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Résumé

La recherche en santé autochtone : les perspectives théoriques et méthodologiques

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Les chercheuses et les chercheurs en sciences infirmières qui sont formés suivant les traditions euro-occidentales prennent conscience de l'importance des systèmes de connaissances et des méthodes de recherche autochtones. L'approche à double perspective *(two-eyed seeing)* est un exemple de l'effet que peuvent avoir les systèmes de connaissances autochtones sur la conduite des recherches. L'approche à double perspective et l'ouverture d'un espace éthique pour la cocréation de connaissances sont en accord avec les traditions autochtones et elles honorent la fusion des compréhensions autochtones et occidentales de l'éthique. Les auteurs expliquent comment la recherche communautaire participative et les principes de la propriété, du contrôle, de l'accès et de la possession aident à intégrer l'approche à double perspective et l'espace éthique dans des travaux de recherche en sciences infirmières traitant des priorités en matière de santé des Autochtones, avec les Autochtones. Ces notions respectent divers systèmes de connaissances et méthodes autochtones et, plus important encore, les considèrent comme essentiels à la recherche autochtone. Cette position est en accord avec celle des universitaires qui préconisent une recherche autochtone soutenant les principes du respect, de la pertinence, de la réciprocité et de la responsabilité.

Mots clés : connaissances autochtones, approche à double perspective, espace éthique, recherche en sciences infirmières, recherche communautaire participative, recherche en santé

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Indigenous Health Research: Theoretical and Methodological Perspectives

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Nurse researchers schooled in Euro-Western traditions are learning the importance of Indigenous knowledge systems and research methodologies. Two-eyed seeing is an example of how Indigenous knowledge systems can influence the conduct of research. Two-eyed seeing and the opening of ethical space for the co-creation of knowledge are in keeping with Aboriginal traditions and honour the blending of Aboriginal and Western understandings of moral governance. The authors explain how community-based participatory research and the principles of ownership, control, access, and possession help to integrate two-eyed seeing and ethical space in shaping nursing research to address health priorities with Aboriginal peoples. These concepts respect diverse Indigenous knowledge systems and methodologies, and, importantly, position them as central to Indigenous research. This stance is consistent with that of scholars who advocate for Indigenous research that supports the principles of respect, relevance, reciprocity, and responsibility.

Keywords: Indigenous knowledge, two-eyed seeing, ethical space, critical inquiry, health research, community-based research, nursing research

In the Canadian context Aboriginal[1] health research is evolving and Canadian nurse researchers are contributing to the emergent theoretical and methodological perspectives of critical inquiry to reduce health inequities of Aboriginal peoples. The epistemological and ontological stances of diverse Indigenous knowledge[2] systems and research method-

[1] The term "Aboriginal" refers generally to the Indigenous habitants of Canada, including First Nations, Inuit, and Métis. The Royal Commission on Aboriginal Peoples stresses that the term "Aboriginal peoples" refers to organic political and cultural entities that stem historically from the original peoples of North America, rather than collections of individuals united by so-called racial characteristics. The term "First Nations" replaces "Indian" and the term "Inuit" replaces "Eskimo." "Indian" and "Eskimo" continue to be used — for example, under the Indian Act. "Native" also continues to be used — for example, Canadian Native Mental Health Association. In this article we refer to Aboriginal when including First Nations, Inuit, and Métis, and refer more specifically to First Nations and/or Mi'kmaq, depending on the context.

[2] Indigenous knowledge is derived from Indigenous peoples. More than 5,000 Indigenous peoples live in 70 countries, with a world population of over 300 million. In each Canadian province, Aboriginal people represent a diversity of peoples, languages,

ologies reveal the need for commensurate research approaches. Thus we suggest that community-based participatory research (CBPR) and the principles of ownership, control, access, and possession (OCAP) are methodological approaches in correspondence with the context of existing and developing Indigenous knowledge systems. Specifically, we explore the Indigenous theoretical perspectives of two-eyed seeing and ethical space. The purpose of this article is to show how CBPR and the OCAP principles may help to integrate two-eyed seeing and ethical space into the shaping of nursing research to address health priorities with Aboriginal peoples in their communities.

Two-Eyed Seeing and Ethical Space

It is within CBPR that two-eyed seeing can be enacted and ethical space created. Two-eyed seeing refers to the ability to see with one eye the strengths of Indigenous ways of knowing and with the other eye the strengths of Euro-Western ways of knowing, and using both of these eyes together (Hatcher, Bartlett, Marshall, & Marshall, 2009; Iwama, Marshall, Marshall, & Bartlett, 2009). The principle of two-eyed seeing is grounded in the Integrative Science Program at Cape Breton University in the province of Nova Scotia, Canada, by Aboriginal and non-Aboriginal peoples. Albert Marshall, a co-creator of two-eyed seeing, is a respected Elder of the Mi'kmaq Nation. He was an "inmate" of the Indian Residential School in Shubenacadie, Nova Scotia, for much of his childhood and youth and was profoundly affected by the experience (Hatcher et al., 2009). Hatcher et al. (2009) explain how this experience launched Marshall on a lifelong quest to connect with and understand both the world he was removed from and the world he was forced into. Two-eyed seeing does not imply an essentialist notion of Indigenous and Euro-Western knowledge systems; it is critical that nurse researchers appreciate this. Awareness of two-eyed seeing stems from the belief that there are many worldviews, some of which are represented by Euro-Western perspectives and others by Indigenous perspectives. Employing two-eyed seeing in Aboriginal research does not mean that researchers should reduce Indigenous knowledge systems to categories that remain static or to quantifiable, observable elements. When two-eyed seeing is integrated into research, it promotes different ways of knowing by enabling

cultures, traditions, beliefs, and values. Such diversity at the world level has been difficult to capture in a working definition (Battiste, 2005). The International Labour Organization defines "Indigenous peoples" as tribal peoples in independent countries whose social, cultural, and economic conditions distinguish them from other sections of the national community and whose status is regarded wholly or partially by their own customs or traditions or by special laws or regulations (Battiste, 2005).

researchers and participants to acknowledge different worldviews. A fundamental assumption of this concept is the need for a relationship of trust and respect between Indigenous groups and nurse researchers. Two-eyed seeing acknowledges the entrenched power imbalances between Indigenous groups and the dominant health-care system, which has historically suppressed Indigenous worldviews and practices. To avoid suppressing Indigenous knowledge systems, nurse researchers can use the lens of Marshall's concept of two-eyed seeing to build relationships based on mutuality and different understandings.

The concept of ethical space expands on the idea of two-eyed seeing. Willie Ermine, who originally developed this concept for Aboriginal research, is a Cree member of the faculty at First Nations University of Canada with an appointment to the Indigenous Peoples' Health Research Centre. Ethical space as outlined by Ermine means that people with different worldviews move from talking about or to one another to talking together (Estey, Kmetic, & Reading, 2008; Tait, 2008; Warry, 2007). Whereas two-eyed seeing entails learning to see with the strength of Indigenous and Euro-Western ways of knowing for the benefit of all, ethical space entails creating space for dialogue and discussion between people holding different worldviews. Ethical space, Ermine (2005) claims, can be a space for the procreation of future possibilities.

It is important that research with First Nations be informed by the concepts of two-eyed seeing and ethical space. Two-eyed seeing promotes a common ground between researcher and participants by acknowledging and respecting different worldviews. Ethical space enables the creation of a space for dialogue that is inclusive of the dominant society and local contextual Indigenous knowledge systems, in order to move forward with actions that promote Aboriginal health and reduce disparities. As Tait (2008) explains, "as a theoretical landscape, ethical space facilitates development of cross-cultural linkages that are ethically sustainable and strive for equality of thought amongst diverse human communities" (p. 33). In an ideal ethical space, Indigenous inquiry and Indigenous knowledge systems strive together with Euro-Western inquiry and Euro-Western knowledge systems to generate understandings that are meaningful and that are transferable to Indigenous communities. Ethical space provides a context that is respectful and mindful of different understandings and provides researchers and participants with an avenue for creating knowledge that is beneficial to communities.

Ermine (2005) acknowledges that Euro-Western knowledge has always dominated the research process and that we need participatory research that is conscious of ethical space in order to build meaningful partnerships between Aboriginal communities and researchers from universities embedded in Euro-Western ways of knowing. Williams (2007),

of the Prairie Region Health Promotion Research Centre, stresses the need for ethical space in health promotion in the province of Saskatchewan. He claims that when Indigenous and Euro-Western knowledge systems are recognized, the dominant concepts pertaining to Indigenous knowledge systems and health become apparent and the practice of health promotion becomes more democratic. By interacting meaningfully to build research processes that are informed by diverse Indigenous groups, nurse researchers can prevent the imposition of ideologies that ignore Aboriginal views of health and healing. Although often unintentional, knowledge claims that do not acknowledge Indigenous knowledge systems are unethical and can be demoralizing, stigmatizing, and detrimental to self-determination. To acknowledge Indigenous knowledge systems yet appropriate Indigenous knowledge is equally detrimental (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERCC], & Social Sciences and Humanities Research Council of Canada [SSHRCC], 2010). For example, medicinal plants that have been used by Aboriginal healers for centuries have been appropriated by the pharmaceutical industry without benefit to Aboriginal peoples (Little Bear, 2000).

Ethical space requires a dialogue about intentions, values, and assumptions throughout the research process (CIHR, 2008, p. 17). Ethical space is fundamental, as scholars partner with communities to identify understandings and action plans for health promotion. Further, as Chandler and Lalonde (2004) suggest, the overlooked and underdeveloped resource of diverse Indigenous knowledge systems is necessary to transmit relevant knowledge and practice from community to community. Indigenous knowledge systems reside with Aboriginal peoples in their communities. The knowledge is fluid and shared in the local context, history, and agency of Aboriginal peoples.

Community-Based Participatory Research (CBPR)

Community-based participatory research is an approach that can honour two-eyed seeing and ethical space. It is an umbrella term used interchangeably with action research, participatory research, participatory action research, and collaborative inquiry (Israel, Eng, Schultz, & Parker, 2005; Kemmis & McTaggart, 2005; Minkler & Wallerstein, 2003). Although there are differences among these approaches, they all involve a commitment to conducting research that is of direct benefit to the community and all recognize the notion of equitable power between researcher and community (Israel et al., 2005). This is not a matter of non-Aboriginal researchers sharing their power with Aboriginal people;

rather, the power balance between nurse researchers and Aboriginal communities is equitable. Beyond simple acknowledgement, CBPR demands equitable power relationships within the research process. Such relationships enhance the building of partnerships and the establishment of collaboration.

Community-based participatory research is a systematic approach for understanding Aboriginal health and for identifying action plans for health promotion. MacAulay et al. (1999) explain that participatory research promotes lay involvement, encourages community development, and builds mutual partnerships, all of which address Aboriginal health. Community-based participatory research is not a method per se; rather, it is a collaborative approach to research that draws from a wide range of research designs and methods (Israel et al., 2005; MacAulay et al., 1999; Wallerstein & Duran, 2003).

According to Israel et al. (2005), critics of CBPR claim that action research and participatory research lack scientific merit and rigour and are synonymous with community development and social activism. Although there are similarities, CBPR differs from community development in that it employs research designs and systematic research methods for generating knowledge (Greenwood & Levin, 1998; Kemmis & McTaggart, 2005). Creswell (2003) explains that participatory knowledge claims can more adequately address social justice issues, as researchers collaborate with participants to advance action for change. Creswell (2003) clarifies how knowledge claims based on multiple meanings of individual experiences or socially constructed knowledge align with advocacy research to address issues of social justice with individuals and groups who are marginalized.

Action research has been shown to have roots going back to the 1940s and Kurt Lewin (Greenwood & Levin, 1998; Minkler & Wallerstein, 2003), who is known for his work on change theory (unfreezing, changing, and refreezing). Lewin's action research was instrumental in shifting the role of the researcher from distant observer to involved co-participant in concrete problem-solving; however, he saw the researcher's co-participation with participants in the research as limited. In Lewin's view, the researcher possessed the expert knowledge, involved participants in the change, and evaluated the change (Greenwood & Levin, 1998). In this initial action research approach, the researcher retained the role of "expert" and there was minimal collaboration with participants in the research process.

Participatory action research has evolved since then, with community participants taking on roles formerly filled by researchers from outside the social setting (Kemmis & McTaggart, 2005). Contemporary participatory action research is a process of critical and reflective inquiry that

gives voice to those who are usually silenced — through equitable power relations, people analyze their experiences as a means of effecting change (Etowa, Thomas Bernard, Oyinsn, & Clow, 2007; Israel et al., 2005; Kemmis & McTaggart, 2005; Koch & Kralik, 2006; McNiff & Whitehead, 2006; Park, 1993). Community involvement in research design, implementation, and analysis, with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities, is fundamental to CBPR (Israel et al., 2005; Minkler & Wallerstein, 2003).

MacAulay et al. (1999) — researchers who have worked with First Nations to address diabetes in the community — identify the key components of CBPR as follows: mutually created knowledge, sharing of community members' expertise and resources through collaboration, mutual education, and acting on the results of research to address questions that are relevant to the community. The process is based on mutually respectful partnerships between community and researcher. Such partnerships are strengthened through agreement with regard to the research question, design, implementation, analysis, and dissemination.

In CBPR, the involvement of laypersons in data analysis is important. Szala-Meneck and Lohfeld (2003) describe the significance of the community advisory team's involvement in developing interview questions and analyzing interview data for a Canadian caregiver respite project. They report that inclusion of the community advisory team in the analysis increased the rigour of their qualitative data analysis and provided community members with an opportunity to learn new skills. Castleden, Garvin, and Huu-ay-aht First Nation (2008) carried out a CBPR project whereby the Huu-ay-aht First Nation wished to better understand the environment and health-risk perspectives in Huu-ay-aht traditional territory. The research process was inclusive of the Huu-ay-aht community from inception to dissemination of findings and serves as an excellent example of CBPR principles: equitable power relations, fostering trust, developing ownership, engaging in community development, and building capacity with First Nation and academic institutions.

Archibald, Jovel, McCormick, Vedan, and Thira (2006) incorporate the principles of respect, relevance, reciprocity, and responsibility into their work on creating transformative Aboriginal health research. They believe that one demonstrates respect for Aboriginal peoples and communities by valuing their diverse knowledge in health matters and its contribution to the health and wellness of Aboriginal communities; also, it is critical that the research be relevant for Aboriginal cultures and communities. Reciprocity is achieved through a process of engaged learning between the researcher and Aboriginal participants, to the benefit of both parties (Riecken, Tanaka, & Scott, 2006).

Ownership, Control, Access, and Possession (OCAP)

As a result of increased interest in the issue of First Nation ownership of information, the OCAP principles were developed during the drawing up of the Regional Health Survey by the National Aboriginal Health Organization (First Nations Centre, 2007). The abbreviation OCA was framed in 1998. "Possession" was added later, in response to critical issues of First Nation research. First Nations have expressed many concerns about the way in which research has been conducted, including the following: lack of meaningful research, research that does not benefit the community, exertion of pressure on First Nations to support a particular research project, agendas dictated by others, lack of respect for First Nations, misinterpretation of traditional knowledge and practices, stigmatizing and stereotyping, and lack of control by First Nations over data. The First Nations Centre (2007) explains that the OCAP principles are a response to "colonial, oppressive and exploitive research; an increase in First Nations research capacity and involvement; and widely shared core values of self determination" (p. 9). The OCAP principles have added a new dimension for nurse researchers to consider in relation to who owns data, who has control over data, and what can be done with data once they are collected. Issues of confidentiality, anonymity, and privacy need to be considered and negotiated with Aboriginal leaders and Aboriginal organizations. Further research conducted with communities within communities needs to be reconciled as to how the OCAP principles can be enacted through the inclusion of vulnerable groups such as Aboriginal women who experience various forms of violence and youths who are alienated from the leaders in their community (Interagency Advisory Panel on Research Ethics, 2008).

Community-based participatory research is often aligned with the OCAP principles outlined by Schnarch (2004) and the Canadian Institutes of Health Research (CIHR, 2008). According to CIHR, participatory research is a valuable means for Aboriginal people to be agents of research and change. Further, the Interagency Advisory Panel on Research Ethics (2008) and the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (CIHR, NSERCC, & SSHRCC, 2010) support engagement between the community involved and the researcher that is initiated prior to any research activity and that promotes mutual trust and communication. First Nation, Inuit, and Métis organizations and communities wish to be included as partners in all phases of the research process, to protect their heritage, to ensure that their knowledge systems are genuinely reflected in research practices, and to secure equitable distribution of the benefits (Interagency Advisory Panel on Research Ethics, 2008). By obtaining community consent before initiat-

ing research, and by including a community advisory team in the development of research questions, design, data analysis, and dissemination, researchers can create opportunities for research that is inclusive of Indigenous knowledge systems and promote the formation of Indigenous research methodologies.

Indigenous Knowledge and Decolonizing Research

There is no one Indigenous methodology; however, the generally accepted principles of Aboriginal health research call for scholars to include dialogue, community, self-determination, and cultural autonomy in the process. According to the Maori scholar L. T. Smith (2000), "critical theory must be localized, grounded in the specific meanings, traditions, customs, and community relations that operate in each Indigenous setting" (p. 229). Smith claims that localized critical theory can be effective if critique, resistance, struggle, and emancipation are not treated as universal characteristics independent of history, context, and agency. She advocates for these ideas particularly when non-Indigenous scholars conduct research with Indigenous peoples. Her concern is that Indigenous peoples have been researched "to death" but still have not seen any benefits. To engage in research with Indigenous peoples, researchers must build relationships and partnerships with Indigenous communities. Although the process may take more time than accepted in Western-dominated academic institutions and funding agencies, researchers cannot afford to do otherwise. Partnerships and collaboration are central to critical inquiry that supports local contextual Indigenous knowledge systems and methodologies.

Battiste (2005), an educator and world-renowned Indigenous scholar from Mi'kmaq territory, explains that Indigenous knowledge has been referred to as cross-cultural or multicultural and that this is problematic for understanding the diversity and complexity of Indigenous knowledge systems:

> To date, Eurocentric scholars have taken three main approaches to Indigenous knowledge. First, they have tried to reduce it to taxonomic categories that are static over time. Second, they have tried to reduce it to its quantifiably observable empirical elements. And third, they have assumed that Indigenous knowledge has no validity except in the spiritual realm. None of these approaches, however, adequately explains the holistic nature of Indigenous knowledge or its fundamental importance to Aboriginal people. (p. 502)

The theoretical and epistemological frameworks underlying Euro-Western knowledge systems and Indigenous knowledge systems have fundamental differences. Acknowledgement of such differences does not

necessarily precipitate a dichotomous framework of Euro-Western and Indigenous knowledge (Vukic, Gregory, Martin-Misener, & Etowa, 2011). Rather, it creates awareness of Western hegemonic science and its dominance not only over the conduct of research, but also over research participants (Denzin & Lincoln, 2008; Native Mental Health Association of Canada, 2007; Smylie et al., 2004). Denzin and Lincoln (2008), in the Introduction to their *Handbook of Critical and Indigenous Methodologies,* claim that the decade of critical Indigenous inquiry has arrived. The essence of this approach is not to essentialize Indigenous ways of knowing, but to acknowledge differences and not impose a hierarchy of Euro-Western science.

There is great diversity among Aboriginal peoples in Canada. This diversity influences worldviews, demonstrating that there cannot be one uniform, fixed, collective Aboriginal identity or one Indigenous knowledge system. Although not every Aboriginal person believes in the ceremonies or traditional values of Aboriginal culture, "the resurgence of interest in traditional practice . . . is part of a more global movement to regenerate Aboriginal identity and explore the significance of an evolving tradition in the contemporary world" (Kirmayer, Brass, & Tait, 2000, p. 614). The Aboriginal Healing Foundation (Waldrum, 2008) defines Indigenous approaches to healing as holistic and inclusive of a central role for Elders and Traditional people, use of the structure of the circle and outdoor physical setting, as well as traditional teachings and medicines, storytelling, and ceremony based on Indigenous ways of knowing.

For non-Aboriginal nurse researchers conducting research with Aboriginal peoples, it is especially important that critical inquiry be informed by Indigenous peoples. Postcolonial Indigenous thought rejects the use of any European postcolonial theory or its categories. "'Indigenous thinkers' use the term 'postcolonial' to describe a symbolic strategy for shaping a desirable future, not an existing reality" (Battiste, 2000, p. xix). Kincheloe and McLaren (2005) concur: "From a Western perspective there is a risk that uncovering colonialism and postcolonial structures of domination may in fact unintentionally validate and consolidate such structures as well as reassert liberal values through a type of covert ethnocentrism" (p. 325). For instance, postcolonial policies and structures of Western domination may advocate for accommodating difference as opposed to developing action plans for structural changes that include Aboriginal ways of knowing that are empowering and that build capacity. Getty (2010) cautions that "the findings of a study using a postcolonial lens may reflect the values of the White researchers, such as focusing on individual health issues, rather than health challenges of the collective" (p. 9). The focus of Indigenous scholars is on uncovering the realities of current colonial practices in order to shape a desirable future.

This warrants a process of critical inquiry inclusive of Indigenous knowledge systems.

Browne, Smye, and Varcoe (2005) echo the concerns about a postcolonial stance in nursing and offer valuable insight into how postcolonial theories advance nursing research to address decolonizing research approaches for promoting health equity. While nursing scholars need to be mindful of the concerns about postcolonial perspectives, it is important that they recognize the strengths of postcolonial theoretical perspectives for decolonizing research. Anderson et al. (2009) describe how a postcolonial feminist lens sets out to break down the structures perpetuating inequity in health and in access to health care. Browne et al. explicate how postcolonial theories draw attention to issues of partnership and voice in research, apply knowledge for social change, and consider continuities between past and present — that is, how socio-historical conditions continue to shape health, healing, and access to health care. Postcolonial theories do not assume that colonial practices are past. As Browne et al. state, "by remaining cognizant of the distinctions between postcolonial theory and postcolonial Indigenous thinking we can use each to inform the other while resisting both imposition and appropriation" (p. 24).

Decolonizing research methodologies provide an avenue for research that is consistent with diverse Indigenous knowledge systems and Indigenous research methodologies. According to Bartlett, Iwasaki, Gottlieb, Hall, and Mannell (2007), "Not only does decolonizing research privilege Indigenous thought as the most rational approach to Indigenous research, but it also offers Indigenous cultural ways of conducting research for general population researchers" (p. 2376). These authors discuss the implementation of an Aboriginal-guided research approach to examining the lived experiences of Métis and First Nation people with diabetes in Winnipeg, Manitoba. Their approach included six processes: being Aboriginal-guided, using participatory action, negotiating relationships, using Indigenous methods, using reciprocal capacity-building, and crediting Indigenous knowledge. Framing research as decolonizing may be misleading, as Bartlett et al. claim, as no single research study could decolonize Aboriginal peoples. That said, the research process they describe is in keeping with recognizing, respecting, and crediting diverse Indigenous knowledge systems.

Indigenous Methods

The validity of data collecting with participants who have been marginalized also warrants consideration. Liebenberg (2009), a researcher with Aboriginal populations responding to Aboriginal youth resilience, asks,

"If, however, the very basis of our research, that is the questions asked in the research setting, are based in existing 'knowledge' formulated by dominant voices, how valid then is the data we analyse, and by extension, the findings of our research?" (p. 443). Liebenberg describes how photo elicitation engages participants in a process of self-exploration and understanding with the researcher that promotes a more collaborative and balanced relationship.

Similarly, Loppie (2007) states that the processes of storytelling and talking circles are consistent with Indigenous methodologies. Storytelling is similar to narrative inquiry but in storytelling the interviewee shares his or her story with the interviewer and is less directed by the interviewer. The interviewer may use prompts or ask for explanations as the interviewee tells his or her story. Storytelling creates a space for the person to share meanings based on his or her conceptions without the distraction of the interviewer's preconceived questions. Similar to photo elicitation as described by Liebenberg (2009), storytelling engages participants in an oral process of self-exploration and understanding with the researcher as participants share their stories of how they have come to understand a phenomenon — for example, mental health. Talking circles are similar to focus groups but are a process whereby each participant in the circle shares ideas with the others without interruption. A talking circle should be facilitated by an Elder who has his or her own style for conducting a talking circle. Although talking circles may not be perceived as interactive, the presence of a circle, where all members are equal, facing each other, actively listening and sharing their thoughts, elicits interactions that promote engagement of all members in the circle as they co-create knowledge. In these methods of data collection, the social construction of knowledge is based on the lived realities of participants and knowledge is shared in a collaborative process that is inclusive of two-eyed seeing and ethical space.

Conclusion

In Canada the importance of diverse Indigenous knowledge systems and Indigenous research methodologies is increasingly being recognized. The theoretical perspectives of two-eyed seeing and ethical space are examples of Indigenous knowledge systems that nurse researchers can incorporate when conducting critical inquiry with Indigenous peoples. Indigenous knowledge systems can inform decolonizing research to advance the health of Aboriginal peoples in the spirit of self-determination and autonomy.

Critical inquiry addresses power in the context of research, reveals the relative power of researchers, and goes beyond token efforts to

address power differentials between researcher and participant. It locates the researcher as powerful and privileged while at the same time recognizing the power of the participant. Importantly, while such an understanding necessitates a re-evaluation of traditional Euro-centric inquiry in nursing research, the paradox of critical theory emerges. That is, as the nurse researcher develops emancipatory consciousness through critical inquiry, he or she is challenged to see the limits of Euro-Western theorizing (including critical theory) and research methods (including qualitative approaches) in the context of research with Aboriginal peoples. Researchers are challenged all at once not only to acknowledge the parameters of Euro-Western research approaches, but also to see that other approaches (e.g., Indigenous) can be at odds with Euro-Western traditions. Further, development of the OCAP principles in Canada brings an opportunity for nurse researchers to conduct critical inquiry with Indigenous peoples in a manner that is respectful, relevant, reciprocal, and responsible and that acknowledges the power differentials between researchers and participants. However, nurse researchers need to be cognizant of the pitfalls of negotiating these principles with the community. Concerns may arise as these principles are enacted in the research process. Community-based participatory research is one approach to Indigenous health research that is in keeping with the theoretical perspectives discussed in this article. We present these concepts in order to take part in the dialogue on critical Indigenous theoretical and methodological perspectives for nurse scholars to bear in mind in their research, so as to decrease Aboriginal health disparities in Canada.

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