ironically, the reserve system has lent some protective value to those living in remote and isolated, in particular fly-in First Nations contexts. Speaking again is the Elder who is a health leader and service professional. He contrasts those living on urban reserves and in other urban environments with Anishnawbe peoples living in Northwestern Ontario. These communities are geographically distant from urban amenities and the trappings of consumerism; and where mixed economies involving subsistence roles (i.e., hunting, trapping and fishing) remain a mainstay:

> "But it's actually the reserve system in a way that has protected our culture. If you look at native people who have become urbanized, they basically become ***Canadians***. They are … assimilated, integrated, into non-native society. They don't speak the language. They don't have a good understanding of what their culture, Anishnawbe culture, is. They're well educated. They have good jobs. And, basically, they interact with mainstream notions of health and service. They are availed of all the benefits that that dominant society has to give. So, the benefit of being colonized is that in a way that is what has protected our culture from disappearing totally." (Storyteller, 2013).

Conditioning Discourses and Time: Situating the Structural Influences

Health and social caring contexts in Northern Ontario are bound by laws[15], professional codes of conduct,[16] institutional policies[17] and a "pan-cultural baseline of

[15] By way of example: Canadian Charter of Rights and Freedoms, Ontario Human Rights Code, Canadian Human Rights Act, Accessibility for Ontarians with Disabilities Act.

[16] By way of example, please review the Bibliography for citations including: Health Canada FNIHB, 2011; ANAC, CAN and CASN, 2011; ; CNO, 2009; CNA, 2008; CHNAC, 2003.

[17] See for example, Mental Health Commission of Canada, 2011; Raphael, 2002.

value priorities" (Schwartz and Bardi, 2001; Larson and Sutker, 1966)[18]. Such institutional directives make service providers accountable to ensure that fourteen "protected characteristics"[19] of identity, and its expressions, shall encounter no access barriers, non-discrimination in participation, and equitable outcomes. Human identity is more diverse than fourteen criteria within provincial and federal human rights law. A broader statutory architecture protects cultural identities that extend beyond provisions of human rights law. In public contexts, the *Constitution of Canada* and the *Canadian Charter of Rights and Freedoms* extend rights and freedoms more generally. The *Charter* preserves freedom of identity and its expression by reference to nine distinct criteria.[20] Constitutional law in Canada refers to Aboriginal rights. These rights differ from human rights in being specific to title and historical occupancy of Land. In Anishnawbe worldview, the Land (particularly connection with Land) is fundamental to the expression and sovereignty of cultural identity and optimal healing environments. Deterrence of discrimination on any grounds is also structured into foundational ideologies that bind organizational and state governance; for example, liberal democracy (Plazas, Cameron and Smith, 2012; Woods, 2012: 58-59) and social justice (Falk-Rafael and Betker, 2012). Defining values as "desirable, transsituational (*sic*) goals, varying in importance, that serve as guiding principles in people's lives" (Schwartz and Bardi, 2001: 269); and implementing cross-national surveys of value hierarchies in Canada among 63 wide-ranging countries; a

[18] The authors describe and measure the occurrence globally of a "values hierarchy" that influence humans toward "benevolence, social cooperation, and restraint on individual inclinations that might disrupt positive relations" (Schwartz and Bardi, 2001: 272-279; 280; 283; Woods, 2012: 56; 62).

[19] By review of the *Ontario Human Rights Code* and the *Canadian Human Rights Act*, the prohibited grounds are race, colour, ancestry, ethnic origin, creed, place of origin, citizenship, sex including gender identity, sexual orientation, marital status, family status, disability, and receipt of public assistance (as a proxy measure of markers of economic identity).

[20] Identity-constituted freedoms and rights that are reflected in the *Canadian Charter of Rights and Freedom* are conscience, religion, thought, belief, opinion, expression, communication, peaceful assembly, and association (affiliation).

rigorous study shows how a "pan-cultural baseline of value priorities" (Schwartz and Bardi, 2001: 268; 271) places benevolence, universalism and security at the highest rank; and power at the bottom rank among ten value priorities.

Counter-narrative to this panoply of laws, policies and values preserving against discriminatory treatment in services is the fact of complex bias (Kotkin, 2009). The crux of the matter involves that values are "sometimes discomforting and at risk" (Boler, 1999: 176-182), due to differences in "heritage, personal experiences, social locations, and enculturation" (Schwartz and Bardi, 2001: 268). "The reality … that diversity is tolerated, or may even be valued up to a point" is diluted by the competing reality that "too much difference opens the possibility that …[an individual or group] is singled out for disparate treatment" (Kotkin, 2009: 1442) and "a good portion of … discrimination today … finds its roots in complex bias" (1498). The crux of the matter, in the words of one interview participant; who has expertise in law but is not a lawyer, is "derogation" of First Nations and other marginalized people; by those in positions of power, authority; and with (un)earned privilege. "Derogation is the practice of setting aside ***lawful and ethical*** constraints to allow treating someone like ***rubbish*** when perceived differences get in the way of seeing others as equals who are instead evaluated as something ***less than*** and fully or partially ***devalued*** relative to the service provider" (Storyteller, Follow-up 2015).

The potential for derogatory and otherwise disruptive and discriminatory treatment in organizational contexts leads groups and individuals with certain status identities[21] to "avoid seeking services or take a witness as protection" (Storyteller, Follow-up 2014). For

[21] In an article that reviews scholarly approaches to defining identity and examining its interplays with social movements, Bernstein (2005: 48; 58-59) differentiates status identities that are "externally defined … and imposed or used as an official basis for categorization" (e.g.,gay/lesbian: GLBTQ; persons with disabilities) from those "easily adopted or discarded" (e.g., environmentalist identity).

example, individuals, groups, organizations and communities that engaged along this thesis journey described and shared a range of institutional policies and directives, curricular guidelines, instructional packages, and other tools and strategies that acknowledge and respond to what this thesis refers to as identity tension and its root causes in structure (e.g., bureaucracy), history (colonial politics) and ideographic influences (e.g., bigotry, clique formation[22], mobbing).[23]

Identity Tension in Northern Ontario: (Place)ments and Presence-s by Colonial Drift[24]

This context-related theme points to how participants prioritize, and believe all First Nations globally prioritize, *Land*; and also *relationship with* Land; as well *historical connections* (or severances of and from) the Land. Participants discuss contextual contrast between the meaning and meaningfulness of Land in Anishnawbe culture and culturally based healing approaches; which does not hold such space within cultures of biomedicine, bureaucracy and consumerism. This significant cultural contrast is discussed again later in this thesis due to its importance as a conditioning influence in relations of difference, exclusion, and racism which seem to permeate the experiences of those trying to get care in health and social institutions. The *risk abstraction* is for a trend toward identity tension for Anishnawbe people seeking care in sites of health and social caring delivery that do embed and embrace this same valuation of the Land, and connection with the Land; not as

[22] See Noel Tichy (1973) "An Analysis of Clique Formation and Structure in Organizations." *Administrative Science Quarterly*. 18*2): 194-208 and Harrison C. White with Scott A. Boorman and Ronald L. Breiger (1976) "Social Structure from Multiple Networks: Blockmodels of Roles and Positions." *American Journal of Sociology*. 81(4): 730-780.

[23] These materials are thoroughly inventoried within the thesis bibliography and annotated within the organizational and analytic compilations that the student developed by way of continuous and reflexive engagement with the relevant literature.

[24] Except where citations are noted the information in this section is developed from a synthesis of information that is presented within interviews, conversations and observations from experience.

an ornamental feature of property but as a vital element of health and social caring that reflects a decolonizing and sovereign cultural identity.[25]

The Land as a healing and cultural support is described by way of contrast to settings of institutionalized care in Northern Ontario. Thesis participants in remote, isolated and rural First Nations describe this divergent context as "on the Land and by the water;" and what predominates is "holistic respect for all things equally and absolutely;" a "deep connection and relatedness" in knowing and being; delimited concepts of time; expansive concepts of space ; an experiential model of learning by doing and observing and mentoring others as encyclopedias of knowledge, not books or curricular standards based on Western medicine and biotechnology" (Gathering of Conversations). Isolated First Nations contexts in Northern Ontario are cultural contexts where "Spirituality is central and faith in powers beyond individual, organizational and community control" (Robbins and Dewar, 2011: 1-5).

The differing importance, and valuation, placed on the Land and relationship with Land draws attention to the way environment of healing may mean something different to Anishnawbe people than those who find affinity with biomedicine, bureaucratic and consumerist cultures. As explained by an interview participant who is a First Nations community member with strong ties to community, but demands placed on him by his community that require him being outside of community a majority of his time; environment influences one's sense of being in the world (ontology):

[25] See Bernstein (2005), "Identity Politics" in Annual Review of Sociology. 31: 47-74 for a discussion of the relationship between experience, culture, identity, politics and power that compares status identities (e.g., being First Nations) with collective action identities (being an environmentalist) and their antithesis (rejoinder) within the context of social movement or taking a political stance from the position of one's identity (status or collective action).

> "As soon as your environment changes then these things that are once strong within your specific environment begin to get weaker and they deteriorate. And that's what I was talking about when I thought I was doing well in terms of my language out in the urban setting, until I realized that basically I was speaking baby-talk. So the more you are removed from your environment the weaker your ability to articulate who you really are, becomes." (Storyteller, 2013)

In this sense, place and placement are interconnected with *presences.*[26]

Place: Geographic and Spiritual Connectedness – Land-ed Knowledge

Place refers to the Land. In addition to the centrality of Land; and one's connection with the Land, to Anishnawbe concepts of culturally-based healing, Land is also central as an origin-point for knowledge;[27] and this centrality is also discussed within literature. Literature evidence refers to the epistemological endowment of Land. In this sense, Land is a variable in practices of difference and exclusion, and racism; and by reference, as well, to its centrality within a decolonizing (pre-contact or postcolonial) First Nations worldview (e.g., Robbins and Dewar, 2011; Strelein and Tran, 2013; Hill, 1992; MacDonald, 2014; and Adelson, 2000; Coldwell, 2000). This centrality of Land implicates also epistemological differences between Anishnawbe cultural forms of knowing as compared with biomedical, bureaucratic and consumerism ways.

Epistemological differences may also structure, which is to say (im)balance, the decision-making and signifying behaviours by those with (un)earned privilege within health and social caring encounters that comes from their relative affinity to bureaucratic, biomedicine and consumerism cultures; which are counter-narrative to Anishnawbe cultural forms of knowing. Thesis participants refer to health and social caring in their

[26] In academic terms, ontology or theories of mind and being.
[27] In academic terms, epistemology.

home communities, by tradition, as a divergent context relative to those reflecting bureaucracy, biomedicine and consumerism. Complicating matters when it comes to admitting these distinctions openly by all walks of life is the extent to which Church, state and the Hudson's Bay Company imposed upon Anishnawbe culture to deny its credibility; and reflect the culture as an inferior form. An Elder and health services professional and leader provides a first-hand account of the way assimilation has caused Anishnawbe culture to *fold back onto First Nations identity groups* so that they *become their own agents of disparagement and denigration*:

> "In the North where I come from there is a whole generation of people including mine, I'm 65 (and my mother was 92 when she died). A large majority are scared of their culture. They believe if they practice their culture, or Spirituality; who we are as people by our clans; then they're doing something wrong. So, they won't go there; and if you ***push*** that majority too hard then you'll get excommunicated." (Storyteller, 2013)

Land, and cultural relations that place Land at the centre; is a point of ontological and epistemological divergence from cultural forms which do not; and biomedicine, bureaucracy and consumerism see land as a resource rather than a lifeline. This divergent way of viewing and valuing Land, which is a conditioning influence on differential treatment and resulting identity tension; is also discussed within a broader literature (e.g., Hebert, 2010; Yates, Holmes and Priest, 2012; Berberich, Campbell and Hudson, 2012). Those discussions reinforce *the Land* as a central theme in the same way that thesis participants consider the Land during interviews, conversations and within *in-situ* observations during field visits.

Julian Robbins is a mixed race Mi'kmaq and Jonathan Dewar is a Métis. They are affiliated with Trent University. They are published academics. They present a scholarly

discussion that describes knowledge, knowledge-making and knowledge-validation as related to narratives of place and placement. Their discussion further clarifies the general *Westernizing continuum* as contrasted with a *decolonizing health and social caring continuum*. In their critical reflection of Canadian policies and practices in contexts of community and institutional health, Robbins and Dewar (2011) examine the modern welfare of First Nations; as well as Métis, and Inuit, and other Aboriginal knowledge, Spirituality and Lands. Robbins and Dewar (2011) articulate the impact of ongoing colonial politics on the Land. They consider how in decolonizing contexts (e.g., pre-contact and post-colonial), the Land is a "life source" (p. 3) whereas in Westernizing sites of health and development, Land is degraded and exploited as a "resource" (p. 3). The key difference is that a resource is something to be bought, sold, budgeted, allocated and distributed; and these transactions are often enacted to suppress rather than restore Indigenous cultural expression, identity and wellbeing (p. 3-11). This thesis paragraph summarizes and paraphrases several pages of spiraling-webbed dialogue by Robbins and Dewar (2011: 1-11). Their exegesis is mined for its relevance to demarcating place, and (dis)placement, as a historically-conditioned and multidimensional context. This context influences cultural identity and sovereignty and related behaviours in Northern Ontario.

Volume Two of the *International Indigenous Policy Journal* publishes the article by Robbins and Dewar (2011) discussing displacement of diverse indigenous Canadians. Displacement is an outcome of these differing meanings and valuation of Land in contest. The contest positions decolonizing opportunities (and indigenous sovereignty) against a dominating epistemology (and webs of related action) that places the ontologies and epistemologies of biomedicine, bureaucracy and consumerism in positions of supremacy

over the Land as it is viewed and valued by Anishnawbe people and within Anishnawbe healing culture. This contest has been articulated through dominance of European settlers, historically; and modern-day policy makers and health services providers (p. 4-9). Robbins and Dewar (2011: 1, 4, 7; 8-10) position, as it relates to the notion of identity tension for the thesis, is that existing "tensions and barriers such as misconceptions and false labeling" (p. 1) and other micro-aggressions, micro-inequities, multiple oppressions and entrenched colonial behaviours "prevent indigenous knowledge systems from flourishing" (p. 1). This results through "imposition of external lenses of interpretation" and "biomedicine, consumerism and bureaucratic supremacy" (p. 1; 4).

In the context of "health policy and politics" (Robbins and Dewar, 2011: 1; 4; 10; 13), the outcome of making biomedicine, bureaucracy and consumerism into a dominant narrative is juxtaposed to a synergistically disruptive tendency for the power minority counter-narrative to experience a suppression of "oral tradition, direct experience and levels of 'rootedness'" (p. 1; 4; 7). External impositions disrupt the "credibility and authenticity of indigenous medicine ways and worldviews" (p. 1; 3; 8-10). A First Nations woman who was interviewed as a committee participant, and in a small community staff group, and twice on an individual basis shares her views and a resistance voice during one individual interview. The written words, below, pale by comparison to the outrage that accompanied her spoken words; her rightful outrage is an outcome of intergenerational layers of identity tension in contexts of ongoing colonial politics:

> "When we are resilient, when we empower ourselves and take authorization to put forth our views, this infuriates people in positions of power, privilege. They see our active voice, our taking action, our standing our ground, our putting up our rights, as an imposition on their rescue mentality. They're left feeling unfulfilled because they're motivated to draw more power by

> rescuing others. And if we won't let them rescue us, they accuse us of being ungrateful and hostile." (Storyteller, 2013)

"Ultimately [in a decolonizing view, or by reference to Anishnawbe worldview] the Land has importance for balance. The Land is a key to a balanced relationship with the self, family, community, nation, Earth and universe. Anishnawbe people refer to balance not as an abstraction but in the crucible of authentic relationship" (p. 5).

A central tension involves a two-fold consideration (p. 5). On one hand, is the narrative that "access and control over Land is central to Indigenous knowledge, and to validating the relevance of Land, and territory, as a vital medicine way and tool" (p. 5). However, placing Land as the lynchpin and focal point of knowledge, and knowledge validation, runs counterpoint to a Westernizing biomedicine (place)ment. By way of a bureaucratic-biomedicine and consumerism viewpoint on health, health knowledge; and spaces of healing; are programs, institutions and infrastructure (p. 5-10). This contrasts the Anishnawbe worldview that the Land itself is a space of healing; and also has epistemological and ontological purpose. In the bureaucratic, biomedicine and consumerism mindset, the land is severed and becomes functional and purposeful only through decrees of financial comptrollership. Land, in this view; is an expendable resource for extraction, economic viability, rape and pillage (p. 1; 5-6). Such a framework on the land negates its deep structure of ideographic and nomothetic meaning as is important within Anishnawbe worldview or a post-colonial / anti-colonial view; for example as comparably viewed through the lens of sustainable development and those who share in

common with Anishnawbe people a deep respect, reverence and non-material but Spiritual reliance on the Land; and connectivity with the Land.[28]

In this sense, these differing cultural (ontological and epistemological) orientations, to Land; is one *potential root cause* of identity tension. Abstraction of risk is when differing orientations enter into the care encounter, and emerging relationship, between a treatment provider and person seeking care. The treaty interpretation by Treaty 9 and 5 communities is that legal title and authority extends over 2/3 the territory of the geographic Province of Ontario. In this context, deep structures of variant meanings may pose impermeable institutionalized opposition to resolving identity tension. This general discussion, which is paraphrased from this written exercise by Robbins and Dewar, echoes and synthesizes the feedback by participants. The question, which is raised and is bracketed for future research, refers to a complicity of business and governmental interests as related to implicit benefits in keeping First Nations downtrodden; because we will be therefore unable, unwilling and uninterested to resume our sovereignty with the Land.

Confirmatory discourse is reviewed in two postcolonial articles. These contrast the decolonizing aspirations and viewpoints that are counter-narrative to Westernizing land-management regimes. Westernizing regimes exist under authority of dominant, federalist, political-cultures such as Canada. Strelein and Tran Tran (2013) draw on examples in the Canadian context to discuss institutional barriers to building indigenous governance from native title; so that indigenous-settler relations can move away from 'fitting-in' to resume inhabiting a decolonized space. In a cross-national presentation of barriers to decolonizing that will fully advance indigenous control and authority of Lands they hold title to,

[28] The student is aware but unable to quote the specific passages in the Psalms within the King James version of the Holy Bible which, too, give credibility to the Spiritual valuation of the land and its purposes and structures as a lifeline and healing opportunity; not a resource.

Strelein and Tran Tran (2013: 22-24; 27-30; 38; 43) describe a synergy between two key barriers. Westernizing narratives of Land is tied to (in particular private) economic interests, considering one barrier; and, the other, is a narrow sense of distributive justice.

Distributive justice gets further obfuscated by constituent diversity. Together these barriers muffle, or alter the intentioned meanings, of minority indigenous voices who have Land title. This stifles the decolonizing narratives in ways that reinforce the "keeping down and out" of First Nations identities. This "keeping down and out" is potentially used as "evidence" by some health and social caring providers to stigmatize and devalue marginalized recipients of care (Crawford, 2006) such as First Nations groups. In this sense, Land as a "cultural meaning system that provides shape and a foundation to identity," as related to knowledge systems, is described by Berberich, Campbell and Hudson (2012: 18). These authors present this viewpoint in the introductory chapter of a book they edit by the same title, *Framing and Reframing Land and Identity*. Chapters are authored by nine (9) scholarly contributors. They discuss how "concepts of Land and identity seem fundamental … to … how we feel about place; how we define ourselves in relation to landscape; and how we respond to others' sense of these complex attachments (18) …[because] land is a starting point and springboard for … inter-related … cultural, social and political experiences… a culture's beliefs, practices and technologies (19) … [that makes the land] the visible and invisible meeting ground of culture, place and space – where identities are exchanged, performed and constructed (21)" (Berberich, Campbell and Hudson, 2012: 18-21). These authors' argument points to what may be a deeper structure of meaning and purpose, which cuts across nationality, ethnicity, and all other categorical factors of demography and psychosocial or socio-economic difference; to

demarcate, instead, the key divergence being between a cultural viewpoint that is Land-centred; and a cultural viewpoint that is bounded within the structures of bureaucracy, biomedicine, and/or consumerism.

A strongly stated contribution by an older First Nations thesis participant who was interviewed on several occasions describes how ongoing colonialism disrupts our inherent rights to be a Land-centred people. This thesis participant describes, as central to identity tension, how disruptions (a narrowing) to *rights and title to* Anishnawbe identity and sovereignty are actively threatened by cultures of biomedicine, bureaucracy and consumerism. His exemplary passage provides a 'now' example of ongoing colonial drift:

> "Instead of exterminating us as it was in Central …and South America, democracy had arrived by the time the Europeans came here; so they couldn't very well line us up and shoot us. That would have been against ***democracy***. So they found another way which was to put us off the land. The goal was to get rid of the indigenous people in Ontario. Settlers' idea was to take the lands and resources for their own purposes and benefits. So instead of shooting us they put us on reserves." (Storyteller, 2013)

This same sentiment is expressed within other literature: "Indigenous lands … provide a foundation for … knowledge systems… [and are] elements in the Indigenous consciousness that are connected to concepts and ways of being that existed in pre-contact environments… [and] have been passed down inter-generationally through respective oral traditions" (Robbins and Dewar, 2011: 5). The Land is not only milieu where people live and grow. In this thesis, and life-worlds of participants, Land is more than a mere place for conversational walking or driving as a way for involving those who preferred not to sit within interview moments seen as "all formal and off-putting or in stuffy offices" (Conversant, 2013) where cluttered desks and overflowing boxes of workflow"

(Conversant, 2014) were "kind of a distraction to do this here, but we can talk – sure" (Conversant, 2014).

Robbins and Dewar (2011: 14-19) explain how for "Indigenous systems of knowledge" what is "central to knowing and being" is Land and intricate relationships with Land; knowing one's place with Land, as a source of life and inspiration; and Land is *not* a resource. Also speaking to this same "deepening ecological relationality" (Williams, 2013: 99-101), Maclean, Ross, Cuthill and Rist (2013: 94) contrast "current academic conceptualization of a social-ecological system" with Indigenous worldviews of "health country-healthy people." This view defines Land for its "spiritual influences, the complexity of types of people-environment relationships, and the intense spiritual as well as practical nature of the bond" between Land and story-tellers (Maclean, Ross, Cuthill and Rist, 2013: 94).

Northern Ontario: A Location where a Thesis Journey Emerged

Considering place (space), and placement; using a narrower and more concrete lens, the location where the thesis journey emerged is a region in Northern Ontario. In a *Canadian Geographic* article entitled, "First Nations Face Border Struggles," Richard Wagamese (2010: 1) emphasizes this same sacred synchronicity between voice/story and Land; as important to contextualizing knowledge involving indigenous groups.

> For the …native groups across North America, land could not be divided. It was whole, as defined by the Creator. It was sacred, because the idea of wholeness contained principles such as sharing, harmony and equality. When territory was decided, it was an honourable agreement based on those principles, and the agreement became sacred, too, because it involved land (Wagamese, 2010: 1).

(Wagamese, 2010: 1) continues: “In a land with no lines, how do you define the end of one territory and the beginning of another?” Local knowledge refers to kinship, trade and barter, food-sharing, medicine-giving and greeting routes that span boundaries. Based on these kinship lines and traditional social and cultural and economic ties, Northern Ontario also includes parts of Manitoba, Saskatchewan and Northern Quebec as well as Labrador.

The location for the thesis journey, in Northern Ontario, includes districts of Kenora, Thunder Bay, Rainy River, Cochrane and Algoma. The territory is described geologically as arctic and subarctic; depending on the specific location. For example, situated east of Thunder Bay and north of Highway 17 is the Ouimet Canyon. It is a 150-metre wide gorge with sheer cliffs that drop 100-metres to a canyon floor that offers an arctic climate to sustain lichen and flowering plants that usually are found more than 1,000 miles to the north of Thunder Bay.

Nishnawbe Aski Nation by insider definitions includes the traditional lands and reserve communities of Treaties 9 and 5. Its land mass is greater than two-thirds the Province of Ontario. NAN’s geo-social area extends westward from the western shores of James Bay to the Ontario-Manitoba border and northward from the Canada-U.S.A. border to reach as far northward as Fort Severn. Small urban, rural and amalgamated municipalities include Thunder Bay, Sioux Lookout, Fort Frances, Dryden, Kenora, Geraldton, Longlac, Hearst, Kapuskasing, Rainy River, Red Lake, Greenstone, Marathon, Terrace Bay, Nipigon, Schreiber, Timmins, Cochrane, and Wawa. The area is home to 49 communities. NAN First Nations are organized into seven (7) tribal councils. Several communities are independent of any tribal council. One is independent also of Nishnawbe

Aski Nation's (NAN) political organization, but counted among the membership of one NAN tribal council the Independent First Nations Alliance (IFNA).

A majority (38) of 49 NAN First Nations (78%) are isolated or remote. This is defined as having no year-round access by road and dependent on commercial flights for all accessibility. As a colonized space, by contrast, the region contains small, bounded parcels of land known as 'reserves.' Interview quotes illustrate the *colonial drift in metaphors* (Robbins and Dewar, 2011). Land once a symbolism of life support becomes a contracted space (postage stamp size), a cage, a place of bondage, and reminder of loss (governments that aimed to remove First Nations from profitable Lands) .

> "Due to colonialism we're reduced now to living inside postage size reservations. We've lost our cultures and our land." (Storyteller, 2013)

A reserve is a small colonialist structure that Canada designates for community living once First Nations people related by kinship and blood are granted official status as a band under the *Indian Act*.

> "Well what is the reserve boundary? It's a ***cage*** put forth by the crown. And what you do to a people there? Well, you put them in ***bondage***." (Storyteller, 2013)

A reserve does not include, by Canada's measure, any traditional territories.

> The third stream of assimilation and conquest to change all us Indians into White people was the impact of government. The land and resources was the focus of governments. They aimed to get people off the land. Their goals were to take over the lands and resources." (Storyteller, 2013)

These traditional territories are nonetheless customarily used and stewarded for activities like prayer, hunting, trapping, fishing, and community gatherings; and in honour of holistic health, grieving rituals, and other ceremonial purposes.

Demographic Context and Situated Tension: Diverse Lifestyles and Disparate Privilege

Presences is a concept, in this thesis, which focuses on the multiple diversities and imbalances involving (un)earned privilege (and power); and (dis)advantage. Based on Weber's teachings, as translated by Gerth and Mills (1946); these fluidly intersect in complex ways with livelihood interests, social honour (status groups), and occupation (added by Mills in *Power, Politics and People*).[29] This section therefore briefly profiles thesis participants' cultural, community an demographic contexts.

> "Basically, 'culture' was driven underground but never disappeared. It's still there." (Storyteller, 2013)

In reference to First Nations populations in Northern Ontario the total population organizes into three tribal councils -- Grand Council Treaty 3, Anishinabek Nation, and Nishnawbe Aski Nation (NAN).

Demographic and population health and education profiles for the area provide evidence of a higher proportion of First Nations and other Aboriginal people in the region in comparison with every other health region in Ontario (Northwest Local Health Integration Network, 2011; People for Education, 2003; Service Canada, 2014). Northwestern Ontario, Canada has the largest proportion (19.1%) of Aboriginal population in the Province (Northwest Local Health Integration Network, 2011); and a majority are registered First Nations identity groups (Northwest Local Health Integration Network, 2011; People for Education, 2003; Service Canada, 2014). In some school districts in Northern Ontario the proportion of Aboriginal students is 34% (People for

[29] Tilman (1984) refutes scholars who critique Weberian teachings as disconnecting these variables and creating a false dichotomy of the empirical world when in fact Weber's approach analytically parcels concepts by consideration of theoretical parsimony but embraces a social reality where these phenomena are usually linked together (see Note 10 for Chapter 2 in Tilman (1984).

Education, 2003: Appendix B). There are 116,000 First Nations citizens in the northern reaches of Ontario; comprising 49,000 NAN citizens, 42,000 Anishinabek citizens, and 25,000 Treaty Threee citizens.[30] Registered in Ontario as Métis are an additional 49,000 First Peoples organized into 9 regions and situated in 32 communities (Northern Ontario School of Medicine, ND). The primary focus of thesis interviewing was within some NAN communities; although, a broader constituency is engaged by way of points of contact made by the student during travel into and out of isolated, remote and rural First Nations; and in settings of day-to-day living and working in Toronto, Thunder Bay and some road-access and fly-in First Nations.

The demographic context includes three main language groups (Cree, Ojibway and Oji-cree). These groups include many distinct dialects. Broadly the dialects are demarcated as Western and Eastern. Perhaps there are as many dialects as there are communities (Personal Communication, Severn Ojibway Language Instructor). On-reserve populations range from fewer than 100 to more than 2,000 individuals and the population contrasts in various ways with other Canadians.

Related to a combination of high birthrates and erosion of older age groups due to disproportionate disease burden, the age demographic is younger than other Canadian constituencies. Relative to other First Nations settings and non-native living situations, these communities are characterized by substandard living circumstances. Circumstances approximate third world conditions. There are significant and at times life threatening housing and infrastructure shortages. There is chronic unemployment and other social problems for example high levels of drug and alcohol abuse despite significant

[30] Counts underestimate due to sampling bias in the Census, underreporting of Band registries due to social issues (e.g., registerable members with no status card), and the *Indian Act's* colonizing boundaries that fail to count some who see their identities as exclusively First Nations.

expenditures locally and by outside governments. These social and economic disruptions stem from residential schooling abuses and other historical realities of ongoing colonialism and assimilationist agenda. There are related impediments to cultural survival. These are due to gaps in knowledge sharing and the grip of Westernizing influences. Many participants talked of these influences including video games and violent television mythology that reduces respect for older generations, interferes with responsibilities to Land, and interrupts knowledge sharing across generations. High school completion rates fall as much as five times below provincial averages.

Economic development is supported by stimulus interventions and land-use planning exercises. These involve all walks of life. Yet, many in communities "feel like the truck of progress is stuck in the mud of a Spring winter-road; spinning and going nowhere despite pushing the pedal to the metal" because there is too much resistance and it's "not clear what the mud is, yet" (Storyteller, Follow-up, 2015). Labour market participation falls well below the provincial and national averages; with between 35% and 85% of community members who want to work being without stable employment. Kinship, family, interconnection, and the Land; in particular living with and off the Land, are described as vital to identity, cultural sustainability and health of individuals, communities and First Nations.

Context of Divergence from Bureaucracy, Biomedicine, Consumerism

Culture is defined within literature sources (e.g., King, Smith and Gracey, 2009: 78; Reynolds and Pope, 1991: 174-75; Hanna, Talley and Guindon, 2000: 430); and this thesis does not venture to review or consider the array of definitions that may be found in the academic literature. In reference to content analysis of participants' input, their

emphasis in defining culture is on dimensions that extend beyond the narrow confines of race, ethnicity, language and nationality. Thesis participants' views on culture and Anishnawbe culture in particular are presented here:

Thesis participants point to contrasts between Anishnawbe worldview and the cultures of biomedicine, bureaucracy and consumerism. Findings suggest that people are at risk of differential treatment and identity tension if their affinity is for a walk of life that does not resemble or fit into the frames of biomedicine, bureaucracy and consumerism. A First Nations educator who advises community governance explains:

> And those two sets of values may have some commonalities, some things in common, as you function in your life. .. And, you know, that's where your identity is instilled at. And when you come off to an off-reserve setting, you're still you; but you're functioning in a different, you know, setting, and different environment (Storyteller, 2014).

Providers in mainstream contexts will impose bureaucratic mindsets and allocate services by reference to a belief that marginalized people deserve less (e.g., Reynolds and Pope, 1991: 177-178; Black and Stone, 2005: 243; 252; Anderson and Snow, 2001: 396-399; Ahenakew, 2011: 14-19). A thesis participant refers to cultural (value) differences at the root of these relations of difference:

> "Time and how it is perceived and how it is made to matter are issues: Let me give you an example. If I was a doctor, picture me as a doctor. I go into an examining room and you are sitting there. I would sit down and I would come to the person, "What's your name?" "What's your Anishnawbe name and clan?" "And who are your kids?" If you ask people about themselves they become happy and they tell you about themselves. Okay? They know who you are. And that takes 10-15 minutes. But in the Western world, 15-minutes signifies a lot of money. And we're trying to change that so that the doctors we hire up North we pay them by the day. (Storyteller, 2013)

In a Canadian Broadcasting Corporation (CBC) Radio broadcast of the program *White Coat, Black Art* entitled, "First Nations Second Class Healthcare," Doctor Brian Goldman (2013) quotes an Aboriginal physician explaining how the notation 'Aboriginal' on patient charts is code-word used to denote someone being worthless and not worthwhile. The code word indicates a patient is to be afforded neither a medical providers' time nor the health systems' resources:

> What it really means when you write Aboriginal on a chart: Impoverished, potentially homeless, non-compliant (with medication), frequent visitor, potentially having certain abuse issues … And all this adds to misdiagnosis and delays in the time to treatment … because of the assumptions, the misconceptions that are made. It really is a large problem that has been identified in a lot of reports (Dr. Fontaine: White Coat, Black Art: First Nations Second Class Care).

The quote illustrates that the discriminatory judgment extends into deeper meaning structures that extend beyond culture as defined by reference to ethnicity, race, Aboriginality (*per se*), language or nationality.

During one of several interviews, a community member and First Nations health leader discusses the idea of "two cultures seeing differently" and points to the concern raised by the CBC broadcast that marginalizing perceptions and assumptions by a dominant group create the ontological context of identity tension. During a responsive interview he describes "the most significant experience" in his life that illustrates how mainstream providers downgrade Anishinawbe culture. This interview excerpt draws attention to materialism ($10,000 business outfit and being well-heeled) to depict the opposition of Anishnawbe and mainstream worldviews and pointing to structures of meaning and valuation that cut across ethno-racial, national and linguistic definitions of culture and cultural difference. This interview participant who is a community Elder and

leader felt "downgraded by a person who is not colonized and views First Nations 'cultural revitalization' through a lens of being 'less than' by comparison to the 'more than' that she holds true for her own (mainstream Canadian) political culture." To illustrate his point, this speaker shared a lengthy personal account; and a small excerpt of his voiced concern is presented below:

> And I think that the most significant experience that I've had is that one time … this well-heeled woman wearing what looked like a $10,000 business outfit stood up and said, 'Well I'm very disappointed to hear that you guys are going backwards.' … In reflecting about … her statement…, I understood … she sees life through a different bubble, her umwelt. … Now, the day that I decided that I was going to start taking back my culture, that's when I stopped going backwards, in my view. … Still from where her headspace is at, I'm going backwards. You understand? Two perspectives. So, you have to decide where you stand. (Storyteller, 2013)

By reflection of interviews, the dynamics of identity tension draws attention to disparities between care recipients (being relationally interpreted as less than) and providers of professional care (relationally interpreting themselves as more than). These disparities signify a dynamic matrix of social (dis)honour (Weberian concept) that gets applied to lifestyles and worldviews that will (or won't) be afforded time, attention, relational equality, or a respectful attitude. On one hand, there is inequality of access to self-determination: By reference to the quote below, the opportunity to be seen as a person in genuine pain with an authentic need. Intersecting this disparity is the heightened risk for an imposition of constraints: Using the example below, being made to wait until the "more than" provider decides to allocate health system resources and their own professional attention. This subjugation of entitlement by a care decision being made inappropriately leads to unduly placing constraints on access to timely and responsive caring; and, worse;

it aggravates the pain and underlying condition by delaying its authentication. A participating First Nations woman who lives in an urban environment for reason of long-term employment yet maintains strong kinship ties to her home community, which is an isolated northern First Nations community provides this illustrative example:

> "I know an example of someone who came to emergency and was in a lot of pain and the nurses stood there in emergency saying she was faking. And actually she wasn't and she was admitted and was in the hospital for a very long time. (Storyteller, 2013)

Input by a First Nations health leader further illustrates this same point. He describes how providers subjugate and disrupt equity rights of care recipients who go outside their communities for services because "communities are ill-equipped to deliver the full spectrum" of health and social caring despite a higher burden of disease and illness in comparison with those living in urban and off-reserve environments:

> "Many healthcare providers come from the dominant culture and many of their attitudes come from that perspective. And the clients, First Nations, are viewed as being the minority. And they'll get ***what they receive***. And many complaints are not about the ***quality*** of care; they talk about the ***attitude*** toward them by these service providers who are physicians, nurses, practitioners, social workers, counselors and service managers." (Storyteller, 2013).

During an interview, a First Nations advocacy professional who has worked over many years in various roles in health and related contexts draws attention to the salience of such criteria as speaking "certain ways" (referencing on follow-up that she meant would indicate "lower material wealth, the grassroots"); or in a language "showing they are from a northern reserve" (that urbanite professionals wrongly see as backward). Thesis project participants mention various additional criteria that extend beyond ethnicity, race,

nationality and national language as deeper meaning structures that appear to disadvantage access to timely, quality and appropriate services. These qualities include "being patient" and "not being the type of person to complain." A later section of the thesis brings these into focus as deeper structures of meaning by reference to a Weberian sociology of cognition (mind). Toward "deploying more optimal health care relationships," Shim (2010: 1) reviews various frameworks that aim to clarify "dynamics of unequal treatment" that result in "clinically unwarranted disparities in health services." Shim (2010: 8) explains encounters using Weberian-influenced "social cognition models" and finds that "even among well-intentioned providers, a patient's race-ethnicity can activate ubiquitous and unconscious social cognition processes that can result in the generation of racial-ethnic inequalities in healthcare… [even] a provider's interpretations of health-related information" and "a physician's behaviour toward a patient" may be arbitrarily altered, in detrimental ways, based on "beliefs about race-ethnicity… and educational attainment and moral sophistication (social class)." An interview quote illustrates the conflict, which is apparent to him as a First Nations person who has first-hand experience as a colonized person; but may not be immediately apparent to all service providers:

> "So what's happening now though is that people who don't have that training because they operate from a perspective of unearned white privilege, we automatically assume the native people to be enculturated to the white way of thinking. We just assume that they're enculturated already when they're not and that's why this conflict is always there." (Storyteller, 2013)

Shim (2010: 8) points to a unifying conclusion by varied theoretical literature that attempts to explain service encounters "gone wrong" by reference to meaning structures below the surface precepts of ethno-cultural and national-linguistic symbols. Shim points

out that "broad social inequalities operate in patient-provider interactions, and shape the content and tone of health care encounters" (Shim, 2010: 1).

A female participant in this group interview had interjected to this point to explain how such qualities of mind indicate a stance of "putting up and shutting up," as commonly associated with being relationally treated as "less than" instead of "equal to" or "more than" by providers who reflect a biomedicine worldview and bureaucratic mindset of governance. This statement inspired a participating First Nations advocacy professional to comment that clients will more commonly be treated as "less than" and "worth less," "particularly when … receiving a disability pension or they are on Ontario Works."[31] The first speaker next describes how people get mistreated "if they are dressed in certain ways" (she clarified on follow-up that these ways indicate being unwilling or unable to afford clothing that doctors and nurses see as appropriate). Input by participants shows providers of care interpret First Nations unknown to them personally as economically and socially marginalized who do not 'reflect 'biomedicine expectations or fit into bureaucratic ways.

These interview excerpts illustrate how multiple and complex diversities heighten risk that health and social caring encounters disrupt human rights and dignity and afford access to a lower standard of care and "they get mistreated" and labeled "troublemakers, difficult patients or complex patients" if they complain (Storyteller, 2013).

> "I think it is the whole perception of people [as less than the provider professionals] when they come into the [health delivery institution/agency]. And it is especially true with the people coming from the northern communities and worse if they do not speak the language." (Storyteller, 2013)

[31] Several exemplary stories were narrated by this same group interview participant; and are not presented due to considerations of patient, family and organizational privacy and confidentiality.

A First Nations community member with experience working in grassroots Aboriginal communities as well First Nations political administration and as a federal bureaucrat explains what he perceives is a root cause of identity tension, related disparities and detrimental outcomes to health and social wellbeing as illustrated above:

> "It comes from a fact that you're living in two different cultures and these two interact on the basis of one is a dominant culture and the other is a receiving culture." (Storyteller, 2013)

Similar sentiment is stated using stronger language by a First Nations political stakeholder and respected authority on health rights, environment, and constitutional law:

> "So we still live with thought processes from people who come into our community with a colonial way of thinking that First Nations citizens in remote and isolated communities are an inferior type of people and can be delivered an inferior product of services because they will be accepting in that [these outside professionals believe about the community that] they are too backward to know different, know better." (Storyteller, 2013)

Conceptualizing the Marginalizing Experiences within Services

The core of Weberian perspective brings into focus a chain, or pathway, of concepts. Mills (Tilman, 1984) adopts these same concepts and adds occupation to the matrix. Weber, and Mills, considers there to be a conceptual unison among power, status (social honour), disparity (economic group), and occupation, and lifestyle.[32]

Interpretive-constructivist sociology employs this matrix of concepts to explore, describe and explain relations of difference, exclusion, and racism; such as, those relations which appear to characterize the experiences of those who do not follow, or fit into, the

[32] Mills uses 'occupation' in place of lifestyle, drawing on Veblen; recognizing the contemporary focus on occupation as pivotal to lifestyle; and raising thereby a consideration of credentialism that is a foremost feature of the biomedicine culture and bureaucratic structure of governance that is called into question within the literature and during responsive interviews as forces of oppression and marginalization.

cultural ethos[33] of biomedicine, bureaucracy and consumerism; and try to get equitable treatment in care in Northern Ontario.

Weber's general theory of inequality and social change explains differential treatment and its consequences as follows: Cultural factors that are external to individuals and are particular to a given historical moment and structural context dynamically combine with ideographic factors (e.g., self-determination) that are unique to individuals and influences their positioning within a matrix of domination and liberation (Gerth and Mills, 1946; Tilman, 1984; Tubadji, 2014; Scaff, 2014; 1993; Bendix, 1945; 1946; 1974; Swedberg, 2003). In contexts of interpersonal diversity the "relationship between experience, culture, identity, politics and power" (Bernstein, 2005: 48) is riddled with disturbances to fair, equitable and ethically appropriate access and treatment or care.

Responsive interviews and conversations for this thesis point to an intermingling of forms of economic disparity (e.g., inexpensive clothing styles, colloquial way of speaking) and behavioural marginalization (e.g., lack of assertiveness, tolerating long waiting without complaining, being accused of faking). In the colonial context, these wider-ranging social, economic and political diversities are mapped objectively and subjectively onto cultural identity (ethos) for those who are pulled down by traumatizing and isolating impacts of residential schooling, religious oppression, dis-engagement by mainstream schooling curriculum; and displacement from traditional economies, lands and relations of autonomy. Northern Ontario contexts of health and social caring endorse a narrow range of ideas (and symbolisms), for example relating to time, relationship building, and images of the good life; and displace (or dismiss) First Nations concepts and

[33] Ethos is a Weberian concept, which is known also as Spirit of the times; and is reviewed in more detail in The Protestant Ethic and the Spirit of Capitalism (Weber, 1905).

preferences. Excerpts from two thesis interviews paint a picture of disparaging *cultural attitudes* by mainstream service providers that *write-off and write-out* First Nations identity groups who don't (or cannot) conform.

Sharing his sentiments as a community member and health leader with international experience involving First Nations political, treaty and land-use planning, this speaker brings into focus the historical process of misinformation. Misinformation is part of the external environment; it negatively influences community growth and knowledge development; and misinformation is perpetuated by non-native service providers who are schooled by non-native curricular standards:

> "If we look back on history; a lot of misinformation has been provided throughout the system of who we are as a people. At some point we were subhuman or we're not human at all; and those kinds of attitudes penetrate our psyche and mainstream cultures along the way. Colonizers believe it was okay to dehumanize our people in order to be able to access lands and resources." (Storyteller, 2013)

An interview participant and community member who is respected as a First Nations Elder and cultural expert provides a blunt definition of the way cultural identity and sovereignty are disrupted, made tense; within pressuring contexts of colonial politics:

> "I have a more blunt way of looking at life for Aboriginal people in Canada. We are a colonized people living in a racist environment. The systems including the health system that Western society has put in place will not serve us well, because these systems were designed to help Western society. They're not there to help First Nations people." (Storyteller, 2013)

Analogue to this thesis participants' viewpoints is found in the literature: "Lukes' third face of power [which draws on Mills and Weber] … describes a condition where belief in and adherence to the status quo and its norms and values exists 'below the level of

consciousness in a way that is resistant to articulation, critical reflection and conscious manipulation … and manifests in the ability to constrain the choices of others, coercing them or securing their compliance, by impeding them from living as their own nature and judgement dictate" (MacDonald, 2014: 68-69). A participant's quote illustrates how this constraint, through the historical episode of ongoing colonialism, has fractured Anishnawbe healing culture; in ways that disrupt individual identities and resilience as Anishnawbe people:

> "We had tools for personal transformation. And they got lost. And we're Spiritually deprivating for meaning in our lives. It's like an existential crisis. I see many community members caught up in this. Like it's why they get into trouble in the first place, say with drugs or alcohol. Also it's why they don't know how to deal with the emotional pain even the physical pain. They don't know where to turn because everything is so distorted in their belief systems. (Storyteller, 2013)

Participants taking roles as contributor-analysts discussed temporal disruptions (e.g., shutting people down, closing people off, 'pushing people through') and ways that treatment providers de-emphasize what is important to the Anishinawbe patient. What matters within the Anishinawbe worldview and relationship is the context (the story behind) the surface-level symptoms. Participants perceive service providers as often prioritizing not placing patients or relationships with patients at the *centre* but on doing whatever is necessary for 'speeding up the care encounter.'

Divergent Worldviews: First Nations, Biomedicine, Bureaucracy and Consumerism

"People engage with their cultural environments and sift through the deluge of signs and symbols in ways that establish some level of comfort [ontological security] … to manage their social realities … and establish … trusted certainty over the world outside

their immediate social circles" (Ostertag, 2010: 824-825). Max Weber incorporates elements of cognition (the meanings that people give to their actions and surroundings) into his groundbreaking work that clarifies how cultural ethos relates to domination, legitimation and changing political-economic forms (Rijks, 2012: 58; Swedberg, 2003: 283; 292; 294; 299; Bendix, 1946: 518; 525; Mills, Weatherbee and Durepos, 2014: 232-33; Scaff, 1993: 847; Tubadji, 2014: 63-64; Tijsterman and Overeem, 2008: 77; Bell, 1996: 35). Weber lays the sociological groundwork that "highlight the intimate workings of the mind in recognizing, assessing, processing, and categorizing cultural signs and symbols… to reveal some … linkages between cognitive sociology and ontology" (Ostertag, 2010: 825-26).

As Weber presents, "social action is not simply a matter of behaviors and events patterned and constrained by a society's institutional forms… [it] is always meaningful – intended and interpreted by others" (Crawford, 2006: 401). Reith (2004: 283) concludes that dominant social constructs of race, gender, sexuality, deviance and 'just deserts' (getting what one deserves) are perpetuated and "embedded within wider socio-historical processes… [involving] interrelations … of identity, subjectivity and governance… where an … emphasis on the values of freedom, autonomy and choice… reveal deep tensions within the ideology of consumerism itself" (Reith, 2004: 283). In an article, *Health as a meaningful social practice*, Crawford (2006) extends Weber's general approach by drawing on content analysis and interviews that draws attention to the birth within mainstream liberal democratic biomedicine and professions of a "therapeutic ethos" (p. 405) of "individual responsibility" (pp. 409-10) that has "sensitizing impacts (p. 407) and involves "seeking a gospel of the self (p. 405)."

Crawford's Weberian analysis focuses the lens to excavate deeper interactional codes and value systems. Analytic attention is turned beneath the surface of more tangible differences, for example those of race, skin colour, ethnicity, nationality, language. Superficial cultural identity differences often cloud the authentic roots of oppression and freedom. Drawing on Crawford (2006), what is found beneath this superficial diversity and related bias are deeper meaning systems. Deeper structures cut across status identity groups but still may be generalized as collinear to superficial identity traits and status identity. Crawford's analysis is echoed by others.[34]

Crawford's Weberian approach explains how some report never experiencing any forms of disadvantage or disruption despite they visibly identify as First Nations in contexts of health and social caring. Crawford's analysis also helps explain how people who do not identify as First Nations, or are invisible in their identity as First Nations, may experience significant disruption and disadvantage in such contexts. Crawford's (2006) analysis presents a historically contextualized account of structurally-conditioned cognitive legitimation processes that "superimposes one upon another ascribed quality" (p. 414) and involves seeing "the failure to achieve health or to seek it as equated with a failure to embrace life" (p. 411) and is rooted in a definition of the good life by reference to criteria of "hyper-consumption … [and] a ritual of health promotion" (p. 413). Based on his content analysis of health advertising and interviews with Chicago area professionals, blue collar workers and low income residents in 1983 Crawford (2006: 411-12) concludes

[34] In the interest of brevity the entire body of literature is not reviewed systematically in this thesis. The rationale for inclusion is to draw attention to the deeper structures (deviation in perceived adherence to certain values) that are implicated in the social problem of identity tension. Readers are invited to review the broader context of scholarly literature. Examples in the bibliography include: Reynolds and Pope, 1991; Hanna, Talley and Guindon, 2000; Black and Stone, 2005; Anderson and Snow, 2001; Willis, 2012; Reith, 2004; Burnes and Ross, 2010; Mamadouh (1997); Shim, 2010; Haydon, 2006; Alexander, 2000; Beitzel, 2014; Robbins and Dewar, 2011.

that "the meaningful practice of health is metaphorically structured" and people conflate health achievements with values of "self-control, self-discipline, self-denial, and will power." How this relates to the current thesis is the sad fact that due to social problems, rooted in colonialism, many First Nations and other marginalized status identities are structurally disrupted in their access and participation in durable self-control, discipline, and self-determination (will power and the ability to restrict for example given addictions).

In his Weberian-influenced analysis, Crawford (412-415) explains how health service professionals use "ideological power of stereotypes that link pathology with difference" (p. 415) to make health work a "dividing practice." During an individual interview by telephone, a First Nations woman who is a credentialed professional in Northern Ontario presented views that illustrate Crawford's point about treatment providers' tendency to impose assumptions on First Nations and other marginalized, in particular economically marginalized, people who may enter into a service delivery context to seek care:

> "When an Aboriginal person walks into the emergency, they're not all drug-seeking. They may have legitimate needs. The problem that [this bias] isn't being confronted though. And rather than treat, they send us home." (Storyteller, 2013)

Rooted in the "link between professional and middle-class identities and health" (p. 415) there is an active and symbolically violent "striving to demonstrate these core values" (p. 412-13) that entails keeping themselves "physically and culturally isolated" (p. 414) from marginalized others. Professionals in practice sites of bureaucratically organized biomedicine culture "reinforce boundaries that demarcate their healthy, affluent self" (p. 414). In support of Crawford's viewpoint, an exemplary quote is presented below from

compiled interview material for this thesis. Spoken by a First Nations administrator and Elder, the quote refers to the impact of cultural difference and broader structural factors (colonial politics) on treatment providers' propensity to impose views or ways that are disruptive to those seeking care. In particular, the interview draws attention to gaps in preparedness for healthcare workers who come from a different 'location' due to cultural differences between them and First Nations who are seeking care whether inside or outside their communities:

> "What I'm saying is nothing prepared the healthcare worker to deal with that First Nations client. She came through this way. But a First Nations person came by a different path. They are colonized. A non-colonized person operates from a perspective of his unearned white privilege to a colonized person who came from a different path. The colonized person is a captive." (Storyteller, 2013)

This bureaucratic perspective creates conditions where its human agents 'operate like robots' (Storyteller, 2013) and take the position that 'it's just a job.' Stated most saliently by a group interview participant in an organizational setting off-reserve, the robotic approach that disrupts patients' identity and culture is caused when those at the "top of the medical model food chain respond verbally or nonverbally to impress (it is felt more toward certain 'designations' of patients in particular from northern reserves) that 'there isn't time to wait for patients to run through their whole life story' (Storyteller, 2013). In some cases the issues go beyond this idea of passively performing a bureaucratic role and with unintended consequences (Giddens, 1990).

A descriptive concept, which can be used to make sense of joint social action in contexts of involving relations of difference, exclusion, marginalization; and racism; and a concept which makes sense to the perspectives shared during interviews for this thesis, is

presented by a new-Weberian, Tubadji (20140> Drawing on an application of Max Weber's perspective on human growth and community development, Tubadji (2014) exchanges Weber's ethos concept; and uses in its place the term *cultural attitude*. Tubadji's term cultural attitude finds expression in the voice of a First Nation community member talking about the meaning and implications of cultural safety to him and his community. This speaker who deals with funding scenarios on a day to day basis speaks to the 'attitude' that influences organizational decision making in the context of the mainstream bureaucratic culture of medicine-focused health and social caring:

> It's like we're down here and they're up there; like they know it all and there's not the attitude of listening and hearing what is going on from our perspective. There is a lack of recognition that maybe we know what our own needs are. Now that is a fact for the political level as well. Such as when we are looking for funding. We get told we do not know how to assess our own community needs. What happens is they have to send in the government workers or these other outsiders, experts; what they see as experts, to see what we need and how much the health services would cost by their estimations." (Storyteller, 2013)

This is a "reasonable but marginalizing course of action" (Storyteller, Follow-up 2015) by northern Ontario First Nations and others with multiple and complex diversities. It is reasonable because discrimination and exclusion and ontological disruption "can be expected given the trend that is being seen in media coverage and professional studies like this one" (Storyteller, Follow-up 2014).

Anishnawbe Culture: A Context and Site of Resistance for Thesis Participants

Culture refers to economic class and, in Weber's language, to groups differentiated along a continuum of social honour and status positioning (Gerth and Mills, 1949). Thesis

participants see culture as more than national affiliation or an affinity group defined demographically. In sum, contributor-analysts offered six different types of responses to a set of questions designed to clarify whose culture is being referred to in the thesis narrative. Questions asked to contextualize the focal point of culture were: (1)What is culture? (2)What (and who) is Anishinawbe culture? (3)Comparing Anishnawbe culture with other cultures, what are differences and similarities? (4)How does culture map onto identity? Distinct responses were organized into these six themes, by using techniques of domain analysis (Spradley, 1980). There are 4.5 times as many responses that transcend heritage, nationality, ethnicity, race and language. Thirty-six distinct responses transcend the familiar demographic and human rights criteria. In contrast, eight responses reference narrower criteria like values. Exemplary responses are presented below:

THE DEMOGRAPHIC ASPECT OF CULTURE

Seeing ***heritage and language as critical*** in defining culture:

- "Well to me culture would be your heritage and speaking your language, Anishinenemowin – a language defines who we are."

THE VALUES, PRINCIPLES AND LIFESTYLE ASPECT OF CULTURE

Culture as ***a way of life***:

- "Where you grew up and the community that formed your values that you carry on throughout your life."

Emphasis on ***values and principles*** for living and *respect*:

- Defining culture lies in values that some people call seven sacred teachings. Now, I don't think there's only seven. That was somebody's idea of how to package these values into a format that would be easier to teach."

CULTURE AS KNOWING ONE'S SELF AND ALL OUR RELATIONS

Culture as a ***strength of being*** in its four aspects:

- This is where natural resilience comes from. It's a Nanaboosho teaching."

Culture as ***foundational to identity***

- "Culture is the foundation that provides our identity of who we are; what we've come from … in common with other individuals … where you've come from and people you're surrounded with in part of your life"

Culture is an ***approach to interrelating***:

- "What I was taught while living in community; it was to respect, to basically learn to get along with people, to be nice and help people."

Culture involves ***connection to the Land***:

- "Culture is knowing where you are placed within the system of humanity and how you are interconnected with your environment."

CULTURE AS TRANSIENT AND PROVISIONAL

Four responses consider culture as transient and provisional. Insights look at how culture is influenced by ***internal and external pressures.*** Two are exemplary:

- "When I was growing up; I was raised up in a tent frame and then I moved to a log cabin and then I went to the government housing, they call it now… three different phases… I saw my community grow."
- "Culture was driven underground. But it never disappeared."

SUSTAINABLE CULTURE AS SOVEREIGNTY

Five responses link culture, ***identity and sovereignty***. Two are most exemplary:

- "If you were to have removed the culture aspect from our belief system, we would have disappeared a long time ago. Other parts – physical, mental, emotional – would not have been enough to sustain us as a people."
- "Culture is a community where you belong; a family; and placed as a sovereign human being by and under a sovereign God as an independent person with the freedom and the ability to make decisions; and to interact with my surroundings, and have every resource to ensure comfort and safety."

CULTURE AS A WAY OF PERCEIVING, A QUALITY OF MIND

Two distinct responses refer to the ***perception, imagination*** and dreaming:

- "Being Anishnawbe, inini; it is more than DNA. It is the way we think, a special way of thinking that sets us apart; our way of seeing the world and perceiving it; knowing what is it we want to do and that which can be done."
- "Being Anishnawbe is a way of dreaming. White people, they do not dream as we do. They do not. They cannot. That sets us apart also. That is being Anishnawbe. That is Anishnawbe health."

Chapter 5: Mutual Respect as a *Solution* and a Weberian *Ideal Type*

The thesis takes as a starting point, and interviews with First Nations equity experts substantiates, that there is a problem in contexts where people with marginalizing characteristics about them try and get care and end up being disadvantaged, even discriminated against, by care providers who more reflect a biomedicine, bureaucratic and consumerism worldview and way of being and knowing in the world than those who seek care. This thesis refers to this joint social action as involving identity tension. Other researchers and policy scientists refer to this issue as culturally unsafe care. This chapter goes beyond the description and substantiation of the problem, in the thesis participants' words; and presents, also in their words, what they collective see and seek as a solution to the problem. First by way of reviewing the presentation to this point in the thesis: A salient first finding in the thesis is that "every person is a culture and every person has a culture" (Storyteller, 2014). Exemplary definitions of culture as spoken by thesis participants are presented in the preceding chapter. Related to this finding is the idea that "people relate with one another from the basis of this 'bubble' that is their 'umwelt,' which is their personal culture" (Storyteller, 2015). This finding demonstrates Weber's view that micro-level experiences are embedded within and shaped by macro-level arrangements.

The fourth chapter reviewed this Weberian idea of the conditioning influence of historical, structural and ideographic context. In this way, the thesis makes a second finding, which demonstrates Weber's general theory of cultural as a mediating factor. Thesis participants examine how identity tension involves *deeper structures of meaning*, which bring into focus some factors of complex bias. As key influences on differential

treatment and resulting identity tension, these deeper structures of meaning are more potent as well as more deceptive than the categorical factors of race, ethnicity, language and nationality either singularly (e.g., race) or in combination (race and gender). Anishnawbe healing culture is different in three main ways from the mainstream medical bureaucracy approach. First, Anishnawbe healing approach is about connecting with the Land. Second, Anishnawbe healing approach emphasizes taking time to build trusting relationships by actively listening and caring about people when they tell the background information that for them relates to treatment needs as they see it. Third, Anishnawbe healing means affirming the worth of those who differ from the mainstream consumerism-professionalism ways in style of dress, speech, mannerism, orientation to time/space, livelihood and lifestyle. These findings were also reviewed in the fourth chapter by way of achieving Weber's principle of sociological research; which is involved locating the problem under consideration into its historical, structural and ideographic location (contextualizing). The individuals and groups who involved with this thesis provided rich evidence of the context and its meaning, and meaningfulness to them and to the interrelated issues of differential treatment, identity tension and salient (deep) differences among culture.

The third finding, which is the focus of this chapter, is how thesis participants focused attention on solutions and diminished any value to advancing more knowledge, or certainty, about the differential treatment / identity tension problem. An exemplary quote illustrates this emphasis at core of the proposed solution:

> The solutions is to move beyond the biomedical regimen of "assessment, diagnosis, and treatment without the opportunity for advocacy or understanding." (Storyteller, 2013)

This solution draws attention to how biomedicine contrasts with Anishnawbe ways. As rehearsed in the Weberian-influenced teachings by Crawford (1984), which are reviewed in Chapter Four of this thesis by way of depicting the context; biomedicine includes within it two additional cultures. These are the culture of bureaucracy and the culture of consumerism. In this sense the identity tension problem stems from broader cultural influences that happen to be at play within contexts of mainstream health and social caring. Due to its invasive and sequential approach, as noted in the above quote from a thesis interview; the culture of mainstream health and social caring contrasts sharply with Anishnawbe healing culture. Reflecting the spoken word from interviews, conversations and field notes, six contrast tables are presented over the next three (3) pages. These contrast tables illustrate how biomedicine, bureaucracy and consumerism cultures are detrimental influences on the joint social action of Anishnawbe people.

Strong and Diluted Forms of Anishnawbe Culture: Identity Tension

Conceptual Development using Content Analysis and Reduction

Restating a guideline for reading the results of qualitative, grounded, post-colonial work involves reminding that the content of interviews/conversations as it is shared in this; was not received by the student in ordered formats; and neither did the student ask questions that would guide the organization of spoken word in the ways that are presented within the thesis. It is only after thousands of hours of careful, repetitive, conscientious and mentally exhausting qualitative analysis that such organizational frameworks emerge. These organizational schema that now are used to present selected, exemplary, quotes are fashioned by way of interpretative analysis, using such techniques as constant comparison, theoretical saturation, reduction, and other methods of abduction. The contrasting

perspectives, below, are drawn from a field note (1), and interviews (5) where dialogue in response to asking for stories about culturally safe and unsafe services instead moved into a review of dimensions of contrast. These six (6) tables of contrast are presented over the next three (3) pages, which reflect content analysis of conversations and interviews.

GROUP INTERVIEW WITH A NETWORK OF ORGANIZATIONS

STRONG CULTURE	DILUTED CULTURE
• Respectful • Person-oriented • Process focused • Unassuming • Supportive • Connecting / connected • Actively close the gap between a provider and a client • Actively close the gap between the context of counseling and the context of that client's life • It's about self-presentation to connect (or not) with people in the minority • The ability (or refusal) to reflect and change one's own attitudes • To take time (or not) and get to know (or not) the human being who is there	• Disrespectful • Oriented by time, time-keeping • Task focused • Invasive • Disruptive • Condescending • Racist • Belittling • Angry if confronted about their racism, attitude • Feels like no connection, not connecting • People in the medical encounter make the assumption that native people are 'encultured' or get 'taken aback when a client puts out reverse enculturation'

INDIVIDUAL INTERVIEW WITH HEALTH LEADER

CONTRASTING MODELS – A STORYTELLER'S VIEWPOINT

STRONG: NORTHERN ONTARIO FIRST NATIONS	DILUTED: BUREAUCRACY, BIOMEDICINE, CONSUMERISM
• Land	• Technology
• Spending time	• Assessing
• Visiting – people like to visit	• Imposing
• Client learns who the provider is	• Provider assumes they know who the client is
• It takes time	• Time is money
• Ends with the client wanting to continue	• Ends with the client feeling upset and wanting to get out of the encounter and out of the counseling relationship

INDIVIDUAL INTERVIEW WITH POLITICAL LEADER

CONTRASTING MODELS – A STORYTELLER'S VIEWPOINT

STRONG: WORKING WITH/FOR	DILUTED: PROVIDING A SERVICE
• People who come on these terms become one with community; there is "do for" both ways	• People on these terms are eternally outside, even when they are inside
• resource blending	• – resource leakage
• Respecting the channels of local authority	• Forcing the medical hierarchy
• Focus training on all healthcare workers at every level, physicians and custodians, to know how to spend time and what will help them know people, communities and cultures	• Emphasis on the need to train people because people fear what they do not understand

INDIVIDUAL INTERVIEW WITH EDUCATION LEADER

CONTRASTING MODELS – A STORYTELLER'S VIEWPOINT

STRONG: OUTSIDE PEOPLE: First Nations	DILUTED: INSIDE PEOPLE: Colonial Influence
• Bush was my playground	• Fear of bush • Jason (Friday the 13th) is the new windigo • Trauma paralyzes people • Lack of parenting • The way kids are disciplined • TV is an influence • People that discourage you

GROUP INTERVIEW WITH COMMUNITY GROUP

CONTRASTING MODELS – A STORYTELLER'S VIEWPOINT

STRONG: CONNECTED CULTURE	DILUTED: DISCONNECTED CULTURE
• Alive • Close proximity of cabins with each other • 3-4 families in a log cabin • Community levels is way different • Nobody was a stranger • People were coming together	• Gossip and keeping people out • Spread out • Don't know family trees • Unaware of family history • Too close in marriages – cousin marriages are too close (a cousin is a sibling) • Nepotism and conflict of interest • Governance structures imposed by outside influences • Bureaucrat / factor (Government / Hudson's Bay) is what led to Nepotism

GROUP PERSPECTIVE FROM THEIR VIEWING NUKA CENTRE

> **FIELD RECORD: 2013 JUNE:** Participants during a meeting (June 24, 2013) described a best practice. Their meeting agenda referred to …visiting the Nuka Centre in Alaska... The student researcher had been invited to attend this meeting as an observer …. During the report-back … committee members listed criteria they perceived to reflect the Nuka Centre; and …important to

> moving their health service organization … [as]a more culturally engaged space and an integrative space.

The criteria identified were as follows:

- treat everyone like family – all levels;
- funding, administration: all are treated equal -- from CEO to government (federal) and organizations and customers/owners to the community:
- everyone is treated the same, equal and with respect;
- they really take care of their Elders;
- it's friendly and open / caring and sharing:
- health teams are integrated, all are in one room – and that is why it works so well is because all know each other and work together as a [healthy] family does;
- so they don't go behind backs in dealing with issues but take it head on;
- they're smiling and they talk with you, engaging one another and with outsiders;
- there is no shame of ancestry lines." (Field Record, 2013)

The six (6) contrast tables, which are presented above, serve as a first step and backdrop to constructing a mutual respect ideal type. These tables illustrate the relations of difference, disruption and threat that raise concern among those interviewed. The proposed mutual respect ideal type reflects a rendering of qualitative information into an organized framework. Qualitative analysis was done first in collaboration with those who participated, during interviews and conversations; and subsequently by way of independent attention over thousands of hours by the student throughout the course of the thesis journey. The mutual respect ideal type is an opportunity to raise awareness of the strategic value of three dimensions of an Anishnawbe way of being, knowing and doing. An exposition of mutual respect gives momentum to the professional, personal, community, organizational and academic work, and relationships, by those who participated in the thesis; and others who may read it; to collaborate and resist, push back; and steer toward an environment of health and social caring that embraces equity.

This chapter presents the ideal type, and solution; which is mutual respect. First, this chapter provides a quick overview of the ideal type method in interpretive sociology.

Mutual Respect: Proposing an Ideal Type to Solve Identity Tension

An ideal type is a conceptualizing approach introduced to sociology, economic, history, and administrative science by Max Weber during the early 1900's. An ideal type is developed using "a form of reasoning through which we perceive the phenomenon as related to other observations either in the sense that there is a cause and effect hidden from view… or in the sense of creating new general descriptions… [which] seeks a situational fit between observed facts and rules" (Timmermans and Tavory, 2012: 171).

Applied to this thesis project, the "facts" (p. 171) are the content of interviews and conversations. In particular, the facts are the content which focused on solutions to identity tensions (disrupted identities and disruptive contexts). "A crucial pathway for conceptual innovation in the social sciences is the construction of theoretical ideas on the basis of empirical data" (Timmermans and Tavory, 2012: 167). In this chapter, selected spoken words are organized into three strategic values, and priorities; which serve as a first step in conceptualizing a mutual respect ideal type that is meaningful in the specific context of this thesis. The context of this thesis includes the purposive and snowball sample of participants; and those who engaged earlier in the thesis journey during engagement to set the topic, focus and questions. Primacy is given to participants' voices for intervening in the differential treatment and resulting identity tension that permeates the experiences of those trying to get care in Northern Ontario, if they are marginalized in ways including by way of being First Nations.

The spoken word that most contributed to the mutual respect ideal type comes from answers by participants to questions about factors that positively influence cultural safety; mitigate (reduce and alleviate) cultural risk; and promote an optimum healing environment. The preservation of cultural sovereignty, the Land; and certain approaches and worldviews within Anishnawbe healing culture emerged as focal point in their responses.

The student deliberately takes a minimalist approach to interpreting and conceptualizing participants' spoken word. This is because a grounded approach to knowledge construction does not aim to impose an overlay of meta-interpretation onto the words of participants. Charles Wright Mills says: "The social scientist … is often in no better position than the ordinary individual to solve structural problems, for their solution can never be merely intellectual or merely private. Their proper statement [and solution] cannot be confined to the … will of social scientists" (Mills, 1959: 184).

Presented in the next table is the resulting ideal type, mutual respect. The mutual respect ideal type is presented, as well, as a solution to identity tension that happens in contexts of health and social caring that bring together those who are marginalized from the predominant organizational culture with those who are privileged within the predominant organizational culture.

TABL1: EASING IDENTITY TENSION – THREE STRATEGIC VALUES OF MUTUAL RESPECT[35]

CULTURAL ATTITUDE (Weber, by Tubadji, 2014; Mills' praxis – see Tilman, 1984:49)

– MUTUAL RESPECT

> "When you look at Native culture, the word *respect* brings to mind and involves respect for all living things on mother Earth. So that is what native culture is – it is respect for all human beings, animals, water, the sky, fire, and everything else. That is what native culture is all about. Respect."
>
> "The Elders who taught me never talked about seven sacred teachings. They talked about the values of truth and honesty, love, compassion, understanding, patience, courage, respect. (Storyteller, 2013)

ALL MY RELATIONS	**LOCAL KNOWLEDGE**	**BEING THERE**
COMMON HUMANITY (Freire, 1970)	HONOURING LIFESTYLES THAT DIFFER (Crawford, 2006)	REFLEXIVE THINKING (Freire, 1970)
• **Nihn-wa-windwidji-da-ki-wema (The sense we are of the same Land)** • **Ethical space** • **Climate of mutual support**	• **Innovations in care** • **Shifting orientations** • **Back to the Land** • **Speaking up**	• **Willing to know a person in their own space** • **Safe space** • **Sharing value**

-Exemplary quotes are presented below the typology

[redacted]

Main Organizing Theme from Story-gathering – MUTUAL RESPECT

[35] By reference to participant interviews and their overall synthesis, culturally unsafe health and social caring encounters are those which **disaffirm pride** in First Nations identity; **disempower access** to equity as safeguarded within constitutional and human rights law and (re) produce **power imbalance and adversity** that is socially unjust, unwelcome and detrimental to sovereignty as a distinct people.

The spoken word during conversations, interviews, and site and field visits emphasized respect respect for all things. Participants emphasized that the Anishnawbe worldview values, defines, enacts, and lives respect in ways that differ from those who do not walk in the ways of being, knowing and doing of the Anishnawbe people. Culture, and cultural forms of healing and livin and prayer; were driven down but never erased; and there is significant revitalization now. A mutual respect ideal type may be an opportunity for all to learn and participate in the three strategic values that denote mutual respect within the Anishnawbe livelihood, lifestyle and lifeway.

> …what the Elders taught me is this: It's better to be criticized for doing something than to be criticized for doing nothing. So that's how I operate. That's why I'm fearless. … I just go do something. If I make a mistake, fine, I'll deal with it; but I know it's not going to be an end of the world experience. I'll deal with it. But what really hurts is if something happens, and you didn't do anything. Because if somebody comes to you and says why didn't you do anything? There's really no answer for that. But if you did something and made a mistake, well you did something. (Storyteller, 2013)

> "To begin to try and address some of the unfair ***ways*** that our people have been treated for so long, and I'm also making connections with people, with the unions; who are also looking for fairness and ***justice***, which is the same thing we are looking for. Sometimes they think we are on the opposite; but, no we are just trying to get some fairness out of the system as well, and ***justice***. So to try to make the connections with the different organizations." (Storyteller, 2013)

> Now, sometimes when people hear those [values] words they view them as being something under glass. But it's when you realize that those are not just words but that you have to live your life like that then culture becomes meaningful to you. Being holistic; when you say respect for all living thing, it just doesn't mean human beings. It also means animals, birds, and fish, mother Earth. You have to believe that the Earth has a Spirit. And in order for you to respect that Spirit -- the same way you want to be respected as a Spirit -- that's why you never disrespect mother Earth….or anyone, anything. (Storyteller, 2013)

Three strategic values comprise the mutual respect ideal type. These are all my relations, local knowledge and being there.

All my relations refers to the Land, connection with the Land; and connection with all humanity. ***All my relations*** is taken in the sense that we are all related; not only humans are related but all creatures are related. Knowing this balance among humans and all of Creation is an important cultural value. As well, it is an aspect of healing ways and health and social caring within the Anishnawbe worldview and lifeway. Below are the selected exemplary quotes from the spoken word talking about the importance of ***all my relations*** as a defining feature and a strategic value that resists cultural risk; and preserves cultural sovereignty for Anishnawbe people in Northern Ontario.

<u>All My Relations: Connections to Land and all Humanity</u>

> There's good things to do for people who struggle. They need to pray … in whatever way they believe in to pray. The solution is to reconnect with the land, each other, and self. The clinics get very crowded. People want medicine, pills. What we need is a dedicated wilderness camp and support people to get out there and then the young people can learn to gradually take over these ceremonies, healing. Elders' teachings have to be connected into the medical system." (Storyteller, 2013)

> "When things get overwhelming in an urban setting, I go home to recharge and revitalize my energy. I go back to the traditional foods; I go back to being with family; I go back to speaking the language. And I go back to ***being*** a part of nature. One of the best ways is that I go into the middle of the lake and I just sit there. I let the silence and the peace ***cover*** me. And it begins to show me what is really important. So I'm able to use the healing that comes from the land in that sense." (Storyteller, 2013)

> "[Cultural safety is] when everyone sits at the table and comes ready to work, everybody equal doesn't matter they are the doctor or one of us resource workers. Then everybody tells what we need and how we'll get it. Like there has to be a path. And the path needs to be defined by the group." (Storyteller, 2013)

> "Doctors only look at the physical. They don't address emotional, mental and Spiritual. They only look at the physical. They also don't talk about healing, like we do. They check you, do a test, diagnose; and then they bring you into their office, give you a pill. …. And we as Anishnawbe people, we don't separate the four elements of being human. I think also looking at the environment is something we as Anishinawbe people will do and medical staff they do not ." (Storyteller, 2013)

> "What I know is someone asked me once why do I want to live here. Well I put it back and I asked, 'Why not?' I looks over and I say it's a good life here." (Storyteller, 2013)

Being there refers to the sense of being willing to know a person's needs from where the person is in their own space. Space is conceived in the sense of personal space as well as one's environment. ***Being there*** is about making time, not taking time. ***Being there*** is about a constructing a space that is safe in the sense of values that are shared and sharing values. Below are the selected exemplary quotes from the spoken word talking about the importance of ***being there*** as a defining feature and a strategic value that resists cultural risk; and preserves cultural sovereignty for Anishnawbe people in Northern Ontario.

Being There – Willing to know needs from where person is in their space

> "The role of the care provider is to learn the client's culture and from that know what are the questions to ask, the right questions in the right way… and [cultural safety] is being prepared to give something back, like you are doing is something most do not do." (Storyteller, 2014)

> "And when you come out into a non-native setting, mainstream society; then you adopt another set of values to try and conform and be able to live the way others would like to perceive you to be when in that mainstream setting. So, you can interchange your values depending on where you are." (Storyteller, 2014)

> "What I know is someone asked me once why do I want to live here. Well I put it back and I asked why not. I looks over and I say it's a good life here. (Storyteller, 2013)

> Well, I think a lot of times nurses get tired too. And; sometimes they have a high volume of clients, patients coming to your; you know? I think they should put more nurses up north (Storyteller, 2014)

> "Meeting people helps stop being judgmental, to see others are nice people. Usually you don't want to talk to people say from other communities that you don't know. If you open yourself to meeting new people that you usually don't talk to then what happens is you see them being the same as you and they can start to see that too." (Storyteller, 2013)

> "We anticipate in the medical community that decisions will be made by those present; as opposed to waiting until the community, the patients' community, can gather to make a community decision regarding care and treatment." (Storyteller, 2013)
>
> "The strategy is to give outsiders understanding of the reality of the north." (Storyteller, 2014)
>
> "It is less about what you know and more about how you know it. It is less about what you know and more about who you are and what you do; the example you set by the work that you do." (Storyteller, 2014)
>
> "Health staff in the hospitals have tried to rush me through. I don't let them rush me. And, I don't rush them. And I don't rush my clients. I want to give it time to be an accurate story. So I tell them that." (Storyteller, 2013)
>
> "Taking steps to get to know the individual, the human being that's living there. Like you don't pull off their shirts and start examining them; you sit and talk for a while. That's the native way. (Storyteller, 2013)

Local knowledge refers to the giving credibility and validating lifestyles, livelihoods, manners of speaking, worldviews (and ways of believing) that differ from the ideas and standards of biomedicine, bureaucracy and consumerism. ***Local knowledge*** is about acknowledging and affirming the Anishnawbe healing culture as appropriate. ***Local knowledge*** is about shifting orientations, as professionals, away from the confines of curricular knowledge and credentials; and being open to the innovation that local knowledge offers. Below are the selected exemplary quotes from the spoken word talking about the importance of ***local knowledge*** as a defining feature and a strategic value that resists cultural risk; and preserves cultural sovereignty for Anishnawbe people in Northern Ontario.

<u>Local Knowledge: Honouring lifestyles that differ from Consumerism</u>

> "Many of our people fear traditional medicine practices because of it being suppressed and it got demoted … as inferior or just plain foolishness. (Storyteller, 2014)
>
> What's the difference between the two cultures. ..[is] … in terms of …

time. When we talk about time in the down south society we're talkin' about calendar and clock. When in our Traditional healing way … we're not talking about a clock or calendar, although you can bring that in. It's at your pace - for healing; they say a journey the path that you're on and whatever you're on it's ok; you don't have to keep up with other people, that's where you are and it's accepted in that way. But…working institutional that's different. (Focus Group Participant, October 28, 2013)

A lot of the caregivers who are non-native live and were trained by a bureaucracy that is impersonal. It's systematic. It's effective. It's productive. And that's how they operate. Whereas in the native culture, respect and compassion is how you treat people. So when a caregiver who is trained by an industrial society cares for a native person the two clash because that industrial society health worker doesn't understand the values that are important to First Nations people and one of them is respect (Storyteller, 2013)

"The orientation of those who adhere to an Anishinawbe worldview and cultural principles is that 'to show esteem for a culture, you have to know the culture; and industrialized workers do not know the culture.' (Storyteller, 2013).

The strategy is to give outsiders understanding of the reality of the north. (Storyteller, 2014)

Taking steps to get to know …the human being that's living there. Like you don't pull off their shirts and start examining; you sit and talk for a while. … In the native culture, treatment is a long process of getting to know somebody, learning to respect them and all. (Storyteller, 2014)

"And it's our own fault that the power of our ceremonies is not known as well-known compared with other medicine ways. But the Elders don't want us to talk about them because of exploitation." (Storyteller, 2013)

"I think if community members are asking to see the healer, then that should be supported; and it's not up to the zone to second guess the reasons for that referrals." (Storyteller, 2013)

"Organizations must do more to prepare nurses to understand northern realities. It goes both ways. What I mean is nurses have stress and are overwhelmed. Patients are also overwhelmed." (Storyteller, 2014)

Chapter Six: Discussion – Contributions, Limitations and Next Steps

In following Weber, the main contribution of the thesis is using actual phrases by those who participated in conversations and interviews. Their spoken word is constructed into 'emergent concepts.' These emergent concepts are further organized by way of induction and abduction into several additional structures: 1. Tables of contrast, 2. Ideal Type; and 3. A neutral survey to gather additional stories from a wider scope of contributor-analysts. The thesis draws attention to how identity tension, and disruptions to cultural sovereignty, result in contexts of joint social action between a treatment provider in their context, who is privileged and has power; and a treatment-seeking person, who is marginalized and lacks relative power.

The ideal type reflects an encompassing theme, mutual respect. Mutual respect is comprised of three dimensions. These dimensions reflect three salient themes within interviews; and, following Weber (which here aligns with Anishnawbe worldview) these are presented as strategic values. An ideal type focusing on mutual respect as a way to move beyond differential treatment, and resulting identity tension, derives from the participants' prioritization of solutions over problems.

Interviews focused attention on solutions to the concerns raised about differential treatment and impacts on identity, cultural sovereignty, and optimal healing environments. By way of future research, themes may be further saturated and conceptual dimensions in the ideal type may be further clarified by way of future research. Factor analysis is a statistical technique that could further specify the dimensions of contrast once more information is gathered using the emergent organizational support and survey tool.

An ideal type is presented, and referred to as mutual respect. Speaking in the language of Weber, mutual respect can be conceived as a cultural attitude (Tubadji, 2014); and the cultural attitude of mutual respect is an opportunity to mediate identity tension. Joint social action through a lens of mutual respect, as it is defined in this thesis by these participants; may be hypothesized as an opportunity to lead to more optimal healing environments and to the revitalization, sustainability and sovereignty of Anishnawbe healing culture for Anishnawbe people in Northern Ontario.

The mutual respect ideal type is also relevant to others who are marginalized in contexts of health and social caring. However, there is potential to construct additional strategic value dimensions and contribute these to the ideal type. Presented in the appendices of this thesis are two ways of asking, a simple set of sequenced questions; and a more complex, structured survey. The simple questions emerged during early engagement. The structured survey emerged during the thesis journey once ethical approval had been achieved. Either the simple or the complex survey may be used by this writer, or others, to gather stories from others who are marginalized in differing ways; as well from those who are privileged and lack first-hand knowledge of disempowerment and marginalization. Those who participated in interviews and conversations for this thesis have first-hand knowledge of what it is like to be marginalized. They also have experience resisting such pressures on their cultural identity and sovereignty.

The thesis draws on ideal type methodology (Becker, 1934; Drysdale, 1996), the craft of sociological inquiry (Mills, 1959), and grounded theory (Glaser and Strauss, 1967). These methods emerge concepts and frameworks that “don’t disagree with the members” (Gubrium and Holstein, 2012; Pollner, 1987). Participants reflect on three ways

of being-knowing-doing that encompasses mutual respect. Their positive voices are proposed and presented as a transformation-focused ideal type. Concepts are mined from the relevant literature, which reflects a Weberian voice; and concepts from the literature are aligned to begin a process of validating the emergent concepts and ideal type.

A body of literature following Max Weber, Charles Wright Mills and Paolo Freire is applied to clarify how mainstream contexts endorse and reinforce certain and not other values, and ideals, for "the good life." Viewed from the vantage point of this thesis, the good life is an Anishnawbe way of life. The following table shows the elements of Anishnawbe 'good life' as were presented within the spoken word shared by those participating in this thesis journey. Their spoken word was rendered into a conceptual framework using qualitative analysis and conceptual reduction.

TABLE 2: MUTUAL RESPECT – CULTURAL ATTITUDE TO MODERATE IDENTITY TENSION

Cultural Attribute	Related Cultural Process	Cultural Resources
Respect through knowing	– viewing worth through an inclusion lens	• Knowledge with • Empathy • Accuracy of information • Local knowledge credibility • Making time
Respect through being with	– congruence in perceptions	• Relationship • Spending time • Genuineness • Openness to new competencies • Actively oppose disrespect
Leveling differences and valuing all equally	– person by person expansion of insight and judgment	• Flexible self-presentation • Connect with dissimilarity • Stereotypes unpacked • Valuing difference • Differing values
Spirituality is core	– connectivity/connection	• Crossing boundaries • Spanning limits to vision

Experiential learning	– local (ac)knowledge(ment)	• Bridging Euro-medicine and Anishinawbe doctoring • Willingness to adjust ideas • Balance book-taught with knowing it from where people are at (headspace, livingspace
Future-orientation	– focus on change channels	• Advocacy: Show and be change • Mobilization champions • Growing confidence of minority groups • Identifying critical junctures of growth
Concepts of time	– comfort with timelessness	• Practice frameworks • Phasing and pacing of care delivery cycles

In the table above, the first column describes attributes of "cultural attitude" [using Weber's concept as defined by Tubadji (2014)]. Respect through knowing is one cultural attribute. The middle column lists the associated cultural processes for each cultural attribute. Viewing worth through an inclusion lens is the related cultural process for the cultural attribute, respect through knowing. The cultural resources associated with each attribute and process is noted in the far-right column. Knowledge with is one of the five cultural resources for the first attribute in the mutual respect typology. The above table provides a focus group strategy, which could be implemented as yet another way to continue gathering stories; and more detailed information; to further construct the ideal type and other emergent processes that are presented within this thesis.

The thesis reviews the spoken word and some literature exemplars to clarify issues involving relations of difference, exclusion and racism which permeate organizations not only those delivering health and social caring. By way of inference about causal pathways, the variable of the 'good life' comes into play. In contrast to the 'good life' as conceived within Anishnawbe worldview, dominant ideals as within biomedicine endorse

separateness from Land (Robbins and Dewar, 2011); consumerism, materialism, risk aversion and a fear of the diseased and fallen other (Crawford, 2006: 413).[36] Buying in to the biomedicine worldview and bureaucracy establishes a context of *disparaging webs of disrespect* by providers toward others who don't (or they won't let) fit this context. Jeffrey Alexander (2000: 296-99) draws on Weber and reflects neo-Kantian[37] analysis of cultural boundaries that identify belonging (or not) in civil society. Alexander's presentation is relevant to clarify identity tension in health and social caring contexts.

> The cultural core of civil society is composed not only of codes but of countercodes. These antitheses create meaningful social representations for 'universalism' and 'particularism,' … On the one side, there is an expansive code … that promote wider inclusion and increasing respect for individual rights; on the other, there is a restrictive code that identifies actors and structures in terms that focus on ascriptively (sic) grounded group identities … and promote the exclusion that follows therefrom. The discourse of civil society is constituted by a continuous struggle between these codes and the actors who invoke them, each … seeks hegemony over the political field by gaining definitional control" (Alexander, 2000: 297).

It is important to "elucidate social origins of unequal care" (Shim, 2010: 51; 9). "Political behaviour is directed by interpretations and preferences…cultural and structural parameters are dimensions of contrast."

Unending the Narrative – Limits and Limitations of the Thesis

The number of participants in context of an underestimated 116,000 potential participants does not provide for generalizing outside the context of those participating.

[36] This general cultural contrast of differing worldviews and ways of defining and expressing the good life and healthy lifestyle is found in varied literature including Mamadouh (1997); Shim, 2010; Haydon, 2006; Alexander, 2000; Beitzel, 2014; Robbins and Dewar, 2011; and Crawford, 2006)

[37] Weber's sociology builds upon the idea of a "radically subjective individualism and methodical transformation of the self" that is found in Immanuel Kant's philosophy (Graf, 1995).

Selection bias[38] as related to participant recruitment is an additional limitation. Results are exploratory.

Another limitation was the length of time and amount of community engagement involved to figure out what to ask, how to ask, how not to lead answers, and ways to ask more systematically to build rigor for improved clarity and specificity.

Exploring, explaining and overcoming identity tension would benefit from a mixed methods and multilevel research design that produces qualitative and quantitative information and applies the technique of factor analysis to the ideal type. The student considers this to be an interesting future project. Factor analysis would help further demarcate the included and excluded elements of each strategic value dimension of a mutual respect ideal type.

Another limitation involves language barriers. Fluency in one or more of dialects of Northern Ontario First Nations would enhance the quality information and diversity of participation. Language fluency would also reduce the research burden on political and health organizations and community members and communities. The short time frame constrained and frustrated doing grounded, participatory, interpretive, and emergent work. Controversy was an additional limitation, as some of the 'buzz' at the organizational and system level was personally disruptive.

[38] Selection bias favoured those voices that were accessible to the thesis student, being either known to her personally or referred to her using a snowball method and networking skills. Selection bias also favoured those story-tellers who could make themselves available in person or by telephone and within timeframes that met requirements of the academic cycle for completing graduate studies. Selection bias further limited the diversity of voices in that the thesis student is not a fluent speaker of Cree, Ojibway or Oji-cree; and could only indirectly engage with any voices that speak only one of those languages and not English. Due to ethical agreements and conflict of interest issues involving the student and her employment, there was also no engagement by the thesis student with any individual under age 19, being youth.

The ultimate purpose of the story-gathering for this thesis, as for future research, is to work together and improve conditions for all who participate in all contexts of health and social caring. A related purpose is to validate ways of being, knowing and doing that are currently marginalized (even invalidated) due to measuring the worth of individual humans not on an equity basis; but instead, by reference to social-cultural stereotypes and discrimination in Western-styled health care institutions. A future research possibility is to refocus the story-gathering lens to consider contrasting perspectives by seeking input from individuals who provide services, make treatment decisions and interact with clients, or interact with other professionals, from a position of power and privilege and not from one of disadvantage and marginalization.

The mutual respect typology is a starting point to open the sort of creativity, innovation and risk-taking that is needed if we are to define problems and suggest appropriate solutions which will take us to equitable outcomes that will come to bear when we set aside all culturally laden assumptions and strive much harder than we do within our mainstream institutions to validate the equal worth of multiple pathways to a desired end, whether the end be a healing outcome or a learning outcome.

APPENDICES

Appendix 1: Ethical Approval Process: Support Letters for Ethical Review

<attached separately are the support letters, which are in .pdf format of the originals received by hard copy; and would not insert electronically>

Appendix 2: Risk Protocol, Navigating Participant Safety

Lakehead
UNIVERSITY

Department of Sociology

Tel (807) 343-8477
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RISK MANAGEMENT PROTOCOL

Author: **Brenda M. Sedgwick, Graduate Student Lakehead University (Sociology)**
Purpose: IF A FOCUS GROUP OR INTERVIEW PARTICIPANT MAY EXPERIENCE OR FEEL AT RISK OF DISCOMFORT OR DISRUPTION TO THEIR HOLISTIC (EMOTIONAL, PHYSICAL, MENTAL, SPIRITUAL AND SOCIAL) WELLBEING
Context: M.A. Thesis Education Project of Brenda M. Sedgwick, Graduate Studies and Research Lakehead University Sociology Department
Thesis Title: Perspectives on Cultural Safety among Diverse Contributors to Services Addressing Mental Wellness and Holistic Health in Northern Ontario First Nation Communities
Authority: REB Project #: 011 13-14/Romeo File No: 1463263 (Thesis Supervisors, Dr. Pamela Wakewich and Dr. Jianye Liu; **Research Ethics Board Contact** other than researchers for information or concerns is Sue Wright: 807-343-8283 or research@lakeheadu.ca

PROTOCOL

Excepting where an individual requests to participate and can demonstrate to the researchers they can access credentialed clinical or Nishnawbe interventions to assist with potential emotional, psychological, and social risks; no client will be interviewed individually or in a focus group who meets any of the following three exclusion criteria that are indicators of moderate to high vulnerability to identified emotional and psycho-social health risks. **Exclusion criteria:** (1) Individuals in early stages of treatment of substance abuse/misuse; (2) Individuals who are diagnosed with unmanaged serious mental illness; (3) Individuals who may be assessed as being at moderate to high risk of their holistic health status decompensating due to being in a group or individual interview discussing cultural safety.

Clients who are asked or who request to be involved in focus groups and/or individual interviews will be informed of the potential risks by the inclusion of the following addendum to letters of introduction / invitation to participate in the project. The following statement will also be presented verbally by the researcher and translated where required by an interpreter.

Protocol Statement: *A culturally safe practice "recognizes, respects, and nurtures the unique cultural identity of clients and safely meets their needs, expectations and rights" (Whanau Kawa Whakaruruhau, 1991, p.7). In contrast, a cultural risk "diminishes, demeans, and disempowers the cultural identity and well-being of the individual" (Whanau Kawa Whakaruruhau, 1991, p.7). "In a relationship where you have institutional power, cultural safety is the moment of trust that occurs leading the client/patient/customer to not needing to protect their difference from you. [You don't have to have information about the difference for you to be judged safe with the client/patient/customer.] (Ramsden, 2002/www.trc.org.nz). Remembering and sharing stories or hearing others' stories of cultural risk may create discomfort for some participants.*
In support of this Lakehead University thesis project, an arrangement is in place with ***Nodin Child and Family Interventions, Sioux Lookout First Nations Health Authority****. If talking about cultural safety creates any discomfort for you, please contact James Morris, CEO Sioux Lookout First Nations Health Authority, to arrange for you to see a credentialed clinical and/or Nishnawbe helping professional by referral through Nodin, Sioux Lookout First Nations Health Authority.*

955 Oliver Road Thunder Bay Ontario Canada P7B 5E1 www.lakeheadu.ca

Appendix 3a: ORIENTING THE INTERVIEWS: A PICTOGRAPH

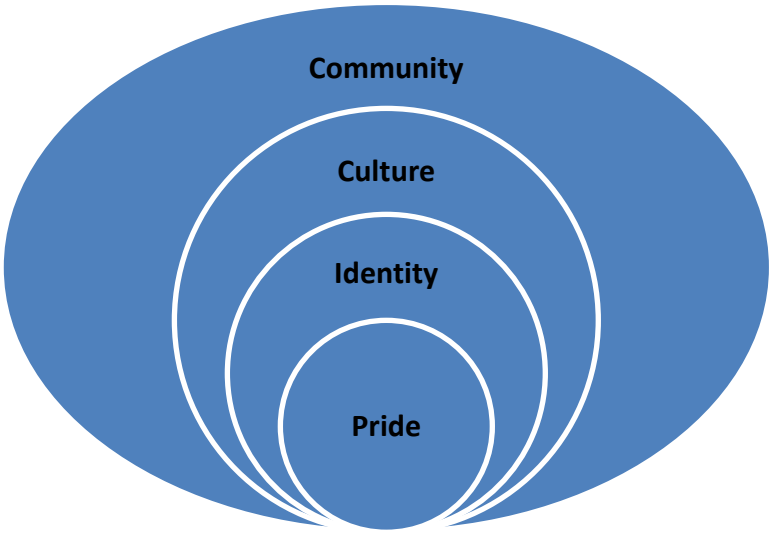
Following is a risk-safety matrix. I developed and used it as an orienting framework during the information gathering phase. It emerged during preliminary engagement in developing a thesis proposal and mapping the interview questions. The orienting framework is presented below as it was reinforced and adapted during initial group interviews. I facilitated my preliminary group and individual interviews from mid-August through late October 2013 and after receiving the green light to proceed from Lakehead University Research Ethics Board:

DIAGRAM 1: FRAMEWORK USED TO ORIENT CONTRIBUTORS

RISK	SAFETY			
	Support	**Protect**	**Promote**	**Understand**
Undermine				
Erode	Community Culture Identity Pride			
Discourage				
Misunderstand				

This risk-safety matrix was depicted and also presented during interviews using a schematic drawn from concentric rings, as below:

DIAGRAM 2: SCHEMATIC THAT ORIENTED INPUT BY PARTICIPANTS

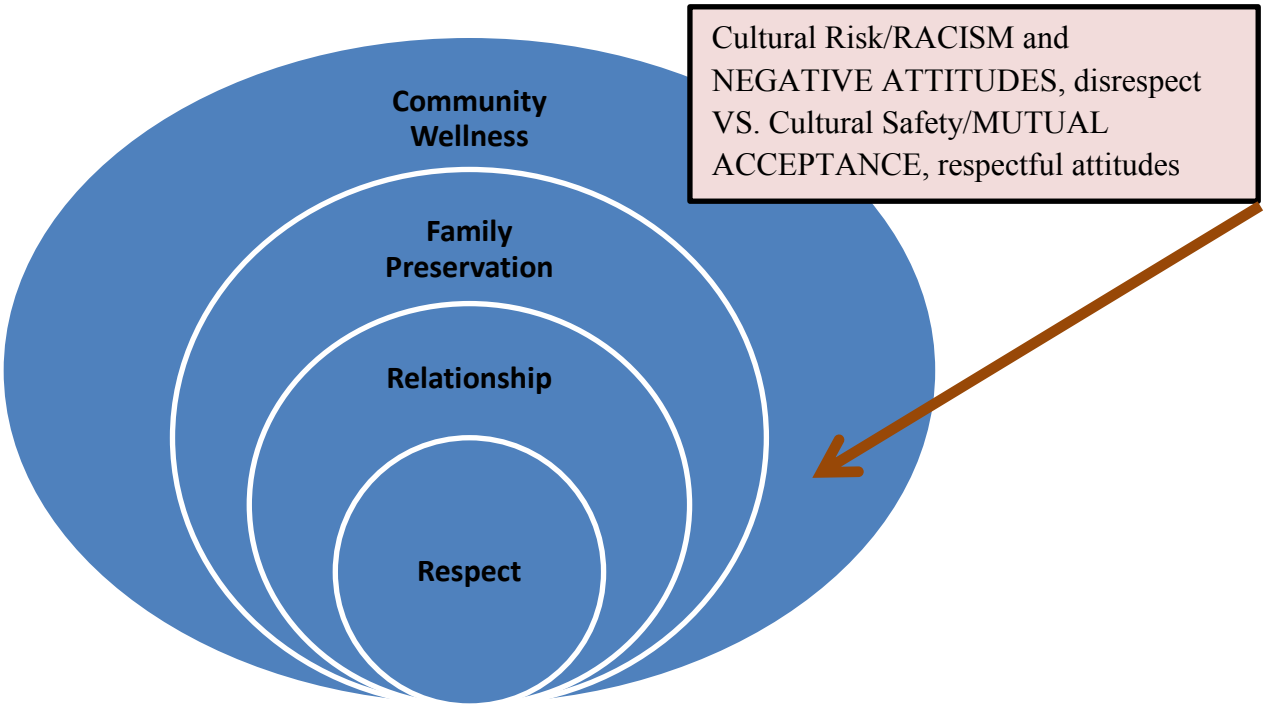


The idea depicted in Diagrams 1 and 2 above was used to facilitate and engage feedback and draw insights during interviews, conversations, observations, and from written documents. The schematic was described during the interview orientation as reflecting teachings from the literature and participant input during early engagement.

The idea is that active elimination of the risk-side of health and social caring dynamics will lead to improved outcomes, as well more satisfying experiences (processes). Removing (or mitigating) risk involves actively interrogating intentions, communications, practices and situations as potentially may undermine, erode, discourage and misunderstand the pride, identity, culture and community of a person or family who engage within a service encounter. The purpose of orienting participants to this idea was to build a foundation for giving feedback about known experiences that were disruptive in ways that are relevant to identity and culture demise.

In reflecting input by those interviewed, their feedback drew attention to gaps in capacity for active elimination of the risk-side. Addressing this gap, say contributors, requires enhancing the dynamic of solution-building. Participant advice on this trouble-issue is presented in Chapter Five as a framework of solutions. The resulting conceptual ideal of a culturally safe service delivery environment is depicted in the diagram below:

DIAGRAM 3: REINFORCE PRIDE AND SUSTAINS CULTURAL INTEGRITY



Appendix 3b – Question Template – Guiding Conversations and Interviews

SEARCHING TOGETHER ABOUT CULTURAL SAFETY

BRENDA SEDGWICK, LAKEHEAD UNIVERSITY

THINKING ABOUT LEAVING COMMUNITY TO GET YOUR HOLISTIC HEALTH NEEDS MET:

- In your words: What is culture? What is Anishnawbe culture? How does culture map onto identity?
- What would you say are some of the biggest differences and greatest similarities between Anishnawbe culture and the culture of mainstream medicine/healthcare?
- People are using this term "cultural safety." I wonder **what does "cultural safety" mean to you?** What would happen during a culturally safe encounter and how would it feel different and be different from a culturally unsafe encounter in health services?
- What would you say in your experience providers of care do, intentionally or unintentionally, that **helps a person** feel pride in their culture?
- What would you say in your experience providers of care do, intentionally or unintentionally, that **disrupts a person** feeling pride in their culture?
- In your experience what do providers of care do in actions and words that helps/hinders a First Nations person from a northern NAN community **feeling comfortable** sharing openly with them?
- Based on your experience what do providers of care do in actions and words that leaves the impression they might have **stereotypical views or negative pre-judgments** of First Nations citizens from the isolated northern communities?
- Based on your experience what do providers of care do in actions and words that creates feelings of discomfort and vulnerability that there might be **discrimination** going on; like they may not be understanding your needs as you do or they might be giving **differential care** and treatment from non-native clients/patients?
- What would you say **explains/accounts for culturally Unsafe** communications and practices in mainstream healthcare settings?

THINKING ABOUT WORKING TOGETHER AS PARTNERS IN CARE DELIVERY:

- As First Nations care professionals, or as family involved with loved ones: What might care providers do that leaves you **feeling respected/valued** for your cultural knowledge, skill, and know-how? Or **feeling unheard/disrespected/dismissed/devalued**?
- From your perspective, what creates an optimum care environment for First Nations citizens accessing outside-community services?

I'd like you to share your story about leaving your roots (community back home) and coming here to Thunder Bay/Sioux Lookout to receive medical care for your health needs.

First, tell me about your **life when you are in your community**:

- How you spend your time
- People to talk with and support you
- Land – being connected with the land
  - Culture – what is that for you? (What you do day to day?)
- Spirituality – what is that for you?
- Sharing and caring – People looking after each other

Now, tell me about your **life while you are out of community** for medical services – What is different? -- What is similar?

- **Worries?**
  - Independence, Privacy, Being away from the land, family, your home
  - Medical staff showing respect, compassion, attentiveness
- **Transitions? [culture shock]**
  - Way of life, Lifestyle, housing; independence, day-to-day activities
  - Being away from family, leadership, community
  - Medical staff being similar or different from people at home (values, beliefs)

Next, tell me how medical staffs help you feel connected with your community, family, land, pride?

- Talk with you about life back home, ex.

Last, anything else you would like to tell me?

Appendix 4: Field Testing an Organizational Support Survey Response

Health Service Encounters Survey that Emerged by way of Thesis Journey -- Ready to Field Test

Please share a story of personal experience(s) in healthcare encounters that were either negative or positive for you as a person providing or accessing services.

NEGATIVE ENCOUNTER: CREATED A SENSE OF CULTURAL-PERSONAL RISK

- **Left you feeling disrespected, depreciated, degraded, humiliated, ignored**
- **Left you believing other(s) in the context felt themselves superior to you**
- **Left you with the impression your symptoms were discounted, denied, dismissed, discredited**
- **Left you with the impression you lacked worth in the eyes of an other**
- **Feeling like a "second class citizen" – as if your needs and you as a person were less valued than other**

POSITIVE ENCOUNTER: CREATED A SENSE OF CULTURAL SAFETY

- **Left you feeling respected, valued, understood, protected, welcomed**
- **Left you believing other(s) in the context treated everyone equally/the same**
- **Left you with the impression you were listened to and heard; you were "worth their time and effort"**
- **Left you with the impression you were treated in a way that left your dignity and self-worth intact**
- **Feeling like a "first class citizen" – as if your needs and you as a person were equally valued to others**

What was your role?

- ◯ Person accessing services
- ◯ Person providing services
- ◯ Caregiver or support person to someone accessing services
- ◯ Family member of person accessing services
- ◯ Other: Please specify _____

What was the purpose of your health system encounter?

- ◯ Get services for self
- ◯ Support another to get services
- ◯ Provide services
- ◯ Administration
- ◯ System planning
- ◯ Other: Please specify _____

What happened? Please describe.

IF POSITIVE: What made it positive? Please describe.

IF NEGATIVE: What made it negative? Please describe.

What in your view explains the positive or negative qualities of the situation?

(1) What action did you take in response to how you felt and what happened? (2) What resulted that either resolved or worsened the situation? (3) And what in your view influenced the outcome?

ACTION:
RESULT:
POSITIVE INFLUENCES (SUPPORTED THE OUTCOME YOU DESIRED)
NEGATIVE INFLUENCES (DETRACTED THE OUTCOME YOU DESIRED)

What social and cultural differences did you observe between participants (actors) in the healthcare setting at the time this happened?

What if any influence would you say those social and cultural differences had on what happened?

What if any influence would you say those social and cultural differences had on the outcome of any action you took in response to what happened?

What if any influence would you say those social and cultural differences had on your decision (willingness or reluctance) to take action in response to what happened?

Thinking about your overall experience as a participant in healthcare settings (e.g., getting services, being part of system planning, delivering services) would you say your experiences are:

- ◯ Mostly characterized as positive experiences (culturally safe)
- ◯ Mostly characterized as negative experiences (culturally unsafe)

Given the chance to share your views on how to make the health system always positive for people from every social and cultural walk of life: What (if anything) would you like stakeholders to know?

People who develop curriculum that trains health professionals
VIEWS YOU WOULD LIKE TO SHARE ARE:
People who fund the health system / health services and programs
VIEWS YOU WOULD LIKE TO SHARE ARE:
Government of Canada
VIEWS YOU WOULD LIKE TO SHARE ARE:
Local Health Integration Network (Ontario agency that influences health service plans and priorities)
VIEWS YOU WOULD LIKE TO SHARE ARE:
First Nations leadership (Chief and Council, Tribal Council, Political Treaty Organization)
VIEWS YOU WOULD LIKE TO SHARE ARE:
First Nations agencies that deliver health and mental health services
VIEWS YOU WOULD LIKE TO SHARE ARE:

Would you say healthcare providers alter their approach to services based on judging outward appearances (e.g., clothing styles, personal hygiene, age) that may reflect social and cultural differences?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

<u>If YES:</u> What do you believe explains this differential approach to services when there are social and cultural differences between the person providing and the person accessing services?

<u>If NO:</u> What do you believe explains this lack of differential approach to services when there are social and cultural differences between the person providing and the person accessing services?

Would you say healthcare providers alter their approach based on judging outward appearances (e.g., skin tone or language differing from their own) and that may reflect social and cultural differences?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

<u>If YES:</u> What do you believe explains this differential approach to services when there are social and cultural differences between the person providing and the person accessing services?

<u>If NO:</u> What do you believe explains this lack of bias in approach to services when there are social and cultural differences between the person providing and the person accessing services?

Would you say healthcare providers alter their approach based on judging outward appearances (e.g., assertive vs. reserved body language) and that may reflect social and cultural differences?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

<u>If YES:</u> What do you believe explains this differential approach to services when there are social and cultural differences between the person providing and the person accessing services?

<u>If NO:</u> What do you believe explains this lack of bias in approach to services when there are social and cultural differences between the person providing and the person accessing services?

Would you say healthcare providers alter their approach based on judging outward appearances (e.g., markers of privilege vs. disadvantage) and that may reflect social and cultural differences?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

<u>If YES:</u> What do you believe explains this differential approach to services when there are social and cultural differences between the person providing and the person accessing services?

<u>If NO:</u> What do you believe explains this lack of bias in approach to services when there are social and cultural differences between the person providing and the person accessing services?

Would you say people from some walks of life more likely experience negative healthcare encounters?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

<u>If YES:</u> What do you believe explains this differential approach to services when there are social and cultural differences between the person providing and the person accessing services?

<u>If NO:</u> What do you believe explains this differential approach to services when there are social and cultural differences between the person providing and the person accessing services?

Would you say some healthcare providers believe the health bureaucracy "works" different from the way you experience your own reality?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

<u>If YES:</u> What do you believe explains this differential way of examining and interpreting experiences?

<u>If NO:</u> What do you believe explains this similarity in way of examining and interpreting experiences?

<u>If YES:</u> What happens within the health service encounter when person providing and person accessing services differ in their ways of examining and interpreting experiences?

Would you say healthcare providers more often examine and interpret experiences using a lens that points to individual explanations of difficulties (e.g., personality, skill gaps, lack of motivation, attitude)?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

Would you say healthcare providers more often examine and interpret experiences using a lens that points to interpersonal explanations of difficulties (e.g., relationship dynamics, communication barriers)?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

Would you say healthcare providers more often examine and interpret experiences using a lens that points to structural explanations of difficulties (e.g., colonialism, economic inequality, systemic barriers to accessing resources)?

- ◯ Always
- ◯ Sometimes
- ◯ Never

- ◯ Don't know / Unsure
- ◯ Prefer not to say

In your view, how might social and cultural differences (between a person who is making a complainant and a person who is being complained about) likely influence the way a complaints officer interprets and responds to a complaint?

WHEN THE COMPLAINANT MORE REFLECTS THE POWER MINORITY:
WHEN THE COMPLAINANT MORE REFLECTS THE POWER MAJORITY:
WHEN THE COMPLAINANT AND ACCUSED ARE RELATIVELY EQUAL IN SOCIAL AND CULTURAL STATUS:
WHEN THE COMPLAINANT IS A SERVICE RECIPIENT AND THE ACCUSED IS A SERVICE PROVIDER:
WHEN THE COMPLAINANT IS A SERVICE PROVIDER AND THE ACCUSED IS A SERVICE RECIPIENT:
Would you say that differences between service provider and person accessing services in their relative social and cultural positioning influences the level of service, approach taken to provide services (attitude, respect, sensitivity, effort, time), quality of service, outcome of services; and satisfaction with those services?

PERSON ACCESSING SERVICES IS PERCEIVED AS LOWER ON SOCIAL AND CULTURAL POSITIONING:

LEVEL OF SERVICE
ATTITUDE, RESPECT, SENSITIVITY, EFFORT AND TIME TAKEN TO PROVIDE CARE
QUALITY OF SERVICE
OUTCOME OF SERVICE
PROBABILITY OF SATISFACTION WITH SERVICE

PERSON ACCESSING SERVICES IS PERCEIVED AS HIGHER ON THE SOCIAL POSITIONING / SOCIAL STATUS:

LEVEL OF SERVICE
ATTITUDE, RESPECT, SENSITIVITY, EFFORT AND TIME TAKEN TO PROVIDE CARE
QUALITY OF SERVICE
OUTCOME OF SERVICE
PROBABILITY OF SATISFACTION WITH SERVICE

Would you say that your healthcare experience as a provider of services is improved when you and the person accessing services have the ability to know what it is like to walk in each other's' moccasins?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

Would you say that your healthcare experience as a person accessing services is improved when you and the person accessing services have the ability to know what it is like to walk in each other's' moccasins?

- ◯ Always
- ◯ Sometimes
- ◯ Never
- ◯ Don't know / Unsure
- ◯ Prefer not to say

What other experiences, information, perspectives or advice would you like to share that will help those providing and those accessing services to know more about what happens when there are social and cultural differences among participants in healthcare encounters?

What other experiences, information, perspectives or advice would you like to share that will help those providing and those accessing services to know more about strategies to increase positive and reduce negative experiences and outcomes that result when there are social and cultural differences among participants in healthcare encounters?

<<DEMOGRAPHIC PROFILE SECTION IS REMOVED>>

END OF SURVEY: THANK YOU FOR YOUR CONTRIBUTIONS

-Reduced to fit page restrictions on manuscript. Survey is available by request to the student bmsedgwi@lakeheadu.ca-

REFERENCES

Acocella, Ivana. 20112. "The focus groups in social research: Advantages and disadvantages." Qualitative Quantitative. 46:1125-1136.

Agger, Helen. 2008. *Following Nimishoomis: The Trout Lake History of Dedibaayaanimanook. Sara Keesic Olsen*. Canada: Theytus Books.

Alexander, Jeffrey. 2000. "Theorizing the Good Society: Hermeneutic, Normative and Empirical Discourses." *Canadian Journal of Sociology*. 25(3): 271-309.

Altman, J. and M. Hinkson. Eds. 2007. *Coercive Reconciliation: Stabilise, Normalise, Exit Aboriginal Australia*. North Carlton: Arena Publications.

Anderson, Leon and David A. Snow. 2001. "Inequality and the Self: Exploring Connections from an Interactionist Perspective." *Symbolic Interaction*. 24(4); 395-406.

Aronowirz, Stanley. 2003. "A Mills Revival?" *Logos* 2 (3). http://www.logosjournal.com/aronowitz.htm .

Aronwitz, Stanley (ed.). 2004. *C. Wright Mills*. London: Sage.

Aronowitz, Stanley. 2005. "Comments on Michael Burawoy's 'The Critical Turn to Public Sociology.'" *CriticalSociology* .31(3): 333-38.

Atkinson, Michael M., Daniel Béland, Gregory P. Marchildon, Kathleen McNutt, Peter W.B. Phillips, and Ken Rasmussen. 2013. *Governance and Public Policy in Canada: A View from the Provinces*. Toronto: University of Toronto Press.

Baer, H.A. 2004. *Toward an integrative medicine: Merging alternative therapies with biomedicine.* Wanut Creek, CA: AltaMira Press.

Barker, S. and Ha¨rtel, C.E.J. 2004. "Intercultural service encounters: an exploratory study of customer experiences." *Cross Cultural Management*. 11(1): 3-14.

Bartley, Russell and Sylvia E. Bartley. 1997. "In Search of Thorstein Veblen: Further Inquiries into His Life and Work." *International Journal of Politics, Culture and Society*. 11(1): 129-173.

Baskin, C. 2002. "Circles of resistance: Spirituality in social work practice, education and transformative change." *Currents: New scholarship in the human services*. -- Retrieved February 2006. http://fsw.ucalgary.ca/currents_prod_v1/articles/baskin_v1_n1.htm.

Beardy, Stan. 2015. February 17. "From Indian Act to Indigenous Nations." *Chronicle Journal*. P. A4.

Becker, Howard. 1963. *Outsiders: Studies in the Sociology of Deviance*. New York: The Free Press.

Becker, Howard. 1982. *Art Worlds*. Chicago: University of Chicago Press.

Becker, Howard. 1996. "The Epistemology of Qualitative Research." Pp. 53-71 in *Ethnography and Human Development: Context and Meaning in Social Inquiry*, edited by Richard Jessor, Anne Colby, Richard Schweder. Chicago: University of Chicago Press.

Becker, Howard. 1998. *Tricks of the Trade: How to Think about Your Research while You're Doing It*. Chicago: University of Chicago Press.

Becker, Howard. 1934. "Culture Case Study and Ideal-Typical Method with Special Reference to Max Weber." Teaching and Research. *Social Forces*. 12(3):399-405.

Beitzel, Terry. 2014. "The Process of (Nonviolent) Revolution and Max Weber's Ethics of Responsibility." *International Journal of World Peace*. XXXI(2): 11-34.

Bell, Daniel. 1996. "The Protestant Ethic." REFLECTIONS: Reprinted from The Cultural Contradictions of Capitalism. Daniel Bell. HarperCollins Publishers, Inc.

Bendix, John. 1998. "Comparison in the Work of Reinhard Bendix." With an Introduction by Randall Collins. *Sociological Theory*. 16(3): 298-312.

Bendix, Reinhard, 1965. "Max Weber's Sociology Today." *International Sociology Society Journal*. XVII(1): 9-22.

Bendix, Reinhard. 1946. "Max Weber's Interpretation of Conduct and History." *American Journal of Sociology*. 51(6): 518-526.

Bendix, Reinhard. 1970. "Sociology and the Distrust of Reason." *American Sociological Review*. 35(5): 831-843.

Bendix, Reinhard. 1974. "Inequality and Social Structure: A Comparison of Marx and Weber." American Sociological Review. 39(2): 149-161.

Berberich, Christine, Neil Campbell and Robert Hudson. 2012. "Introduction: Framing and Reframing Land and Identity." *Spatial Practices*. 13(January): 17-39.

Berger, P. L. and T. Luckmann. 1966. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Garden City, NY: Anchor Books.

Berger, Thomas. 1977. "Max Weber, Interpretive Sociology, and the Sense of Historical Science: A Positive Conception of Verstehen." *The Sociological Quarterly*. 18(2): 165-175..

Bernstein, Mary. 2005. "Identity Politics." *Annual Review of Sociology*. 31: 47-74.

Bishop, Brian J., David A. Vicary, Alison L. Browne and Neil Guard. 2009. "Public Policy, Participation and the Third Position: The Implication of Engaging Communities on their Own Terms." *American Journal of Community Psychology*. 43:111-121.

Bitner, M.J. 1990. "Evaluating service encounters: the effects of physical surroundings and employee responses." *Journal of Marketing*. 54(2):69-82.

Bitner, M.J., B.H. Booms and L.A. Mohr. 1994."Critical service encounters: the employee's view." *Journal of Marketing*." 58(4): 95-106.

Black, Linda L. and David Stone. 2005. "Expanding the Definition of Privilege: The Concept of Social Privilege." *Journal of Multicultural Counseling and Development*. 33:243-255.

Blackstock, Cindy. 2009. "First Nations Children Count: Enveloping Quantitative Research in an Indigenous Envelope." *First Peoples Child and Family Review*. 4(2):135-143.

Block, Peter. 2013. *Stewardship: Choosing Service over Self-Interest*. 2nd Ed. Revised and Expanded. San Francisco: Berrett-Koehler Publishers, Inc.

Block, Peter. 2009. *Community: The Structure of Belonging*. San Francisco: Berrett-Koehler Publishers, Inc.

Blue, A.W., E.W. Keyserlingk, P. Rodney, and R. Starzomski. 1999. "A Critical View of North American Health Policy." Pp. 215-225 in H. Coward and P. Ratanakul. Eds. A *Cross-Cultural Dialogue on Health Care Ethics*. Waterloo, ON: Wilfrid Laurier Univbersity Press.

Blustein J. 1991. *Care and Commitment*. London: Oxford University Press.

Boal, A. 1979. *Theatre of the oppressed*. New York: Urizen Books. (Originally published in Spanish in 1974).

Boler, Megan. 1999. *Feeling Power: Emotions and Education*. Routledge Ebook. Retrieved March 12, 2015 from http://www.mylibrary.com?ID-6313 especially Pp. 176-201.

Boyd, Jennifer E., Emerald P. Katz, Bruce G. Link and Jo C. Phelan. 2010. "The relationship of multiple aspects of stigma and personal contact with someone hospitalized for mental illness, in a nationally representative sample." *Social Psychiatry and Epidemiology*. 45:1063-1070.

Bradley, Shayla. 2013. "Lac Seul youth conference promotes culture, language." *The Sioux Lookout Bulletin*. 22(41): August 21, 2013. P. 1, 6.

Bragues, G.: 2006, "Seek the Good Life, Not Money: The Aristotelian Approach to Business Ethics." *Journal of Business Ethics*. 67: 341–357.

Braveman, P., & Gruskin, S. 2003. "Poverty, equity, human rights and health." *Bulletin of the World Health Organization*. 81(7): 539-545.

Brewer, Rose 2005. "Response to Michael Buroway's Commentary: 'The Critical Turn to Public Sociology.'" *Critical Sociology* .31(3): 353-59.

Browne, A. 1993. "A conceptual clarification of respect." *Journal of Advanced Nursing*.18:211- 217.

Browne, A. J. 1995. "The meaning of respect: A First Nations perspective." *Canadian Journal of Nursing Research*. 27(4): 95-109.

Browne, A. J. 1997. "A concept analysis of respect; Applying the hybrid model in cross-cultural settings." *Western Journal of Nursing Research*. 19(6): 762-780.

Brown, A.J., C. Varcoe, V. Smye, S. Reimer-Kirkham, M.J. Lynam and S. Wong. 2009. "Cultural Safety and the challenges of translating critically oriented knowledge in practice." *Nursing Philosophy*. 10(3): 167-179.

Browne, A. J., C. Varcoe, V. Smye, S. Reimer-Kirkham, M.J. Lynam, M. J. and S. Wong. 2009. "Cultural safety and the challenges of translating critically oriented knowledge in practice." *Nursing Philosophy*, 10(3): 167-179.

Browne, A.J., V. Smye and C. Varcoe. 2005. "The relevance of postcolonial theoretical perspective to research in Aboriginal health." *Canadian Journal of Nursing Research*. 37(4): 16-37.

Brubacher, Maurice and the People of Tikinagan. 2006. *Coming Home: The Story of Tikinagan Child and Family Services*. Barney Printing.

Brubaker, Rogers. 1985. "Rethinking Classical Theory: The Sociological Vision of Pierre Bourdieu." *Theory and Society*. 14(November): 745-775.

Brubaker, Rogers. 2004. *Ethnicity without Groups*. Cambridge: Harvard University Press.

Bruun, H.H. 1972. *Science, Values and Politics in Max Weber's Methodology*. Copenhagen: Munksgaard.

Bryant, Antony and Kathy Charmaz. 2007. Eds. *The Sage Handbook of Grounded Theory*. Los Angeles: SAGE Publications.

Bryant, Joseph M. 2008. "A New Sociology for a New History? Further Critical Thoughts on the Eurasian Similarity and Great Divergence Theses." *Canadian Journal of Sociology*. 33 (1): 149-167.

Bryant, T., Raphael, D., Schrecker, T., & Labonte, R. 2011. "Canada: A land of missed opportunity for addressing the social determinants of health." *Health Policy*. 101(1): 44-58.

Burawoy, Michael. 2008. "Open Letter to C. Wright Mills." *Antipode*. 40(3):365-375.

Burger, Thomas. 1993. "Weber's Sociology and Weber's Personality." *Theory and Society*. 22(6): 813-836.

Burgess, C., J. Johnston, D. Bowman, and P. Whitehead. "YYYY. "Healthy Country Healthy People? Exploring the Health Benefits of Indigenous Natural Resource Management." Australian and New Zealand Journal of Public Health. 29(2): 117-122.

Burnes, Theodore R. and Katherine L. Ross. 2010. "Applying Social Justice to Oppression and Marginalization in Group Process: Interventions and Strategies for Group Counselors." *The Journal for Specialists in Group Work*. 35(2): 169-176.

Calhoun, Craig, Edward LiPuma, and Moishe Postone, eds. 1993. *Bourdieu: Critical Perspectives*. Chicago: University of Chicago Press.

Cameron, J., and A. Hart. 2007. "Ethical issues in obtaining informed consent for research from those recovering from acute mental health problems: A commentary." *Research Ethics Review*. 3: 127–129.

Camic, Charles, Philip S. Gorski, and David M. Trubek (ed). 2005. *Max Weber's Economy and Society: A Critical Companion*. Stanford University Press.

Canadian Broadcasting Corporation. 2013 (March and October). White Coat, Black Art: First Nations, Second Class Care. RADIO Broadcast.

Canadian Mental Health Association, Ontario. 2009. August. "Rural and Northern Community Issues in Mental Health." BACKGROUNDER. Toronto: Canadian Mental Health Association. 11 pg.

Canadian Nurses Association. 2008. "Code of Ethics for Registered Nurses." http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf Accessed March 15, 2012.

Capra, F. 1982. *The turning point: Science, society, and the rising culture*. Toronto: Bantam Books.

Cargo, M. and S. Mercer. 2008. "The value and challenges of participatory research in public health: strengthening its practice." *Annual Review of Public Health*. 29: 325–350.

Carolan, B. and G. Natriello. 2006. "Strong Ties, Weak Ties: Relational Dimensions of Learning Settings." *EdLab Research Publications*. Columbia University Teachers College.

Carson, B., T. Dunbar, R.D. Chenhill and R. Bailie. Eds. 207. *Social Determinants of Indigenous Health*. Crow's Nest: Allen and Unwin.

Chenier, N.M. 2002. "Health policy in Canada. Ottawa, ON: Political and Social Affairs Division, Government of Canada. Accessed November 5, 2010 from http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/CIR/934-e.htm

Chronicle Journal. 2013. "Mental Health Program: Creating a more Compassionate, connected system for people living with mental illness and /or addictions (Thunder Bay Regional Health Sciences Centre). *The Chronicle Journa*l. December 26, 2013. P. B14.

Coburn, D. 1988. "Canadian medicine: Dominance or proletarianisation?" *The Milbank Quarterly*. 66(2):92–116.

Cohen, Anthony P. 1985. *The Symbolic Construction of Community*. London: Tavistock Publications.

Coldwell, Ian. 2010. "Killing the mockingbird: Systems failure and a radical hope for re-grounding responsibility and access to health care in a Mallee town community." *Rural Society*. 20(1); 35-50.

College of Nurses of Ontario. 2009. "Ethics practice standard." http://www.cno.org/Global/docs/prac/41034_Ethics.pdf Accessed March 15, 2012.

Collins, R. 1973. "Review of the Coming Crisis of Western Sociology." *The American Political Science Review.* 67(1): 207–8.

Collins, Randall. 1984. "Statistics with Words." *Sociological Theory*. 2: 329-362.

Collins, P. H. 1998. *Fighting words: Black women and the search for justice*. Minneapolis: University of Minnesota Press.

Comas-Diaz, Lillian and Ezra E.H. Griffith. 1988. *Clinical Guidelines in Cross-Cultural Mental Health*. New York: John Wiley and Sons.

Community Health Nurses Association of Canada. 2003. "Canadian Community Health Nursing Standards of Practice." Toronto, ON: Community Health Nurses Association of Canada. -- Accessed March 15, 2012.

Cornell, Stephen and Joseph Kalt. 1998. "Sovereignty and Nation-Building: The Development Challenge in Indian Country." *American Indian Culture and Research Journal*. 22 (3): 187-214.

Cortis, J. D. 2008. "Wellness for all: The possibilities of cultural safety and cultural competence in New Zealand. A critique." *Journal of Research in Nursing*. 13(2): 136-137.

Coup, A. 1996. "Cultural safety and culturally congruent care: A comparative analysis of Irihapeti Ramsden's and Madeleine Leininger's educational projects for practice." *Nursing Praxis in New Zealand*.11(1): 4–11.

Crowshoe L, J. Bickford, and M. Decollignies. 2005. Interactive drama: teaching aboriginal health medical education." *Medical Education*. 39:521–2.

Cushner, K. and R.W. Brislin. 1996. *Intercultural Interactions: A Practical Guide*. Sage: Thousand Oaks, CA.

Darder,A. 2002. *Reinventing Paulo Freire: A pedagogy of love.* Boulder, CO: Westview.

Darder,A., M. Baltodano and R.D. Torres, R. D. Eds.. 2003. *The critical pedagogy reader*. New York: Routledge.

Darder, A., & Mir6n, L. F. 2006. Critical pedagogy in a time of uncertainty: A call to action. Pp. 136-151 in N. K. Denzin and M.D. Giardina. Eds. "Contesting empire/globalizing dissent: Cultural studies after 9/11." Boulder, CO: Paradigm.

Davies, B. and R. Harre. 1990. "Positioning: The discursive production of selves." *Journal for the Theory of Social Behaviour*. 20(1):43–63.

Davies, B. 1993. *Shards of glass*. St. Leonards, NSW: Allen and Unwin.

Deaux, K. and D. Martin. 2003. "Interpersonal networks and social categories: Specifying levels of context in identity processes." *Social Psychology Quareterly*. 66:101-117.

Deloria, V. Jr. 1994. *God is Red*. Golden, Colorado: Fulcrum Publishing.

Deloria, Barbara, Kristen Foehner and Sam Scinta. 1999. Foreward, by Wilma P. Mankiller. *The Vine Deloria, Jr. Spirit and Reason*. Goden, Colorado: Fulcrum Publishing.

Demerath, Loren. 2002. "Epistemological Culture Theory: A Micro Theory of the Origin and Maintenance of Culture." *Sociological Theory*. 20(2); 208-226.

Denzin, Norman K. 1992. *Symbolic Interactionism and Cultural Studies: The Politics of Interpretation*. Malden, MA: Blackwell.

Denzin, Norman K. 2001. “The reflexive interview and a performative social science.” *Qualitative Research*. 1(1): 23-46.

Denzin, N.K., and Y.S. Lincoln. 1994. *Handbook of qualitative research*. Thousand Oaks, CA: SAGE.

Denzin, Norman K. and Yvonna S. Lincoln. 2000. “Introduction: The Discipline and Practice of Qualitative Research.” Pp. 1-28 in *Handbook of Qualitative Research*, edited by Norman K. Denzin and Yvonna S. Lincoln. London: Routledge.

dePalma, Renée. 2010. “Socially just research for social justice: negotiating consent and safety in a participatory action research project.” *International Journal of Research and Method in Education*. 33(3); 215-227.

Dickson, G. 2000. “Aboriginal grandmother’s experience with health promotion and participatory action research.” *Qualitative Health Research*. 10: 188–214.

Dobransky, Kerry. 2009. “The good, the bad, and the severely mentally ill: Official and informal labels as organizational resources in community mental health services.” *Social Science and Medicine*. 69:722-728.

Drysdale, John. 1996a. “The Paradoxical Relation of Knowledge and Values: On Schluchter’s Analysis of the Value Theme in the Work of Max Weber.” *International Journal of Politics, Culture and Society*. 10(2): 391-402.

Drysdale, John 1996b. “How are Social-Scientific Concepts Formed? A Reconstruction of Max Weber’s Theory of Concept Formation.” *Sociological Theory*. 14(1): 71-88.

duGay, Paul. 1999. “Is Bauman’s Bureau Weber’s Bureau?: A Comment.” *The British Journal of Sociology*. 50(4):575-588.

Dyck, I. and A. Kearns. 1995. “Transforming the relations of research: towards culturally safe geographies of health and healing.” *Health & Place. 1(3):*137-147.

Dyer, R. 1997. *White*. New York: Routledge.

Edwards S.D. 2009. “Three versions of an ethics of care.” *Nursing Philosophy*. 10: 231–240.

Edwards, Steven. 2011. July 5. “Canada ready to spar with UN over ‘visible minorities.’” *National Post. Postmedia News*.

Eldridge, J E T. 1983. *C. Wright Mills*. Chichester: Ellis Horwood Ltd.

Ellerby, L.A. and Rev. J. Ellerby. 1998. *Understanding and evaluating the role of elders and traditional healing in sex offender treatment for Aboriginal offenders*. Ottawa, Ontario: Aboriginal Corrections Policy Unit.

Ellemers, Naomi and Wendy Van Rusuijk. 1997. “Identity Needs versus Social Opportunities: The Use of Group-Level and Individual-Level Identitiy Management Strategies.” *Social Psychology Quarterly*. 60(1):52-65.

Ellis C. 2007. “Telling secrets, revealing lives: relational ethics in research with intimate others.” *QualitativeInquiry*. 13: 3–29.

Etowa, Josephine, Adele Vukic and Charlotte Jesty. 2011. “Indigenous Nurses’ Stories: Perspectives on the Cultural Context of Aboriginal Health Care Work.” *The Canadian Journal of Native Studies*. 31(2):29-46, 187-189.

Family Health International. ND. *Qualitative Research Methods: A Data Collector’s Field Guide. Module 1: Qualitative Research Methods Overview.*

Farmer, P. 2005. *Pathologies of power: Health, human rights, and the new war on the poor*. (2nd ed.). Berkeley: University of California Press.

Farnsworth, John and Bronwyn Boon. 2010. “Analysing group dynamics within the focus group.” *Qualitative Research*. 10(5): 605-624.

Faught, Jim. 2007. “Interests, Values and Democracy: Tocqueville and Weber.” *Journal of Classical Sociology*. 7(1);55-81.

Fine, Gary Alan. 1979. "Small Groups and Culture Creation: The Idioculture of Little League Baseball Teams." *American Sociological Review*. 44: 733-745.

Fine, Gary Alan. 2001. “Normative Troubles: Social Expectations as Cultural Productions.” *Studies in Symbolic Interaction*. 24: 33-39.

Fraser, N. 2007. “Identity, exclusion, and critique: a response to four critics.” *European Journal of Political Theory*. 6:305-38.

Fraser N. and A. Honneth. 2003. *Redistribution or Recognition? A. Political–Philosophical Exchange*. London: Verso.

Freeman, Andrew R., Carol L. McWilliam, Joyce R. MacKinnon, Sandra DeLuca, and Susan G. Rappolt. 2009. “Health professionals’ enactment of their accountability obligations: Doing the best they can.” *Social Science and Medicine*. 69:1063-1071.

Freire, P. 1972. *Pedagogy of the oppressed. Ringwood*. Australia: Penguin Education.

Freire, P. 1998. *Pedagogy of freedom: Ethics, democracy, and civic courage* (P. Clarke, Trans.). Boulder, CO: Rowman & Littlefield.

Freire, P. 1999. *Pedagogy of hope*. New York: Continuum. (Original work published 1992).

Freire, P. 2000. *Pedagogy of the oppressed* (30th anniversary ed., with an introduction by Donalda Macedo). New York: Continuum.

Freire, P. and A. Faundez. 1989. *Learning to question: A pedagogy of liberation*. New York: Continuum.

Freundlieb, D., W. Hudson and J. Rundell. 2004. *Critical theory after Habermas: Encounters and departures*. Leiden. Netherlands: Brill Academic.

Frideres, J. 1991. “From the bottom up: Institutional structures and the Indian people.” Pp. 108-132 in B.S. Bolaria, *Social issues and contradictions in Canadian society*. Toronto: Harcourt Brace Jovanovich.

Frosh, Stephen and Peter D. Emerson. 2005. “Interpretation and Over-Interpretation: Disputing the Meaning of Texts.” *Qualitative Research.* 5(3):307-324.

Fulbrook, Mary. 1978. “Max Weber’s ‘Interpretive Sociology’: A Comparison of Conception and Practice.” *The British Journal of Sociology*. 29(1):71-82.

Garrick, Rick. 2013. “Traditional teachings featured at Thunder Bay School.” Wawatay News. May 30, 2013. P. 16.

Gerth, Hans, H. and C. Wright Mills (eds). 1948. *From Max Weber: Essays in Sociology*. London: Routledge and Kegan Paul.

Gerth, Hans H and C Wright Mills. 1953. *Character and Social Structure*. New York: Harcourt Brace and Co.

Giddens, Anthony. 1971. *Capitalism and Modern Social Theory*. Cambridge: Cambridge University Press.

Giddens, Anthony. 1991. *Modernity and Self Identity: Self and Society in the Late Modern Age*. Cambridge: Polity Press.

Glaser, Barney G. and Anselm L. Strauss. 1967. *The Discovery of Grounded Theory*. Chicago: Aldine Publishing.

Glaser, B. 1992. *Basics of Grounded Theory Analysis*. Mill Valley, CA: Sociology Press.

Goffman, Erving. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Aldine.

Goffman, E. 1963. *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice-Hall.

Gouldner, Alvin W. 1971. *The Coming Crisis of Western Sociology*. London: Heinemann.

Grande, S. 2000. “American Indian identity and intellectualism: The quest for a new Red pedagogy.” *Qualitative Studies in Education*. 13: 343-360.

Grande, S. 2004. *Red pedagogy: Native American social and political thought*. Lanham, MD: Rowman & Littlefield.

Gray, Mel, John Coates and Michael Yellow Bird. Eds. 2008. *Indigenous Social Work around the World: Towards Culturally Relevant Education and Practice.* Ashgate.

Gray, Mel, John Coates and Michael Yellow Bird. 2010. *Indigenous Social Work around the World*. Ashgate.

Gray, M., J. Coates, M. Yellow Bird, and T. Hetherington. 2013. *Decolonizing Social Work*. Ashgate.

Guba, E., & Lincoln, Y. (1994). “Grounded theory.” In Y. Lincoln & N. Denzin (Eds.), *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage Publications.

Gubrium, Jaber F. and James A. Holstein. 2012. “Don’t Argue with the Members.” *American Sociology*. 43: 85-98.

Halkier, Bente. 2010. “Focus groups as social enactments: Integrating interaction and content in the analysis of focus group data.” *Qualitative Research*. 10(1):71-89.

Handcock, Mark and Krista J. Gile. 2011. “On the Concept of Snowball Sampling.” Stat AP. August 2. 1-5.

Hanrahan, Maura. 2008. “Carrying the Pipe: Maliseet Elder, Healer and Teacher Imelda Perley.” *Canadian Woman Studies*. 26(3/4: Winter-Spring): 200-203.

Hart, A., V. Hall and F. Henwood. 2003. “Helping health and social care professionals to develop an 'inequalities imagination': A model for use in education and practice.” *Journal of Advanced Nursing*. 41(5): 480-489.

Hatzenbuehler, Mark L., Jo C. Phelan and Bruce G. Link. 2013. “Stigma as a Fundamental Cause of Population Health Inequalities.” Framing Health Matters. *American Journal of Public Health*. March: e1-e9.

Haydon, Graham. 2006. “Respect for persons and for cultures as a basis for national and global citizenship.” *Journal of Moral Education*. 35(4): 457-471.

Hays, Sharon. 1994. “Structure and Agency and the Sticky Problem of Culture.” *Sociological Theory*. 12(1): 47-72.

Health Canada. 2011. “AHRTI: Aboriginal health human resources training initiative.” http://www.hc-sc.gc.ca/fniah-spnia/services/career-carriere/hum-res/prog-elem-eng.php -- [accessed 27 February 2011].

Held, V. 2006. *The Ethics of Care: Personal, Political, Global*. Oxford: Oxford University Press.

Hildebrandt, Amber. 2014. November 19. “Nunavut Nurse Admits to Failing to See Infant and Other Allegations.” *CBC News*.

Hill, Diane. 1992. *Ethnostress: The Disruption of the Aboriginal Spirit*. Hagersville, Ontario: Tribal Sovereignty Associates.

Hopkins, S.A., W.E. Hopkins and K.D. Hoffman. 2005. “Domestic inter-cultural service encounters: an integrated model.” *Managing Service Quality*. 15(4): 329-43.

Horowitz, Irving Louis. 1983. *C Wright Mills An American Utopia*. New York: The Free Press.

Hughes, Bill. 2002. "Bauman's Strangers: Impairment and the invalidation of disabled people in modern and post-modern cultures." *Disability and Society*. 17(5): 571-584.

Hursthouse, Rosalind. 1999. *On virtue ethics*. Oxford: Oxford University Press.

Hutcheon, Pat Duffy. 1972. “Value Theory: Towards Conceptual Clarification.” The British Journal of Sociology. 23(2):172-187.

Ingram, H. & Schneider, A. L. (2006). Policy analysis for democracy. Pp. 169-89 in M. Moran, M. Rein, & R. E. Goodin (Eds.), *The Oxford handbook of public policy*. Oxford: Oxford University Press.

Jacobs, Dale. 2005. "What's Hope Got to Do with It? Toward a Theory of Hope and Pedagogy." *Jac*. 25(4): 783-802.

Jacobsen M.H. and P. Poder. 2008. The Sociology of Zygmunt Bauman – Challenges and Critiques. Aldershot: Ashgate.

Jaggar. Susan. 2013. "This is More Like Home: Knowing Nature through Community Mapping." *Canadian Journal of Environmental Education*. 18: 173-189.

Jakobsen, Hilde. 2012. "Focus groups and methodological rigour outside the minority world: Making the method work to its strengths in Tanzania." *Qualitative Research*. 12(2): 111-130.

Janca, Aleksandar and Clothilde Bullen. 2003. "The Aboriginal Concept of Time and its Mental Health Implications." *Indigenous Populations*. 11(Supplement): S40-S44.

Johns Hopkins School of Public Health. 1992. International Declaration of Health Rights. Baltimore-USA: John Hopkins University. http://www.jhsph.edu/about/school-at-a-glance/international-declaration-of-health-rights/

Kalberg, Stephen. 2004. "The Past and Present Influence of World Views: Max Weber on a Neglected Sociological Concept." *Journal of Classical Sociology*. 4(2): 139-163.

Kaufman, Jason. 2004. "Endogenous Explanation in the Sociology of Culture." *Dobransky* . 30: 335-57.

Kilpinen, Erkki. 2006. "How to fight the 'Methodenstreit'? Veblen and Weber on Economics, Psychology and Action." *International Review of Sociology*. 14(3):413-432.

Kincheloe, J. L.and P. L. McLaren. 2005. "Rethinking critical theory and qualitative research." In N.K. Denzin and Y.S. Lincoln. Eds. *The Sage handbook of qualitative research*. 3rd ed. Thousand Oaks, CA: Sage.

Kingsley, J., M. Townsend, R. Phillips, and D. Aldons. 2009. "If the land is healthy… it makes the people healthy. The relationship between caring for country and health for the Yorta Yorta Nation, Boonwurrung and Bangerang Tribes." *Health and Place*. 15: 291-299.

Klein, K. J., Dansereau, F., & Hall, R. J. (1994). Levels issues in theory development, data collection, and analysis. Academy of Management Review, 19, 195-229.

Kitzinger, J. 1995. "Qualitative research: introducing focus groups." *British Medical Journal*. 311(7000): 299–302.

Knapp, Peter. 1986. "Hegel's Universal in Marx, Durkheim and Weber: The Role of Hegelian Ideas in the Origin of Sociology." *Sociological Forum*. 1(4): 586-609.

Koopman, Colin. 2010. "History and Critique of Modernity: Dewey with Focault against Weber." Chapter 11, PP. 194-217 in Paul Fairfield (Ed). John Dewey and Continental Philosophy. Carbondale and Edwardsville: Southern Illinois University Press.

Kotkin, Minna J. 2009. "Diversity and Discrimination: A Look at Complex Bias." *William and Mary Law Review*. 50: 1439-1500.

Krinsky, John and Ann Mische. 2013. “Formations and Formalisms: Charles Tilly and the Paradox of the Actor.” *Annual Review of Sociology*. 39:1-26.

Kurtz, D., L.M. Nyberg, J.C. Van Dentillart, and B. Mills. 2008. “Silencing of Voice: An Act of Structural Violence.” *Journal of Aboriginal Health.*. January: 53-63.

Larson, Richard F. and Sara Smith Sutker. 1966. “Value Differences and Value Consensus by Socioeconomic Levels.” RESEARCH NOTES. *Social Forces*. 44:563-569

Lee, S., Lee, M., Chiu, M. and Kleinman, A. 2005. “Experience of social stigma by people with schizophrenia in Hong Kong.” *British Journal of Psychiatry*. 186:153–7.

Lewis, J. David. 1976. “The Classic American Pragmatists as Forerunners to Symbolic Interactionism.” *The Sociological Quarterly*. 17: 347-359.

Link, B. and Phelan, J. 2006. “Stigma and its public health implications.” *Lancet*. 367, 9509, 528–9.

Link, Bruce G. and Jo Phelan. 2014. “Stigma Power.” *Social Science and Medicine*. 103: 24-32.

Little Bear, L. 2000. *Jagged worldviews colliding*. Pp. 77-85 in M. Battiste. Ed. *Reclaiming indigenous voice and vision*. Vancouver: UBC Press.

Liu, James H. and Denis J. Hilton. 2005. “How the past weighs on the present: Social representations of history and their role in identity politics.” *The British Journal of Social Psychology*. 44: 537-556.

Looking Horse, A. 2009. “Indigenous philosophies and ceremonies as the basis for action.” Conference session at the National Aboriginal Health Organization: Our People, Our Health Conference. Ottawa.

Lucas, Michael. 2013. “Regrounding in Place: Paths to Native American Truths at the Margins.” *Canadian Journal of Environmental Education*. 18: 126-141.

Lukes, Steven. 1974. *Power: A radical view*. London: Macmillan (Second extended edition 2004).

MacDonald, David B. 2014. “Aboriginal Peoples and Multicultural Reform in Canada: Prospects for a New Binational Society.” *Canadian Journal of Sociology/Cahier Canadiens de Sociologie*. 39(1): 65-86.

MacKinnon, David P. 2011. “Integrating Mediators and Moderators in Research Design.” Research on Social Work Practice. 21(6):675-681.

MacRae, H. 1999. “Managing courtesy stigma: the case of Alzheimer’s.” *Sociology of Health & Illness*. 21(1): 54–70..

Manuel, T. 2006. “Envisioning the possibilities for a good life: Exploring the public policy implications of intersectionality theory. *Journal of Women, Politics and Policy.* 28:173-203.

Martin, Jay. 1973. *The Dialectical Imagination*. Boston: Little Brown

Martin, K. 2003. “Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research.” Pp. 203-257 in K. McWillian, P. Stephenson and G. Thompson. Eds. *Voicing dissent*. Brisbane, Australia: University of Queensland Press.

Martin-Hill, D. 2003. “Traditional medicine in contemporary contexts: Protecting and respecting Indigenous knowledge and medicine.” Ottawa: National Aboriginal Health Organization.

Mayo, Peter. 2004; 2008. *Liberating Praxis. Paulo Freire’s Legacy for Radical Education and Politics*. Westport, Connecticut: Praeger, Rotterdam and Taipei: Sense.

McCaskill, Don. 2012. “Discrimination and Public Perceptions of Aboriginal People in Canadian Cities.” Urban Aboriginal Knowledge Network. *Urban Aboriginal Research Paper Series*.38 pg.

McIntosh, Donald. 2013. “Max Weber as a Critical Theorist.” *Theory and Society*. 12(1):69-109.

McKinney, John C. 1969. “Typification, Typologies, and Sociological Theory.” *Social Forces*. 48(1): 1-12.

McKinnon, Andrew. 2010. “Elective Affinities of the Protestant Ethic: Weber and Chemistry of Capitalism.” *Sociological Theory*. 28(1): 108-126.

McKnight, John and Peter Block. 2012. *The Abundant Community: Awakening the Power of Families and Neighborhoods*. San Francisco: Berrett-Koehler Publishers, Inc.

Medical Research Council of Canada. Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. 2003. *Tri-Council policy statement: ethical conduct for research involving humans. Section 6. Research involving Aboriginal peoples*. Ottawa: Public Works and Government Services Canada.

McLaren, P and P. Leonard (eds.). 1993. *Freire: A Critical Encounter*. London: Routledge.

Mertens, D. M. 2007. “Transformative paradigm: Mixed methods and social justice.” *Journal of Mixed Methods Research*. 1(3): 212-225.

Mills, Alber J., Terrance G. Weatherbee and Gabrielle Durepos. 2014. “Reassembling Weber to reveal the-past-as-history in Management and Organization Studies.” *Organization*. 21(2):225-243.

Mills, C. Wright. 1940. “Situated Actions and Vocabularies of Motive.” *American Sociological Review*. 5: 904-913.

Mills, C. Wright. 1948. *The New Men of Power: America's labor leaders* (with the assistance of Helen Schneider). New Y ork: Harcourt Brace and Co.

Mills, C. Wright. 1951. *White Collar: The American Middle Classes*. New York: Oxford University Press.

Mills, C. Wright. 1956. *The Power Elite*. New York: Oxford University Press.

Mills, C. Wright. 1958a. *The Causes of World War Three*. New York: Simon and Schuster.

Mills, C. Wright. 1958b. "The structure of power in American society." *British Journal of Sociology* 9(1).

Mills, C. Wright. 1959. *The Sociological Imagination*. New York: Oxford University Press.

Mills, C. Wright. 1960. *Listen Yankee: The revolution in Cuba*. New York: McGraw Hill.

Mills, C. Wright. 1962. *The Marxists*. New York: Dell Publishing.

Mills, C. Wright. 1964. *Sociology and Pragmatism: The higher learning in America.* Edited and with an introduction by Irving Louis Horowitz. New York: Oxford University Press.

Mills, C. Wright. 1963, 1967. *Power, Politics and People: The collective essays of C. Wright Mills*. Edited by Irving H. Horowitz. New York: Oxford University Press.

Mohr, L.A. and M.J. Bitner. 1991. "Mutual understanding between customers and employees in service encounters." *Advances in Consumer Research*. 18: 611-7.

Mommsen, Wolfgang. 1965. "Max Weber's Political Sociology and his Philosophy of World History." *International Sociology Society Journal*. XVII(1); 23-45.

Moreton-Robinson, A. 2004. "Whiteness, epistemology and Indigenous representation." In Moreton-Robinson, A. ed.*Whitening race: Essays in social and cultural criticism*. Canberra: Aboriginal Studies Press.

Morgan, D. and R. Krueger. 1998. *The Focus Group Kit*. Thousand Oaks, CA: Sage.

Nielsen, Donald A. 2000. "Hans H. Gerth, C. Wright Mills, and the Legacy of Max Weber." *International Journal of Politics, Culture and Society*. 13(4): 649-661.

Nishnawbe Aski Nation Women's Council. 2013. "Seven Spiritual Needs of Human Beings." *The NAN Advocate. Fall* 2013.

Northern Ontario School of Medicine. ND. *Aboriginal Communities in Northern Ontario*. Retrieved from -- http://www.nosm.ca/communities/aboriginal_affairs/general.aspx?id=4082 -- accessed April 2013.

Oakes, Guy. 2003. "Max Weber on Value Rationality and Value Spheres: Critical Remarks." *Journal of Classical Sociology*. 3(1): 27-45.

Oakes, Guy. 1998. "On the Unity of Max Weber's Methodology." *International Journal of Politics, Culture and Society*. 12(2): 293-306.

O'Cadiz, Maria del Pilar, Pia L. Wong and Carols A. Torres. 1997. *Education and Democracy. Paulo Freire, Social Movements and Educational Reform in São Paulo, Boulder*: Westview Press.

Onwuegbuzie, A. J., R.M. Bustamante and J.A. Nelson. 2010. "Mixed research as a tool for developing quantitative instruments." *Journal of Mixed Methods Research*. 4(1): 56-78.

Onwuegbuzie, Anthony J., R. Burke Johnson, and Kathleen M.T. Collins. 2009. "Call for Mixed Analysis: A Philosophical Framework for Combining Qualitative and Quantiative Approaches." *International Journal of Multiple Research Approaches*. 3:114-139.

Orbuch, Terri L. 1997. "People's Accounts Count: The Sociology of Accounts." *Annual Review of Sociology*. 23:455-78.

Owen, D. S. 2007. "Towards a critical theory of whiteness." *Philosophy and Social Criticism*. 33(2):203–222.

Owusu-Bempah, K. and D. Howitt. 2000. *Psychology beyond western perspectives*. Leicester: British Psychological Society.

Palys, Ted. 2008. "Purposive Sampling." In Lisa M. Given (Eds). *The Sage Encyclopedia of Qualitative Research Methods*. Sage: Thousand Oaks. 2: 697-698.

Parsons, Talcott. 1965. "Evaluation and Objectivity in Social Science: An Interpretation of Max Weber's Contribution." *International Sociology Society Journal*. XVII(1): 46-70.

Parigi, Paolo and Warner Henson II. 2014. "Social Isolation in America*." Annual Review of Sociology*. 40(7): 1-7, 19. Review in Advance first posted online March 6, 2014.

Phelan, Bryan. 2012. "Bountiful: Wapekeka's Community Graden." *Sagatay: Wasaya Airways Inflight Magazine*. Fall 2012: 8-15.

Phelan, Bryan. 2013. "Miichim Program Honours Hunters with Feast." *Wawatay News*. December 19, 2013. P. 17.

Phelan, Bryan. 2012. "Racing Rafts in Kitchenuhmaykoosib." *Sagatay: Wasaya Airways Inflight Magazine*. Fall 2012: 32-33.

Phelan, J.C., E.J. Bromet, E.J. and B.G. Link. 1998. "Psychiatric illness and family stigma." *Schizophrenia Bulletin*. 24(1): 115–26.

Phelan, Jo C., Bruce G. Link and John F. Dovidio. 2008. "Stigma and Prejudice: One Animal or Two?" *Social Science and Medicine*. 67: 358-367.

Phillipos, Rachel, Cecilia Benoit, Helga Hallgrimsdottir and Kate Vallance. 2012. "Courtesy Stigma: A Hidden Health Concern among Front-line Service Providers to Sex Workers." *Sociology of Health and Illness*. 34(5); 681-696.

Pollner, M. 1978. "Constitutive and mundane versions of labeling theory." *Human Studies*. 1: 269-288.

Pollner, M. 1987. *Mundane Reason: Reality in Everyday and Sociological Discourse*. New York: Cambridge University Press.

Puxley, Chinta. 2014. "Inquest into Winnipeg Man's Death Told Aboriginals Face Racism in ERs." Winnipeg: *The Canadian Press*. June 10, 2014. Retrieved from www.theglobeandmail.com/news/national/inquest-into-winnipeg-mans-death-told-aboriginals-face-racism-in-ers/article19109706/ --accessed July 4, 2014.

Puxley, Chinta. 2014. July 4. "Inquest into Winnipeg Man's Death Told Aborignals Face Racism in ERs." *The Globe and Mail.*

Puxley, Chinta. 2014. June 10. "Aboriginals encounter racism at ERs, inquest hears. *CTV News*.

Puxley, Chinta. 2014. June 13. "Aboriginal groups fume when 'systematic racism' not explored for reason behind man's death after waiting 34 hours in ER." *National Post*.

Ragin, Charles. 2000. "The Places of Case-Study Research". *Comparative and Historical Sociology* (Newsletter of the Comparative and Historical Sociology section of the American Sociological Association). 13(1): 1–2.

Ramsden, Irihapeti. 1990. "Cultural safety." *New Zealand Nursing Journal*. Kai Tiaki. 83(11): 18-19.

Ramsden, Irihapeti. 1992. "Teaching cultural safety. *New Zealand Nursing Journal*. Kai Tiaki. 85(5): 21-23.

Ramsden, Irihapeti. 1993. "Kawa Whakaruruhau -Cultural safety in nursing education in Aotearoa (New Zealand)." *Nursing Praxis in New Zealand*. 8(3): 4-10.

Ramsden, I. 2000. "Cultural safety/Kawa Whakaruruhau ten years on: A personal overview." *Nursing Praxis in New Zealand*. 15(1): 4-12.

Ramsden, I. M. 2002. "Cultural safety and nursing education in Aotearoa and Te Wai Pounamu."Unpublished PhD, Wellington, New Zealand: Victoria University of Wellington.

Rex, John. 1977. "Value-Relevance, Scientific Laws, and Ideal Types: The Sociological Methodology of Max Weber." *The Canadian Journal of Sociology / Cahiers Canadiens de Sociologie*. 2(2): 151-166.

Robbins, Julian A. and Jonathan Dewar. 2011. "Traditional Indigenous Approaches to Healing and the Modern Welfare of Traditional Knowledge, Spirituality and Lands: A Critical Reflection on Practices and Policies taken from the Canadian Indigenous Example." *The International Indigenous Policy Journal*. 2(4): 17pg.

Rorty, R. 1999. *Philosophy and Social Hope* (Penguin Books, London).

Royal Commission on Aboriginal Peoples (RCAP). 1995. *Choosing life: Special report on suicide among Aboriginal people*. Ottawa: Minister of Supply and Services Canada.

Royal Commission on Aboriginal Peoples (RCAP). 1996. *People to people and nation to nation: Highlights from the report of Royal Commission on Aboriginal Peoples: People to people and nation to nation*. Ottawa: Minister of Supply and Services Canada.

Rubin, Herbert J. and Irene S. Rubin. 2005. *Qualitative Interviewing: The Art of Hearing Data*. 2nd Ed. Thousand Oakes, Calif.: SAGE Publications.

Rugina, A.N. 1998. "The problem of values and value-judgments in science and a positive solution: Max Weber and Ludwig Wittgenstein Revisited." *International Journal of Social Economics*. 25(5): 805-854.

Ruks, Marlise. 2012. “Max Weber in the American Journal of Sociology: A Case of Circulating Knowledge.” *Journal of the History of Behavioural Sciences*. 48(1): 55-63.

Runciman, W.G. 1972. *A Critique of Max Weber's Philosophy of Social Science*. Cambridge, Cambridge University Press.

Sadri, Ahmad and Mahmoud Sadri. 1988. “Intercultural Understanding: Max Weber and Leo Strauss.” *International Journal of Politics, Culture and Society*. 1(3): 392-411.

Sainnawap, Bill, Noah Winter and Paul Eprile. 1985. Aneshenēwe Machitawin: Human-Centred Community Development. Toronto: Participatory Research Group.

Sandoval, C. 2000. *Methodology of the oppressed: Theory out of bounds.* Minneapolis: University of Minnesota Press.

Sass, Katharina. 2014. “History, agency, structure and objectivity in the work of Max Weber and Antonio Gramsci.” *Universitetet I Bergen*. 16pg.

Scanlan, Stephen J. and Liz Grauerholz. 2009. “50 Years of C. Wright Mills and The Sociological Imagination.” *Teaching Sociology*, Special Issue on 50 Years of C. Wright Mills and the Sociological Imagination . 37(1): 1-7.

Schmutzer, Manfred E.A. “Cultural Theory through the Looking Glass: Allocation Practices and Hegemonic Cultures.” *Innovation*. 16(4): 331-347.

Schwartz, Shalom H. and Anat Bardi. 2001. “Value Hierarchies across Cultures: Taking a Similarities Perspective.” *Journal of Cross-Cultural Psychology*. 32(3); 268-290.

Scambler, G. 2009. “Health-related stigma. Courtesy stigma in front-line service providers” *Sociology of Health and Illness*. 31(3): 441–55.

Sharma, P., J.L.M. Tam and N. Kim. 2009. “Demystifying intercultural service encounters: toward a comprehensive conceptual framework.” *Journal of Service Research*. 12(2): 227-42.

Sherley-Spiers, S. K. 1989. “Dakota perceptions of clinical encounters with western health-care providers.” *Native Studies Review*. 5(1): 41-51.

Sherwood, J. 2010. “Do no harm: Decolonising Aboriginal health research.” (Unpublished doctoral dissertation). University of New South Wales, Sydney, Australia.

Shils, Edward. 1982. “The Calling of Sociology and Other Essays on the Pursuit of Learning.” *The British Journal of Sociology*. 33(2): 281 -282.

Shim, Janet K. 2010. “Cultural Health Capital: A Theoretical Approach to Understanding Health Care Interactions and the Dynamics of Unequal Treatment.” *Journal of Health and Social Behavior*. 51(1):1-15.

Smith, Jamie. 2014. “Hate by numbers: City hate-crime rate among highest in country.” Thunder Bay. www.tbsnewswatch.com/news/346330/Hate-by-numbers --accessed 6/27/2014

Smith, L. T. 1999. *Decolonizing methodologies: Research and indigenous peoples*. Dunedin, New Zealand: University of Otago Press.

Smith, L. T. 2006. “Choosing the margins: The role of research in indigenous struggles for social justice.” Pp. 151-174 in N.K. Denzin and M. D. Giardina. Eds. *Qualitative inquiry and the conservative challenge: Confronting methodological fundamentalism*. Walnut Creek, CA: Left Coast Press.

Smith, L. 2008. “How ethical is ethical research? Recruiting marginalized, vulnerable groups into health services research.” *Journal of Advanced Nursing*. 62: 248–257.

Smith, Mark K. 1997; 2002. “Paulo Freire and informal education,” *The Encyclopaedia of Informal Education*. [http://infed.org/mobi/Paulo-freire-dialogue-praxis-and-education/ Retrieved: March 29, 2015.

Somers, Margaret R. 1994. “The narrative constitution of identity: A relational and network approach.” *Theory and Society*. 23: 605-649.

Starr, Bradley E. 1999. “The Structure of Max Weber’s Ethic of Responsibility.” *Journal of Religious Ethics*. 27(3): 407-437.

Struthers, Roxanne, Valerie S. Eschiti and Beverly Patchell. 2004. “Traditional indigenous healing: Part I.” *Complementary Therapies in Nursing and Midwifery*. 10:141-149.

Stevens, James R. Ed. 1985. *Legends from the Forest Told By Chief Thomas Fiddler*. Penumbra Press.

Stuber, J., I. Meyer, I. and B. Link. 2008. “Stigma, prejudice, discrimination and health.” *Social Science and Medicine*. 67(3): 351–7.

Swedberg, Richard. 2003. “The Changing Picture of Max Weberr’s Sociology.” *Annual Review of Sociology*. 29:283-306.

Tichy, Noel. 1973. “An Analysis of Clique Formation and Structure in Organizations.” *Administrative Science Quarterly*. 18(2): 194-208.

Tijsterman, Sebastiaan P. and Patrick Overeem. 2008. “Escaping the Iron Cage: Weber and Hegel on Bureaucracy and Freedom.” *Administrative Theory and Practice*. 30(1); 71-91.

Tilly, Charles. 1978. *From Mobilization to Revolution*. New York: Random House.

Tilly, Charles. 1988. “Social Movements, Old and New.” *Research in Social Movements, Conflicts and Change*. 10: 1-18.

Tilly, Charles. 2005. *Trust and Rule*. Cambridge University Press.

Tilman, Rick. 1984. *C. Wright Mills: A native radical and his American intellectual roots.* University Park: The Pennsylvania State University Press.

Timmermans, Stefan and Iddo Tavory. 2012. “Theory Construction in Qualitative Research: From Grounded Theory to Abductive Analysis.” *Sociological Theory*. 30(3):167-180.

Tonmyr, Lil and Cindy Blackstock. 2010. “Commentary: Indigenous Health Special Issue.” *International Journal of Mental Health Addiction*. 8:135-144.

Tubadji, Annie. 2014. "Was Weber Right? The Cultural Capital Root of Socio-economic Growth Examined in Five European Countries." *International Journal of Manpower*. 35(1/2): 56-68.

Turner, Bryan S. 2002. "The problem of cultural relativism for the sociology of human rights: Weber, Schmitt and Strauss." *Journal of Human Rights*. 1(4): 587-605.

Wagamese, Richard. 2010. "First Nations Face Border Struggles." *Canadian Geographic*. July/August. Retrieved from http://www.canadiangeographic.ca/magazine/ja10/first-nation-border-struggles.asp?comments=all – accessed August 7, 2014.

Waldron, Jeremy. 1989. "Particular Values and Critical Morality." *California Law Review*. 77:561-589.

Wallace, Walter L. 1990. "Rationality, human nature, and society in Weber's Theory." *Theory and Society*. 19:199-223.

Weber, L. 2006. Reconstructing the landscape of health disparities research: Promoting dialogue and collaboration between feminist intersectional and biomedical paradigms. In A. J. Schultz & L. Mullings (Eds.), Gender, race, class and health: Intersectional approaches (pp. 21–59). San Francisco: Jossey-Bass.

Weber, L., & Hilfinger, D. 2012. "Mississippi front-line recovery work after Hurricane Katrina: an analysis of the intersections of gender, race, and class in advocacy, power relations, and health." *Social Science & Medicine*. 74: 1833–1841.

Weber, L., and M. E. Fore. 2007. "Race, ethnicity, and health: An intersectional approach. In *Handbooks of the sociology of racial and ethnic relations*, ed. H. Vera and J. R. Feagan, 191-218. New York: Springer.

Weber, L., & Parra-Medina, D. 2003. Intersectionality and women's health: Charting a path to eliminating health disparities. Advances in Gender Research, 7, 181–230.

Weber, Max. 1949. *The Methodology of the Social Sciences*. New York: Free Press.

Weber, M. 1946. *From Max Weber: Essays in Sociology*. H. Gerth and C.W. Mills, tr. and ed., New York: Oxford University Press.

Weber, M. 1905. *The protestant ethic and the spirit of capitalism*. Oxford: Blackwell Publishing.

Weber, M. 1981. "Some Categories of Interpretive Sociology." *The Sociological Quarterly*. 22(2):151-180.

Wesley, Stephanie. 2014. "YOUTH STORY OF THE YEAR: KI Youth Organize hosting of 43 Canadians." *Wawatay News*. January 9, 2014. P. 10.

Wilkinson, Iain. 2012. "With and beyond Mills: Social Suffering and the Sociological Imagination." *Cultural Studies <-> Critical Methodologies*. 12(3): 182-191.