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Expanding Health Literacy

Indigenous Youth Creating Videos

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Abstract

How can creating videos contribute to expanding health literacy? This article describes a participatory action research project with a group of Canadian Indigenous youth and their teachers. As the youth explored their interests about health and wellness through the artistic creation of videos, they developed a critical consciousness about community, culture, confidence, and control. They became mobilized and obtained information about health and wellness that allowed for the development and expansion of their notion of health literacy that included cultural conceptions of health and wellness.

Keywords

- *health literacy*
- *Indigenous youth*
- *participatory action research*
- *video making*

AS A KIND of recursive mirror, the arts reflect both the mind of the artist and the society that shapes the ideas artists represent through their creative expressions. Academics have long studied artistic output as a way to understand individual thought processes. Analyses of the works of a schizophrenic Vincent Van Gogh, or explanations of the psychic autonomism embodied in the art of mystics such as William Blake or the enigmatic Canadian artist Alma Rumball (Rumball, 2006), all seek a deeper understanding of the individual through the study of the products of their creative output. Historians have a long established tradition of studying art as a way to discern societal norms, customs, and even the evolution of ascribed social statuses. French historian Phillipe Aries, in his book *Centuries of childhood* (1965), presents an analysis based on four centuries of art work in which he argues that childhood, as a kind of ascribed social status and a clearly defined stage of life, emerged slowly over several centuries, beginning in the middle ages.

As we look to the past and try to understand what life was like in a historical period other than our own, we often turn to the arts to inform us about life in another era. Paintings, sculpture, literature, poetry, film, music, and fashion all help to define an era, and the cultural residue left by the arts shapes the understandings of the past that we develop from our distant vantage point of the present.

In this era of digital technologies, opportunities for creative and artistic expression abound. Affordable high speed personal computers, the internet, digital cameras, video cameras, and audio recorders have made it possible for anyone with access to a computer and the internet to create and publish content rich media in a wide variety of forms.

In this article we describe our experiences with a project that used the medium of digital video to engage university-based researchers, community members, and Indigenous youth and their teachers in a collaborative exploration of the meaning of health and wellness. Developed over six years, the project has taught all who were involved many things about video making as a tool for not only artistic expression, but for the discovery of self and others. Through the process of collaborative research that guided this project we learned about the important roles that community, culture, confidence, and control play in Indigenous health. We also learned how identities form the foundation from which the Indigenous youth negotiate their many interactions with the larger dominant culture in which they are immersed.

This article examines video making as a tool for artistic expressions leading to increased understandings of health and wellness. As such, the learning that occurred through this project, the associated knowledge claims, and the theorizing that we do, as well as the implications for practice that we describe, are all located at the intersections of Indigenous ways of knowing and western conceptions of health and wellness. It is to those intersections of culture that we now turn.

Theoretical frameworks

The theoretical approaches in this study are based on an integration of Indigenous health and holistic health literacy.

Indigenous health

Traditionally, Indigenous health from a cultural perspective refers to balance and harmony between and within all of the four aspects of a person's nature, which are mental, physical, spiritual, and emotional (Blue & Darou, 2005). Indigenous health, marked by balance of the four aspects of the self, was traditionally defined and maintained through everyday life activities, and Native culture had well-established practices for teaching community members to maintain this balance (Mussell, Nichols, & Adler, 1993). Prior to European contact, Indigenous people held a consistent level of balanced holistic health, and this contact created an upset in the balance of the four aspects of community, family, and individual life for all First Nations (Waldram, 2004). Specifically, the ways and means of culturally based holistic health were disrupted through colonization and assimilation practices of settlers that forced serious multiple losses on all Indigenous peoples (Kirmayer, Simpson, & Cargo, 1998).

An integral concept to the notion of holistic health is the concept of interdependence (Waldram, 2004). For First Nations peoples, mental health problems result from lack of balance and interdependence among the four aspects of human nature, identified above (Mussell et al., 1993). When balance, or harmony through interconnectedness, is restored through paying attention to the needs of the four aspects of the self, the family, or the community, health is achieved in an Aboriginal holistic worldview. An Indigenous health model is presented here to plant the seed of health conceived in terms of holism and an expanded notion of health and wellness. A holistic model of health is a paradigm that

is relevant to the needs for assessment purposes in healing work, an expression of a First Nations worldview, that views healing as a process that achieves a balanced relationship with the self, Mother earth, and the natural world (Absolon, 1994).

Holistic health literacy

Health promotion within a western construct is typically defined as 'the process of enabling people to increase control over, and to improve, their health' (Ottawa Charter for Health Promotion, 1986, p. 6). Thus health promotion is understood in terms of autonomy (control) of health and an ability to improve one's health. Since emerging in the 1980s, the ideology and practice of health promotion has evolved into a way of thinking about the underlying causes of health and wellness in order to develop new approaches to deal with health challenges in Canadian communities. Embedded within the practice of health promotion is the concept of health literacy, and more specifically for the purpose of this article, holistic health literacy.

Health literacy is defined as how people recognize, understand, and seek treatment for their health problems (Ottawa Charter for Health Promotion, 1986). Some researchers have suggested that there is a need within Canada's health promotion system for a comprehensive model of health literacy that would include multiple determinants of health such as social/cultural and environmental influences (Boruget Management Consulting for the Canadian Alliance on Mental Illness and Mental Health, 2004). There are profound cultural variations in how peoples recognize and experience health and health promotion, and these differences are closely connected to social and environmental conditions (Flick, Fischer, Neuber, Walter, & Schwartz, 2003; MacLachlan, 2006). Within and across cultures, economic, political, and social factors profoundly impact health and wellness. For example, research compiled by Kirmayer et al. (1998) indicates that for Indigenous groups, strengthening cultural identity, political empowerment, and community cohesiveness can contribute to improving health indicators such as depression, addictions, and diabetes.

This conception of holistic health literacy is used by many contemporary health care professionals, particularly those who work across cultures, and suggests that understandings of health can include wellness, striving for improvement, and functional development of inter and intra personal aspects of the self. As discussed earlier, historically, western perspectives of

health and disorders are grounded in western science and based on a disease model that focuses on the individual (Duran, 2006). It is recognized that contemporary models of health approaches, treatments, and promotions have moved toward more holistic perspectives, yet this movement is not central to health planning and treatment, such as health literacy in Canada (Wilson, 2004).

Project description

This project aims to use a youth participation model to contribute to knowledge about these concerns and to create artistic educational videos to address health concerns that can be used in other communities. The anticipated contribution to knowledge of this target research project will occur at the community level, through the documentation of research knowledge obtained through the interaction of Indigenous youth and elders, and at the level of the individual, as the young people involved in the research project develop skills related to information gathering, organizing, and presenting their findings. In addition to the contributions to knowledge at the individual and community level, the research has contributed to a knowledge base about how to involve young people in research projects aimed at enacting positive change in terms of health literacy and research capacity within a community.

The specific objectives of the project are: (1) to facilitate Indigenous student investigation of topics that they perceive to be of importance for the promotion of healthy living and injury prevention; (2) to develop strategies for injury prevention and health promotion among Indigenous young people that are based upon health concerns identified by the youth themselves; (3) to develop leadership skills and research expertise among Indigenous young people through participation in conducting research about health and wellness; and (4) to develop an understanding of ways in which participatory action research can be used to develop school and community-based initiatives for Indigenous health promotion.

Video making is a creative process for the students because it gives rise to an expression of their individual ideas, hopes, metaphors, and rituals about health in their own personal experiences. The expressions of student experiences of health as stories presented in the form of video take many manifestations, such as formal script writing, biography or autobiography, documentary, and improvisational skits. Indigenous peoples usually describe themselves as having an

oral-based story-telling tradition (Medicine-Eagle, 1989), thus using creativity in video making could be deemed culturally appropriate because it uses stories in the form of video to elicit information about the topic of health. It is specifically the stories of Native youths' experiences of health in their communities that this project sought. Creativity is a fundamental part of video making for the students. York (2000) writes that in video making,

creativity is a selective pursuit. With creativity, like video, you choose where to focus your attention. Nearly every aspect of video production involves some form of creativity. Writing a script, choosing a camera angle, making an edit decision, directing talent and getting the final product to market, all require a degree of creativity. (p. 1)

The students tapped into their own sources of creativity at every stage of the video making process, from the conception of a topic for their video, to the camera work, video editing, audio creation, and presentation of the completed video to peers and community.

The initial creative step in planning a video project involved group work where students brainstormed ideas for topics they thought related to health and well-being, and what it meant to them. Video topics that emerged from these brainstorming sessions included drug and alcohol use, drinking and driving, diabetes, depression, sports, culture, seafood, the medicine wheel, colonization, dancing and singing and fetal alcohol spectrum disorder. Students worked in groups and became co-constructors in the making of their video, which required collaboration with group members, and further required that students listen to and share ideas among each other. This created an atmosphere that was open to differences as well as similarities throughout the entire video making process as students practiced respecting and supporting each other's artistic input. In this way, the videos were co-created by the group. Students who were working on their own also experienced a co-constructed approach to learning and doing through the support and guidance provided by the research assistants and teacher.

Methodology

Participatory action research

This study asked: how can creating videos contribute to expanding health literacy? A fundamental assumption of the qualitative research paradigm is that meaningful comprehension of the world comes

only through events in naturalistic settings rather than through artificial experimental conditions (Anderson & Arsenault, 1998). A goal of qualitative researchers is to provide ways of understanding experience from the perspective of those who live it (Schwandtl, 1994), and this approach is appropriate for the research question. Within the qualitative approach there are many specific frameworks for research (Creswell, 2003); participatory action research is one approach that fits the research context and is grounded in the theoretical basis of holistic health and health literacy.

TPTH has practiced a participatory action approach to research that involved the collaboration of participants from the university and high schools working as a team in carrying out research with a common purpose. Participatory action research (PAR) is based on a principle that the participants become agents instead of the object of the research (Wadsworth, 1998), and often occurs in the form of community-based research projects (see Howarth, Foster, & Dorrer, 2004). This methodology was also adopted because of its goal of empowerment of the research participants (Nelson & Wright, 1995).

Data sources and methods of investigation

Data from this research exist in three forms. First, field notes maintained by the university researchers are archived in the databases at the university offices, and are frequently accessed and referred to throughout the data analysis process. Second, the videos produced by the students represent a kind of creative cultural text, reflecting the interests and concerns of urban Aboriginal youth and their communities as seen through their eyes at the turn of the 21st century. Over the six-year life of the project, 40 short videos were made on a variety of topics relating to health and wellness. These represent a cultural archive that reflects the artistic conceptions of health and wellness that the participants held at the time of the research.

The third data set is 35 video recorded qualitative interviews with youth participants, their teachers, and the university researchers, conducted after completed video projects. These interviews were carried out to document the process of the research itself and to look more deeply at the conceptions of health and wellness held by the student participants. We used data drawn from the following subset of interview questions from the larger interview schedule to inform this article:

- What does research mean to you? (Question 8)
- What kinds of factors are influencing your decisions about how you want to do the video? (Question 9)
- Is the use of video in your project helpful? If so, in what ways is it helpful? (Question 14)
- How does our topic relate to the prevention of injury among young people? (Question 15)
- How do you see the experience of going through this project as making a difference in your life? ...in the lives of others? (who were affected) (Question 16)
- Have your ideas about research changed through doing this project? (Question 19)
- Is this project different from other school projects you have done? If so, in what ways is it different? (Question 21)
- What is the most important thing you have learned from this project? (Question 24)
- What is the most valuable part of doing this project? (Question 25)
- What kind of influence, if any, has your involvement in this project had on your health and wellness? (Question 27)

Interviews using these questions were video taped and collated onto searchable DVD media for archiving and analysis of student responses to interview questions.

Bogdan and Biklen (1998) write that 'the qualitative researcher's goal is to better understand human experience' (p. 38). We collected the three sources of data using a small number of specific questions that related to the general research question, and all participants, including students, teachers, and university researchers were interviewed. It has been suggested that in order to have internal validity, qualitative research should be designed so that its methodology, conceptual framework, and research focus are an appropriate match (Rudestam & Newton, 1992), and this form of triangulation was met in this project.

Data analysis

The three data sets were analyzed by the university researchers, the teacher, and student co-researchers, using a qualitative inductive methodology.

Data analysis of the interviews comprised the following steps:

1. Transcribing the interview into a verbatim transcript.
2. Reading and re-reading the transcript.
3. Chunking the transcript into thematic statements.
4. Assigning a descriptive code to each thematic statement that reflected the meaning of that theme.

Analysis of the field notes and student videos followed steps two to four.

Responses to the interview questions were analyzed by the research team in terms of thematic content that emerged through a reflexive process of coding the transcripts for meaning. Tesch (1990) writes that coding data for meaning is an organized system for understanding qualitative data. Students were not always able to participate in data analysis due to the logistics that many had moved on from their studies in the classroom, but some students who were available participated in analysis, and the teachers also were part of the process.

Results

Tesch (1987) writes that metathemes represent the totality of the phenomenon being researched. In other words, bringing together the emerging themes from each source of data point to overarching themes that describe the overall experience of health for students in their community contexts. The metathemes identified are not simply abstract concepts, they are expressions found embedded in the data as a whole, including participant interviews, student videos, and field notes. Metathemes were identified in the data through an inductive process by the university researcher that looked for core ideas and concepts through a process of rereading, re-reading, and chunking the interview data into meaningful thematic statements (see section on data analysis). Overall, we will highlight four overlapping metathemes that emerged from the data: community; culture; confidence; and control. For the purpose of this article, we will describe them separately, but make a note of the connectedness of these elements in the lives of our participants and as they relate to the context of the TPTH project and our theoretical framework of Indigenous holistic health and holistic health literacy. In the discussion, the relationships between these metathemes are explored.

Community

The importance of community was demonstrated on many levels within the TPTH project. Overall, the process involved numerous overlapping communities, each with a distinct culture (Tanaka, Riecken, Godfrey, Scott, & Stewart, 2005). The communities of the university, high school, Indigenous groups, and youth were all represented and interacted with each other in numerous ways. Through these interactions we learned from each other and shifts in

perspective and creativity took place. After students learned about video as a research tool from the university team, their perceptions of what it meant to engage in research were expanded. In response to a question on how his ideas about research have changed, Gary told us:

Yes, actually [my perceptions have changed]. My idea of research now, is something like, you know, you don't have to read anything in a book. You don't have to ask a teacher to learn. You can go to somebody who you think knows a lot. You know, the elderly have lots of wisdom. They know lots of things. Some things, they don't even tell us. (Laughs) And, research, (pause), you just have to ask! (smiles). (Question 19)

In this quotation, Gary also points out the importance of accessing community knowledge in the research process. The community is looked at as a place for the transmission of knowledge and community members are seen as keepers of that knowledge. Many of these people actively cultivate Indigenous culture into their lives. As students interviewed community knowledge keepers for their videos, they became more connected and aware of the importance of culture in the lives of their interviewees. And as they began to identify with their community they also began to express the importance of culture in developing their own sense of well-being. Flick (2006) writes that meaningful health research is interested in how well concepts of health and health promotion impact the health care system. One way that TPTH accomplishes this is through voicing Native youths' community health concerns so that the health care system might hear these voices through video.

Culture

Closely tied to the element of community is that of culture. For many of the participants, culture informed and shaped the framework and perspective of their projects. Nairn, Pega, McCreanor, Rankine and Barnes (2006) write that within a colonial society (such as Canada) effects of culture impact health and well-being of Indigenous peoples in terms of freedom to engage in cultural practices. The video projects were carried out in classrooms where teachers consciously included Indigenous cultural elements in their underlying philosophy of teaching and learning. Most classroom video making sessions opened with a circle sharing time, there was regular participation by community Elders, and celebrations based upon traditional Indigenous ways occurred throughout the school year. Additionally, the research

team was careful to consciously follow Indigenous cultural protocols for conduct in all aspects of the project. One strategy to improve Indigenous health is through resisting racism by engaging in traditional cultural practices and protocols (Nairn et al., 2006). The centrality that culture plays in the wellness process is expressed by one of the participants, Sheralyn, when she said that without a cultural connection it is

like taking a fish out of water ... a First Nations person has to be fully immersed in the culture today in order to fully understand who they are ... it always comes back to that. Medicine to soul, our whole being, our existence. (Student video excerpt)

For the students in this project, there was access to cultural resources in the community, as well as an expectation that students could use these cultural resources as an artistic foundation for their videos. The participants used the process of video production as an opportunity to search out answers to personally relevant health and wellness questions as well as a tool to find out more about their culture. Video topics included specific explorations of culture such as dancing, healing circles, traditional diet and herbs, and the direct role that culture plays in the wellness process. Participants saw these creative explorations of culture as being helpful in the process of personal healing. An anonymous student-participant told us:

I had a rough childhood. I was abused for the first 10 years of my life. And I didn't know who to turn to. I was in that self-destruction mode, and I didn't know if anything could be done. When they came up with the idea of healing circles [for the video topic], just finding out what it really means and what it can really do for you—this was healing me, doing this video. It brought out a lot of my self on the inside that I was hiding. [I was] hiding behind masks, but this video project alone, just brought out the best in me. (Question 9)

By directly exploring culture, many of our participants expressed the importance of finding balance within a holistic model for health and wellness

Confidence

When answering the question, 'What kind of influence, if any, has your involvement in this project had on your health and wellness?' Alvin said: 'It made me want to stand up a little more straight.' Confidence is the third metatheme that emerged from the data. For the purpose of this article, we have used a definition that describes confidence as a belief or

self-assurance in your ability to succeed (Encarta, 1999). The process of making videos enhances students' confidence and self-esteem, pride of ownership, individuality, passion, empowerment, team building, collaboration, and creativity (Theodosakis, 2001). It also 'offers a space for students to define and redefine their own "problems" with media and to explore their own relationships with media' (Tyner, 1998, p. 183). By making artistic videos, youth have the advantage of being able to represent and voice their own experiences in their own communities (Tyner, 1998). Students in the TPTH project chose topics or issues that interested them and were actively engaged in their communities in the process of making of videos. Interviews with students refer to confidence when they talked about how much fun it was to make videos and use the equipment, once they had learned the skills involved. Meghan said:

This whole project is learning how to use the computers for doing videos. I didn't even know you could do that before this. So I think that was the most important thing that I've learned. And just doing work with the camera and stuff like that. (Question 24)

Along with her learning and gaining confidence in her own abilities, Meghan came to a new understanding that also increased awareness, knowledge, and confidence in how to use new technologies. The opportunity to use as well as to learn how to use the equipment was highly valued by all the students.

Bolam, McLean, Pennington and Gillies (2006) in their evaluative research on a communication technology-based project, suggest that media can be used to improve individuals' confidence, self-esteem, and social networks. Health promotion interventions can thus be linked to using digital media. The participants in the TPTH project clearly demonstrate that learning how to use digital media in a creative way improved their health through an increase in self-confidence. The training that students received along with the application of the skills to the video making process gave them opportunities to increase their actual ability as well as their sense of self-efficacy to create and produce videos about health and wellness.

Control

The metatheme of control refers to a skill in using something as well as the exercise of power or authority over something (Encarta, 1999). Self-control or the ability to control your own

behavior, ownership, choice, responsibility of learning and self, as well as self-determination or ability to make your own decisions without interference from others are also encompassed by the notion of control. The amount of influence people have over different aspects of their lives as well as the supportive relationships they have that protect them from isolation and disconnection are other important dimensions of control. Control is one of the critical psychosocial factors found to affect health and more specifically, may refer to 'the level of control an individual has within their environment that determines whether the demands and stresses they experience have neutral, positive or negative consequences in terms of health' (Tsey, Whiteside, Deemal, & Gibson, 2003, p. S36).

Interviews with students refer to control when they spoke about learning how to use the equipment and learning the processes involved in making videos. In response to a question about the most important thing learned in this project, Christine said,

How I learned to do movies and how to work the video camera and I just never got the opportunity to do that before and because I don't have that kind of money to buy a video camera and do that, so I like that. (Question 24)

Christine's comment articulated a challenge to the process in that there were and are aspects of control, which go beyond the individual to the structural level. Students' skills, abilities, and confidence increased to be potentially frustrated by environmental and social issues beyond the scope of the project.

Some students said that they did make changes. They referred to control when they said that they had changed their behavior as a result of making a video. Arliss said that after making her video about traditional diets, she eats more seafood now that she realizes how healthy it is for her. Another student said that she wanted to change her lifestyle choices specifically in relation to alcohol and tobacco use. She gained confidence and her attitude had shifted to the degree that she believed she had the ability to effect the changes she desired. Nathan said that it helped him to do the research assignment, stay out of trouble, and kept him in school. Behavioral change for health promotion has been linked to the use of digital media by Bolam et al. (2006).

Discussion

All of the four metathemes are interconnected. Through interviewing community members, culture was identified, acknowledged, and integrated into the process. Indigenous culture stresses the importance of community knowledge and connection to community as a healthy way of life. For all of these students, getting out in the community also meant connecting with their cultural heritage. The presence of culture was equated with having balance in life, and became essential to the development of a healthy identity and a sense of psychological well-being, at individual, family, and community levels. Unquestionably, this process influenced students' relationships and strengthened support networks that keep people together and connected.

Student videos, achievements, and efforts were acknowledged and highlighted with a showcase event at the end of the school term, where students presented their completed videos to peers, friends, family, and community members. In one site this was done via a formal community dinner and potlatch ceremony. In another site, it took the form of a video day, with friends, family, and community members invited to a screening of the students' projects. Further to the sharing of and expressing their ideas and stories through video, these video presentations allowed students to receive feedback from the audience in the form of applause and acknowledgement of the work they put into their research and video making. This feedback was an important continuation of the learning that took place for the students as their videos entered the public domain. Such feedback caused the students to reflect on their learning and the meaning of what they learned in a context different than the classroom—the context of community. Along with gaining technical and research skills in carrying out their research and making a video of their findings, students made significant connections with the larger community.

When students realized that they were valued within their communities for making the videos by community members whom they respected, they talked about how good they felt, reflecting an increase in their confidence. Some students came to believe that they could make a difference to the health status of their communities because they realized that they had the skills and abilities to do so. There was an additional awareness that they could influence their environment and people in it in positive ways.

It was also evident that learning through video making could be meaningful and fun. Students furthered their understanding of community through their

involvement in the community while gathering video footage. Connecting with community and experiencing a sense of belonging and participation is critical in developing a healthy sense of cultural identity. Too often, youth are silenced in their schools and communities. They are misrepresented by outside media producers, adding to their confusion about who they are and what is expected of them. By making creative videos, youth had the advantage of being able to represent and voice their own experiences in their own communities (Tyner, 1998). The youths' video work offsets the dominant society's image of youth and Indigenous people as well as the lives they lead and the beliefs they hold (Smith, 1999). It also provided opportunities to explore and address social issues that concerned them. These are all dimensions of control that affect health (Chandler & Lalonde, 1998; Tsey et al., 2003).

Through their involvement in this project students gained a sense of responsibility for their learning. They found a connection between their own learning and the research, which furthered their sense of responsibility. Video making was thus an empowering creative learning process for students in the TPTH project. As indicated in the metathemes, students commented directly on the increased sense of community, culture, confidence, and control.

Implications

Need for a comprehensive model of health literacy

Cultural conceptions of health are important for youth to articulate their connections to culture, community, confidence, and control. Embedded within this assertion is the centrality of culture to health literacy. Health promotion was earlier introduced as part of the Canadian government's initiative to meet the country's health needs. For health literacy, an expanded model from the disordered model would include facets beyond individualist, behavioural, and disease-based conceptions (the mainstream western medical model), which are insufficient beyond mainstream populations, including Indigenous populations (Kickbush, 2002). The implication here is that an Indigenous belief system about health and wellness differs qualitatively from a western approach to health in terms of both theory and practice. Often, health policies and programs designed by non-Indigenous individuals or institutions have been inappropriate for dealing with Indigenous problems because the philosophies and ways of living that underpin each approach are very different (Vicary & Bishop, 2005).

Building indigenous health research capacity

On the basis of our research results, we believe that the TPTH video making process demonstrates great potential as a creative tool to engage and support Indigenous youth and their communities. We have seen it encourage them to take greater control and responsibility for their research and actions regarding health and wellness promotion and literacy. The overall video making process, as well as the structure of the classroom and research settings, aid in creating supportive environments for personal and artistic growth and change. Student research in and with their communities to produce and share health and wellness videos helps strengthen community actions. Throughout the video making project, students learn and develop social skills and interpersonal abilities. Students' confidence in their abilities on several levels increased, most notably in the realm of self-efficacy or perception of their ability to make a difference in the health of the overall community.

Summary and conclusion

The TPTH project found important intersections between community, culture, confidence, and control as important elements of a holistic approach to health and wellness. Utilizing video making as an artistic medium of expression, the project provided students with opportunities for both expression and exploration of what it means to be healthy. As students explored this terrain they developed a kind of health literacy that reflects their identities as Indigenous people. It is also a literacy that is grounded in the interests and concerns of their communities and cultures, and as such, it provided meaningful access to healthy ways of being. We make our argument for a conception of culturally based health literacy based on empirical evidence from project. Drawing upon qualitative interview data from our research, we offer support for the development of holistic models of health literacy as a positive alternative to the deficit models of health. Lavalée and Clearsky note that current systems of health 'define a deficit model of health approach whereby we, as Aboriginal peoples, are seen to be solely responsible for our health and healing' (2006, p. 4).

We suggest that a holistic conception of health and wellness should be used by health practitioners and educators who are part of the health promotion movement. It is our contention that such a conception will serve to improve the disparity between the needs of Indigenous peoples and the largely Eurocentric

systems of health care. We believe that the adoption and use of such a conception would also be an important step in the construction of a health literacy that includes an Indigenous perspective and worldview.

References

- Absolon, K. (1994). Building health from the medicine wheel: Aboriginal program development. A resource paper for Native Physicians Association Conference at Winnipeg, Canada.
- Alma Drawings. (2005). *The Alma Drawings films*. <http://www.thealmadrawings.com/> (accessed 20 December 2007).
- Anderson, G. & Aresnault, N. (1988). *Fundamentals of Education Research*. Philadelphia: The Falmer Press.
- Aries, P. (1965). *Centuries of childhood: A social history of family*. New York: Vintage Books.
- Blue, A. W., & Darou, W. (2005). Counseling First Nations peoples. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling: Celebrating the Canadian mosaic*, pp. 303–330. Calgary, AB: Counseling Concepts.
- Bogdan, R. C. & Biklen, S. K. (1998). *Qualitative Research for Education: An Introduction to Theory and Methods*. Boston: Allyn and Bacon.
- Bolam, B., McLean, C., Pennington, A., & Gillies, P. (2006). Using media to build social capital for health: A qualitative process evaluation study of participation in the CityNet project. *Journal of Health Psychology, 11*, 297–308.
- Boruget Management Consulting for the Canadian Alliance on Mental Illness and Mental Health. (2004). *Mental health literacy: A review of the literature*. Canadian Alliance on Mental Illness and Mental Health.
- Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*, 191–219.
- Creswell, J. W. (2003). *Research Design: Qualitative, Quantitative, and Mixed Methods*. Thousand Oaks, CA: SAGE.
- Duran, E. (2006). *Healing the soul wound*. New York: Teachers College, Columbia University.
- Encarta. (1999). *Encarta world English dictionary*. Microsoft Corporation, Microsoft by Bloomsbury Publishing Plc.
- Flick, U. (2006). Paradigm lost? Reconsidering health psychology. *Journal of Health Psychology, 11*, 351–354.
- Flick, U., Fischer, C., Neuber, A., Walter, U., & Schwartz, F. W. (2003). Health in the context of being old: Representations held by health professionals. *Journal of Health Psychology, 8*, 539–556.
- Howarth, C., Foster, J., & Dorner, N. (2004). Exploring the potential of the theory of social representations in community-based health research—and vice versa? *Journal of Health Psychology, 9*, 229–243.
- Kickbush, I. S. (2002). Health literacy: A search for new categories. *Health Promotion International, 17*, 1–2.
- Kirmayer, L. J., Simpson, C., & Cargo, M. (1998). Healing traditions: Culture, community, and mental

- health promotion with Canadian Aboriginal peoples. *Australian Psychiatry*, 11, 15–23.
- Lavallee, B., & Clearsky, L. (2006). From woundedness to resilience: A critical view from an Aboriginal perspective. *Journal of Aboriginal Health*, 1, 3–4.
- MacLachlan, M. (2006). Towards a global health contribution for critical psychology. *Journal of Health Psychology*, 11, 361–365.
- Medicine-Eagle, B. (1989). 'The circle of healing', in Carlson N. R., Shields, B. (Eds), *Healers on Healing*, 58–62. New York: J. P. Tarcher/Putnam.
- Mussell, W. J., Nichols, W. M., & Adler, M. T. (1993). *Meaning making of mental health challenges in First Nations: A Freirean perspective*, 2nd edn. Chilliwack, BC: Saltshan Institute Society.
- Nairn, R., Pega, F., McCreanor, T., Rankine, J., & Barnes, A. (2006). Media, racism, and public health psychology. *Journal of Health Psychology*, 11, 183–196.
- Nelson, N., & Wright, S. (Eds.). (1995). *Power and participatory development: Therapy & practice*. London: Intermediate Technology Publications.
- Neuhauser, L., & Kreps, G. L. (2003). Rethinking communication in the e-health era. *Journal of Health Psychology*, 8, 7–23.
- Ottawa Charter for Health Promotion. (1986). http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf (accessed 1 December 2006).
- Rudestam, K. E. & Newton, R. R. (1992). *Surviving your Dissertation: A Comprehensive Guide to Content and Process*. Newbury Park: SAGE.
- Rumball, A. (2006). *Art by Alma Rumball*. <http://www.thealmadrawings.com> (accessed 25 January 2007).
- Schwandt, T. A. (1994). 'Constructivist, interpretivist approaches to human inquiry' in Denzin, N. E. & Lincoln, Y. S. (Eds) *Handbook of Qualitative Research*. London: SAGE.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. New York: Zed Books Limited.
- Tanaka, M., Riecken, T., Godfrey, A., Scott, T., & Stewart, S. (2005). Communities of practice within a participatory research project: Interaction and change at the peripheries. *BC Counselor*, 27, 59–68.
- Tesch, R. (1987). 'Emerging Themes: The Researcher's Experience'. *Phenomenology & Pedagogy*, 5(3), 230–241. London: Elsevier.
- Tesch, R. (1990). *Qualitative research: Analysis types and software tools*. London: Falmer.
- Theodosakis, N. (2001). *The director in the classroom: How filmmaking inspires learning*. San Diego, CA Tech4Learning.
- Tsey, K., Whiteside, M., Deemal, A., & Gibson, T. (2003). Social determinants of health, the 'control factor' and the Family Wellbeing Empowerment Program. *Journal of Australian Psychiatry*, 11, S34–S39.
- Tyner, K. (1998). *Literacy in a digital world: Teaching and learning in the age of information*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Vicary, D., & Bishop, B. (2005). Western psychotherapeutic practice: Engaging Aboriginal people in culturally appropriate and respectful ways. *Australian Psychologist*, 40, 8–19.
- Wadsworth, Y. (1998). What is participatory action research? *Action Research International*, 2. <http://www.scu.edu.au/schools/gcm/ar/ari/aripywadsworth98.html>, accessed 1 May 2006.
- Waldram, J. B. (2004). *Revenge of the Windigo: The construction of the mind and mental health of North American Aboriginal peoples*. Toronto: University of Toronto Press.
- Wilson, A. (2004). *Living well: Aboriginal women, cultural identity and wellness*. Winnipeg, MA: Centre of Excellence for Prairie Women's Health.

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