

An Exploration of the Effects of Mentor-Apprentice Programs on Mentors' and Apprentices' Wellbeing

Abstract

Increasingly, adult Indigenous language learners are being identified as the “missing generation” of learners who hold great potential to contribute to the revival of Indigenous languages by acting as the middle ground between Elders, children, and youth within their communities. Our research project NETOLNEW “one mind, one people” studied adult Indigenous language learning through the popular Mentor-Apprentice Program method. Over a 2-year period, our team conducted interviews and focus groups with participants involved in a Mentor-Apprentice type program in British Columbia, Canada. While our primary interest was to document the successes and challenges of the Mentor-Apprentice Program method for adult Indigenous language learning, we also included interview questions that gave participants an opportunity to share how participating in such a program affected them. During data analysis, we noticed repeating comments from participants about how their involvement with a Mentor-Apprentice Program impacted their own and their community’s wellbeing; 6 exploratory themes were identified. Although studies have reported protective effects of Indigenous language use on health, health-related outcomes of language revitalization efforts remain underexplored. In addition to discussing the exploratory themes that arose from the study, our paper also proposes that these themes can inform future research in investigating the links between language revitalization and wellbeing.

Keywords

Indigenous language, health, wellbeing, protective effects

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Introduction

Language is seen by Indigenous Peoples as a vital part of belonging to the community and is recognized as a driving force in transmitting culture (McIvor, 2013). The benefits of Indigenous language use remain largely unrealized in today's context as there are few communities where an Indigenous language is spoken as the majority language (McIvor, 2013). In the province of British Columbia (BC), language learning is on the rise, but only 4% of the Indigenous population are fluent speakers of an Indigenous language, with 59% of them being over the age of 65 (First Peoples' Cultural Council [FPCC], 2014). Yet Indigenous Peoples across Canada continue rallying to strengthen their languages, and we begin to see how these efforts are impacting individuals and communities in domains beyond language use, including their health. The World Health Organization defines health as not merely the absence of disease, but as "a state of complete physical, mental and social well-being" (World Health Organization, 1948, p. 1). It is this view of health we adopt in our study, as it relates to the holistic concept of wellbeing traditionally held by Indigenous Peoples (Reading & Wien, 2009).

In this paper we explore the connection between Indigenous language learning and wellbeing, a term we use to broadly capture people's perceptions of subjectively meaningful positive thoughts and feelings with regard to their mind, spirit, and body (King, Smith, & Gracey, 2009; McIvor & Napoleon, 2009). The results we present here are part of our larger study on adult Indigenous language learning in BC. Based on a qualitative analysis of interviews with adult language learners and teachers, we propose six themes that could inform future research in the area of language revitalization and wellbeing.

Background

Indigenous communities in Canada are widely known for being strongly connected to land; focusing on family, community, and relationships; using humour for good health; and keeping traditions alive and cultural identities strong through these connections (Adelson, 2000; Greenwood, de Leeuw, Lindsay, & Reading, 2015; Taylor, 2015). Links between practising and strengthening culture and wellbeing are being identified in the prevention of illness and poor health habits. McIvor (2013) stresses the positive role of practising Indigenous cultures. As an

example, Varcoe, Bottorff, Carey, Sullivan, and Williams (2010) argue that Elders who become involved with youth and share their knowledge strengthen their traditional cultural role as leaders and can use this role to positively influence community health, such as by encouraging smoking bans or smoke-free events.

Observing and deepening an understanding of the links between culture and health are of great importance, as health and wellbeing in Indigenous communities, in general, remain significantly unsatisfactory in comparison to the general population (Adelson, 2005; Gracey & King, 2009; Kolahdooz, Nader, Yi, & Sharma, 2015; Reading & Wien, 2009). The connection between poorer overall health outcomes and the widespread effects of colonization has been widely documented and includes but is not limited to land loss; reduction of subsistence lifestyles and self-sustaining communities; loss of children to residential schools, day schools, and foster care; the general effects of religious conversion on the psyche; and stress related to racism towards Indigenous people in Canada (MacDonald & Steenbeek, 2015; Waldram, Herring, & Young, 2006). Researchers have also identified links between Indigenous health outcomes and low income, poor housing, low levels of formal education, high unemployment, and lack of social supports (Andermann, 2016; Rotenberg, 2016), as well as tobacco use and a lack of physical activity (Joseph et al., 2012). Many strategies used to improve these conditions in Indigenous communities have not been successful in adapting to and implementing Indigenous values and culture (Griffiths, Coleman, Lee, & Madden, 2016; Nesdole, Voigts, Lepnurm, & Roberts, 2014). And so there is growing recognition that elements such as identity, culture, spirituality, and wellbeing should be foundational to the development and implementation of new strategies if prevention and treatment are to be successful (Ashing-Giwa, 2005; King et al., 2009). Barwin, Crighton, Shawande, and Veronis (2013) suggest the use of traditional knowledge of wellbeing, such as medicine gathering, may lead Indigenous people to take greater ownership of their health and self-care and thus assist in the prevention of illnesses. Use of traditional medicine has also been highlighted as a factor affecting wellbeing by Hill (2009), and Currie, Wild, Schopflocher, Laing, and Veugelers (2013) show a correlation for Indigenous people between being knowledgeable about and practising or participating in their culture, and having lower rates of illicit and prescription drug abuse. Similarly, stating that “language revitalization occurs within the context of cultural revitalization” (p. 1), Bell (2016) reveals how incorporating traditional beliefs and practices of Haida food, medicines, rituals, and supernatural beings could contribute to the revitalization of Xaad Kil, the Haida language.

Traditional knowledge, which includes Indigenous worldviews and values (Auger, 2016), and intergenerational connectedness are only two aspects contributing to cultural continuity, a concept representing the degree of cultural and social cohesion within a community (Reading & Wien, 2009). Another contributing factor is language. Oster, Grier, Lightning, Mayan, and Toth (2014), for example, discuss a connection between maintaining Indigenous language and culture and lower rates of diabetes. High rates of diabetes in Indigenous people have been linked in the past with residential school trauma and its intergenerational transmission (Guo, 2016). The connection between cultural participation, language, and wellbeing in Indigenous communities in

Australia was also reported by Dockery (2011) and Biddle and Swee (2012). Healey and Meadows (2008) interviewed Inuit women in Nunavut who stressed the link between speaking Inuktitut and connecting with their cultural traditions. Hill (2015) reported that Indigenous learners of Kanyen'kéha (Mohawk) in Ontario feel more accepted in their community when they speak their language. Among Latin American children in the United States, Toppelberg and Collins (2010) identified bilingual competence as an essential part of bicultural acculturation and highlighted the role of acculturation in both the mainstream and Latino cultures for the wellbeing of Latino children. Finally, Hallett, Chandler, and Lalonde (2007) showed that BC Indigenous communities with a higher retention of their traditional language have lower rates of youth suicide.

The NETOLNEW Project—Adult Indigenous Language Learning Through a Mentor-Apprentice Approach

To date, the main focus of the Indigenous language revitalization movement in Canada has been to document Elder speakers and develop and implement preschool and K–12 immersion programs. Yet, as the fluent speaker population of Elders ages and passes on, the need for adult language learners to become the speakers in their communities is increasingly urgent. We also find that Indigenous adults take on the responsibility of passing on the language relatively early in their learning journeys, either by becoming teachers or in their role as parents and grandparents.

Language transfer continues to occur primarily in school settings (Ball & McIvor, 2013; McCarty, Nicholas, & Wyman, 2015; McIvor, Rosborough, & McGregor, 2017), but increasing the numbers of proficient teachers will allow immersion programs to expand and “ladder” into K–12 education (Boshier, 2015; Michel, 2012). Despite the importance of Indigenous adults being successful in their language learning, very few programs for adult Indigenous language acquisition have been documented to date, and most documentation has been limited to short case studies (King & Hermes, 2014; McIvor, 2015; Rātima & Papesch, 2014; Sarivaara, Uusiautti, & Määttä, 2013). The NETOLNEW research project aims to contribute to our understanding of available methods for adult Indigenous language learners and identify successful strategies of language learning for this group. Specifically, we investigated the Mentor¹-Apprentice Program (MAP) approach (Hinton, 2001).

NETOLNEW means “one mind, one people” or “doing things as one” in the SENĆOTEN language spoken on southern Vancouver Island. This partnership involved the SENĆOTEN language department of the W̱SÁNEĆ School Board, as well as the First Peoples' Cultural Council (FPCC), a provincial organization that focuses a part of its programming on Indigenous language revitalization. Both partners run adult language-learning programs.

¹ The approach is principally named “*Master-Apprentice Program*.” We use the word *Mentor* instead of *Master*, as preferred by both program partners participating in this study. However, the terms are synonymous.

FPCC runs a province-wide adult language-learning program closely based on the original Master-Apprentice Program (Hinton, 2002; Hinton, 2008). In this model of language learning, the adult language learner (apprentice) is paired with a fluent language speaker (mentor) for daily activities in an oral language-immersive context. The apprentice is expected to propose the activities, which may include travelling on the land, berry picking, and other traditional activities; cooking and home chores; shopping; or various types of conversations based on different topics and stimuli. The use of English and writing is strictly discouraged. The apprentice and mentor spend 300 hours per year together; the ideal length of the program is 3 years (900 hours) but is in large part subject to available funding.

The other partner, the WSÁNEĆ School Board, has been active in revitalizing the SENĆOFEN language for over a decade, in part through using a MAP-like approach. The study participants from this community were mostly teachers and teacher assistants with the school board's preschool and K–3 immersion programs who also assist with language immersion curriculum development.

Methodology

The larger overall study was qualitative in nature (Creswell, 2014); we worked with a large number of participants ($N = 60$) to capture varied experiences with language and collected a substantial pool of interview data, in many cases over an extended period of time, to co-study the phenomenon of being involved with a Mentor-Apprentice type of program. Some of the understandings explored in the larger overall study laid the foundation for our analysis of links between language learning, teaching, and use, on the one hand, and health and wellbeing outcomes for Indigenous people, on the other. Striving to establish a link between language (learning) and a holistic concept of wellbeing congruent with Indigenous understandings of health, we extended our primary methodology for this analysis through the concept of health-related quality of life (QOL). Health-related QOL is a framework commonly used to assess *self-reported* health outcomes (Land, Michalos, & Sirgy, 2012) and is considered responsive to diversity in cultural and socio-ecological contexts (Ashing-Giwa, 2005). Furthermore, health-related QOL as a construct comprises and reflects those domains (areas of life) important to a particular group (Patrick et al., 2011). Combining an overall qualitative approach with the health-related QOL model in this study provided us with an avenue to give prominence to the subjective experience of participants, while considering the health-related domains affected by language learning.

Methods

Alongside our partners, we co-developed an interview guide for use by the research assistants and community-based researchers. The interviews included both closed- and open-ended questions around participants' experiences in MAP. Closed-ended questions included information about language-learning goals, activities, schedule, and their noted progress. Open-

ended questions included self-reporting of successes, challenges, and ways their language learning may have affected other areas of their lives. The participants were asked additional questions during their first and last interviews regarding their motivation, self-image, and interaction with others. The participants were not asked specifically about their health and wellbeing. The interviews were conducted by three people: one university-based research assistant, one community-based research assistant with long-standing and familial relationships with many of the participants in the WSÁNEĆ program, and one employee at FPCC who was known to the apprentices and mentors in that program.

Over the course of 22 months, from October 2014 to July 2016, 138 individual interviews were conducted with 60 participants. Participants were recruited from current and past cohorts of the Mentor-Apprentice type programs run by the two community research partners in this study. Interviews were conducted either by phone or in person, with participants either staying in their respective home communities across BC or travelling to the University of Victoria. Participants comprised current apprentices ($n = 23$; each interviewed up to six times during the study to document the progress of their learning), past apprentices who were considered by the research partners as “successful” in their language learning ($n = 10$; each interviewed once), current and past mentors ($n = 22$; each interviewed once), and program administrators ($n = 5$; each interviewed once). Participants represented 16 different Indigenous languages (in alphabetical order: Ditidaht; Gitksan; Hulqumínum; Ktunaxa; Kwak’wala; Nsyilxcən; Nuuchah-nulth; Nuxalk; Secwepemcstín; SENĆOŦEN; Sháshíshálh; St’át’imcets; Tsilhqot’in; Wit’suwit’en; Wuikyalá; Xaad Kíl), reflecting about half of the rich linguistic diversity of BC (FPCC, 2014).

Interviews were recorded and transcribed by three trained research assistants. The transcriptions excluded fillers or repetitions; emotional responses such as laughter or crying were noted. Short and long pauses were noted as well. In the WSÁNEĆ interviews where SENĆOŦEN was spoken and understood by the community-based interviewer, the transcriptions were done first in that language and then translated to English. Where participants spoke other Indigenous languages during the interview, this was noted but the sections were not translated due to the diversity of languages and lack of familiarity of the transcriber with the language.

Thematic content analysis provides a tool for identifying meaningful themes within qualitative interview data (Braun & Clarke, 2006, 2014; Creswell, 2014). In this study, we used a thematic analysis approach, appropriate to exploring the participants’ subjective opinions, reflections, or beliefs (Percy, Kostere, & Kostere, 2015). The analysis was conducted using the data analysis software NVivo 11 for PC (QSR International). Following Percy et al.’s (2015) inductive analysis approach, each interview was coded individually without setting any pre-existing categories. Two of the research assistants completed the first round of open coding; sections that stood out were highlighted and saved in a separate folder in NVivo. The research assistants met twice during the coding process to exchange initial findings and observations, noting that they were in agreement with their first impressions. Following the first round of coding, the entire research team met to review the process and reflect on the initial codes. At that time, the team decided to further analyze the initial codes relative to MAP and health and

wellbeing. Two of the research assistants read and further condensed the codes into categories. Following this, the categories were discussed and combined, with initial descriptive names assigned. Six final themes emerged from these combined categories.

Results

Not all participants commented on all of the six final themes relating to MAP and health and wellbeing, but each theme was referenced during interviews with apprentices and mentors across both partner programs. The number of participants contributing a reference appears in parentheses following each theme below:

1. Cultural and spiritual health and healing (27 references)
2. Health outcomes (10 references)
3. Negative impacts of language loss on the wellbeing of Indigenous people (7 references)
4. Relationship between the commitment of MAP and wellbeing among participants (22 references)
5. Strengthening MAP apprentices to become future community leaders (19 references)
6. Elders' healing through becoming language mentors (13 references)

1. Cultural and Spiritual Health and Healing

I am keeping something very precious alive by speaking my language. (Jaskwaan Amanda Bedard, Xaad Kíl²)

Indigenous concepts of health tend to be more holistic than the Western biomedical model (Hill, 2003) and take cultural and spiritual factors into account. This perspective of personal (and communal) health emerges in our study in the numerous references to cultural and spiritual health and healing. Significantly, this theme supports the notion that language revitalization efforts positively affect Indigenous people's wellbeing (McIvor, 2013); in the case of MAP, our participants shared that reconnecting with their language "means everything to [them]" (Molly Wickham, Witsuwit'en). Participants viewed the contributions of language and language learning as equal to any other kind of sustenance: "I said [before], I want to go to school, I want to get rich, I want to take care of my family ... I'm not going to be monetary rich, but you know I'm going to be able to take care of my family with [the language]" (Robert Louie, SENĆOTEN).

Apprentices reported that learning their language has strengthened their identity; for example, Alexandria Peters (Secwepemc) shared, "It's an identity thing, like when I learn my language it feels like I'm learning more of myself," while Hla Algyax (Gitxsan) explained, "I feel more confident. I feel like I am, I'm getting to know who I am." Additionally, reclaiming their language gave apprentices a sense of connection; in the words of Marilyn Napoleon

² Participants are identified by their English name, their traditional name, a pseudonym, or a generic description of their role in MAP, as chosen by each participant during the consent process.

(St'át'imcets), "I really can have a much better connection to my ancestors, our cultural knowledge, and our way of life. Because I know that there are a lot of things that they tell me, they can't really translate to English." Apprentices further noted that through learning the language they also learned how to conduct themselves in life and in relation to others; Crystal Tom (Gitxsan) explained, "The protocol that I've been learning, definitely. Being able to talk to people the right way, to be able to know what step that I need to take next," while PENAWEN Elliott (SENĆOŦEN) shared:

When you see crazy things going on in the world, like, "Oh my god, what is wrong," yah, you know, like, "What the hell is wrong?" then you think I'm sure glad we have our language, to keep us grounded, to keep us knowing.

Feelings of fulfillment and belonging through language learning, then, are meaningful outcomes for the wellbeing of MAP participants.

2. Health Outcomes

When I take care of my health, I'm a lot better at learning. (Gisele Maria Martin, Nuu-chah-nulth)

In general terms, health outcomes refer to the effects a certain process has had, and may include changes in how people perceive their own health status or wellbeing. Apprentices and Elders shared that participating in MAP, and becoming involved in language learning, acted as a motivator to maintain general wellbeing. They also valued the impact their participation in MAP and learning a language had on them. "Part of my wellness is learning my language" (Marilyn Baptiste, Tsilhqot'in).

Language itself further provided some apprentices with a tool to connect with their emotions and process challenging times in their lives: "And it all has meaning to it too—it teaches you a lot of calming yourself down and behaviours and actions" (Helena Norris, SENĆOŦEN).

Finally, participating in MAP profoundly supported at least three apprentices in their journey to recover from drug and alcohol addictions or break alcohol dependency patterns in their family. These apprentices explicitly referenced the decision and opportunity to learn the language as the influencing factor to their sobriety: "Language helps me in the times when I can't function" (səni?wlm, Nsyilxcen). Embedded in this is also the relationship they formed with their Elder mentor, who often provided guidance beyond teaching language skills: "So I worked with [my] Elder, and she's more than just my mentor, she ... she helped me ... in my life" (səni?wlm, Nsyilxcen).

3. Negative Impacts of Language Loss on the Wellbeing of Indigenous People

λułmaptʔic doesn't just mean a bad, misbehaving child, it also means a poor child that has been uprooted ... and is disconnected from their culture. (Gisele Maria Martin, Nuu-chah-nulth)

The impact of the residential school system and effects of colonization were discussed by participants throughout the interviews. Some of them more specifically shared how these events affected their wellbeing. Feelings of grief over the loss of the language, that “only just a handful of us ... can speak our own language up and down the coast” (Axeiiwilhox, Gitxsan), were expressed by Elder mentors who had lived through the decimation of what was once their rich cultural and linguistic heritage. The trauma caused by colonial practices continues to affect individuals, families, and communities in complex ways, as “they have many struggles” (Dominique James, SENĆOŦEN). Participants talked about feelings of shame, embarrassment, and a sense of displacement, indicating that today's language learners and teachers still wrestle with complicated grief (Spiwak et al., 2012), or in the words of Crystal Tom (Gitxsan), “I've been away from home for so long.”

4. Relationship Between the Commitment of MAP and Wellbeing Among Participants

There's so much to be done ... that's the exhausting part of it. It's trying to learn and teach at the same time. (Ben Louis, Nsyilxcen)

Participating in MAP requires a commitment from both apprentices and mentors. As one administrator noted, “If anyone is a master fluent speaker, they're probably already teaching full time in either our immersion stream or our exposure stream. They might be teaching part time in our partnership programs with UVic and teaching language in the evening, weekends. They also have families at home and community responsibilities” (Kendra Underwood, WSÁNEĆ School Board). Apprentices in particular often juggle MAP participation with family obligations, jobs, and other educational pursuits. Indeed, many of the apprentices in our study were parents of children under 18 and reported, for example, that their children's health or their wish to spend more time with their family was a source of challenging scheduling conflicts. Participants also maintained demanding work commitments in their local First Nation governments, as teachers, or in other education-related positions, as well as in private contracting, environmental research, retail, and health professions. Almost half of the current apprentices reported being enrolled in accredited educational pursuits concurrent to participating in MAP, ranging from taking additional language courses through a BC university to being enrolled in graduate or post-graduate programs.

The challenge of adding MAP or language learning to one's schedule appears to be counterbalanced at least to some extent, as participants—particularly apprentices—consistently stated that learning the language made them feel strengthened, having increased confidence and gaining an overall sense of empowerment. In the words of one apprentice, “One of the most

positive, hugest impacts of, on my life has been learning my language” (Gisele Maria Martin, Nuu-chah-nulth).

However, we also found signs of potentially detrimental effects on apprentices' wellbeing resulting from their increasingly busy schedules. In their team agreement, apprentices commit to spending a minimum of 300 hours over the course of one school year, or 10 hours per week, with their mentor (required to receive modest grant funding). Most apprentices participating in our study invested considerable additional time on language-learning tasks outside of MAP: across 75 different interviews, 23 apprentices reported a range of 2–120 additional hours per month (including hours spent performing language-related work duties), with an average of 22.7 additional hours per month. Not surprisingly, fatigue and feelings of exhaustion were commonly experienced by apprentices and noted as counterproductive in relation to their language-learning goals. One participant shared feeling “fatigue. As in, of ... being burnt out” (Adam Manson, Hulqumínum). The time commitment of MAP also affected some participants' ability to pursue health-related activities: “I'm not getting to do my walking because I work all day and then because I find when we walk I don't really get the lesson” (Marilyn Napoleon, St'át'imcets). Some participants also forgo other more lucrative professional options to attend MAP and therefore at times financial stressors contribute to the burdens carried by MAP participants: “Going with a minimum of things for such a duration of time ... it does wear on you after a while” (PENAWEN Elliott, SENĆOŦEN).

5. Strengthening MAP Apprentices to Become Future Community Leaders

It brings a huge sense of pride ... and helps me be an inspiration to anyone else. (Adam Manson, Hulqumínum)

Whatever impacts the participation in MAP may have on the apprentices as individuals, there is another dimension to the outcomes of MAP which indicates additional positive effects at the community level. Twenty of the apprentices interviewed (10 from each partner group) became (more) deeply and actively involved in their community through or following their participation in MAP; they took on roles as teachers, speakers, and leaders and continue to act as role models for others. Of all the interviewed apprentices, 15 specifically identified MAP as a factor in receiving job offers or promotions. Also, 10 apprentices mentioned their language-learning activities as a source of recognition in the community, and eight apprentices shared that they were asked to participate in or lead language or culture activities because they were known as language learners. Learning their language has made them “more confident to talk and knowing in front of [the] community” (Alexandria Peters, Secwepemc) and “want[ing] to be involved with interacting with those people that are doing or have the same ideas [about the] language and think the same way and really want to push that further into the community” (Molly Wickham, Witsuwit'en).

Through MAP, fostering apprentices to feel strong and confident to take on leadership roles in their communities will help them “be an inspiration to anyone else” (Adam Manson,

Hulqumínum) and have continuous and far-reaching effects on Indigenous people in Canada to heal and create a positive future for themselves. Language lives when it is passed on from generation to generation, and colonial policies not only threaten the continuity of language but also intergenerational ties and links. Indigenous adults involved in MAP today understand that they are doing more than learning a language; they are contributing to their communities' wellbeing. In the words of our participants, "I already had it in me that I wanted to learn [the language], but ... my grandmother told me that I need to speak the language before I can work for the people" (Cheyenne Gwa'amuuk, Gitxsan); now "I'm gonna bring [our language] back to the people" (Adam Manson, Hulqumínum).

6. Elders' Healing Through Becoming Language Mentors

We once again have that belief in ourselves where we can feel free. (STOLCÆL, SENĆOFEN)

Having been affected by the residential school system, once fluent Indigenous people experienced shame about speaking their language and "didn't want to use the language anymore" (a language mentor³). For some of the now Elder mentors, this also meant suppressing memories of their language, and thus suppressing a part of themselves. The decision to become a mentor now was understandably often accompanied by a sense of apprehension, and some felt "very, very emotional" (a language mentor) or "afraid of mistakes [they] might make" (Levi Martin, Nuu-chah-nulth). But beyond those challenges, participation in MAP has provided many mentors with an opportunity to once again become engaged with their language, or to deepen their engagement. Becoming a mentor supplied a strong feeling of hope to Elder participants, or in the words of one participant: "As long as they keep remembering [the language], that's our future" (Ruth A. Paul). The profound sense of continuity created through sharing the language was also recognized by apprentices: "It was really nice to be able to talk with [my granny]. Because she's never done that with ... any of her grandchildren before" (Cheyenne Gwa'amuuk, Gitxsan). The ability to use the language with others, to enjoy its beauty, to create songs, to think, and to be with others has provided a deeply healing experience for the mentors involved in MAP.

Limitations

The themes reported in this paper arose as a result of open-ended interviews, which were not specifically focused on health and wellbeing among participants. Our results are therefore based on reports of participants who chose to highlight the effects of language learning on their health and wellbeing. We acknowledge that by not asking all participants about the effects their participation in MAP has had on their wellbeing, we may not have captured the thoughts of all participants who otherwise would have contributed to the results presented here. However, Polkinghorne (2005) recognized that the topic of inquiry in qualitative research is at its core the "human experience as it appears in people's lives" (p. 137), and thus we argue that these self-

³ Where a participant is identified by generic role description or pseudonym, their language has been omitted.

reports likely underline the personal relevance each participant associated with his or her statement(s).

We also did not ask for information related to biomedical indicators of health, such as physical or mental illness, in our participants during the period of the study, or for information about chronic medical conditions, such as diabetes, asthma, or cancer. Such information could have provided additional dimensions to Theme 2, *Health outcomes*.

Lastly, Indigenous languages and Indigenous cultures are closely linked to one another. However, there is very little literature that compares and contrasts or seeks to distinguish the effects of Indigenous language learning on health and wellbeing versus the effects of learning culture or how they are interconnected (Ball & Moselle, 2013; McIvor, 2013; McIvor & Napoleon, 2009). Participants in this study were constantly engaged in learning culture through language, by participating in activities such as ceremonies and cultural protocols, berry picking, learning about their traditional territory and Indigenous plant use, basket weaving, and more.

Discussion

The primary focus of the larger this study was to understand successes and challenges experienced by adult Indigenous language learners using the MAP approach. Although not unexpected, the degree to which MAP also affected wellbeing and health was surprising. The results from our study echo McIvor's (2013) conclusion that language (and culture) appears to function not only as a protective factor, encouraging the likelihood of positive outcomes or discouraging the likelihood of negative outcomes (Blum, 2004; Zolkoski & Bullock, 2012), but also as a preventative measure.

Language is not yet widely acknowledged as a factor in the broader academic discourse and conception of health and wellness (Whalen, Moss, & Baldwin, 2016), which remains dominated by Western worldviews (Wolsko, Lardon, Hopkins, & Ruppert, 2006). Researchers are beginning to examine other ways to measure health and wellbeing, including the concept of resilience, or the ability to maintain positive behaviours and health outcomes despite increased social risk factors such as poverty, trauma, and discrimination (Fleming & Ledogar, 2008; Ledogar & Fleming, 2008; Panter-Brick & Eggerman, 2012; Wexler, DiFluvio, & Burke, 2009). Resilience in Indigenous communities has been repeatedly linked with a sense of belonging to the community and solidarity (Dockery, 2011; Greenwood & de Leeuw, 2012; Healey & Meadows, 2008; Kirmayer, Simpson, & Cargo, 2003; Ledogar & Fleming, 2008; Ruiz-Casares, Guzder, Rousseau, & Kirmayer, 2014).

In this study, participants in MAP offered their insights on the connection between language learning and the effects on their lives. Most participants repeated themes that have to do with the preventative measures of resilience; they linked their language learning to impacts including finding comfort and achieving sobriety, a theme echoed by Currie et al. (2011); personal empowerment and achieving leadership positions within their community; healing from residential school trauma; and improving their cultural and spiritual health, all of which play a large part in Indigenous holistic concepts of wellbeing and health (Hill, 2003). Wexler et al.

(2009) suggest that cultural resilience in Indigenous communities is the result of an active production of culture that creates meaning and allows Indigenous people to have a positive view of their identity. The MAP participants in this study repeatedly discussed the ways in which they created personal and collective meaning through practising their languages and cultures and by participating in and creating a sense of belonging and community. Through choosing to apply to and participate in MAP and to learn their language, mentors and apprentices took an active step towards larger participation in their community. Many participants reported reciprocal reactions from their community: through job offers, promotions, opportunities, or other types of recognition, their contribution was positively reinforced by the community itself. The six themes that emerged from the interviews, although exploratory, suggest that MAP may provide a mechanism to build resilience in language learners and teachers and, furthermore, improve MAP participants' quality of life (QOL), including their health-related QOL.

We propose that the six preliminary themes emerging from our data can be used as a starting point to future research aimed at better understanding the health outcomes associated with MAP, and may possibly inform which health-related areas of life (domains) are (most) meaningfully affected through language revitalization efforts overall. Because of the multidimensional and subjective nature of health-related QOL (Bakas et al., 2012), we recommend involving apprentices and mentors from the onset of any ensuing research to ensure that relevant wellness concepts are generated and subsequent questions provide answers of good content validity, while truthfully capturing the perspectives and experiences of Indigenous language learners and teachers.

Conclusion

Recent studies into the link between language and health and wellbeing have demonstrated that inquiry into this connection is of value and achievable despite methodological challenges. Our study offers support for further investigation of the impacts of the Indigenous language revitalization movement beyond the use of language. We encourage further development in this area of study to support the continued empowerment of Indigenous Peoples to use and recover their languages and cultures, in part to positively contribute to the increased health and wellbeing of Indigenous people.

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