

Healing Journeys: Indigenous Men's Reflections on Strengths and Barriers to Mental Wellness

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"Healing The Spirit"

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We are grateful for to the Indigenous men who shared their stories with us. We recognize Indigenous people are the experts of their own health and wellness. The knowledge shared with us throughout this project is shared knowledge, passed down through generations of Indigenous people, through ceremony and storytelling based on relationships to Mother Earth and connections to Turtle Island. The research was conducted on Treaty 2 land, the unceded territory of the Dakota and the homeland of the Metis Nation. We acknowledge and honour the ancestry and heritage of all the Indigenous peoples whose land we inhabit.

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1.0 Introduction

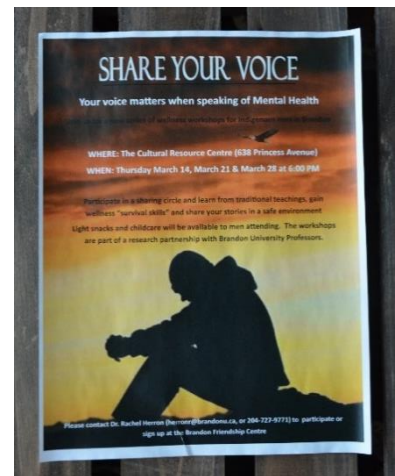
There are significant health disparities between Indigenous and non-Indigenous Canadians (Allan & Smylie, 2015; Goodman, et al., 2017). For example, life expectancy among all First Nations is 11 years lower than all other Manitobans (Katz et al, 2019). Racial bias and discrimination against Indigenous men has perpetuated their turn to negative lifestyles (Innes & Anderson, 2015). Suicide rates among First Nations and Metis men are higher than those of Indigenous females and Metis females, especially as they increase in age (Stats Canada, 2019). Although health disparities between Indigenous people and non-Indigenous people in Canada have long been recognized, deficit focused research continues to fail in producing culturally competent actions that promote healing and wellness.

1.1 Why the research is important

Public and academic conversations about Indigenous health often focus on Indigenous women and children and pay less attention to Indigenous men (Innes & Anderson, 2015). The research we are reporting on aimed to address the lack of attention to Indigenous men's mental health. We use a strength-based approach to refocus attention on what men know and do in spite of the disparities they face. Indigenous researchers and co-authors Frank Tacan and Jason Gobeil, have played, and continue to play, a vital role in developing our approach to this research.

1.3 How was research done?

Following a community-based participatory approach, which emphasizes community involvement in all stages of the research, the research team met monthly to discuss the research objectives, process, and strategies. The team identified sharing circles as a culturally grounded method of gathering stories and promoting healing. Interviews were also selected as a way for men to tell their stories one-on-one. Once these methods were chosen, Indigenous men were recruited to participate through posters, pamphlets, press releases, and word of mouth. The participant ranged in age from 19 to 65, identifying themselves from different nations such as Metis, Cree, and Dakota. Frank Tacan and Jason Gobeil facilitated sharing circles, and Candice Waddell, and Rachel Herron conducted individual interviews. Indigenous ceremony and teaching were offered throughout the sharing circle portion of the research. Participants in one on one interviews, were offered that opportunity to smudge and have a knowledge keeper present. Through informed consent, the sharing circles and the individual interviews were recorded and transcribed word-for-word by Margaret de Jager. Three research team members completed the initial analysis. The final analysis and sharing of research findings were shared and discussed with Indigenous partners.



Recruitment Poster

2.0 Findings

Participants in the study were encouraged to challenge Western ideas about mental health. As a facilitator, Jason Gobeil mentioned that “mental health” is not an Indigenous term. One participant stated, “Every psychological problem would have a spiritual solution to it. If you’re working on spirituality, you’re working on mental health.” The concept of a healing journey became a central focus when discussing areas affecting mental health in Indigenous culture. Men discussed how they were healing themselves by sharing their personal experiences with others. Many men mentioned the idea of a “life changer” or a defining moment in their lives, where they were encouraged to find themselves in their search for healing. Researcher Frank Tacan, an Indigenous Knowledge keeper who co-led the sharing circles with Jason Gobeil, encouraged the men to “dig it up,” to talk about the weight that they carry and their feelings around their own mental health journey. Frank also encouraged the men to take time to work through the grief they have experienced throughout their lives. Men discussed how the internal battles they have had within themselves throughout their healing journeys. One man talked about battling himself and trying to improve his self-esteem by getting away from his past negative lifestyle, but being worried that he would be alone on the other side.

“Every psychological problem would have a spiritual solution to it. If you’re working on spirituality, you’re working on mental health.”

-Research Participant

The act of healing together through ceremony became a common theme throughout the sharing circles and the individual interviews. Men talked about the benefits of cultural role models in the community and the effects on young people when they lack proper role models. This sparked conversation around healing through fathering, as many men mentioned their children and the children in their communities as motivation to heal themselves. Jason Gobeil included discussion around “being better” and the permission to rise above the socially prescribed racist stereotypes faced by Indigenous men. One participant added, “It’s easy to follow the stereotypes nowadays, because it just seems like it’s easier to give up on yourself”. Another man added, “That’s what it is, that’s how our Indigenous population has always been and that’s why it’s hard to find really good role models, I found, growing up because everybody is pulling everybody else down. “You think you’re better than us?” Well guess what? It’s alright to be better! It’s alright... to be up here. It’s alright. And it took me a long time to understand that, to be comfortable with it. And to understand that those things that I walked away from, weren’t for me... They were pulling me down.” Men were encouraged to be proud of where they are at in their own healing journeys. Creating a nonjudgmental space where men supported and respected other men’s healing journeys required recognizing that some men outside of the circle just weren’t ready yet.



Resource provided to the men by the researchers

Participants identified barriers to healing, including ongoing covert and overt racism and inequities leading to internalized oppression. Through their healing journeys, men recall losing

relationships as they move along the path to living in a good way. A participant added “[I have a] fear of losing people that you have in your life for so long. I just have a fear of losing those friends that I just mentioned, but their, I know their toxic”. The loss of relationships and the pressure to stay static within harmful environments were identified as conflicts men faced on their journeys to healing. One man described his cultural environments and western environments as “two different worlds,” often feeling like he did not fit into either one of them.

Mental health experiences and perspectives

Through the research conducted for this project, as well as extensive literature review, it has become clear that Indigenous men often hold different views around mental health than the western view. Men discuss sobriety, honesty, being good role models, being emotionally open, and being a warrior. This understanding of the way that Indigenous men view what makes them healthy men allows services providers reason and rationale to establish programming geared towards the strengths of Indigenous men and that focus on themes such as fathering and ceremony as a means to provide better mental health outcomes.

3.0 What can we do?

It is essential, first and foremost, that service providers acknowledge the strengths and autonomy held by Indigenous men. Cultural programming such as sweats and sharing circles for men provide opportunities for them to develop healthy connections with other men. Indigenous men are, and want to be, good fathers. However, there is a scarcity of programming to support men’s fathering as well as programming that provides childcare for fathers. Establishing communities of fathers could be an excellent resource for Indigenous families. Sharing Circle facilitation led by Indigenous men within the community would acknowledge that Indigenous healing is just as important as western medicine. This would allow for the recognition of Indigenous role models and provide role-modeling opportunities.

Recommendations

- Provide local organizations with ongoing, sustainable funding committed to fathering programs and men’s sharing circles.
- Provide opportunities for networking and promotion of Indigenous men’s health overall.
- Provide space for smudge and other traditional practices in a more inclusive manner.
- Establish referral forms to connect Indigenous programming to other programming to truly acknowledge and honor their worth.
- Establish or provide funding and support (if required or requested) for Indigenous organizations to track and document how services are utilized to assist with funding opportunities
- Continue to educate health care providers on important topics such as Two-Eyed Seeing (Bartlett, 2006), cultural sensitivity, and strengths within Indigenous ways of knowing.
- Continue work on the calls to action from the Truth and Reconciliation Commission by continuing this dialogue and implementing the required changes.
- Do the work. Either take initiative yourself, or support peers that are already doing the work. Change won’t happen unless you are active in making change.



References

- Allan, B., & Smylie, J. (2015). *First peoples, second class treatment: the role of racism in the health and well-being of Indigenous peoples in Canada*. The Wellesley Institute.
- Bartlett C. (2006). Knowledge inclusivity: “Two-Eyed Seeing” for science for the 21st century. In: Wiber M, Kearney J (eds) Proceedings of the Workshop on Learning Communities as a Tool for Resource Management, 4–5 November 2005, Halifax, pp. 70–76. <http://www.integrativescience.ca/uploads/articles/2005NovemberBartlett-text-Integrative-Science-Two-Eyed-Seeing-Aboriginallearning-communities.pdf>. Accessed 25 September 2020
- Goodman, A., Fleming, K., Markwick, N., Morrison, T. (2017) “They treated me like crap and I know it was because I was Native”: The healthcare experiences of Aboriginal peoples living in Vancouver's inner city. *Social Science & Medicine*, 178, 87-94.
- Innes, R A., & Anderson, K. (2015). *Indigenous men and masculinities: Legacies, identities, regeneration*. University of Manitoba Press.
- Statistics Canada. (2019). *Suicide among First Nations people, Métis and Inuit (2011-2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC)*.

Retrieved from: <https://www150.statcan.gc.ca/n1/pub/99-011-x/99-011-x2019001-eng.htm>

Truth and Reconciliation Commission of Canada. (2012). *Calls to Action*. Retrieved from: http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf