

Decolonizing Community First Aid Education: Sharing Epistemologies and Pedagogies

Jessie Fraser, Western University, Canada

Abstract: Community education is intended to serve the community; however, embedded in that goal is an assumption that all community members are served by education designed by the privileged. Canadian community education tends to universalize Western normative ideologies, reinforcing colonial power structures. While healing knowledge is an area in which Indigenous and Western worldviews have potential to share space, first aid programs are based on Western knowledge and practices. In response to the TRC Calls to Action to integrate Indigenous knowledge and practices in educational spaces, this literature review considered Indigenous health care and teaching philosophies and practices in relation to Western pedagogies and evaluated the possibility of incorporating Indigenous knowledge and ways of knowing into Canadian first aid education. This inquiry examined existing evidence and prioritized Indigenous voices, concluding that Mi'kmaw Elder Albert Marshall's Two-Eyed Seeing offers the best opportunity to bridge the gap between Indigenous and Western worldviews.

Keywords: community education, decolonizing education, first aid education, Indigenous pedagogy, Two-Eyed Seeing

Community adult education programs offered by public and private community-based organizations in Canada provide a wide variety of needs-based programs to learners from a variety of cultural and socioeconomic backgrounds. While the goal of community education is to serve the community at large, that goal assumes that all community members are served by education designed and delivered by those in a position of privilege and power. Because Canadian education institutions are inherently colonial in nature (Carpenter, 2021; Davis et al., 2017), programs offered by these institutions tend to universalize Western normative assumptions and ideologies, which reinforces colonial power structures. While healing knowledge is an area in which Indigenous and Western worldviews both diverge and offer potential to share space (Anderson-DeCoteau, 2016; Datta, 2018; Latimer et al., 2020), recognized Canadian community first aid programs offered by organizations such as the Canadian Red Cross and Lifesaving Society are based on Western knowledges recommended by Western organizations including the Heart and Stroke Foundation of Canada and the American Heart Association and are delivered using Western pedagogical practices, thereby privileging Western worldviews and marginalizing non-Western worldviews.

A proposed solution to this problem is to decolonize community education by reconsidering program design and delivery to include both Western and Indigenous approaches in partnership with local Indigenous communities. This literature review considers Indigenous philosophies and pedagogies in health care and education including knowledges and ways of knowing outside of Western normative epistemologies, teaching and learning principles common in Indigenous education, and practices in decolonizing and Indigenizing Westernized education contexts, and considers the implications of incorporating that traditional knowledge into Canadian first aid training. Key findings of the literature reviewed indicate that engaging a Two-Eyed Seeing approach (Bartlett et al., 2012; Harder et al., 2018; Integrative Science, 2017) to collaboration and co-creation offers the best opportunity for program decolonization.

Inquiry Context

Society organizes individuals into groups based on social identity and is organized to favour and serve dominant social groups (Johnson, 2018). Symbolic power is bestowed when we accept without question the knowledge of one social group, perpetuating assumptions and beliefs that become part of the commonly accepted social order; that symbolic power then becomes a form of social domination of that social group and its knowledge over others (Baroutsis, 2015; Datta, 2018). Social privilege exists on the basis of social identities (Shah, 2018). White privilege gifts those born into that identity unearned power; in a society where whiteness is commensurate with normalcy, that privilege is reinforced and perpetuated to continually benefit the dominant white group (Amiot et al., 2019; Burleigh & Burm, 2020). Settler privilege is a related social privilege; in a society where settler consciousness and colonial narratives are a part of public pedagogy, that privilege is reinforced in societal structures and institutions, acting as a form of "historical erasure" for Indigenous peoples (Battiste, 2013; Davis et al., 2017).

The United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) recognized the importance of Indigenous knowledges (United Nations, 2008), and the Truth and Reconciliation Commission of Canada (TRC) Calls to Action 62 - 64 noted the importance of respecting traditional knowledge and ways of knowing in education and integrating Indigenous ways of knowing into learning. Research demonstrates that programs that incorporate both Indigenous and Western knowledges have the potential to reduce alienation and bridge the gap in Indigenous education

(Anderson-DeCoteau, 2016), and first aid education is an area where Indigenous and Western knowledges and ways of knowing offer opportunity to share space; however, neither traditional healthcare knowledge nor traditional pedagogies are represented in existing programs. This universalization of Western perspectives bestows symbolic power on Western ways of knowing and reinforces white privilege, settler privilege, and colonial power structures (Johnson, 2018; Khalifa et al. 2019; Regmi, 2022). Postcolonial theory argues that this reinforcement of Western epistemologies as ‘real’ and non-Western worldviews as ‘other’ reproduces colonial oppressions (Albert et al., 2020). Decolonizing community education programs, therefore, requires educators to engage a critical lens that questions assumptions of how knowledge is constructed and moves beyond the structures of privilege and power that marginalize non-Western worldviews; as TRC Chair Murray Sinclair emphasized, “It was the educational system that contributed to this problem... And it is the educational system... that is going to help us to get away from this” (Sinclair, 2019).

Existing Canadian first aid programs are taught with a curriculum based on Western worldviews (Lifesaving Society, 2024); programs have a neoliberal emphasis in which credentialization and economic outcomes are prioritized and formal teaching methods, skills training, and standardized curricula are emphasized (Carpenter, 2021). By contrast, traditional Indigenous healthcare knowledge is wholistic (Latimer et al, 2020) while teaching methods rely on learning by doing, storytelling, and visual methods of transmission (Crowshoe, 2005). This inquiry evaluated the possibility of weaving Indigenous and Western knowledges and ways of knowing together in these programs by considering:

- What Indigenous philosophies & practices relate to first aid education?
- What are Indigenous pedagogical approaches to education?
- How do these Indigenous epistemologies and pedagogies relate to Western philosophies and practices and what are the implications for first aid education?

Methodology

This literature review considered evidence of philosophies and pedagogies in health care and education including knowledges and ways of knowing outside of Western normative epistemologies, teaching and learning principles common in Indigenous education, and practices in decolonizing Westernized education contexts. Review and discussion further considered the implications of incorporating traditional knowledge into Canadian first aid training.

Source searches were conducted through the following academic databases: JSTOR, Omni, ProQuest, and Scholar’s Portal, using the following search terms related to Indigenous education, pedagogies, teaching methods, and ways of knowing, Indigenous health care and first aid education, and decolonizing education, with a focus primarily on Canadian sources and contexts: (Indigen* OR decoloniz*) AND “education” OR “Indigenous” (pedagogies OR “teaching methods” OR “ways of knowing”) AND (community OR informal OR non-formal) AND “education” AND Canad*. Inclusion criteria included online sources published since 2007 including journal articles, audio, books and book chapters, magazine articles, theses and dissertations, and videos, while exclusion criteria concerned only non-English publications. While search criteria for academic literature reviews might normally include date restrictions within five years, in a search related to Indigenous ways of knowing and being such a limitation might exclude results based on non-Western research methods such as narrative and storytelling in which date of publication is less relevant; the search date parameters were thus extended back to 2007, the year the Truth and Reconciliation Commission of Canada (TRC) began its work to witness and share the history of residential schools and build recommendations to further reconciliation between Indigenous and non-Indigenous peoples (TRC, 2015). However, in instances where foundational works were referenced across multiple sources within these findings, those sources were also included even when publication dates fell outside the given parameters. Additionally, though this type of literature review might normally include only peer-reviewed academic sources, given the nature of Indigenous ways of knowing it was important that other kinds of knowledge be considered, including oral and informal transmission methods.

Several concepts emerged from this search that might have indicated potential additions to the search parameters, including the Medicine Wheel or Sacred Circle (Brant, 2021; Papp, 2018; Regnier, 1994), Two-Eyed Seeing (Bartlett et al., 2012; Colbourne et al., 2020; Jaber et al., 2024; Jeffery et al., 2021; Latimer et al., 2020), and the Two Row Wampum approach (Colbourne et al., 2020; Fortier, 2017); to maintain objectivity, these were included instead within the thematic discussion of findings and implications. Finally, in recognition of the diversity of First Nations, Inuit,

and Metis communities and to avoid generalization, this inquiry considered, when possible, knowledge that represents Indigenous knowledge and ways of knowing common across communities. In instances when community-specific knowledge entered the conversation, this inquiry primarily considered knowledge shared by the Anishinaabe peoples, in recognition that the lands on which this research was conducted is the traditional and treaty territory of several Anishinaabe Nations. Future applications of this research to local programs would require consideration of local knowledges.

Ethical Considerations

Historically, research involving Indigenous persons has been carried out by non-Indigenous researchers without engagement with Indigenous communities and has therefore not always reflected Indigenous perspectives (Panel on Research Ethics, 2022). As outlined by Canada's Panel on Research Ethics (2022), respectful practices for research involving Indigenous Peoples must include consultation and collaboration, involve community engagement, and incorporate a research agreement outlining mutual expectations. This inquiry did not engage participants but relied exclusively on documentary evidence; however, evidence based on Indigenous sources—research conducted *by* or *with* rather than *on* Indigenous persons (Peltier, 2018)—was prioritized to centre Indigenous voices.

In research conducted by non-Indigenous researchers on Indigenous subjects it is important to avoid misrepresentation of Indigenous knowledge, to emphasize the importance of speaking *with* and learning *from*—rather than speaking *for*—Indigenous persons, and to be conscious of the fine line between responsible engagement with and appropriation of Indigenous knowledge (Fortier, 2017; Khalifa et al., 2019; Singh & Major, 2017). As a non-Indigenous researcher working within a colonial context, critical reflexivity is important: Researchers carry preconceived ideas into research based on social identity which impacts how they approach and interpret research (Jacobson & Mustafa, 2019). Positionality and bias, relationships of privilege and power, and socialized systems of behaviour all serve to reinforce Western narratives and perpetuate inequalities for non-Western worldviews (Brookfield, 2019; Cunliffe, 2016). Critical consciousness—the capacity to question dominant narratives and power structures and create space for counter-narratives to exist (Friere, 2013; Probst, 2015)—is crucial to ensure research is not shaped by researcher bias.

When bringing Indigenous and Western ways of knowing into a shared space the question of allyship is important; though I consider myself an ally, as a non-Indigenous researcher it is not my place to self-identify. Allyship must be demonstrated and earned; in a research context, this allyship can be demonstrated through relationship-building with members of the Indigenous community, collaboration with Elders and Knowledge-Keepers, respect for cultural protocols, and collective research ownership (Datta, 2018; Singh & Major, 2017; Sunderman, 2023). As this inquiry relied solely on analysis of existing evidence, I demonstrated allyship by centering sources that represent Indigenous knowledges, methodologies, and voices.

Theoretical Framework

The ethic of critique is based on critical theory and challenges educators to analyze situations through a social justice lens, to reframe understandings of privilege and power, and to question accepted norms, notions of fairness, and relationships of power (Berges-Puyo, 2022; Strater, 2023). Critical worldviews focus on issues of power, marginalization, and equity with a goal of examining social constructs and assumptions, eliminating oppression, and disrupting relationships of power and privilege; making room for local knowledges and perspectives and disrupting power structures through participation and collaboration are important in critical worldviews (Capper, 2019; Friere 2017).

Tribal Critical Race Theory (TribalCrit) is a theoretical framework that emerged from critical worldviews. Brayboy's (2005) seminal work on TribalCrit describes the theory as springing from Critical Race Theory (CRT), but while the premise of CRT is racism's pervasiveness in society, TribalCrit emphasizes colonization, examining culture and knowledge through an Indigenous lens, considering the impacts of race, racism, and power from the perspective of Indigenous peoples, and seeking to understand Indigenous worldviews and lived experiences (Brayboy, 2005; Capper, 2019; LaFever, 2016). TribalCrit recognizes that colonialism has created a hierarchy that privileges settlers because systems and institutions are designed to favour Western worldviews, which is assimilationist and subordinates Indigenous epistemologies (Capper, 2019; Khalifa et al., 2019; Regmi, 2022). TribalCrit also considers theories of Indigenous Knowledge Systems, which embrace traditional holistic knowledges and worldviews, and Critical

Indigenous Pedagogy, which focuses on critical consciousness of colonial practices and reflexive engagement with decolonization (Brayboy, 2005; Capper, 2019).

Literature Review

Three broad categories emerged from findings of this literature review: Indigenous epistemologies, Indigenous pedagogical approaches, and approaches to blending Indigenous and Western approaches both ethically and practically engaging Two-Eyed Seeing (Bartlett et al., 2012).

Indigenous Epistemologies: Philosophies and Practices Related to First Aid Education

Key concepts in Indigenous epistemologies are holism, in which the four dimensions of knowledge are interconnected, and relationality - the idea that we are all related to each other, the land, and the spiritual world (Antoine et al., 2018). The “learning spirit” comes from exploring that interrelationship between learners, community, and the land (Antoine et al., 2018; Battiste, 2010). Indigenous knowledges and ways of knowing are intertwined with community and include knowledge passed down generationally through Elders and storytelling, observations made over time, and revealed knowledge based on dreams and vision (Colbourne et al., 2020; Overmars, 2010). In keeping with Indigenous epistemology, Regnier (1994) proposed an approach to education based on the Medicine Wheel, a symbolic Sacred Circle followed by many Indigenous communities which represents the unity of all things in the universe and inside which all things are balanced. This circle is divided into the four directions of the compass which represent the four elements, four seasons, four races, four aspects of humanness, and four cycles of life; according to Indigenous worldviews, learning is cyclical and requires development of these interdependent aspects and reflection about how knowledge and understanding connect to other aspects of life (Brant, 2021; Papp, 2018; Regnier, 1994). Western views of education do not reflect this interdependence.

Indigenous views of health, too, are holistic, focusing on connections between community, culture, spirituality, and the land (FNHA, 2011). In the Anishinaabe language Ojibewemowin the word for medicine is mashkiki, which means “strength of the earth” (Indigenous Health Writing Group, 2019). From that earth comes the Four Sacred Medicines: Tobacco allows communication with the spirit world; sage is used to remove negative energy; cedar is restorative and used as a form of protection; and sweetgrass is used for smudging, purification, and calming (Anishnawbe Health Toronto, 2000). The Indigenous approach to healing is through ceremony and connection:

When we put our tobacco down as an offering to these things we call Creation, our spirit is making that connection so that we will be able to get that life source from them... This way of healing is holistic, based on an understanding of the interconnectedness of all life. (Anishnawbe Health Toronto, 2000, p.1).

Indigenous worldviews see the mind, body, spirit, and emotions as interconnected; when any one of these interconnected dimensions is out of balance, it affects the others and sickness follows. Traditional healing involves restoring that balance (Indigenous Health Writing Group, 2019). The First Nations Health Authority (2023) noted that a person who is healthy in these four dimensions generally has a higher pain threshold, requires less medication, and recovers faster from illness and injury. Of relevance to first aid instruction, pain is understood to be experienced within all four dimensions of the Indigenous health perspective; however, only physical wellness and pain are addressed in Western first aid programs with no consideration for mental, spiritual, or emotional health (Canadian Red Cross, 2023). As one Elder noted, “if we only treat one thing such as our body, and our spirit isn’t healthy and our minds and thoughts aren’t healthy, then how can [we] be healthy?” (Latimer et al, 2020, p. 107).

In a community-based study with First Nations communities in Nova Scotia, Latimer et al. (2020) found that participants preferred combining Western healthcare with Indigenous methods including traditional herbs and prayer because “[p]ayers and medicine must go together... medicine comes from everywhere... medicine can come from a leaf, or a fruit... Medicine can come from a song” (p. 109). In a similar study with First Nations communities in Manitoba, Achan et al. (2021) evaluated integrating traditional healing into mainstream healthcare, finding that while Canadian healthcare was considered culturally unsafe by many Indigenous people because it ignored traditional healing, a system that included spiritual healing and traditional medicines prompted more trust. Datta’s (2018) research with Indigenous communities in Saskatchewan reinforced that Indigenous Elders and Knowledge-Keepers are

important sources of knowledge and suggested that Western scientific communities should reconsider the mainstream meaning of the term ‘science.’ Latimer et al.’s research (2020) suggested using Two-Eyed Seeing to bring Indigenous worldviews into healthcare in what they labelled a ‘FIRST’ approach, incorporating family, information, relationships, culturally safe spaces, and Two-Eyed treatment.

This concept of Two-Eyed Seeing, a term coined by Mi’kmaq Elder Albert Marshall, means to see the strengths in Indigenous knowledge and ways of knowing with one eye, the strengths in Western knowledge and ways of knowing with the other eye, and learning to see with both eyes in order to achieve the best of both views (Bartlett et al., 2012). In healthcare, Two-Eyed Seeing refers to the two “eyes” of the left and right hemispheres of the brain; while Western worldviews focus on the analytic, linear left brain function, Indigenous worldviews use both the left brain function and the intuitive, metaphorical right brain function (Connors, 2018). A balanced use of both hemispheres is more holistic and has been found to give Indigenous peoples a stronger ability to cope with crisis and minimize the negative effects of trauma (Connors, 2018). Community first aid programs, designed to deal with physical, mental, and emotional trauma, are ideal educational environments in which to encourage the development of Two-Eyed Seeing.

Indigenous Pedagogical Approaches to Education

Indigenous ways of knowing are based on intellectual, physical, spiritual, and emotional spheres; knowledge is holistic, subjective, intuitive, experiential, relational, and sacred, and education methods rely on learning by doing, storytelling and visual methods, and cyclical modelling with explanations based on examples, stories, and myths (Brant, 2021; Crowshoe, 2005). Indigenous pedagogies emphasize holistic learning, storytelling and intergenerational learning, learning through experience, and place-based learning through the land (Trent University, 2023). In contrast, Western ways of knowing focus on quantitative evidence—what can be recorded and scientifically proven. In Western thinking, scientific knowledge is analytical, objective, theory-based, positivist, compartmentalized, and secular, and Western education relies on formal methods of teaching and learning, written transmission, and linear modelling with explanations based on hypotheses, theories, and laws (Crowshoe, 2005).

Storytelling is a key Indigenous pedagogy; the teachings of the Sacred Circle are passed orally from generation to generation, intertwining spirituality and tradition to transmit knowledge through narrative and engage learners in reflection to draw lessons from the stories (Brant, 2021; Simard, 2020). In a community-based study that developed programs with First Nations communities in Ontario, Born et al. (2012) reflected this oral tradition by teaching using sharing circles, a sacred Indigenous teaching tool in which a facilitator guides a group using herbs, prayer, smudging, and song; in sharing circles, community is emphasized and all participants are considered equal (Jeffery et al., 2021). In a study applying this same concept to post-secondary education, LaFever (2016) noted that these sharing circles can be a powerful tool for sharing and relationship building in any classroom environment that relies on discussion. Both Born et al. (2012) and LaFever (2016) also made use of narrative as a learning tool, in which participants found stories rooted in community context made content more relatable and made them more confident in their ability to apply their knowledge. Snuneymuxw First Nation Healer Dr. Ellen White Kwulasulwut demonstrated the use of storytelling in health education with the story of the Creator and the flea with bleeding knees. The Creator told the flea to get a plantain - used as a coagulant in traditional medicine—to heal. The flea asked the Creator to get it for him because he was hurt, but the Creator told him he needed to work for his medicine in order for it to heal. The lesson, according to Dr. Kwulasulwut, is that the patient must act as an active participant in their own healing (FNHA, 2023).

Indigenous pedagogies are experiential, emphasizing learning by doing. Traditionally, this meant practicing skills such as hunting and fishing (Antoine et al., 2018); in a contemporary first aid education context, this could be applied through practice of first aid skills. Because Indigenous ways of knowing and learning are based on balance and equality, teaching and learning are supportive and reciprocal. “All who teach, learn. All who learn, teach. ...It’s about sharing, balance, equality, strength, and vulnerability; simply being in circle together” (Brant, 2021, 16:04). This idea of mutual teaching and learning is represented in some Indigenous communities by using a Talking Feather in their sharing circles, where a feather is passed between participants to signify that it is the feather holder’s turn to speak and that others must listen respectfully (Brant, 2021; Tanaka, 2016). Western educational settings, by contrast, tend toward a “Sage on the Stage” approach (Brant, 2021) in which the teacher delivers information to the learner rather than sharing a learning experience.

Land-based learning is also important in Indigenous pedagogies. The land is considered a source of knowledge and provides physical, social, and spiritual learning (Datta, 2018). The concept of “wise practices”—locally-appropriate actions that contribute to social equity and sustainability (Sayal et al., 2021)—is a way to bring Indigenous knowledge together with Western education, which does not prioritize land-based learning. Several post-secondary and medical environments have introduced land-based knowledges into education with a Kairos Blanket Exercise, a group activity based on Indigenous methodologies where participants step onto blankets that represent land and into the roles of First Nations, Inuit, and Métis peoples as a way to explore Indigenous history and the relationship between Indigenous and non-Indigenous people in Canada (Herzog et al., 2021; Kairos, 2023; Sayal et al., 2021). This exercise encourages community and reflection and is an example of bringing Indigenous pedagogy into the classroom.

Blending Approaches: Indigenous Epistemologies and Pedagogies in Relation to Western Philosophies and Practices

While many researchers have noted the challenges in bridging the gap between Indigenous and non-Indigenous methodologies and worldviews (Ryder et al., 2020; Sarmiento et al., 2020; Snow, 2018), others have suggested that Indigenous and Western knowledges and ways of knowing can be integrated respectfully by bringing them together to co-create new paradigms (Datta, 2018; Held, 2019; Ryder et al., 2020; Tanaka, 2016). Hanson (2021) referred to this idea of understanding perspectives from a diversity of worldviews as “epistemic pluralism.”

Mi'kmaw Elder Albert Marshall's Two-Eyed Seeing approach—seeing the strengths in Indigenous knowledge and ways of knowing with one eye and the strengths in Western knowledge and ways of knowing with the other eye while learning to see with both eyes—is a methodology that represents this convergence of perspectives which has been applied to many medical and educational contexts (Bartlett et al., 2012; Colbourne et al., 2020; Integrative Science, 2017; Jaber et al., 2024; Jeffery et al., 2020; Latimer et al., 2020). This concept of weaving worldviews together can be used to braid both Indigenous and Western knowledge into community programs. Two-Eyed Seeing requires teachers and learners to move back and forth between both ways of knowing; those familiar with both systems of knowledge can combine them to uniquely understand and approach planning (Bartlett et al., 2012; Integrative Science, 2017). Indigenous doctor Evan Adams described Two-Eyed Seeing as “having your feet in two different places - it represents dichotomy or binarism” (Adams, 2013, 9:21). Harder et al.'s (2018) study on Indigenizing health care curricula emphasized that decolonizing programs using Two-Eyed seeing requires more than simply adding content but must involve partnership with Indigenous communities to produce knowledge from an Indigenous perspective. This binary way of understanding knowledge can be used to weave both Indigenous and Western knowledge into community first aid programming.

Blending Philosophies and Pedagogical Practices Ethically. Invisible power structures in society work to legitimize the worldviews of one community and to label and alienate ‘others,’ creating an imbalance in power (Baroutsis, 2015; Datta, 2018). In Canadian community education it is the Western worldview that is normalized; it is important that this power structure is acknowledged in any effort to combine knowledges and practices. When collaborating and combining worldviews, Indigenous methodologies must be valued as equal to Western approaches and Indigenous knowledge must not be viewed through a Western lens (Chrona, 2022; Fortier, 2017; Held, 2019; Khalifa et al., 2019; Smith, 2021). In Western ways of knowing, Indigenous forms of knowledge are often considered less accurate than Western methods and therefore less valid; this standardization of Western ways of knowing in which objectivity determines validity marginalizes Indigenous ways of knowing (Blair et al., 2020; Datta, 2018; Overmars, 2010). Postcolonial theory argues that reinforcing Western epistemologies as ‘real’ and non-Western worldviews as ‘other’ reproduces colonial oppressions (Albert et al., 2020; Khalifa et al., 2019). Validating knowledge through the lens of a Western value system serves as a form of cognitive imperialism, reinforcing colonial power structures by privileging Western ways of knowing while delegitimizing non-Western ways of knowing (Anderson-DeCoteau, 2016; Blair et al., 2020; Cochran et al., 2008); it becomes “research through imperial eyes” (Smith, 2021, p. 44). Decolonizing community education, therefore, requires understanding knowledge from both Indigenous and Western perspectives.

For Western educators to achieve an understanding of this dual perspective requires “unlearning” dominant colonial educational practices embedded within education systems that privilege Western knowledges and ways of knowing (Khalifa et al., 2019). Rather than simple integration of Indigenous pedagogical approaches into existing programs, this unlearning requires re-education surrounding Indigenous ontologies and epistemologies. The process of weaving knowledges and ways of knowing together must therefore be approached from the perspective of co-

creating an entirely new program rather than incorporating Indigenous knowledge into existing programs, because existing curricula assumes a Western normative worldview. Western educators must create programs together with Indigenous Elders and Knowledge-Keepers to ensure that Indigenous and Western epistemologies and pedagogies are in balance.

For non-Indigenous researchers and educators, it is important when engaging a Two-Eyed Seeing approach to not appropriate Indigenous knowledge or practices but to legitimate their teachings through relationships with Indigenous knowledge-keepers (Chrona, 2022; Louis, 2021; Tanaka, 2016). Researchers should consider the principles of respect, relevance, reciprocity, and responsibility: respect for Indigenous and Western perspectives, relevance of research to the partnered community, reciprocal research that benefits both community and researchers, and the responsibility to support Indigenous people's voices and rights (Cochran et al., 2008; Datta, 2018; Hanson, 2021). To avoid appropriation, some Indigenous activists have suggested a Two Row Wampum approach in which the two rows represent a mutual, reciprocal relationship of friendship, peace, and respect; Indigenous and non-Indigenous researchers walk parallel but separate paths of learning (Colbourne et al., 2020; Fortier, 2017).

Blending Philosophies and Pedagogical Practices Practically. The World Health Organization's Traditional Medicine Strategy recognizes the importance of traditional Indigenous knowledge and medicines, and the Convention on Biological Diversity recognizes the significance of the interrelationships between Indigenous communities and traditional knowledge and practices (Crowshoe, 2005). Achan et al. (2021) noted that integrated healthcare must recognize Indigenous traditional healing knowledge and support traditional practices alongside Western knowledges and practices, emphasizing that Indigenous and Western systems of knowledge must work together with neither superseding the other. Canadian first aid programs, however, exclusively reflect Western healthcare philosophies, ways of knowing, and pedagogical practices: First aid education is based on scientific understanding of physical illness and injury without consideration for spiritual or emotional needs, courses are delivered using formal methods of teaching and learning, and participant evaluation is outcome-based (Canadian Red Cross, 2023; Lifesaving Society, 2024).

Western education has a neoliberal emphasis, prioritizing credentialization, skills training, and economic outcomes (Carpenter, 2021); non-formal community education contexts, however, allow space for programming flexibility: Programs can be taught within a sociological context while still meeting neoliberal outcomes, exposing learners to different ways of thinking and encouraging critical thought. According to The Organisation for Economic Co-operation and Development's lifelong learning framework, non-formal education contributes to learning just as much as formal academic learning (Nottingham, 2019); community education can thus be an ideal context to challenge Western normative narratives and include Indigenous worldviews and pedagogical practices.

A pedagogical practice common in community education is Universal Design for Learning (UDL), a framework that aims for flexible, inclusive, learner-centred teaching, developing programs that provide flexibility in how information is presented, how students are engaged, and how students demonstrate understanding (Meyer, 2014; Nelson, 2021). Western teaching methods tend to focus on the "average" student, leading to barriers for students that fall outside that average. UDL's flexible framework maximizes learning by reducing barriers and providing accommodations and supports for teaching and assessing learning through multiple means of engagement, representation, action, and expression to find the tools that will allow each learner to learn most effectively and create inclusive, accessible classrooms for a greater diversity of students (Meyer, 2014; Nelson, 2021). UDL principles are well suited to community education settings, where learners come from a wide variety of cultural, educational, and socioeconomic backgrounds, because its methods empower teachers to adjust teaching methods to meet the needs of learners; the UDL framework could thus provide an opportunity to introduce non-Western pedagogical practices into community first aid programs.

Discussion

Findings that emerged from this literature review indicate that the optimal approach to bringing Indigenous and Western knowledges and ways of knowing together to co-create new learning is through Mi'kmaw Elder Alber Marshall's Two-Eyed Seeing in which Indigenous knowledge is seen and understood with one eye and Western knowledge is seen and understood with the other to balance the benefits of both (Bartlett et al., 2012). Indigenous ways of knowing are based on the intellectual, physical, spiritual, and emotional elements of the Medicine Wheel; knowledge is holistic, subjective, experiential, intuitive, relational, and sacred, and education methods rely on learning

by doing, storytelling and ceremony, and cyclical modelling with explanations based on examples, stories, and myths (Brant, 2021; Crowshoe, 2005). Indigenous healthcare seeks to balance the four dimensions—mental, physical, spiritual, and emotional—through traditional knowledge, spiritual beliefs, and a connection to the natural world (Anishnawbe Health Toronto, 2000). By contrast, Western ways of knowing are analytical, objective, theory-based, positivist, compartmentalized, and secular, while Western education relies on formal methods of teaching and learning, written transmission, and linear modelling with explanations based on hypotheses, theories, and laws, and Western healthcare focuses only on the physical body (Crowshoe, 2005). Two-Eyed Seeing can bring these knowledges and ways of knowing together.

Decolonizing community first aid programs requires collaboration and co-creation between Indigenous and Western educators and community members. To honour the oral tradition of Indigenous pedagogy, first aid educators can include story work by using narrative to share knowledge, encouraging learners to share relevant experiences, designing role-playing scenarios that reflect the storytelling tradition, welcoming guest speakers, and reflecting with learners on experiences and how they affect the four elements of being human. To reflect the experiential and participatory learning that Indigenous pedagogy emphasizes, first aid education can include more physical practice, practical application of skills, group activities, and situations designed using community-based scenarios. And to incorporate the principles of land- and place-based learning, educators can work with Indigenous leaders to learn from the land and the community and can design activities based on engagement with the local surroundings. To respectfully honour and understand these pedagogical practices and the worldviews that they reflect, partnership with local Indigenous communities will be paramount.

Conclusions and Future Actions

This literature review examined Indigenous philosophies and pedagogies in relation to healthcare education, including knowledges and ways of knowing outside of Western normative epistemologies, teaching and learning principles common in Indigenous education, and practices in decolonizing and Indigenizing Westernized education contexts. Key findings of the literature reviewed indicated that engaging a Two-Eyed Seeing approach (Bartlett et al., 2012; Integrative Science, 2017) for respectful collaboration and co-creation between Indigenous and Western communities and educators offers the best opportunity for program decolonization. To address the problem of a lack of Indigenous knowledge and ways of knowing in Canadian community first aid programs, a proposed solution is to reconsider program design and delivery to include both Western and Indigenous knowledges and ways of knowing.

Though this inquiry has demonstrated the potential in combining Indigenous and Western epistemologies and pedagogies in community education for transformative learning, it has also highlighted the importance of engaging Indigenous partners in the process. It is therefore important that educators and healers from both communities be involved in co-creating programs that reflect both worldviews and knowledge systems; research designed to decolonize programs must be both collaborative and collective (Datta, 2018; Smith, 2021). Understandings of Indigenous knowledges and ways of knowing gained through this literature review are incomplete without Indigenous engagement; if “power lies with those who design the tools” (Smith, 2021, p. 40), then that power must be shared by all stakeholders. For future actions stemming from this research, it will be important to collaborate with Indigenous knowledge-keepers and Western first aid organizations to use Two-Eyed Seeing to co-create a first aid program that combines Indigenous and Western epistemologies and pedagogies. The development of such a program could act as an exemplar for future research to include Indigenous knowledge across community programs.

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ABOUT THE AUTHOR

Jessie Fraser Is currently completing her Doctorate in Education (Educational Leadership) at Western University (Canada) and holds a Masters in Adult Education. Her research focus is on decolonizing the classroom and ethical engagement with non-Western worldviews. Jessie has worked as a teen and adult educator in community education contexts for more than two decades and is passionate about issues related to social justice in education.