



Special Issue Article

Beyond resilience: A scoping review of Indigenous *survivance* in the health literature

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Abstract

Health inequity scholars, particularly those engaged with questions of structural and systemic racism, are increasingly vocal about the limitations of “resilience.” This is true for Indigenous health scholars, who have pushed back against resilience as a descriptor of modern Indigeneity and who are increasingly using the term *survivance*. Given the growing frequency of *survivance* in relation to health, we performed a scoping review to understand how *survivance* is being applied in health scholarship, with a particular interest in its relationship to resilience. Results from 32 papers indicate that health scholars are employing *survivance* in relation to narrative, temporality, community, decolonization, and sovereignty, with varying degrees of adherence to the term’s original conception. Overwhelmingly, authors employed *survivance* in relation to historical trauma, leading us to propose the analogy: *as resilience is to trauma, so survivance is to historical trauma*. There may be value in further operationalizing *survivance* for health research and practice through the development of a unified definition and measurement tool, ensuring comparability across studies and supporting future strengths-based Indigenous health research and practice.

Keywords: Survivance; Indigenous communities; Historical trauma; Resilience; Mental health

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Introduction

The concept of resilience has shifted over time in response to critiques and contributions from scholars seeking to apply it to diverse populations. At its core, however, it explores responses to adversity. Comprehensive reviews of the evolution of thought around resilience have been conducted by others (Luthar et al., 2000; Masten et al., 2021), and are not the focus here. However, it is applicable to note that health inequity scholars, particularly those engaged with questions of structural and systemic racism and subjugation, have become increasingly vocal about the limitations of resilience (Biermann et al., 2016; Humbert & Joseph, 2019; Mahdiani & Ungar, 2021). This is true for those whose focus is Indigenous health (Kirmayer et al., 2011; Weiss et al., 2022).

While not exhaustive, concerns include the onus placed on individuals or communities to compensate for adversities experienced, often regardless of the structural nature of the original threat. Additionally, there is acknowledgement of inappropriate assignment of blame, including narratives of weakness and pathology, with respect to those who are unable to meet societal expectations of recovery (Hart et al., 2016; Horn, 2021; Usher et al., 2021). Similarly problematic is the assignment of the title “resilient” to a wildly heterogeneous Indigenous population, often in response to equally heterogeneous experiences of adversity (though stemming from a shared history of colonial subjugation). This can lead to an associated perpetuation of the narrative of Indigenous Peoples as

static and timeless, frozen in cycles of subjugation, trauma, and responsive resilience. For these reasons and others, Indigenous health scholars, practitioners, and community members have pushed back against the limitations of resilience as a descriptor of modern Indigeneity.

Efforts to employ the strengths of conventional resilience models alongside methods that engage with Indigenous realities of colonization, subjugation, and enduring structural barriers have stemmed from recent multisystem perspectives on resilience. These have resulted in an off-shoot of resilience research and literature termed “Indigenous resilience” (Allen et al., 2014; Hatala et al., 2016; Kirmayer et al., 2011). Indigenous resilience differs from conventional resilience in definition, honing in on positive outcomes despite both historical and current adverse pressures at the level of individuals, families, communities, and larger social groups (while conventional resilience focuses primarily on adversity, most typically over the individual life course). The stage of life emphasized in conventional resilience, particularly within developmental pathology, is that of children or youths, while Indigenous resilience is inclusive of Indigenous Peoples at all developmental and life stages.

Despite the efforts made to alter “resilience” to fit the needs of Indigenous people and researchers, there remain limitations within the terminology. Rather than continue to develop amalgamations of resilience, some scholars of Indigenous health have begun to employ the term *survivance*. *Survivance* is a neologism introduced by Anishinaabe scholar Gerald Vizenor in 1994 (Vizenor, 1994). A combination of *survival* and *resistance*, the term represents continuation through stories and active presence. Active presence differs from the passive via “personal attributes, such

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as the native humanistic tease, vital irony, spirit, cast of mind, and moral courage” (Vizenor, 2008, p. 1). A literary scholar, Vizenor perceived *survivance* as being crafted and enacted through narrative, as the continuation of stories of “cultural conversion and native modernity” (Vizenor, 1999, p. x). Integral to the concept of *survivance* is the interruption of what Vizenor calls *manifest manners*, the “course of dominance, the racialist notions and misnomers sustained in archives and lexicons as ‘authentic’ representations of *Indian cultures*” (Vizenor, 1999, p. vii). Manifest manners are the static, inaccurate stereotypes of Indigenous Peoples often recalled by resilience narratives. *Survivance*, on the other hand, is “an undeniable trace of presence over absence, nihility, and victimry” (Vizenor, 2008, p. 17).

Although originally applied within literary domains, the concept of *survivance* immediately gained purchase in adjacent disciplines such as visual media, material culture, and education. Despite its initial popularity the term then remained largely siloed, with its emergence into the social and health sciences occurring much more recently. While the term carries significant potential as an alternative to terms like resilience, by nature of its postmodern literary origins, it has resisted narrow definition and eluded measurement. Given the increasing appearance of *survivance* in relation to health, we performed a scoping review in order to understand how the concept of *survivance* is being applied in health scholarship, with a particular interest in its relationship to resilience.

Method

Protocol

The protocol for this scoping review followed Arksey and O’Malley’s methodological framework (Arksey & O’Malley, 2005). The draft protocol was revised following review by members of the research team and consultation with research librarians at Harvard University and Harvard Medical School. A scoping review format was determined to be appropriate to address this research question given our desire to “examine the extent, range and nature of” (Arksey & O’Malley, 2005, p. 21) the health-centered *survivance* literature, and to summarize and disseminate the scope of existing literature on the topic, in order to focus and inform future health-centered *survivance* research and practice. We adhered to Arksey and O’Malley’s five-stage framework: 1) Identify the research question, 2) Identify relevant studies, 3) Select studies, 4) Chart the data, and 5) Collate, summarize, and report the results.

Identification of relevant studies

Eligibility criteria for inclusion in the final scoping review included 1) papers that contained the term “survivance” anywhere within the document, 2) English language, 3) human-centered, 4) focused on health, wellbeing, or healing, as defined in the World Health Organization’s (WHO’s) constitution as “. . . a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2023), and 5) works completed by scholars other than Gerald Vizenor and outside of volumes edited by him (as the aim of this work was to identify how scholars were applying Vizenor’s concept). Papers that included exclusively similar words to *survivance*, such as survival, were excluded, as were those without an English translation or that focused on nonhuman topics, such as deoxyribonucleic acid or bacteria. Those that failed to mention health or healing, were also excluded.

Included work was not required to have an Indigenous focus as we were interested in the use of *survivance* within the health literature regardless of population. All types of papers returned by the search platforms were included, including research papers, editorials, reviews, commentaries, and dissertations. Not included in this scoping review were websites detailing health interventions not written up in the literature.

A comprehensive literature search was guided by consultation with two research librarians and conducted by the first author. Methods and search results were reviewed by the senior author. The search was inclusive of the following five databases, selected because of their proximity to health-associated literature: Web of Science, PubMed, PsycINFO, Global Health, and Cumulative Index to Nursing and Allied Health Literature Complete. An additional search of the first three pages of Google Scholar, as a grey literature source, was used to confirm the presence of all key works from the primary search. References lists from included articles were further scanned to ensure saturation. No limitations were placed on year of publication, however, the literature search was conducted in October and November of 2022, limiting results to late-2022 or earlier.

Selection of studies

Comprehensive search results by author, title, and year were imported into Microsoft Excel (total of 527 articles), and duplicate results were excluded, leaving 440 papers remaining. Level 1 screening consisted of reviewing study titles to ensure that eligibility criteria two (English language, 369 remaining) and three (human-centered, 304) were met. One paper identified during this phase of screening was inaccessible and was therefore excluded by necessity from analysis. Level 2 screening consisted of reading the full text of each document to ensure that all eligibility criteria were met, including criterion 4 (health-focused), resulting in 32 papers that were included in analysis.

Charting the data

From all included articles we extracted data on author, title, year of publication, country, and population of focus (limited to broad categorization of population; for example, papers focused on Anishinaabe peoples were included under the code “American Indian and Alaska Native”), intervention status (yes, no, or in a few specific cases details about theoretical interventions or nontraditional academic interventions), aim, methodology, health focus, use of *survivance* within the text (qualitative text-captures), measurement of *survivance* (if quantified), Vizenor definition cited, type of document (journal article, dissertation, other), field of study, and wherein the document *survivance* was used (title, abstract, keywords, and body of text). The initial data extraction form was piloted on five randomly selected papers before being modified to be inclusive of additional items of interest. In keeping with guidance for conducting scoping reviews (Peters et al., 2015) we did not assess methodological quality or bias risk of included papers.

Collation and summarization of data

Synthesis included quantitative frequency analysis of the following descriptive variables: publication year, publication type, discipline, location in paper of *survivance*, country of focus, and population of focus. Frequency analysis was also conducted for the following content variables: intervention status, mention of historical trauma, methodology, health focus, measurement,

and Vizenor definition and citation. For every included document, each paragraph that included reference to *survivance* was extracted for qualitative analysis.

Qualitative content analysis was used to identify themes in the use of *survivance* within included articles using the six steps of Braun and Clarke's thematic approach (Braun & Clarke, 2006): 1) familiarization with the data by conducting a comprehensive read-through of the extracted sections, 2) generation of codes via the systematic review of interesting features within the dataset and the collation of relevant data for each code, 3) examination for themes through the identification of potential categories followed by the collection of all data relevant to each theme, 4) confirmation of themes, by reviewing themes in relation to earlier codes and the dataset as a whole, 5) development of theme definitions by conducting ongoing analysis into the specific elements of each theme and their role in the analysis as a whole, and 6) production of the report through selecting the most compelling and representative examples of each theme for presentation.

Each of these six steps was completed by the first author, with the second author performing a secondary review. A word cloud of qualitative content was developed using wordclouds.com. The font size of each word occurring in the qualitative content was weighted depending on frequency with which the word appeared in the text (see Figure 2).

Results

Characteristics of usage of the term *survivance* across papers are reported for both frequency analysis and content analysis.

Frequency analysis

Descriptive

Table 1 shows the entirety of extracted data used to perform the frequency analysis while Table 2 includes frequency analysis results. The 32 papers included in the scoping review were published between 2009 and 2022, with a single paper emerging each in 2009 and 2010 (a doctoral dissertation and a journal article, respectively), followed by one or more annually from 2014 on, with between four and seven published annually in 2019–2022. Journal articles were the most frequent medium at 78%, while the remaining 22% were doctoral dissertations. A total of 63 authors contributed to the 32 papers, with one author participating in four papers, and one in two papers. The remaining 61 authors appeared in the review only once.

Overall, 22 disciplines were represented in the sample, with psychology (19%) and social work (13%) being the most common. The term *survivance* appeared most often within both the abstract and body of the text (34%), followed by appearances in both the title and body of the text (19%). The majority of papers (58%) focused on the United States and Canada (22%). Of the papers, which focused on the United States, 89% focused on American Indian or Alaska Native populations, while 11% focused on African American populations. Overall, the majority of papers, 91%, had an Indigenous focus.

Substantive

While 9% of included papers were developed explicitly to support future health interventions, none detailed an existing intervention, and 78% addressed a nonintervention health topic. Of the 32 papers, 59% were empirical studies. A plethora of methodologies were represented, with many papers utilizing more than one. The

most frequent methods represented were ethnography (13%), storytelling and oral histories (13%), interviews (13%), and digital media (13%), while 34% of papers were purely descriptive. The papers represented a diversity of health focus, the most frequent being individual or community health or well-being (28%) followed by healing (broadly) (25%), mental health (suicide, substance use, and psychosocial stress) (22%), and trauma or violence (22%). More than three-quarters of papers (78%) involved discussion of historical trauma or a related term like traumatic past or historical oppression.

Fewer than half of the papers (41%) included a tangible measurement of *survivance*. Only 59% provided a quote from Vizenor defining the construct, and of these, the most frequently used were, "... an active sense of presence, the continuance of native stories, not a mere reaction, or a survivable name" (21%) (Vizenor, 1999, p. vii), "... renunciations of dominance, tragedy, and victimry" (19%) (Vizenor, 1999, p. vii), and "... a sense of native presence over absence, nihility, and victimry. Native *survivance* is an active sense of presence over absence, deracination, and oblivion" (13%) (Vizenor, 2008, p. 1). For complete details of Vizenor quotes employed by authors, see Table 3. Eight works by Vizenor were cited, most frequently *Manifest Manners: Narratives on Postindian Survivance* (62%) (Vizenor, 1999), *Survivance: Narratives of Native Presence* (50%) (Vizenor, 2008), and *Manifest Manners: Postindian Warriors of Survivance* (13%) (Vizenor, 1994).

Content analysis

Given the diversity of aims and disciplines represented within the articles included in this scoping review, it is striking that five key themes pertaining to adoption of the concept of *survivance* were identifiable across papers: narrative ($n = 17$), temporality ($n = 13$), community ($n = 11$), decolonization ($n = 11$), and sovereignty ($n = 9$) (See Figure 1). While these themes also reflect attributes of the concept as described by Gerald Vizenor in 1994 (Vizenor, 1994), authors of articles in this review applied these themes in unique ways for a health professional and research audience, such as focusing on healing and wellbeing.

Narrative ($n = 17$)

Survivance narratives are employed in relation to health, wellbeing, and healing in three distinct ways: the first focuses on the act of changing the narrative around Indigeneity from one that is deficit-based toward one that celebrates Indigenous strengths, the second offers sweeping statements about improved well-being, while the third, and by far the least common, provides clear examples of ways in which narrative shift actively impacts health or healing.

Changing the Narrative ($n = 11$). The subtheme of changing the narrative, thus altering discourse, involves transitioning from narratives that are colonially defined to those that are celebrations of Indigeneity. In relation to health, the focus of this theme is on shifting from narratives of illness and deficit to those of wellness and strength. Wieskamp and Smith (2020) provided a clear example of this adaptation, writing:

Survivance... provides an important resource for communities struggling with the effects of violence. Challenging the vanishing race myth, survivance articulates an active presence in which both the struggles and perseverance of Native voices, identities, and cultures are seen and heard. In challenging dominant understandings of trauma, survivance rejects the imagination of a stable subject position that comes before and after trauma

Table 1. Scoping review publications and findings (in chronological order of appearance)

Author	Year	Location	Population	Intervention	HT	Methodology	Health focus	Measurement	Type	Field
Stephens	(2009)	Canada	Indigenous people in Canada	no	yes	narrative ethnography	wellbeing	none	doctoral dissertation	anthropology
Drees	(2010)	Canada	Indigenous people in Canada	no	yes	oral histories	health/health care	continued hopeful persistence	journal article	history
Kirmayer et al.	(2014)	United States	AIAN	no	yes	review	healing broadly	none	journal article	psychiatry
Ramirez & Hammack	(2014)	United States	AIAN	no	yes	interpretive hermeneutic tradition; interviews	psychosocial stress	development of resilient narratives	journal article	psychiatry
Carter	(2015)	Canada	Indigenous people in Canada	describes theoretical intervention	no	descriptive	wellbeing	recalling and articulating acts of resistance	journal article	theatre
Manuelito	(2015)	United States	AIAN	non-traditional; intended to assist/promote healing	yes	digital storytelling workshops	healing broadly	none	doctoral dissertation	leadership and change
Rodriguez	(2015)	United States	AIAN	non-traditional; intended to assist/promote healing	yes	digital storytelling workshops	healing broadly	none	doctoral dissertation	leadership and change
Gone	(2016)	United States	AIAN	no	yes	descriptive	community wellbeing	none	journal article	psychology
Danard	(2016)	Canada	Indigenous people of Canada	no	yes	medicine wheel praxis	suicide	achievement of <i>mino bimaadiziwin</i>	doctoral dissertation	social justice
Parkhurst	(2017)	United States	AIAN	no	no	case study, digital ethnography	healing broadly; social change	emergent themes, hashtags, activism	journal article	information systems
James	(2018)	United States	African American	no	no	descriptive	wellbeing	none	journal article	psychology
Phillips	(2018)	Global	Indigenous people/ those who have experienced colonization	no	no	descriptive	healing from trauma	none	journal article	American studies
Hartmann et al.	(2019)	United States	AIAN	no	yes	literature review	health broadly	avoidance of pathologizing by health scholars	journal article	psychology
Henry	(2019)	United States	AIAN	no	yes	ethnography, interviews, participant observation, focus groups	substance use	stories of community closeness, caring, and compassion	doctoral dissertation	anthropology
Jacob et al.	(2019)	United States	AIAN	no	yes	examination of media coverage	healing broadly	none	journal article	religion
Quayle & Sonn	(2019)	Australia	Aboriginal	no	yes	interviews, storytelling	healing and reclamation	none	journal article	psychology
Ka'opua et al.	(2019)	Global	Indigenous people	no	historical oppression & associated trauma	descriptive	health and wellbeing broadly	none	journal article	social work

Thompson-Guerin & Mohatt	(2019)	Undefined	Indigenous people	no	yes	descriptive	mental health	none	journal article	psychology
Urietta	(2019)	Mexico	Pueblo community	no	yes	descriptive	healing broadly	none	journal article	genealogy
Diaz et al.	(2020)	Guam	CHamoru	no	no	descriptive	non-communicable health disparities	none	journal article	social work
Hedlund	(2020)	United States	AIAN	no; groundwork for future intervention	yes	interviews	healing from trauma	alleviation of trauma and sense of displacement	journal article	sociology
Hernández	(2020)	United States	AIAN	proposed intervention	no	ethnography	wellbeing; holistic healing	none	journal article	geography
Rowe et al.	(2020)	Canada	Indigenous people in Canada	no	no	descriptive	infectious disease	assertion of sovereignty and self-determination	journal article	Indigenous studies
Wieskamp & Smith	(2020)	United States	AIAN	no	historical experiences as causation of contemporary trauma	literature review and rhetorical analysis	sexual assault and trauma	none	journal article	speech
Shickluna	(2020)	Global	Undefined	no	yes	narrative analysis	trauma	none	doctoral dissertation	education
Crath	(2021)	United States	African American	no	yes	case-study	HIV; COVID-19	none	journal Article	social work
Gone	(2021a)	United States	AIAN	no	yes	qualitative analysis of war narratives	mental health	presence of modern coup tales	journal article	psychology
Manson & Buchwald	(2021)	United States	AIAN	no	yes	descriptive	infectious disease	practices of sovereignty	journal article	public health
Asher	(2022)	United States	AIAN	no	yes	multilevel modeling of Alaska Longitudinal Child Abuse and Neglect Linkage Project	intergenerational transmission of trauma	none	doctoral dissertation	social work
Sun et al.	(2022)	United States	AIAN	no, developing groundwork for educational intervention	yes	social-emotional learning, T-CRT, CBPR	social-emotional wellbeing	community collaboration	journal article	child development
Van Bower	(2022)	Canada	Indigenous people in Canada	no, developing groundwork for future interventions	yes	Indigenous conceptual framework and qualitative sharing circle	psychological distress	recognition of community strength	journal article	nursing
Weiss et al.	(2022)	United States, Canada	Indigenous people in United States & Canada	no	traumatic past	descriptive	violence	none	journal article	sociology

Table 2. Descriptive and content frequency analysis results

Descriptive	Count (%)
Year of publication	
2009–2015	7 (22)
2016–2022	25 (78)
Type of publication	
Journal article	25 (78)
Doctoral dissertation	7 (22)
Discipline	
Psychology	6 (19)
Social work	4 (13)
Anthropology	2 (6)
Sociology	2 (6)
Psychiatry	2 (6)
Leadership & change	2 (6)
Amer./Indigenous studies	2 (6)
History	1 (3)
Theatre	1 (3)
Social justice	1 (3)
Information systems	1 (3)
Religion	1 (3)
Genealogy	1 (3)
Geography	1 (3)
Speech	1 (3)
Public health	1 (3)
Education	1 (3)
Child development	1 (3)
Nursing	1 (3)
Location within text	
Abstract, body	11 (34)
Title, body	6 (19)
Title, abstract, body	4 (13)
Body	4 (13)
Title, keywords, body	2 (6)
Keywords, body	2 (6)
Abstract keywords, body	1 (3)
Title, abstract, keywords, body	2 (6)
Country of focus	
United States	19 (58)
Canada	7 (22)
Global	3 (9)
Australia	1 (3)
Mexico	1 (3)
Guam	1 (3)
Undefined	1 (3)

(Continued)

Table 2. (Continued)

Descriptive	Count (%)
Population of focus	
AI/AN	16 (50)
Indig. people in Canada	7 (22)
Indig. people (broadly)	3 (9)
African American	2 (6)
Aboriginal (Australia)	1 (3)
Indig. people in Mexico	1 (3)
Indig. people in Guam	1 (3)
Nonspecific population	1 (3)
Tied to intervention	
No	25 (78)
Support for future inter.	3 (9)
Theoretical	2 (6)
Nontrad. academic	2 (6)
Referred to historical trauma	
Yes	25 (78)
No	7 (22)
Methodology	
Descriptive	11 (34)
Ethnography	4 (13)
Storytelling/oral history	4 (13)
Interview	4 (13)
Digital media	4 (13)
Case study	2 (6)
Literature review	2 (6)
Narrative analysis	2 (6)
Talking circle	1 (3)
CBPR	1 (3)
Medicine wheel praxis	1 (3)
Participant observation	1 (3)
Focus groups	1 (3)
Rhetorical analysis	1 (3)
Qualitative analysis, unspecified	1 (3)
Health focus	
Individual or community health/wellbeing	9 (28)
Physical health (infectious or noncommunicable)	4 (13)
Health care	1 (3)
Healing (broadly)	8 (25)
Mental health (suicide, substance use, psychosocial stress)	7 (22)
Trauma/violence	7 (22)
Measurement	
Yes	13 (41)
No	19 (59)

(Continued)

Table 2. (Continued)

Descriptive	Count (%)
Survivance citation	
None	3 (9)
Manifest Manners: Postindian Warriors of Survivance (1994)	4 (13)
Fugitive Poses: Native American Scenes of Absence and Presence (1998)	3 (9)
Postindian Conversations (1999)	1 (3)
Manifest Manners: Narratives on Postindian Survivance (1999)	20 (62)
Literary Chances: Essays on Native American Survivance (2007)	1 (3)
Survivance: Narratives of Native Presence (2008)	16 (50)
Indigenous Liberty: Natural Reason and Cultural Survivance (2009)	1 (3)

and instead advances an enduring sense of renewal. (Wieskamp & Smith, 2020, p. 73)

In relation to the impacts of narrative change on healing for a specific population of Indigenous Peoples, Ramirez and Hammack (2014) added:

Our analysis suggested that personal and historical trauma were intertwined in the life-story narratives of these men. Yet, these narratives are not that of traumatized victims, instead, they embody the theme of *survivance*. That is, we interpreted these men's ability to respond to personal and collective trauma by constructing resilient life-story narratives as a form of resistance. (Ramirez & Hammack, 2014, p. 127)

Generalized Statements of Healing (n = 11). While authors made clear connections between changing narratives from those focused on trauma and pathology to those emphasizing resilience, renewal and improved well-being, the beneficial mechanism was rarely clearly articulated. Instead, more general statements on healing (broadly) as the outcome of narrative shift were common. An example of this was provided by Manuelito (2015):

... control of "our" image [and stories] becomes not only an act of subversion, but of resistance, and ultimately, liberation... [merging] Indigenous oral traditions and storytelling with new technology to create first-person digital stories that will bring forth survivance, healing, and liberation. (Manuelito, 2015, p. 75)

Similarly, Sun et al. (2022) eloquently demonstrated the perceived connection between narrative shift and "radical healing.":

Standing in stark contrast to the image of being absent, victimized, damaged, and broken – an image of how indigenous communities are typically portrayed, survivance features indigenous courage, intelligence, determination, creativity, and artfulness. Indigenous survivance, therefore, is not simply surviving the centuries of harm by settler colonialists; rather, it is active resistance through critical consciousness and radical healing. (Sun et al., 2022, p. 713)

Notably here, Sun et al., positioned radical healing as mediating the relationship between colonial harms and *survivance* as active resistance. Upholding active resistance as the outcome of interest, achieved through the process of healing, represents an organizational shift away from Euro-American models of wellness, which typically begin with exposure and conclude with the achievement of health in a linear sequence (Lavalley & Poole, 2010). This is in stark contrast to many Indigenous approaches to wellness that conceptualize holistic well-being as cyclical, such as along a life

journey that emerges from the dependencies of infancy only to return to the dependencies of old age (Gone, 2011). Thus, while healing itself is represented in the abstract, its role in the process of resistance and *survivance* is clearly articulated.

Another pattern identified in papers that used the concept of healing in relation to *survivance* broadly was the grouping of healing alongside other desired outcomes. Manuelito (2015) engaged healing in association with *survivance* in this way:

They are not simply personal first-hand accounts about individuals who have been wounded, traumatized, and victimized by colonialism, racism, and sexism, but they are "living breath" from Native people who are engaged in Indigenous survivance, healing, and hope in multiple and complex ways. (Manuelito, 2015, p. 2)

In instances such as this, narrative shifting is presented as a collection of improvements, of which *survivance*, healing, and hope are related but distinct outcomes.

Clear Examples of Health (n = 3). While general references to health or healing in relation to *survivance* were the norm within these papers, a few of the works that met inclusion criteria either reported or hypothesized more concrete relationships or pathways between health, healing, or wellbeing and narratives of *survivance*. Such is the case with the article by Ramirez and Hammack (2014), which associated psychosocial stress with narratives of pathology and poor health, and narratives of *survivance* with improved wellbeing and the development of resilient identities. For their participants, these authors observed that "... they have adopted a narrative of survivance, which appears to buffer psychosocial stress and provide a resilient narrative identity" (Ramirez & Hammack, 2014, p. 112).

While the idea of buffering implies protection from the ill effects of deficit-focused narratives, other works identify alternative ways in which narratives of *survivance* may work to support healing:

... with each new conversation as well as each new archive, I confront the pain and joy of our Pueblo's survivance. However, the testimonios of *sobrevivencia* sustain, motivate, and heal me in the process ... as Indigenous Peoples, our individual and collective survivance and refusals of these so-called traumas are immensely valuable and important. (Urrieta, 2019, p. 2)

Here, Urrieta (2019) suggested that healing may be achieved through the confrontation of narratives of colonial traumas, leading to recognition of not only pain but also strength, joy, and collective identity.

Wieskamp and Smith (2020) offered a slightly different take, suggesting that altered narratives are themselves both the outcome of the healing journey as well as a pathway through which healing, alongside tradition and community, may be attained:

... survivance asserts the importance of narrative as a form of healing ... Narratives of survivance respond to trauma by creating space for healing, tradition, and community ... [and] underscore narratives' potential for healing, indicating survivance's relevance to this particular issue. (Wieskamp & Smith, 2020, p. 83)

While authors in this collection identified shifting narratives as contributing to *survivance* in relation to health and well-being in a diversity of ways, the association nevertheless emerged as salient in more than half of papers reviewed.

Temporality (n = 13)

Authors who are engaged in health scholarship that incorporated the idea of *survivance* also appeared to find particular salience in

Table 3. Analytic details of Gerald Vizenor quotes employed by authors of scoping review documents

Gerald Vizenor Quote	Count (%)
None	13 (41)
... an active sense of presence, the continuance of native stories, not a mere reaction or a survivable name (Vizenor, 1999, p. vii)	7 (21)
... renunciations of dominance, tragedy, and victimry (Vizenor, 1999, p. vii)	6 (19)
... a sense of native presence over absence, nihilism, and victimry. Native survivance is an active sense of presence over absence, deracination, and oblivion (Vizenor, 2008, p. 1)	4 (13)
... the continuance of stories, not a mere reaction, however pertinent (Vizenor, 2008, p. 1)	3 (9)
... moving beyond our basic survival in the face of overwhelming cultural genocide to create spaces of synthesis and renewal (Vizenor, 1994, p. 53)	2 (6)
Native stories are tragic wisdom and survivance [that create] a homeland in the memories of native humour (Vizenor, 1998, pp. 54–55)	1 (3)
Survivance stories honor the humour and tragic wisdom of the situation, not the market value of victimry (Vizenor & Lee, 1999, p. 37)	1 (3)
... renunciations of dominance, detractions, obtrusions, the unbearable sentiments of tragedy, and the legacy of victimry. Survivance is the heritable right of succession or reversion of an estate and, in the curse of international declarations of human rights, is a narrative estate of native survivance (Vizenor, 2008, p. 1)	1 (3)
... a native sense of presence, the motion of sovereignty and the will to resist dominance. Survivance is not just survival but also resistance, not heroic or tragic, but the tease of tradition, and my sense of survivance outwits dominance and victimry (Vizenor, 1998, p. 93)	1 (3)

the concept of temporality, which occurred in three related but distinct ways. The first highlights the intergenerational nature of healing, the second engages the temporal process, while the third relates to the period in history on which mainstream discourse around Indigeneity often centers. Underlying all three lies the recognition that the present is both a reflection of the past and the basis for the future: “Paradoxically, with respect to most things Indigenous (whether cultural, epistemological, or therapeutic), to look forward is also to look backward so as to trace lines of continuity and to harvest insights from histories of both subjugation and ‘survivance’” (Gone, 2016, p. 315).

Intergenerational Nature of Healing (n = 8). *Survivance*, as it appears within these papers, is intergenerational in nature; active survival is continuous, and resistance is enacted across generations. This focus underscores the importance of relationships in many Indigenous cultures, both with ancestors and descendants but also with historical narratives as a means of identity formation and meaning-making. Authors in this collection similarly perceive healing to be an intergenerational process, suggesting that actions taken in the name of healing, particularly from traumas of the past, should be undertaken in the name of future generations:

... one of this generation’s challenges that require “retracing” our ancestral knowledge and gathering traditional knowledge to mobilize culture as resistance to the survival of suicide and ultimately “survivance” of this generation and coming generations. (Danard, 2016, p. iii)

Similarly, Jacob et al. (2019) stated that practicing *survivance* includes the articulation of “an intergenerational vision for well-being, which respects the past, takes responsibility in the present, and makes it possible for the future generations to have a better future” (Jacob et al., 2019, p. 9). The temporal continuance across generations and the importance of this perspective and sustained relationships occurs again by Carter (2015), who described:

... life-affirming act[s] that connect the fallen ancestor, the current survivor, and the future descendant in a ceremony of mourning and a celebration of Indigenous endurance... herein lies the alchemical difference between grief spoken into spectacle and the private speech act that engenders healing... (Carter, 2015, p. 419)

Temporal Process (n = 4). The continual nature of *survivance* emerged as an important subtheme in relation to processes of

healing, specifically from historical or contemporary traumas. Authors noted that healing from such traumas is rarely linear, and rarely complete. The recognition of *survivance* as a continual process may function to reduce pressure to achieve health in accordance with a predetermined timeline. Wieskamp and Smith (2020) elaborated this in relation to processes of healing from sexual violence and structural oppression:

Survivance’s emphasis on survival as a continuous process also disrupts the typical trajectory of trauma imagined in Euro-American discourse... in contrast, survivance blurs this timeline with its emphasis on constant renewal... Survivance’s avoidance of linear narratives is particularly useful because trauma is rarely experienced as such... it offers a dynamic space for resisting the colonization that exacerbates sexual violence and other forms of structural oppression by emphasizing ongoing renewal as process of healing. (Wieskamp & Smith, 2020, p. 77)

Period in History (n = 2). Finally, authors in this collection identified the importance of *survivance* in interrupting static cultural perceptions aligned with dehumanizing colonial narratives, as noted by Stephens (2009), who stated, “Gerald Vizenor’s unique articulation of survivance is a response to the freezing of Aboriginal people in the myths and discourses of the western mind as ‘Indian’” (Stephens, 2009, p. 195). Similarly, Wieskamp and Smith (2020) observed that the “... infinitive temporality challenges... the vanishing race myth and the traumatological timeline” (Wieskamp & Smith, 2020, p. 80). Further, authors noted the incongruity of lineal colonial narratives of Indigenous history that present a simplified trajectory and linear models of trauma that provide a singular narrow pathway from exposure to recovery. This is exemplified by Wieskamp and Smith (2020):

First, the “infinitive,” or variable, temporal imaginary of survivance challenges linear narratives of the vanishing race myth and the traumatological timeline – a temporal imaginary that assigns a linear trajectory to the experience of trauma. Survivance asserts Native presence and unsettles distinction between past and present by refusing to settle in one particular tense. (Wieskamp & Smith, 2020, p. 74)

Community (n = 11)

The role of community emerged as a key theme within many of the works included in the scoping review. Community was

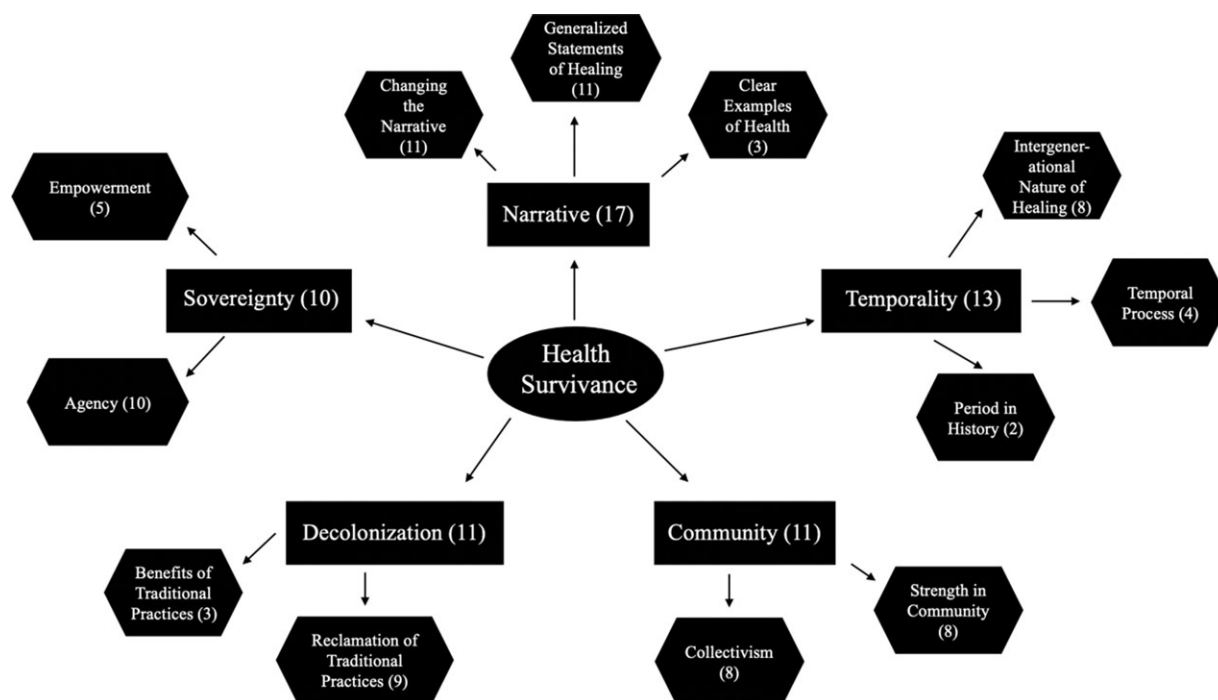


Figure 1. Conceptual map of themes for health survivance (# of publications endorsing themes).

perceived as essential both in relation to strength through collective identity, history, and knowledge, as well as collective rather than individualistic perspectives.

Strength in Community (n = 8). Strength in community, within this context, lies not only in collective existence but in shared history and cultural knowledge, the continued presence of which is a key element of *survivance* literature. “Instead of focusing on deficit, survivance allows for recognition of the exceptional, the remarkable, the strengths of communities” (Henry, 2019, pp. 31–32).

Survivance draws on communal registers of wisdom and well-being for its central tenets . . . the centrality of interconnectedness to Indigenous life, the importance of sharing, and how individuals can draw strength from the community in times of hardship or plenty. (Phillips, 2018, p. 354)

Indeed, the presence of positive narratives bolstered through community cohesion was identified as beneficial for the promotion and maintenance of well-being even outside of formal health service provision:

. . . continued community closeness, caring, and compassion in the face of coloniality – the American Indian community can affect addiction not only through programmatic service provision but also through relationality expressed and experienced beyond the institutional boundaries that often harbor representations and paradigms that continue to work against American Indian peoples. (Henry, 2019, pp. 50–51)

While community strength through implicitly shared culture and history was clearly identified as a component of *survivance* with the potential to positively impact health, the physical act of sharing cultural teachings either through storytelling or engagement in cultural practices was identified as a means of health promotion. Hedlund (2020) noted this in relation to *survivance* and decolonization at a community-wide level:

Yakima scholar Michelle M. Jacobs describes cultural survivance as an essential part of decolonization and argues that taking part in Indigenous social movements, community building, and cultural practice are intrinsic parts of healing historical trauma. (Hedlund, 2020, p. 63)

Jacob et al. (2019) identified a similar pattern in relation to Indigenous college students and their navigation of the educational system:

. . . despite odds stacked against healthy Native American students at the university, we indeed see courageous students drawing from their own communities’ cultural teachings . . . (Jacob et al., 2019, p. 11).

Collectivism (n = 8). One of the strengths of community noted frequently within this collection was the importance of a collectivist, rather than individualistic, perspective in relation to health and healing. As Wieskamp and Smith (2020) stated, “Survivance is not solely based upon how an individual survives, but how a community survives” (Wieskamp & Smith, 2020, p. 77). This is particularly important for marginalized communities who may draw collective strength from narratives of survival. This idea is engaged in Ramirez and Hammack (2014) who observed, “. . . resilience is not an individual trait; it is embodied in a collective narration of survival and generative social expression in the face of marginalization” (Ramirez & Hammack, 2014, p. 129).

Wieskamp and Smith (2020) further elaborated that investing in or reengaging with community acts through narrative shift to decolonize perceptions of trauma and facilitate healing for Indigenous women:

Survivance’s potential for representing and community building makes it a particularly productive rhetoric for challenging dominant Euro-American narratives of trauma, which often emphasize individualism, disempower women, and exclude the experiences of Native women and other women of color . . . (Wieskamp & Smith, 2020, p. 75)

Decolonization (n = 11)

Decolonization as a key theme emerged independently from its association with earlier discussed subthemes. Decolonization in these papers consists of recognizing and prioritizing the benefits of traditional practices, those not considered by mainstream



Figure 2. Word cloud of survival-adjacent content. Content is presented in case-neutral form and is not indicative of capitalization norms or practices.

American culture to be affiliated with health as well as those traditionally associated with healing. This turn to tradition can entail the reengagement, and even revitalization, of long-subjugated Indigenous practices. The extrication or disentanglement of Indigenous narratives and life trajectories from colonial expectation is a concept integral to that of decolonization of therapeutic intervention (Gone, 2021a).

Reclamation of Traditional Practices (n = 9). Authors highlighted the importance of revitalization or reengagement with traditional practices lost to colonization as a means of decolonization and an act of *survival* and health promotion. Ka'opua et al., (2019) stated this succinctly, writing that the “promotion of Indigenous culture, traditions, and language are critical to

community healing and prevention” (Ka'opua et al., 2019, p. 6). The importance of reengagement was poignantly noted in relation to reducing the risk of suicidality by Danard (2016), with:

... one of this generation's challenges that require “retracing” our ancestral knowledge and gathering traditional knowledge to mobilize culture as resistance to the survival of suicide and ultimately “survival” of this generation and coming generations. (Danard, 2016, p. iii)

This subtheme was further supported by Hedlund (2020), who noted, in her study of decolonization, identity formation, and ceremony, that:

... by accessing toolboxes of Indigenous storytelling and cultural wealth and revitalizing them for contemporary cultural and political purposes,

Indigenous individuals can become 'Postindian warriors', architects of survivance. (Hedlund, 2020, p. 63)

They ultimately found that, within their study, "Nearly all participants shared . . . experiences of eventual adult reconnection to their cultural heritage, traditions, and spirituality" (Hedlund, 2020, p. 67). Such benefits may come from what Manson and Buchwald (2021) identified as ". . . recapitulating a way of life that nourishes Indigenous ways of knowing, this time extended by lessons from a contemporary pandemic" (Manson & Buchwald, 2021, p. 60).

Benefits of Traditional Practices (n = 5). In addition to the reclamation of traditional practices broadly, authors noted the value of traditional medicinal practices as well. The health benefits of engaging in traditional cultural practices around health and healing include elevated well-being (Pham et al., 2022), a reduction in substance misuse (Carr et al., 2017), and improved physical health (Beltran et al., 2018). These approaches may be most cogent for practitioners looking to improve well-being of populations who have experienced colonization. Indeed, Drees (2010) identified the benefits of incorporating traditional approaches to healing alongside mainstream treatments: "[Elder memories] illustrate the value of Indigenous medical practice and its significance to First Nations' survival and 'survivance' alongside the government hospital and its medical staff" (Drees, 2010, p. 182).

Danard (2016) went a step further to identify a specific traditional element, the medicine wheel teachings (a key element of pan-Indian perceptions of holistic well-being) as beneficial for suicide prevention:

Through analyzing literature, and reviewing various suicide prevention and healing and wellness approaches that center traditional cultural knowledge and documents and describe the medicine wheel teachings, the praxis is considered a promising practice for knowledge mobilization that visions community sustainability, stability, and survivance. (Danard, 2016, p. 17)

While engagement in traditional medicinal practices as a means of decolonization and *survivance* for health promotion may be the most apparent application, other authors identified engagement in other traditional practices to be a form of decolonization and a means of improving wellbeing. These took the form of direct recommendations for health interventions, such as Danard (2016), who stated that a ". . . deeper understanding of traditional knowledge [is] a sustainable long-term approach to surviving suicide-strengthening life promotion and survivance" (Danard, 2016, p. 18). Moreover, Hedlund (2020) wrote:

A number of studies show that community-based treatment that incorporates cultural and spiritual practices is particularly useful for addressing the deep-seated damage continually inflicted on Indigenous peoples by colonial processes. (Hedlund, 2020, p. 64)

Other articles offered broader suggested applications, including the use of traditional dance to promote healing:

Culturally grounded community responses throughout the COVID-19 pandemic exemplify the ongoing survivance of First Nations people, communities, cultural practices, and histories. . . . during the COVID-19 pandemic, dancers across the country continue this practice as they dance to pray for healing and protection for their people and communities. (Rowe et al., 2020, p. 92)

Additional approaches include the education of youth around culture, place-based knowledge, and values as a means of bolstering pride in Indigenous identity, and harnessing the healing afforded by such approaches:

To promote Indigenous children's survivance during middle school, results from our study highlighted the importance of active resistance against colonial scripts and reclaiming and celebrating Indigenous identity through embedding protective factors in SEL [social-emotional learning], such as the sacred culture, lands, and traditional values. (Sun et al., 2022, p. 713)

Sovereignty (n = 10)

Among the key themes, sovereignty was the least frequently stated explicitly, but could nevertheless be perceived as integral to the realization of health *survivance* via each of the four other themes. Most notably in direct relation to well-being, sovereignty emerged as integral at a policy level to improve health. Carter (2015) highlighted this, writing, "Nor can we entrust our healing to a foreign government. . . . but we can commit ourselves to and devise the interventions that will carry us from survival to survivance" (Carter, 2015, p. 429). The utility of this assertion was supported by Rowe et al. (2020), offering a direct example related to tribal responses to the COVID-19 pandemic: ". . . by taking control of COVID-19-related responses, pandemic planning, and data, First Nations demonstrate survivance in asserting sovereignty and self-determination" (Rowe et al., 2020, p. 90).

Agency (n = 10). Ingrained within Indigenous sovereignty was the concept of agency, which emerged most often indirectly in relation to prior themes of narrative, temporality, community, and decolonization. In most instances, agency was associated with the act of practicing sovereignty or overcoming adversity, as for Ramirez et al. (2014): "The generative social practice of these men described an agency in overcoming the historical legacy of colonialism" (Ramirez & Hammack, 2014, p. 129). This was true even when not explicitly named, as for Sun et al. (2022): "Indigenous survivance has also included challenging the existing social and political structures through antiracism and anti-colonialism to support their children's identity development" (Sun et al., 2022:699).

Empowerment (n = 5). Authors within this collection identified empowerment as occurring through agency and sovereignty, as Ramirez and Hammack (2014) demonstrated:

Despite facing considerable oppression throughout their lives, these men are not merely subjects or a legacy of social and cultural oppression. Their narratives often highlighted their development of agency to empower their community and define their tribal identity. The development of agency is all the more salient as members of a nonfederally recognized California tribe because such groups lack access to the resources that come with federal recognition. (Ramirez & Hammack, 2014, p. 127)

Empowerment is then implicated in the process of healing from colonial trauma as "the generative social practice of these men described an agency in overcoming the historical legacy of colonialism" (Ramirez & Hammack, 2014, p. 129).

Discussion

First appearing in the health literature in 2009, the frequency of *survivance* has increased in recent years, with a sizeable proportion of publications consisting of doctoral dissertations by Indigenous scholars. Such engagement with the term may indicate that those early in their careers are increasingly identifying with *survivance* over other similar terms, such as resilience. Also notable is the diversity of disciplines represented within the corpus. While all 32 publications included texts broadly centered on health or wellbeing, the absence of works from mainstream medical disciplines is notable, as is the inclusion of disciplines not typically

considered to engage with topics of health (e.g., religion and geography). This may be in keeping with Indigenous perceptions of wellbeing, which are more expansive than Euro-colonial definitions of health.

Survivance first emerged within Indigenous contexts, and it is therefore unsurprising that the majority of papers within this review engaged the term in relation to Indigenous populations. However, some publications included African American populations or extended beyond North America. Thus, the term appears to resonate broadly with populations experiencing legacies of oppression. Finally, most of the works analyzed here were theoretical or explanatory and without clear measurement of *survivance* or reproducible methods, with broad reference to healing being the most common outcome of interest. The term, therefore, appears to be quite promising, with clear indications of interest and useability as well as diverse applicability, but currently lacks consensus around definition and measurement.

Despite the diversity of disciplines employing the term, general consensus emerged on key elements of health *survivance*: narrative, temporality, community, decolonization, and sovereignty. Narratives of health were largely universal within the corpus, but were employed in a variety of ways, including as a mediator or outcome, with few works providing clear pathways through which narrative impacted health. Temporally, there was shared recognition that the present reflects the past while serving as a basis for the future, and that colonially defined historical narratives of deficit and pathology were motivated by othering and erasure.

Healing was understood as occurring across generations, with an emphasis on expanding healing and wellness timelines. Community emerged as strength in collective identity, while decolonization highlighted the benefits to health and well-being of engaging in traditional medicinal practices as well as reclaiming nonmedicinal traditional activities. Finally, sovereignty, through agency and empowerment, ran through all other themes and was implicated in the process of healing from past colonial harms. In sum, agency and associated sovereignty afford the means to transition from a state of survival, a reactive state, to one of *survivance*, a proactive state.

Rearticulations of Vizenor's *survivance*

As a postmodern literary scholar, Gerald Vizenor's texts are dense and at times elusive. For 30 years his prose has provoked thought and established literary movements that have overflowed enthusiastically into adjacent disciplines. Despite the widespread adoption of many of his concepts, including manifest manners, postindianism, and of course *survivance*, by nature, these ideas resist narrow definition and elude formal measurement. As such, it is perhaps not surprising that the most common Vizenor quote utilized by authors in this collection to define *survivance* comes from one of his most popular books on *survivance*, *Manifest Manners: Narratives on Postindian Survivance*, and occurs on the very first page of the preface. Here, Vizenor stated that "Survivance is an active sense of presence, the continuance of native stories, not a mere reaction or a survivable name. Native survivance stories are renunciations of dominance, tragedy, and victimry" (Vizenor, 1999, p. vii).

Remarkably, despite Vizenor's emphasis on Native *survivance* through literary means and a postmodern lens, scholars engaging with issues of health and wellbeing have identified value for the term within various physical, psychological, and spiritual arenas. Despite clear enthusiasm for engaging with the term, authors

utilizing *survivance* with reference to health applied it with varying degrees of adherence to Vizenor's original conception. Perhaps the most obvious areas of overlap – as well as divergence – are in the adoption and application of narrative and temporality. Vizenor wrote about *survivance* occurring through the repudiation of manifest manners of domination – such as the vanishing race myth and static state referenced by authors in this scoping review – by postmodern *vivancy* (Vizenor, 1999).

While authors largely adhered to Vizenor's usage of *survivance* as "elusive, obscure, and imprecise" (Vizenor, 2008, p. 1) some health researchers applied the term more concretely, identifying specific mechanisms such as the buffering of psychosocial stress or the recognition of intergenerational strength and collective identity, as avenues through which narrative shift promoted health through *survivance*. Additionally, while Vizenor's *survivance* occurs via the upending of manifest manners through unsettling colonial racist tropes (temporally situated within the "premodern"), authors applying *survivance* to health largely focused on narratives of health in the present and in relation to historical trauma, pathology, and traumatological timelines.

Community, as applied by scoping review authors, was associated with *survivance* via strength through collective identity, history, and knowledge, particularly in response to continuous colonial affronts. This framing aligns with Vizenor's original conception of *survivance*. "Native American Indian identities," he says, "bear the tribal memories and solace of heard stories . . . The sources of tribal remembrance, tragic wisdom, creation, personal visions, and the communal nature of the heard are precarious, [but are] burdened more with colonial discoveries, duplicities, and simulations in the literature of dominance than with the menace of silence, the inaccuracies of memories and histories" (Vizenor, 1999, p. 52). Thus, *survivance*, both literary and therapeutic, may occur through shared memories and history, including stories of overcoming and thriving in the face of physical, cultural, and spiritual assaults.

Regarding the theme of decolonization, scoping review authors intimated that healing and well-being might best be approached through traditional practice. While Vizenor does engage with tradition in his works on *survivance*, saying that the nature of *survivance* is unmistakable in native stories and traditions (Vizenor, 2008), he is more concerned with active presence and the *postindian*, the "chance of totemic associations, conversions, and reversions of tribal cultures, as postmodern survivance and vivancy" (Vizenor, 1999, p. viii). Thus, while postindian health may occur through engagement or reengagement with traditional culture, Vizenor's *survivance* does not place the same emphasis on tradition as do the health *survivance* publications.

Almost by definition, the scoping review themes and subthemes of sovereignty, agency, and empowerment are inherent in Vizenor's conception of *survivance*, as "active resistance and repudiation of dominance" (Vizenor, 1999, p. 11). Indeed, within the scoping review papers, health *survivance* was frequently enacted through active resistance toward inequitable health policies and the repudiation of dominant narratives of inherent Indigenous pathology. On this theme, unlike most others, the authors appear to directly apply Vizenor's practice of *survivance* to the concept of health.

Invocations of Indigenous historical trauma

For both Vizenor and the authors in this scoping review, *survivance* was re/presented as the counterpoint to legacies of

colonial subjugation or what has come to be known in the health sciences as *historical trauma* (Brave Heart et al., 2011; Kirmayer et al., 2014). Vizenor explained, “Manifest Destiny would cause the death of millions of tribal people from massacres, diseases, and the loneliness of reservations. Entire cultures have been terminated in the course of nationalism. These histories are now the simulations of dominance, and the causes of the conditions that have become manifest manners in literature” (Vizenor, 1999, p. 4). Indeed, 78% (n = 25) of scoping review publications explicitly associated health *survivance* with historical trauma or similar terms such as traumatic past or historical experiences and oppression.

Colonial injury, it would appear, is recognized as implicit in the very concept of *survivance* across its multidisciplinary usage when addressed to health concerns. Interestingly, experiences of historical trauma are claimed to differ from acute traumas (while not precluding their co-occurrence) through what is colloquially referred to as the “4 C’s” of historical trauma (Hartmann & Gone, 2014): colonial injury, collective experience, cumulative effects, and cross-generational impacts. As a result, historical trauma theory is deeply entrenched in shifting the narrative surrounding Indigenous health and wellbeing within both research and practice.

As summarized by Gone (2021b), historical trauma theory provides an explanation for the pervasiveness of health inequities experienced by Indigenous communities while situating the blame within historical and structural contexts, thereby destigmatizing individual suffering through shared pain and collective recovery. It provides legitimacy for traditional therapeutic practice and reconciliation, takes advantage of attention and resources allocated to population health, and works to decolonize health fields through the contributions of Indigenous pieces of knowledge. *Survivance*, in its original narrative form, fits neatly into existing historical trauma models, including Mohatt et al.’s, 2014 model, which illustrates how community narratives of historical traumas frame contemporary reminders of past events and help to develop collective memory and identity (Mohatt et al., 2014). Additionally, it reinforces longstanding Indigenous models of holistic well-being rather than linear health, often demonstrated through images like the medicine wheel (Pomerville & Gone, 2019).

The results of this scoping review demonstrate that these characteristics are mirrored within scholars’ application of *survivance* in addressing health concerns: the emphasis on shifting narratives from those of pathology to those of continued presence, the recognition of community strength and identity as a means of collective recovery, and engagement in traditional therapeutic and cultural practices as a means of interruption and healing, all undertaken as expressions of Indigenous sovereignty, agency, and empowerment. These qualities also afford insight into Indigenous discontent with the original concept of conventional resilience, which emphasizes individual pathology, lifespan development, and responsibility for healing despite the structural origins of colonial harms. *Survivance* instead captures community and cultural processes that have been shaped by shared experiences of the past and the present, while focusing temporally on the future, in the lives of collectivities more so than of individuals. Thus, while the concept of resilience has demonstrated merit within some populations and situations of adversity, it is perhaps inadequate within the context of Indigenous experiences of historical and ongoing colonial subjugation.

Efforts to develop a unique “Indigenous resilience” risk diverging so far from conventional definitions as to become functionally unique, requiring regular clarification and contextualization. Indeed, scholars who employ the concept of Indigenous

resilience at times have in the past called for a concept in line with *survivance*, as Hatala and colleagues (2016) did when stating:

... there is a need to bolster the narrative of – and research around – a strengths-based concept of resilience to counteract the potentially negative implications of historical trauma narratives that can frame [Indigenous] health issues within a narrative of pathology, victimization, and disparity... we suggest a movement toward the establishment of a plurality of perspectives, where resilience and historical trauma hang together as multiple overlapping voices” (Hatala et al., 2016, p. 1912).

Survivance, with its inclusive definition and community and cultural focus, appears to be a potential answer to these calls and is emerging within the health field as an alternative (or alter-Native) concept that better captures vibrant responses to Indigenous suffering when compared to the term resilience, particularly in relation to historical trauma. In fact, based on this scoping review, we propose the following analogy: *as resilience is to trauma, so survivance is to Indigenous historical trauma*. Indeed, this analogy illuminates the scholarly potential of *survivance* to potentially enable further contextualization of postindian states of wellbeing within settler colonial existence and continued Indigenous active presence.

Limitations

There were a number of limitations to this scoping review. As an initial exploration of an emerging topic, data were extracted on country and general population. Future studies should explore the use of *survivance* in relation to health for specific tribal nations, cultures, or populations. Another limitation was the lack of a comprehensive thematic analysis by a second reviewer (although the senior author did review all findings, he did not perform an independent qualitative analysis of the content). More importantly, the conceptual relationship between resilience and *survivance* with respect to lifespan development was difficult to ascertain and represent from this corpus.

This was true because *development* as such was not a prevalent theme in this corpus, so there was little “data” to draw on for analytic purposes. Moreover, while lifespan development is driven by normative biological changes over time for individual organisms, the kinds of diachronic changes associated with *survivance* are principally sociocultural and intergenerational. Such extra-organismic shifts imply different sociological dynamics for which the language of development (owing to its entanglement with discourses of primitivity and societal evolution) would not be appropriate in the Indigenous context. In the future, researchers should attend to this still murky conceptual intersection of resilience and *survivance* with respect to the important domain of lifespan development.

Finally, the concept of well-being is complex for all peoples, but perhaps particularly so for Indigenous populations. While reviewing papers for inclusion in this work we included only those documents that met a narrow definition of health and wellbeing. This resulted in the exclusion of a number of papers that approached wellbeing from a broader perspective, including those focused on human-environment wellbeing and identity and cultural wellbeing. It is perhaps likely that diverging from the narrow definition of health included here would result in the inclusion of additional papers that may adhere to perceptions of well-being in line with Indigenous ways of knowing. We recommend that future work expand definitions of health and well-being to include these additional avenues of inquiry.

Conclusion

It is evident that Indigenous health researchers recognize the value of *survivance* and are increasingly applying it within their work. Across vast disciplinary divides, methodologies, and emphases, scholars employing *survivance* in relation to health shared thematic elements of narrative, temporality, community, decolonization, and sovereignty in a manner that perhaps portends future consolidation of the term within the Indigenous health vocabulary. This will likely occur in association with Indigenous historical trauma, which is already a key tenant of behavioral and physiological Indigenous health research and practice. Given the integration of understandings of historical and structural factors pertaining to health and its emphasis on community strengths rather than deficits, *survivance* serves as a companion concept to historical trauma in a manner that was not previously served by resilience.

The continued development of *survivance* as a concept in Indigenous health provides opportunities to expand beyond the limitations of resilience in ways that support positive identity formation and the prevention of despair, particularly for Indigenous youth and communities who are engaging in cultural revitalization. In the end, despite Vizenor's original assertion that "survivance is a practice, not an ideology, dissimulation, or a theory" (Vizenor, 2008, p. 11), there may be value in investing in further operationalization of *survivance* for health research and practice through the development of a united definition and associated measurement tool. This would ensure comparability across studies and health promotion interventions, and would support future strengths-based Indigenous health research. A formal definition and scale would also facilitate the generalizability of the concept to other populations experiencing enduring legacies of oppression.

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