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See it. Speak it. Write it. Change it.

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Nbwaa-ka-win:
To cherish knowledge is to know wisdom

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Abstract

This reflective paper represents my efforts at personal reconciliation as a settler nurse educator. A part of these efforts, I include an analysis of my experience within the context of the nursing profession's necessity to meet relevant calls to action outlined within the Truth and Reconciliation Commission's report. Key issues such as problematic texts accepted as 'nursing fundamentals' and the invisibility of Indigenous knowledge, coupled with the perpetuation of colonial stereotypes, are discussed within the context of *Nbwaa-ka-win*. The application of post-colonial theory as part of a strengths-based approach to the decolonization of nursing education is presented.

Key Words: Nbwaa-ka-win, Personal Reconciliation, Decolonizing Nursing Education, Strengths-Based

> *It is precisely because education was the primary tool of oppression of Aboriginal people, and miseducation of Canadians, that we have concluded that education holds the key to reconciliation.*
> The Honourable Murray Sinclair, TRCC (2015)

In 2019, Dr. Sally Thorne in *Death by a Million Papercuts* delivered a razor sharp plea for nurses, and nurse educators more specifically, to reflect and reassess how we view, teach about, and care with Indigenous peoples. This plea compelled me to write this paper. I believe the profession of nursing has much work to do to meaningfully reflect upon a historic and current complicity in upholding neocolonial views and approaches. That said, I have had numerous opportunities to act with the intent to decolonize the ways we view, teach about, and care with Indigenous peoples, yet have not always realized these. Building upon Thorne's (2019) call to action I see a need to consider *Nbwaa-ka-win* and the Anishnaabe seven grandfather teachings to look inward and focus on gaining wisdom in my own practice and education. I too need to consider how I am implicated in causing harm. In working as a locum Registered Nurse (RN) in a remote community, I found myself listening to comments made to patients which reflected a lack of understanding of the realities for members of the community, most notably related to clean drinking water. Members of the community received comments about not drinking enough water, the same water which I and other healthcare providers were not able to consume. In the moment where these comments were made, I did not address them. It is only

now that I more deeply reflect on the reasons why I did not act in the moment. Why did I assume that there was a shared awareness of the harm perpetuated in those comments? Why did I assume that knowing that the water was unsafe to drink would call forth actions that protected people's health? What would have called me to speak up in this moment?

I am a White Eurosettler nurse educator, privileged to reside and prosper on the traditional lands of the Anishinabewaki, Huron-Wendat, and Haudenosaunee people. I recognize and affirm that this is a privilege born out of other settlers' dishonest practices regarding land acquisition. Even as I was aware of the dishonest practices in relation to land acquisition and resources, including water, it was not enough to allow me to break my silence. I am troubled by my own complicity. In recognizing my privileges and complicity, *I* need to act. This paper is part of that action, representing my personal reconciliation efforts in understanding the relationship between Indigenous peoples and communities and nursing, and in becoming an ally. Further, this reflection brings forward the concept of *Nbwaa-ka-win* – an Anishinaabe term meaning wisdom – which, for me, signals an urgent necessity to work towards personal reconciliation. It also reflects the pressing need to re-consider what constitutes nursing knowledge, asking whose voice and perspective counts as true. To that end, I shall provide my reflections and analysis pertaining to several areas within nursing eduation that I believe require urgent attention. These include (but are not limited to):

- The texts and language I use,
- How nursing's history is presented and what is silenced,
- My role as oppressor,
- Moving beyond cultural competence,
- Replacing risk-based representations of Indigenous peoples' health with strengths-based discourse and analysis;
- Unpacking what constitutes 'evidence' and knowledge.

My Journey

In commencing my journey towards reconciliation, I recognize the ignorance I carry. I grew up in a rural community in Ontario in proximity to an Indigenous community. Members of the community attended the same public school, and participated in the same community and sporting activities I did. Some were friends, yet I never took the time to learn about the history unique to their community or to understand what their experiences may have been. In fact, it was only recently that I learned of the existence of a residential school in this community. Worse, I never explored my own behaviour, which may have perpetuated stereotypes and caused harm.When I was a nursing student, an exploration of the experiences of Indigenous peoples, their history, and the effects of colonization and residential schools was not included in the curriculum. During my initial RN diploma program in the early 1990s, the stereotypical lenses and unchallenged truths (i.e., the deeply embedded and racist settler phrase 'drunk Indian', and race as purely a biological construct) were reified and contributed to my professional socialization. At the time, I lacked the knowledge, insights, and skills to challenge what was absent in the curriculum. As an undergraduate student who also worked in a large, urban hospital, I began to develop the skills to question and analyze, yet was not taught or encouraged to consider the stories Indigenous peoples told of their experience.

I completed my Master's degree and started to hold positions of influence in the same urban hospital.While I was learning to find my voice, I did not see what was in front of me: the tangible impact of structural anti-Indigenous racism taking the form of comments slipped into conversations or made to patients, or the systemic barriers that excluded many from obtaining meaningful care. I entered the professional practice and regulatory arena and began to contemplate professionalism in relation to unjust and racist practices. Yet, I still took no action. Finally, I entered academia and continued to develop my knowledge and expertise, yet remained ignorant. I cannot

pinpoint one specific moment where it began, but something has shifted over these last few years. I began tuning in, where before I had tuned out. I began to engage with Indigenous authors, researchers, podcasters, and reporters. I started to notice and at times hear a different voice. Very slowly, I began to unlearn my inherited settler understandings of Indigenous peoples, creating a place of uncertainty and over time a place where I learned about Indigenous peoples' knowledges and wisdom. With each new podcast, article, book, or documentary, I realized how little I knew. I also started to enrol in Anishnabe language classes as a way to think with language. It is these more recent experiences that help me see what has always been in front of me. I am beginning to see how nursing academia has reinforced harmful stereotypes of Indigenous peoples by continuing to focus on deficits or 'issues'. Yet, even in the face of my growth and reflection, I have experienced in my recent practice the disconnect between what I have learned and how I apply this. *Nbwaa-ka-win*, or wisdom, does not equate with knowledge (Morcom & Freeman, 2018). While I may have been enhancing my knowledge, I am still challenged in gaining the wisdom. It is wisdom that would see me initiating conversations with colleagues in the practice arena, to think differently and to always attend to racism in my practice. Why did I not stop colleagues when they made comments to community members about drinking water?

The Texts I Use, the Language I Choose

In using *Nbwaa-ka-win* as a lens to my personal journey towards reconciliation, I am called to question my practices as a nurse and nurse educator. I question the texts and experiences used to socialize nursing students. Within the chosen texts are implied beliefs and assumptions about peoples, nursing and health. These beliefs translate into words, phrases and symbols that if un-checked contribute to the continued colonialization of Indigenous peoples. The text books reflect a way of thinking that is harmful when working with Indigenous peoples. Efforts to decolonize nursing education can start with questions about what constitutes knowledge – followed by practices which give way to other ways of learning, knowing, being, and doing. *Nbwaa-ka-win:* To cherish knowledge is to know wisdom. Here knowledge is not restricted, it encompasses many ways of knowing and action.

As I think about the implications of nursing, there is a need to be open and transparent and to include learning about nursing's role in colonization. Despite the presence of strong Indigenous nurses in Canada, their knowledge is not acknowledged or celebrated. There is a need for curricula to change; to be inclusive of diverse perspectives and lenses. The legacy of Indigenous nurses does not fit the 'normative' profile, and is omitted from discussions regarding nursing history (McGibbon, Mulaudzi, Didham, Barton, & Sochan, 2014). But it doesn't stop there. In my experience the textbooks and examplars used in nursing curricula depict nurses who embody whiteness, and moreover, white dominance (McGibbon et al., 2014), as well as a problematic framing of European settler nurses as 'saviours'. I considered McGibbon's and colleagues' (2014) analysis after a conversation with a first-year nursing student, who was unable to identify with the portrayals presented in nursing texts because none reflected their knowledge and experience. This same student spoke of the nonexistence of conversations about the troubling nature of contemporary and historical relationships between Indigenous peoples and nurses. Interestingly, when looking closely, it is evident that thousands of First Nations and sovereign political and cultural groups of Indigenous peoples are reduced to one idea of what it means to be Indigenous, as though this adequately describes the many nations and diversity among Indigenous peoples. The context of this terminology is framed as representing the evolution of mutually agreeable settler-Indigenous relations, thus leaving students with the perception that Indigenous peoples, communities, and beliefs are homogenous. Simultaneously, it renders Canada's problematic practices with Indigenous peoples to the

background, unnamed, and thus, unrecognized. It is time to move beyond these texts.

While some text books have recently added chapters to discuss the health of Indigenous peoples and the role of cultural competence, a deeper exploration of history would benefit nursing students and ensure transparency. Gustafson's (2007) concerns regarding the lessons about whiteness being taught or reinforced through institutional nursing practice is salient here. Although some sources include a passing nod to Indigenous peoples having health care knowledge 'of their own', the 'Discovery Doctrine' (Assembly of First Nations [AFN], 2018) remains implicit in this representation. Relying on and reinforcing this troubling lens results in the erasure of any modest efforts to Indigenize nursing knowledge. It reinforces an implied European superiority, savior-hood and a lack of acknowledgement of the resultant devastating fallout (Gustufson, 2007).

Also notably absent in many nursing textbooks is a frank discussion of the separate Indian hospitals systems in Canada, the exclusion of Indigenous peoples from the profession of nursing, and the history and ongoing work of the Canadian Indigenous Nurses Association. In excluding these truths, it is as though none of these historical facts actually existed (Logan-McCallum, 2016). Given the Truth and Reconciliation Commision [TRC] of Canada's (2015) calls to action for nursing schools (and other health-related professions) to teach intercultural competency and anti-racism, that text books reflecting my analysis outlined above continue to be published and utilized is disturbing. A different approach congruent with the TRC is reflected in a recent Canadian chapter written by two Indigenous nurses – Dawn Tisdale and Gwen McArthur (2019). Commencing with an elder blessing, the authors present Indigenous health to undergraduate community health nursing students through the lens of Indigenous peoples and Indigenous nurses. Rather than adopting the problematic risk discourse that permeates many 'aboriginal health' chapters and articles in nursing, this chapter pushes back, ensuring the focus of the discussion is on the teachings, wisdoms, and approaches of Indigenous peoples.

Consider if all nursing textbook chapters in use in Canadian universities opened in this way:

> In this chapter, the history of Indigenous peoples is outlined from **pre-contact** (prior to colonization) to contemporary times. It is important for CHNs to recognize how colonization, past and present policies of assimilation, and loss of culture have resulted in overwhelmingly negative impacts on the health and well-being of Indigenous peoples and have led to the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action that support peoples' rights and health. The historical and colonial context, as well as Canada's reconciliation mandate, encourage CHNs to practice in a culturally safe way that best supports the communities they serve. While it is important to examine the inequities Indigenous peoples face and understand these inequities as the root cause of the devastating impacts on the health and well-being of Indigenous peoples, the focus of this chapter is not about disparities but rather the inherent strength and holistic approach to health of Indigenous peoples.
>
> (Tisdale & McArthur, 2019 p. 407)

Multiplicity of Voices

To begin to decolonize nursing education, settler nurse scholars and educators must give way, make space, and ensure that Indigenous voices are central in curricula. As a nurse educator, I need to reconcile knowledge and wisdom and consider how I create and sustain the spaces in which this is possible. I need to acknowledge nursing's history in relation to colonization, to question who has benefitted from colonization, and ask how/when will this story be retold? I need to question who

continues to benefit from colonization. As I look back to my recent practice experience, I too need to consider the sustained impact on Indigenous peoples and community, impacts such as the lack of clean drinking water that exists in many Indigenous communities in 2021. I need to consider that words but also, silences, matter. I need to understand my role and accountability to advocate for inclusive curricula, to shift my practices, and to mobilize students to do the same. I need to explore alongside students the many different Nations which describe Indigenous peoples in Canada. Most importantly, I need to ask people where they are from and how they identify, to listen carefully to the stories they tell and the silences that exist.

Questions of Oppression

As I engage in this reflective journey, questions have arisen about my role in the oppression of Indigenous peoples, knowledges, and ways. These questions have also exposed the possible complicity of my profession. In 2020 Symenuk, Tisdale, Bourque Bearskin, and Munro explored nursing's involvement in colonial and assimilation practices. They named five areas of harm: "Indian hospitals, Indian Residential Schools, child apprehension, Missing and Murdered Indigenous women and Girls (MMIWG) and forced sterilization" (p. 84). Nursing has yet to address its' complicity in ways that reconceptualise what ethical nursing practice is. This will require all of us to understand racism, and the structural mechanisms which sustain racist practices. It is particularly important to better understand and explore constructions of race and power and to articulate the notion of accountability to the peoples and communities served. Simultaneously, I need to inquire into the privileges I have held and the ways in which I, too, have been the oppressor.

It is important to socialize nurses to recognize the implicit power and privilege they hold. This includes the importance of developing nurses' critical abilities to address structural racism and inequities. There is an urgency for nurses to learn political advocacy skills. McGibbon and Lukeman (2019) reference the long history of nurses taking on the role of bystander, remaining silent in the face of acts of racism, arguing that these are violent acts of both omission and commission (McGibbon & Lukeman, 2019). I myself have demonstrated how easily I could be silenced; places and times where I did not speak up, such as during my time practicing in the remote community. As Thorne (2019) notes, I need to understand how I am implicated in sustaining structures and practices that are racist, in order to move towards solutions. I return to *Nbwaa-ka-win*; now that I know more, I should do more. It is my responsibility to use my unearned privilege in ways that create change and in ways that open possible spaces of agency and respect, spaces that allow for *Nbwaa-ka-win* to thrive.

Beyond "Cultural Competence"

Central to ethical nursing practice in Canada is cultural competence. Embedded in undergraduate curriculum as well as standards of practice, our regulatory bodies expect this skill, as outlined in non-negotiable guiding principles (College of Nurses of Ontario [CNO], 2019a; 2019b; 2018). Many present the context within which nurses are to practice cultural competence in a race-based discussion. This discussion is grounded most often in deficits rather than exploring strengths or unique ways of being; it is based on the ideas of othering and that competence is an end goal, rather than a process. Cultural competency policies are steeped in white middle class norms and are marked by colonial ideas of othering and power. Further, cultural competence does not necessarily focus on decolonization. Competence reflects the ideas that knowledge is critical; yet for de-colonization to occur, there is a need to change the heart of the practices and systems that oppress Indigenous practitioners and patients.

In nursing, culture has widely become synonymous with difference and there is a reliance on historical and colonial notions of race (Reimer-Kirkham & Anderson, 2002).

Multicultural approaches have failed to acknowledge the continued hierarchies of power and legitimacy (Reimer-Kirkham & Anderson, 2002). Such sentiments make visible that cultural competence does little to address structural inequities and instead reinforces existing power relationships. Yet the link between culture and colonial histories is well established and must begin to shape the approaches of nurses and their regulatory bodies regarding cultural competency and safety (Bourque Bearskin, Cameron, King, et al., 2002). As I think about the questions that must be raised, I return to my practices as a nurse and nurse educator. Why do I not feel free to question long standing policies and practices? Why do I not resist the silences that are created and enforced by mechanisms of power? How do I engage in a fight for clean and safe drinking water alongside Indigenous communities? When will I be able to engage in political advocacy? *Nbwaa-Ka-win*, to know more is to do better. *Nbwaa-Ka-win* calls me to think about my actions and practices.

Bell et al. (2019) advocate that, rather than focusing on competence and creating opportunities for deficit approaches, we consider humility as a means of ongoing openness and reflection. According to Antoine, Mason, Palahicky, and Rodriguez de France (2018), to be reflective of cultural humility we must first acknowledge the existence of oppression and accept our own complicity in oppressive practices. We need to remain engaged in learning and reflection. While the work and self-reflection associated with cultural humility is not easy, it is a critical and necessary process. Cultural humility requires us to recognise people's identity and lived experience as holding knowledge – that they, like us, are distinct human beings who are always in the making. We too need to listen, understand, and challenge the evidence available about existing inequities (Bell et. al., 2019). Although it is promising to note that the College of Nurses of Ontario's 2020 entry-to-practice guidelines use the language of cultural humility, many of the other documents continue to demonstrate a colonial lens by privileging knowledge and practices that reflect a Eurocentric approach (CNO, 2019). Confronting racism is vital, as white-dominant culture remains the unspoken norm (Reimer-Kirkham & Anderson, 2002). McGibbon et al. (2014), among others, take issue with the nursing metaparadigm created by "white nurse leaders in the 1970s and 1980s" (p. 184). I was socialized as a nurse within this framework, and it is still used in education today. I often wonder how a static application of the ways of knowing in nursing has been maintined. How for so many years have Indigenous peoples, their ways of being and knowing, been knowingly and willingly excluded? When others do not see themselves reflected in the curriculum, in practices and theories of nursing, we are intentionally giving the message that other ways of knowing do not carry the same importance. My whiteness becomes a dangerous privilege and, if unchallenged, implicates me in sustaining a system that has marginalized others (Gustafson, 2007). I need to find ways to disrupt the hegemony of the 'white, middle class' perspective that governs nursing research, practice, and education (Gustafson, 2007). With this perspective, de-colonizing nursing involves self-reflection and asking questions such as: How do I operate within various systems of oppression (Gustafson ,2007; Reimer-Kirkham & Anderson, 2002)? I need to consider how research can decentre the dominant voice (Gustafson,2007; Reimer-Kirkham & Anderson, 2002). A discourse about whiteness is essentially absent for those of us who are settlers - it is not something we have to consider before planning interactions with the healthcare system, or the education system (Gustafson, 2007).

Continued Ignorance

Evidence based or evidence informed practice is a common underpinning of nursing knowledge, but whose evidence is this? Whose knowledge and realities does it reflect? For many years I have upheld the importance of evidence based practices, without challenging what knowledge counts and is reflected in the current evidence.

Given the mulitplicity of evidence, I need to search for other ways and views and to amplify those; to engage with colleagues and communities in ways that allow me to listen and that create spaces in acdemia and healthcare for diverse voices. "A post-colonial commitment results in the weaving of the perspectives and experiences of those marginalized in our society into the very fabric of our nursing science" (Reimer-Kirkham & Anderson, 2002, p.12). No longer can I read textbooks, engage in research, or support policies that do not consider multiple ways of knowing and being. I need to consider what it means to know and what aspects of knowledge we value most; if what is valued serves as a tool of colonization then we need to address these values (Bourque Bearskin, et al., 2018; Bickford, 2014).

Butler, Berry and Exner-Pirot (2018) identify nurse-led approaches occurring in Northern Saskatchewan that employ the model of Two-Eyed Seeing or *Etuaptmumk*, which supports an interconnectedness between worlds and was developed by Mik'maq elders Albert and Murdena Marshall (Marshall, A, Marshall, M, & Bartlett, 2015). If I presume that Western ways are the best or only way, I negate, silence, and erase other perspectives (Frideres, 2016). Indigenous ways of knowing are often based in space and land, holism, relations, reciprocity, and the fluidity and rythms inherent in the natural environments (Frideres, 2016). Foth, Lange, and Smith (2018) have argued for the necessity of critical analyses and philosophies to be an integral component of undergraduate nursing curricula. Without such lenses and approaches, the capacity to challenge accepted norms and practices is hindered. The intentional adoption of critical lenses would assist faculty and students to unpack foundational 'truths' in order to see the impacts of colonialism, neoliberalism, and white, Euro-centric approaches. Foth et. al. (2018) insist that nursing students must learn the language of politics.

Nursing ethics has evolved from a legal and regulatory perspective, and yet understanding the ordinary everyday ethics means that we must carefully look at every act of nursing. It is here that I can see the intertwining of knowledge and wisdom to help shape the future – I can see the importance of *Nbawaa-Ba-kin*.

Strengths-Based Approaches

Nurses need to know and acknowledge the diverse and evolving history of Indigenous peoples in this country. As journalist Duncan McCue said, in an interview on the Radio program, *Unreserved*,

> If you don't have a good relationship and understanding of the community you are reporting on, if you only show up in times of crisis and people won't share your stories with you, then Canadians aren't well served by the news. On top of that, when there isn't a crisis you will have a difficult time trying to find other stories. (McCue, 2019, np)

While McCue was referencing the work of journalists, his comments have applicability to nursing, as well. It is crucial to understand community both in times of crisis and in times of joy. Acknowledging that life is diverse within communities and across time helps to see and hear a multiplicity of stories and opens up new ways to practice and respond to the ordinary lived experiences.

Education systems can either liberate or they can dominate (Battiste, 2013). It is imperative for nursing academics to think about the liberating aspect as a necessity to move towards decolonization and to create changes within a rigid healthcare system whose very foundation is build on privilege. As an educator, I have a responsibility to socialize students into a milieu that disrupts current biomedical, heteronormative, and colonial methods.

In my education next-generation nurse leaders, there is an urgency to foster critical analyses and conversations. I need to support the students I work with in leaning into the discomforts and disruptions these conversations bring. I need to

embrace the words of Senator Sinclair (2015) and see how I can engage with the notion of education as a tool for reconciliation. What are the critical ways in which education can become a tool for reconciliation, instead of a tool for oppression?

It is known that the representation of nurses in the media influences perceptions and expectations regarding fit with the profession (Price & McGillis Hall, 2013). A scan of recruitment information for various nursing employers finds no Indigenous nurses presented. The University of Saskatchewan in Canada released statistics on the number of nurses identifying as Indigenous across the country (Exner-Pirot, 2016). Out of 425,757 regulated nurses across Canada, there are 9,695 Indigenous nurses, with the majority practicing in remote areas of Manitoba, Nunavut, the Yukon, and the Northwest Territories (Exner-Pirot, 2016). Not only do Indigenous nurses not see themselves reflected within nursing, but the contributions Indigenous nurses have made to nursing is silenced and in many cases erased (Bourque-Bearskin, 2014).

There are many instances I can think of that have created problematic situations. For instance, when an Indigenous nurse who wishes to work in a Northern Quebec community is required by a Canadian regulatory body to pass a mandated English language test, we have a problem. When I sit with a young Oji-Cree woman, frustrated with trying to navigate the process of entry to a nursing program, only to find that she has been given the wrong information from the beginning, we have a problem. When I then hear academic leaders comment that the same young woman will have challenges in even getting into the program based on her grades, we have a problem. These artificial constructs create unnecessary barriers and do nothing to address the issues that are raised regarding the provision of quality care in Northern and Indigenous communities. They not only harm communities, they also harm the profession of nursing. These issues do not reflect the gifts, knowledge, and wisdom Indigenous peoples bring.

The Path Forward

I find myself thinking about the multiple layers of colonialism within our institutional practices, our regulatory policies, and those of the settings in which care is provided. As a nation, Canada is realizing its long-challenged history with Indigenous people and is striving to make change. This challenged history has also occurred within the academic and practice arenas of Canadian nurses. The practices, protocols, and research that guide the work we do has continued to perpetuate myths and stereotypes which are dangerous to Indigenous peoples. In fact, the lack of recognition of the effects of these practices, protocols, and research on the health of Indigenous peoples and communities has not sufficiently entered undergraduate nursing education.

Change is slow, particularly in face of the harms caused by inactions. As I think with this, I recognise that I need to consider how I might step up to enact change. How do I become an ally? How might I work alongside communities and share the power and privilege I have in ways that create change? How do I demonstrate courage in my practice? How do I live *Nbwaa-ka-win*? How might I deal with the resistance I will encounter when I aim to disrupt current practices (McGibbon & Lukeman, 2019; Yanicki et al., 2015)? In order to find answers to some of my questions, I need to acknowledge my role and disrupt the practices where I have become a bystander. I need to disrupt the moments where what I do is problematic; where my silence only furthers my complicity in maintaining an unjust world. There is a need for me to ensure that I am careful to not conflate being an ally with being self-righteous.

I wonder where do I start? What might be the first step towards reconciliation in my teaching and practice of nursing? Perhaps raising questions is one starting place, as these can lead to conversations with others. Yet, I have to be careful to not to seek definitive answers; rather, there is a need to honour the process of always coming to know in new ways. Having

conversations that disrupt our ways of knowing and being can be difficult and should be difficult. I need to lean into that discomfort and encourage faculty members and students to do the same.

I can also ensure that I situate diversity, including diversity within and amongst Indigenous peoples, as central in my courses. There is a need to reflect a rights- and strengths-based perspective. For example, if we discuss the history of nursing with a focus on Florence Nightingale, then it is imperative to integrate other perspectives, to forefront different experiences, to consider emancipatory knowing and to celebrate and honour the contributions Indigenous nurses have made. I can also have conversations with students regarding areas of Nightingale's practice that are concerning and identify moments in our educational, professional, and personal histories that have been centred around settler perspectives and the erasure of Indigenous peoples.

One other starting place is the reconsideration of ethics. It is Ermine (2007) who talks about the ethical space of engagment within the context of law. Ermine talks about

> the sacred space of the ethical, [which] helps us balance these moral considerations […] With this notion of ethics, and juxtaposed on the broader collective level, we come to the inescapable conclusion about our own agency in the kind of civilization we create to live in. (p. 196)

Engagment within this ethical space calls forth dialogue—it creates a space of openness, curiosity and exploration. For Ermine this is a space that holds the possibility of reconciliation, where notions of relationships, humantity, and respect are central.

Nbwaa-ka-win: To Cherish Knowledge is to Know Wisdom

I reflect back to why the Anishnaabe word *Nbwaa-ka-win* resonates so deeply with me. It indirectly reflects one of the seven guiding principles of the grandfather teachings of the Anishnaabe people and speaks to the relationship between learning and knowing (Talaga, 2017). As I have entered my journey to understanding and personal reconcilliation, I recognize it is just that – *my* journey. Not all of my colleagues or students will be in the same place I am, nor should I expect them to be. My intent is not to convince them that I know more or know better; rather, to encourage them to reflect on their own practice, their lives, and who they are in relation to others. I recognize that having impact is not necessarily changing the world; rather, it is influencing what is in front of me and to unlearn and disrupt what I know.

> For every educator, our responsibility is making a commitment to both unlearn and learn —to unlearn racism and superiority in all its manifestations,
>
> while examining our own social constructions in our judgements and learn new ways of knowing, valuing others, accepting diversity, and making equity and inclusion foundations for all learners. (Battiste, 2013, p. 166)

My journey towards personal reconciliation requires a commitment to both learn and unlearn, and to continue to challenge my own unconscious notions of settler superiority. In fact, the writing and revising of this reflective manuscript provided me with an invaluable opportunity for difficult, continued learning grounded in humility and seeking an ethical space of engagement.

Author Statement:
I centre this reflection regarding my personal reconciliation journey as a white Euro-settler from Warkworth, Ontario. I recognize the un-earned privileges associated with this.

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