AN INDIGENIST PERSPECTIVE ON THE HEALTH/WELLBEING AND MASCULINITIES OF MI'KMAQ MEN

TET-PAGI-TEL-SIT: PERCEIVING HIMSELF TO BE A STRONG BALANCED SPIRITUAL MAN

By

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ABSTRACT

Introduction: The lifespan of Mi'kmaq First Nations men continues to be eight years less than that of other Canadian men. Therefore, this study examined the intersecting relationships between the social determinants of gender, health practices and other factors on the health of Mi'kmaq boys and men living in Elsipogtog First Nation.

Goal: To promote the health of Mi'kmaq men living in Elsipogtog First Nation and to decrease the health disparities among Mi'kmaq men and other Canadian men.

Objectives: (a) To explore how Mi'kmaq men construct their masculinities across the lifespan within Mi'kmaq culture; (b) To examine Mi'kmaq men's perceptions of health and health practices and how their practices of masculinity influence these practices; (c) To explore how the experiences of illness and health influence Mi'kmaq men's perceptions of their masculinity and the configuration of its practices; (d) To contribute to the scholarship of masculinities, health, culture, race, and inequity; (f) To build research capacity among members of the community of Elsipogtog; and (e) To identify strategies or programs that will support the health of Mi'kmaq men and their ability to care for their own health.

Method: A community based participatory action research study based on an Indigenist critical social theoretical approach was used to gather and analyze the data. A research team of four Mi'kmaq people worked with me to analyze the data from an Indigenous perspective. A community advisory committee advised the research team regarding recruitment issues and the findings of the study. Thirty Mi'kmaq men and seven women were interviewed.

Findings: The masculinities practices of Mi'kmaq men were: (a) respecting women, (b) fathering their children, (c) providing for their families, (d) caring for the environment, (e) respecting self and others, and (f) respecting sexually diverse family friends and self. During their lifetimes, many participants dealt with multiple losses, addiction, racism, sexual abuse, suicide attempts, and poverty. Their masculinity practices, culture, and spiritual health practices served as resiliency factors that contributed to their health status and practices

Conclusions: The masculinity practices of Mi'kmaq men were strengths in their health and identity and contribute to their capacity for self-determination.

LIST OF ABBREVIATIONS USED

ASMR   Age Standardized Mortality Rate

CBPAR   Community based Participatory Action Research

CST   Critical Social Theory

ELLB   Expected length of Life Expected at Birth

GDP   Gross Domestic Product

HALE   Length of Life in Full Health

OECD   Organization for Economic and Cooperative Development

PYLL   Potential Years of Life Lost

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I also want to express my gratitude to Dr. Blye Frank for his continued guidance. He stimulated my interest in and study of masculinities, working with me to hone my understanding of the breadth of this field. His leadership supported my inquiry into the work of the major theorists in the field of masculinities, deepening my understanding of the historical and contextual factors in the development of the theoretical foundations of masculinities and their relationship to health. His doctoral seminars supported my continuing efforts in the independent phase of being a student in which thinking was prized. His support for taking a new approach to the study of Mi'kmaq men's masculinities was important for this work.

I owe an immense amount to Dr. Charlotte Reading for her support as I entered each new stage of this doctoral study and dissertation. She supported me to choose a research approach that honored and affirmed Indigenous knowledge and approaches to research and kept the strengths of the Mi'kmaq community and its members in the foreground of this study. Her positive encouragement has enabled me to continue this

CHAPTER 1: INTRODUCTION

Because masculinities are socially constructed within particular social, political and historical contexts, the definitions and practices of masculinity vary among societies and men. Adding to the complexity of men's health, practices of masculinity also vary across the lifecourse of any one man's life in response to aging, life events and history (J. Evans, Frank, Oliffe, & Gregory, 2011,p.10).

While the research and theoretical fields of masculinities have largely been dominated by the study of men from western society, this research focused on the study of masculinity practices of Mi'kmaq First Nations men over the course of their lifespan in relation to their culture and health practices. The purpose of this study was to examine the intersecting relationships between the masculinities socially constructed and practiced by Mi'kmaq boys and men over their lifespans and other social determinants of the health of Mi'kmaq men living in the community of Elsipogtog First Nation (Health, 2003; C. L. Reading & Wien, 2009). The social determinants that have been examined in this study include their culture, socioeconomic status, personal health practices, racism and social exclusion and colonialism. This dissertation examines the social construction of masculinity and health across the lifespans of Mi'kmaq men, telling their stories during each period of their lives. As a result it is a larger body of work than had I focused on only one life period or social determinant.

Research Question

Elsipogtog, a Mi'kmaq community in New Brunswick, identified the question: 'Why don't men use the services of the Community Health and Wellness Center more consistently?' They agreed to work in partnership with me in a Community Based

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Participatory Action Research (CBPAR) study to address this question. Accordingly, the pronoun "we" has been used throughout this dissertation to refer to the research team, consisting of myself as a doctoral student in nursing, three men from Elsipogtog First Nation, and a woman Mi'kmaq nurse, who works at the Community Health and Wellness Center.

The research team members from Elsipogtog brought an understanding of the culture of the Mi'kmaq people. This knowledge was vital for the interpretation of the data collected in this study. As an outsider, I learned about the Mi'kmaq culture from academic sources and my Mi'kmaq friends and colleagues. However, this was only a small amount of knowledge compared to the lived experience of Mi'kmaq men and the women who live with and love them. This lived experience has informed the interpretation of the data because it takes into account the historical, social, economic, political, and environmental contextual factors that shaped the lives of the Mi'kmaq men who participated in this study.

Goal

The goal of this research was to promote the health of Mi'kmaq men living in Elsipogtog First Nation and to decrease the health disparities among Mi'kmaq men in Elsipogtog and between Mi'kmaq men and the larger Canadian population of men. The objectives for this study were:

1. To explore how Mi'kmaq men construct their masculinities across the lifespan within Mi'kmaq culture in the context of the Canadian society in which they are immersed.

2. To examine Mi'kmaq men's perceptions of health and health practices and how their practices of masculinity influence these practices.

3. To explore how the experiences of illness and health influence Mi'kmaq men's perceptions of their masculinity and the configuration of its practices.

4. To encourage Mi'kmaq men to explore their own masculinity and to identify how practices of masculinity can be health affirming or risk enhancing.

5. To contribute to the scholarship of masculinities, health, culture, race, and inequity.

6. To build research capacity among members of the community of Elsipogtog.

7. To identify strategies or programs that will support the health of Mi'kmaq men and their ability to care for their own health.

In this chapter, I will examine the epidemiological data that demonstrates that men have shorter lives than women even in the affluent country of Canada. In particular I will compare mortality, expected length of life at birth and morbidity data for First Nations men in comparison to that of the overall population of men in Canada. I will briefly introduce the health status and the social determinants of health of Aboriginal people in Canada. The social determinants of gender, socioeconomic status, race and ethnicity, and health practices will be introduced. A table has been included in which the various terms related to the Native populations of Canada will be defined. Finally, a synopsis of the following chapters has been included.

RATIONALE FOR THE STUDY

One of the clearest and most consistent statistical indices of the health status of men and women worldwide is that of mortality rates by sex and age categories. Mortality rates among men in every age group throughout life (Singh-Manoux et al., 2008; D. Williams, 2003) are consistently higher than those of women in at least 44 countries belonging to the World Health Organization (A. White & Holmes, 2006).

In fact, the Age-Adjusted Mortality Rates for Canadians in 2007 were higher for men than for women for every cause of death with the exemption of Alzheimer's Disease (Statistics, 2010). Men were 1.5 times more likely to die from all causes of death, three times as likely to die from suicide or homicide, and more than twice as likely to die from accidents (Statistics, 2010).

Canada takes pride in having one of the world's best qualities of life for the majority of its citizens. According to the Organization for Economic Cooperation and Development (OECD), Canada has achieved the 14th highest Gross Domestic Product (GDP) in the world (Saleh, Operario, Smith, Arnold, & Kegeles, 2011). The GDP, a standard measure of the value of commodities and services produced by a country in a given time period, is a marker of the economic living standards of a country, which, in turn, are directly related to the quality of life experienced by its citizens (L. Archibald, 2006b).

An important quality of life indicator is the length of life expectancy at birth (ELLB). In 2007, Canada ranked eighth out of 38 countries in the OECD for the ELLB; Canadian boys at birth could expect to live an average of 78.4 years, compared to the average of 76.2 years for 38 OECD countries (Saleh et al., 2011). However, this was

considerably shorter than the ELLB for Canadian girls, which was 83.0 years compared to the average of 76.1 in the OECD countries. When one focuses on First Nation populations, boys have only an ELLB of 72 years, six years less than that of Canadian boys in general and four years less than the average of males in the OECD countries (I. a. N. A. Canada, 2005; Tjepkema, Wilkins, Pennock, & Goedhuis, 2011). This is a consistent pattern globally in which Indigenous peoples die earlier that the populations of the countries they inhabit (Barnham, Jury, Woollacott, McDermott, & Baum, 2011; Hill, Barker, & Vos, 2007). For example, in Australia, an Indigenous boy at birth can expect to live 11 years less than non-Indigenous boys (Barnham et al., 2011).

Even in Canada, with its high GDP and quality of life, it is clear that men live shorter lives than do women, dying prematurely from preventable events such as accidents, homicides, and suicide. Premature mortality rates among adolescent and young adult men (15-24 years and 25-34 years old) have been attributed to accidental events such as motor vehicle accidents, work-related deaths, and drowning, as well as to intentional events such as homicide and suicide. In particular, the rate of death due to suicide among men 15-44 years of age was approximately four times higher than among similar aged women in Canada (A. White & Holmes, 2006).

Aboriginal men in Manitoba have poorer health outcomes on almost all health parameters, including a premature mortality rate (the rates of death before the age of 75 in deaths per thousand) that was double that of Manitoban men in general (Bonhomme, 2005). This finding was supported by the measures of potential years of life lost [PYLL] (from 1-74 years of life): Aboriginal men in Manitoba lost 243.26 years of life per thousand in comparison to all other Manitoban men, whose rate of PYLL was 54.49 years

(4.2 X more) (Bonhomme, 2005). In Canada, the age standardized rate of PYLL for Status Indians was more than twice the rate for the population as a whole (Tjepkema et al., 2011). From 1991 to 2001, the age-standardized rate ratio of PYLL of Status Indian men living on reserve was consistently higher than that of Status Indian men living off reserve and that of all other Canadian men for all causes of mortality except for neoplasms, cerebrovascular disease, poisoning, drug-related events, drowning and homicides (Tjepkema et al., 2011).

In Canada, between 1991 and 2001, Registered (Status) Indians had a higher Age Standardized Mortality Rate (ASMR) in every age category than did Metis or non-Aboriginal men. Registered Indian men, who were 25 years of age or older had an ASMR of 886.5 per 100,000 person-years at risk compared to Metis men whose ASMR was 781.3 and Non-Aboriginal men whose ASMR was 566.7 or 64% of the ASMR of First Nations men.

Not only do Indigenous men die earlier in their lives but they also experience more illness than do other Canadian men (Oster et al., 2011; Tjepkema et al., 2011). Morbidity rates are also increased for Aboriginal Canadians. For example, approximately 25% of the Aboriginal population have type 2 diabetes (Getty, Perley, Fraser, Dare, & Mioc, 2010; Webster, Weerasinghe, & Stevens, 2004), and First Nations people in several reserves in New Brunswick were found to have a cancer rate of 9.8%, compared to a NB provincial average of 2% (Getty, Perley, et al., 2010).

It is clear that not all Canadians benefit equally from the Canadian economic productivity and social systems. In order to understand why Aboriginal men are likely to die earlier and suffer more illness as a group than other Canadians, we need to identify

the unique underlying historical, social, economic, and other factors that lead to illness and premature deaths of young Aboriginal men. In order to understand the sources of such ill health, it is important to identify the effects of the social determinants of health on the lives of Aboriginal people.

HEALTH STATUS OF CANADIAN ABORIGINAL PEOPLE

The Royal Commission on Aboriginal Peoples defined good health in the following manner:

> Good health is… the outcome of living actively, productively and safely, with reasonable control over the forces affecting everyday life, with the means to nourish body and soul, in harmony with one's neighbors and oneself, and with hope for the future of one's children and one's land. In short, good health is the outcome of living well. (Dussault et al., 1996, p.314)

One approach to understanding why some populations in Canada are less healthy than others is provided by the Population Health Framework, developed by Battia and Hamilton (1996). Based on the definition of health as a resource that allows persons and groups to respond to challenges in the most productive way (Population, 2004), the Population Health approach directs attention to the health of populations, such as Mi'kmaq men, and identifies the individual and group factors that determine a population's health status.

In essence, the health of individuals, families, communities, and populations are determined by the environmental, economic, and social conditions in which they live (Tjepkema, Wilkins, & Long, 2012). It has been posited that consideration of the determinants of health will focus attention on health disparities and give direction to health promotion programs (Population, 2004). For example, age-standardized mortality

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rates of Canadian men have been shown to be directly correlated to their level of education for all causes of mortality, except for Alzheimer's Disease and HIV/AIDS (Tjepkema et al., 2012; Wilkins, Tjepkema, Mustard, & Choiniere, 2008). While the document, *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*, does not include the social determinant of gender, this concept is delineated as a determinant of health by the World Health Organization's Social Determinants of Health (Apter, 2010) and those identified by the Population Health Directorate of the Public Health Agency of Canada (B. Adams, 2003).

SOCIAL DETERMINANTS OF HEALTH

Gender

The term 'gender' is sometimes used incorrectly to refer to the male or female sex of a person (Connell, 1995; Doyal, 2001; Weber, 2005). Gender is not limited to bodily function but includes all of the characteristics and practices that are included in the masculinity or femininity of the person (Connell, 1995). Masculinities are dynamic social constructions about the meaning of being a male in a particular time and place. The term refers to the differing patterns of social behavior, attitudes, attributes, and roles that men construct over time and according to the context of their lives (Barker, Flood, Greig, Peacock, & Stern, 2010; Connell, 1995; Courtenay, 2000a). In the west, the idealized or hegemonic vision of masculinity has been described as patterns of social practices that include the accumulation of goods, property and power, heterosexism, misogyny, aggressiveness, stoicism, and success in sports and business (Connell, 1995; Connell & Messerschmidt, 2005; N. W. Edley, M., 1996; J. Evans & Frank, 2003; Lusher & Robins,

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2009; Pyke, 1996; Spector-Mersel, 2006). There has been little exploration of the masculinities practices and expectations among Mi'kmaq men living on a reserve.

Socioeconomic status

Life expectancy is directly related to the population's income level (Tjepkema et al., 2011; Wilkins et al., 2008). While on average Canadian men have shorter lives than Canadian women, mortality rates among different groups of men differ according to their socioeconomic status. For example, Canadian men from the lowest income levels live a shorter time in full health [HALE = 65.8 years] than do men from middle income levels, [HALE = 68.6 years] who, in turn, live a shorter time in health than men from the highest income levels [HALE = 70.5 years] (H. Canada, 2006; Wilkins et al., 2008). Poverty has consistently been identified as a risk factor for health among men (J. Evans et al., 2011; Gornick, 2008; Treadwell & Ro, 2003; Wilkins et al., 2008; D. Williams, 2003).

Race and ethnicity

Along with poverty, race has been identified as a risk factor for the health of men (J. Evans et al., 2005; J. Evans et al., 2011; Gornick, 2008; Satcher, 2003; F. Sloan, Ayyagari, Salm, & Grossman, 2010; A. Smith, 2008; Treadwell & Ro, 2003; D. Williams, 2003). Sloan and associates (2010) identified that even when other factors such as socioeconomic status were controlled, the size of the gap in longevity between white and black men in the US in 1992-2006 did not differ significantly from the gap that was evident in data from 1914-19. While the standard of living for all Americans has improved over the century, the gap between white and black men's mortality rates remained virtually the same.

This phenomenon also holds true for Canadian Aboriginal men. The decreased longevity of Aboriginal men has been attributed to the inequity of economic resources and instrumental social supports experienced by Aboriginal boys and men in Canada (Bonhomme, 2005; Devlin, Roberts, Okaya, & Xiong, 2010). While it may seem to be self-evident, it is nevertheless important to remember that this is an average figure, and some Indigenous men live long lives.

Health practices

Modification of people's health practices has been identified as the single most important strategy for enhancing health, potentially preventing at least half of the deaths in the US (Courtenay, 2000a). While health behaviors contribute to differences in the health status of men and women (J. Allen, Mohllajee, Shelton, Drake, & Mars, 2009; Almgren, Magarati, & Mogford, 2009; Ashton, 1999; Bates, Hankivsky, & Springer, 2009; Beauboeuf-Lafontant, 2007; Broom & Lenagh-Maquire, 2010; Courtenay, 2000a; Sabo, 2000), characteristics of hegemonic masculinity have been found to be a risk factor for men's health (Addis & Mahalik, 2003; Courtenay, 2000a; Cronholm, Mao, Nguyen, & Paris, 2009; Devries & Free, 2010; Dworkin, Fullilove, & Peacock, 2009; J. Harrison, Chin, & Ficarrotto, 1992; Pleck, Sonenstein, & Ku, 1992; Sabo, 2000). Sabo (2000) wrote that,

> The risk for illness varies from one male group to another…. Those who care about men's health therefore need to be attuned to the potential interplay between gender, race/ethnicity, cultural differences, and economic conditions when working with racial and ethnic minorities. (p. 288-289)

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Culture

The social determinant of culture includes shared values, beliefs, practices, and norms and is passed from one generation to the next. It is the historically and socially constructed, constantly evolving way of being of a particular population (Giger & Davidhizar, 2004; Luckmann, 1999).

CLARIFICATION OF TERMS REGARDING NATIVE PEOPLES IN CANADA

In order to provide clarity in this discourse, the following table provides a definition of common terms used to denote the Native Peoples of Canada, as defined in the glossary of the National Aboriginal Health Organization (2003) and on the Indian and Northern Affairs, Government of Canada's website. The terms 'First Nations,' 'Aboriginal,' and 'Indigenous' are used interchangeably in the literature to refer to the people who were present prior to the arrival of European colonial forces in Canada (Niccols et al., 2012). These terms will be used interchangeably in this paper for purposes of readability.

Table 1: Definitions of terms referring to the Native Peoples of Canada

Term	Definition
Indigenous People	The concept of 'Indigenous' refers to the way that Aboriginal people are shaped by their interactions with their environment, and the feeling of being responsible for the land to which they are

	spiritually, physically, and emotionally bound (Cardinal, 2001; J. S. Y. Henderson, 2000a; S. Wilson, 2001). The term "Indigenous peoples" denotes the international network of colonized peoples whose life stories are similar, regardless of their country or continent (Niccols et al., 2012). This term is used in the United Nations' work on the Decade of the World's Indigenous People. Its meaning is similar to that of 'Aboriginal People.'
Indian	Was the name given to Native peoples by the explorers, such as Cabot, who thought they had reached the shores of the Asian continent (P. Menzies, 2007). This term includes all of the Indigenous Peoples in Canada except for those who are Inuit or Metis (Teufel-Shone et al., 2005). Commonly used in Canadian society and among Native peoples until the period of the 1970s, it is the term used in the Indian Act and the Constitution of Canada and consequently used in legal issues (Brokenleg). While it is currently perceived by some Aboriginal people to be an offensive label, organizations, such as the Union of New Brunswick Indians and the Union of Nova Scotia Indians, who have long-standing tenure as Aboriginal organizations, continue to use it in their title to denote the constituency of the organization (Brokenleg).

First Nation	Replaces the terms 'band' or 'Indian' and refers to both Status and Non-Status Indians in Canada. This term was adopted in the 1970s, replacing the terms 'band' and 'Indian', which some people found offensive (Brokenleg; Teufel-Shone et al., 2005). Although widely used, this term has not been defined for legal purposes (Brokenleg).
Aboriginal	Refers to the descendants of the original people of North America, identified by the Canadian Constitution as Indians, Metis and Inuit (Brokenleg). This includes both First Nations people and those with some Indigenous heritage but who do not have First Nations status in Canada.
Status Indians (Also known as registered	Refers to those who are registered in the Indian Registry of Canada for whom the Indian Act sets out certain rights and assistance or services (Brokenleg). The government of Canada defines a Status Indian as one whose mother or father is a status Indian. This will be further discussed in Chapter two, in the

Indian)	section on continuing colonialism.
Band	Refers to a community of First Nations people whose members have traditionally lived in the same area of land and who generally share common values, traditions, and customs that are embedded in their culture. The Indian Act of Canada declares a group of First Nations people living on a particular reserve land to be a band. A list of band members is maintained by the Band administration. Each band has its own governing band council, usually consisting of one chief and several councilors. Community members choose the chief and councilors by election, or sometimes through custom. Currently, many bands prefer to be known as First Nations (Brokenleg; Teufel-Shone et al., 2005).
Reserve	Refers to a tract of crown land that has been designated for the use and benefit of a First Nation band in perpetuity (Brokenleg; Teufel-Shone et al., 2005).

Synopsis of following chapters

In the following chapter, I use a social ecological framework to frame the literature review related to Aboriginal health, health practices, and other social determinants of Aboriginal health particularly that of masculinities. In subsequent chapters, I have identified my location as a white feminist woman scholar; described Aboriginal perspectives of research as well as the worldview that underlies the approaches of many Indigenous peoples to the development of knowledge; and discussed the theoretical lens of critical social theory from an Indigenist perspective (Battiste, 2002, 2008b; Castellano, 2004; Getty, Bartibogue, et al., 2010; Getty et al., 2001). The word, 'Indigenist' refers to a collaborative effort to do research in which the perspectives and interpretations of Indigenous research team members are prioritized with the partnership of white academic researchers working together to understand phenomena from an Indigenous worldview (Iwasaki & Bartlett, 2006; S. Wilson, 2008, 2009). The methodology of CBPAR with First Nations people is discussed along with the specific method by which the data in this study was collected, analyzed and reported.

This dissertation includes documentation and critical reflection on the process and outcomes of the ethical review of the proposed research, respecting the principals of Ownership, Control, Access, and Possession that have been articulated by First Nations people and inscribed in the Tricouncil principles for ethical conduct with Aboriginal populations. Issues of rigor associated with this research project are discussed in this dissertation. The impact of colonialism and the loss of self-determination on the culture and quality of life and health of Mi'kmaq First Nation men are embedded in the findings of this study. The implications of these findings for the health and gender practices of

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Mi'kmaq boys and men and for the theoretical understanding of the practices of

masculinities are examined. Finally, some of the issues arising from the study are

examined in relation to policy development, health care delivery, education, and health

promotion programs.

CHAPTER 2: LITERATURE REVIEW

In preparation for examining the social construction of masculinities of Mi'kmaq men living in Elsipogtog First Nation, and the relationship of these masculinities to their health and health practices, searches have been conducted through the following data-bases: CINAHL, Medline, Social Sciences Index, Sociological Abstracts, PsychINFO, Environmental and Academic Search Premier. As well, website sources such as the Aboriginal Healing Foundation, First Nations and Inuit Health Branch of Health Canada, the Aboriginal Affairs and Northern Development website, the National Aboriginal Health Organization, the Assembly of First Nations website, and other Aboriginal websites have been reviewed.

The literature identified through the foregoing search has been reviewed related to the following: (a) the health status of Indigenous peoples and in particular Mi'kmaq men, (b) the social construction of masculinities across the lifespan, and (c) the social determinants of health and health practices. At the most fundamental level, a Social Ecological model was a useful tool to examine the context in which health problems have arisen, their meaning for Aboriginal people, and places to begin to address these problems.

SOCIAL ECOLOGICAL MODEL

The social ecological approach to understanding health status utilizes a systematic, comprehensive assessment of the historical and current social environment in which a person lives (Bradshaw, Glaser, Calhoun, & Bates, 2006; B. Green, 2010; Mooradian, Cross, & Stutzky, 2006; N. Williams, 2010; Zielinski & Bradshaw, 2006).

An ecological perspective was recommended by the National Cancer Institute in the USA as a tool to explicate the relationships between health behaviors/practices and "multiple levels of influence" (Institute, 2005, p.3), including the following levels: (a) the intrapersonal level or factors within the person, such as knowledge and motivation;, (b) the interpersonal, such as relationships with family, friends and other social supports; (c) institutional levels, such as school and workplaces; (d) community level, such as social networks, social norms; and (e) public policies from the local to the federal levels (Institute, 2005, p.369). Social ecological theory has also been used to identify the influences of family (Ackard, Neumark-Sztainer, Story, & Perry, 2006; Bradshaw et al., 2006; Choi, Harachi, Gillmore, & Catalano, 2005; R. Hanson, Self-Brown, Fricker-Elhai, & Kilpatrick, 2006; Herrenkohl, Tajima, Whitney, & Huang, 2005; Yu & Stiffman, 2007), peers (Yu & Stiffman, 2007; Yu, Stiffman, & Freedenthal, 2005), neighborhood (R. Hanson et al., 2006; Herrenkohl et al., 2005; Yu & Stiffman, 2007; Yu et al., 2005), and school environment (Culley, Conkling, Emshoff, Blakely, & Gorman, 2006; Reid, Peterson, Hughey, & Garcia-Ried, 2006; Waters, Cross, & Runions, 2009) on the health of particular populations such as youth, immigrant women, and others. As well, social ecological theory has been useful in explicating the effects of personal experiences of trauma on American Indian adolescents' risk behaviors of smoking and use of illicit drugs (Herrenkohl et al., 2005; J. Ryan & Testa, 2005; Wright, Crawford, & Sebastian, 2007; Zohar, Giladi, & Givati, 2007).

The Medicine Wheel, which is a tool adapted by some Aboriginal peoples in Canada, to depict Aboriginal people's ecological circle and is consistent with the social ecological model. The model of the Medicine Wheel that is often used by Mi'kmaq

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people depicts the self as situated at the center of the Medicine Wheel, surrounded by continually interacting concentric circles of the family, community, nation, and environment (Chansonneuve, 2007; Coyhis & Simoneli, 2008; B. Martin, 2001; Yurkovich & Lattergrass, 2008).

Use of the social ecological model to systematically assess a particular context of a health problem prevents the use of the 'quick fix' or intervention at the individual level alone, directing intervention to multiple levels (Beckford, Jacobs, Williams, & Nahdee, 2010; Brascoupe & Waters, 2009; S. Bull & Alia, 2004; Dalla, Marchetti, Sechrest, & White, 2010; Erdogan et al., 2007; Mooradian et al., 2006; Parsai, Voisine, Marsiglia, Kulis, & Nieri, 2008). It also identifies strengths or assets that can be used by the person or group to enhance efforts to increase health (K. Abrams, Theberge, & Karan, 2005; Mooradian et al., 2006; Urban, Lewin-Bizan, & Lerner, 2010; N. Williams, 2010).

Changes in health status are rooted in a historical, social, political, economic, and legal context (Beckford et al., 2010; Dalla et al., 2010 ; Mooradian et al., 2006; C. L. Reading & Wien, 2009; J. Reading, Kmetic, & Gideon, 2007). According to the social ecological model, the current health status of Aboriginal men is the product of the following factors: (a) their historical, cultural, social, spiritual, economic and environmental experiences; (b) their biological and genetic heritage; (c) the health care system accessible to them; (d) governmental policies; and (e) the societal context in which they live (Adelson, 2005; G. Alfred, 2009; Angus & Lea, 1998; L. Archibald, 2006a; Brave Heart, Chase, Elkins, & Altschul, 2011; Coyhis & Simoneli, 2008; E. Duran, Duran, & Brave Heart, 1998; Garro, 1995; Hahn & Cella, 2003; C. L. Reading &

Wien, 2009; J. Reading et al., 2007; Thurston & Vissandjee, 2005; N. Williams, 2010; Yurkovich & Lattergrass, 2008).

The Health, Illness, Men and Masculinity Framework

The social ecological model that will serve as a framework for the findings of this study is the Health, Illness, Men and Masculinities Framework (J. Evans et al., 2011, p.11). This framework was developed to explicate the relationships between the following: (a) the social-political-cultural-historical context of men's lives, (b) their social determinants of health, (c) how their masculinities practices over their lifespan intersect with the social determinants of health and other factors such as sexuality and ability, as well as (d) their outcomes for health and illness status and practices, and (e) the implications of these intersecting relationships for research and theory development as well as health promotion programs, policies, health care delivery, and dissemination of research findings to relevant public and private communities (J. Evans et al., 2011). (See Figure 1).

The HIMM (Health, Illness, Men and Masculinities) Framework.
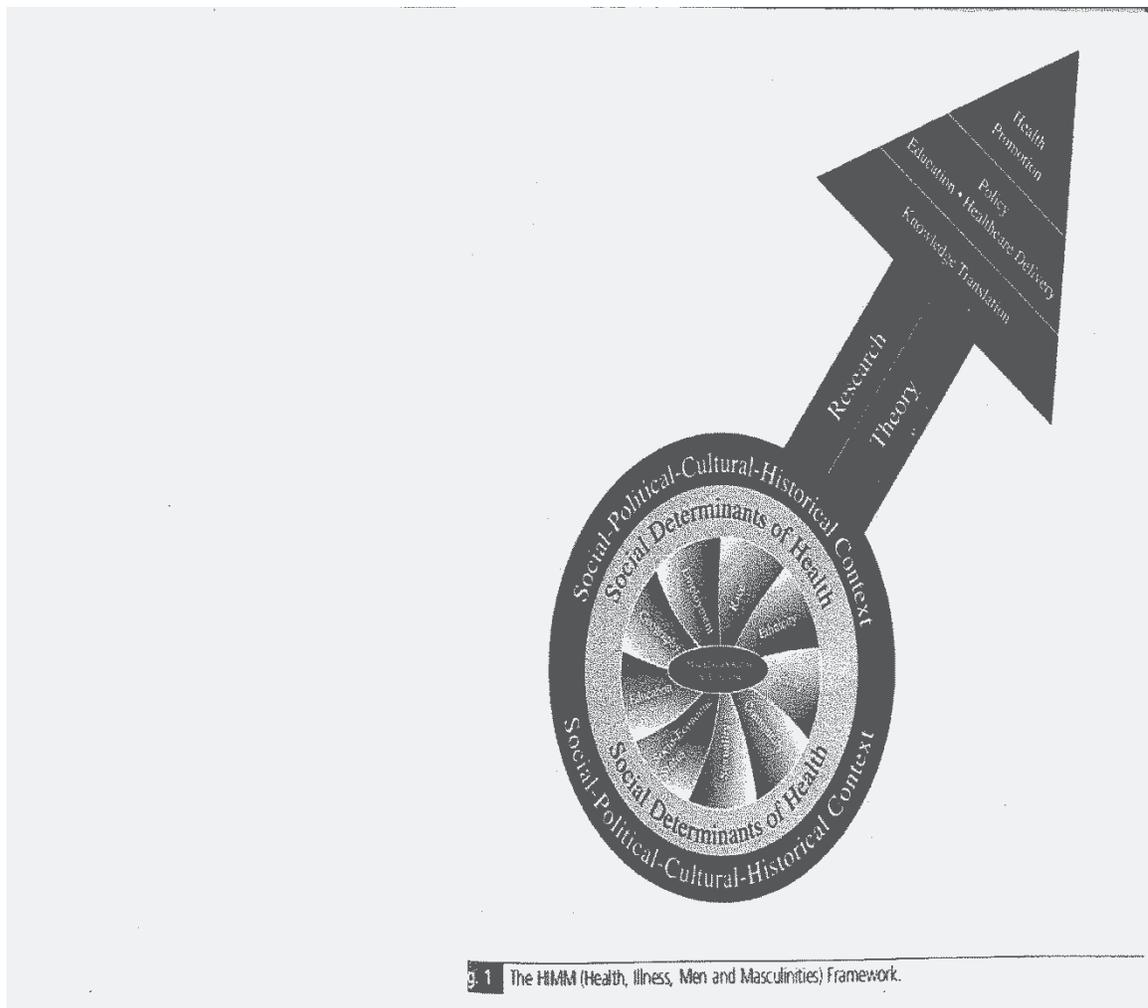
Figure 1: HIMM Framework (J. Evans et al., 2011, p.11).

CULTURAL HEGEMONY

Antonio Gramsci, the president of the Communist party in Italy, is known as the philosopher who articulated the philosophy and practices of cultural hegemony (Cammett, 1967; Davidson, 1977; Forgacs & Nowell-Smith, 1985; Germino, 1990; S. Jones, 2006; Ledwith, 2009; Mayo, 1999, 2008; Nemeth, 1980; Ngugi, 1993; Pozzolini, 1968). Gramsci wrote about the process of cultural hegemony while he was imprisoned by the Fascist government of Mussolini (Gramsci, 1988, 1971). Hegemony refers to the

dominance of one group of people over all other groups in a society. This dominance is attained through the ruling class's assumption of leadership based on its self-confidence, accumulated wealth, and its grasp of the production of desired and necessary goods, so that consent of subordinated groups was given through acceptance of the status quo (Cammett, 1967). Hegemony has been defined as:

> An order in which a certain way of life and thought is dominant, in which one concept of reality is diffused throughout society in all its institutional and private manifestations, informing with its spirit of taste, morality, customs, religious and political principles, and all social relations, particularly in their intellectual and moral connotations (G. Williams, 1960, p.587).

Throughout the world, the dominance of colonists in the countries they occupied was engendered through such structures as the school and Church (Cammett, 1967) where the interests of hegemonic colonists were portrayed as benefitting Indigenous peoples (Mayo, 2008). Gramsci wrote that characteristics of cultural hegemony include that it: (a) has a dynamic nature, constantly being navigated and reworked; (b) is never perfect, with fissures developing in its structure that allow for opposition; (c) is developed within civil society within a consensual process that can serve as a place of resistance; and (d) requires that the assumption of power follows the social consent for the dominant social group to take control (Gramsci, 1971; Mayo, 2008).

One of the tools of cultural hegemony is found in the school and education (Germino, 1990; Gramsci, 1988, 1971; Ives, 2009; S. Jones, 2006; Mayo, 1999, 2008). Gramsci wrote about the process of coalescing the many city states in Italy into a nation and the decision to choose one dialect to become the official language of Italy (M. Clark, 1977; Forgacs & Nowell-Smith, 1985; Pozzolini, 1968). He was particularly vexed by the

government's decision to teach all children this new language but not to include grammar lessons in their educational program. He interpreted this decision as a way for the hegemonic or ruling class, who spoke this language fluently, to maintain their hegemonic status: the children of other classes would learn the language but not the grammar to speak and write it well. As a result, they would be limited in their ability to rise out of their subordinate positions (Gramsci, 1988, 1971; Ives, 2009; Ledwith, 2009; Mayo, 1999, 2008).

Unfortunately Gramsci, like others of his generation, wrote that colonialism was warranted if it brought civilization to Native peoples. This demonstrated his certainty of the superiority of the hegemonic order and expectations that those who were colonized would benefit from European rule and ways of thinking and acting (Gramsci, 1971; Pozzolini, 1968). He did recognize that the colonial exploitation of colonized peoples and seizure of their resources and economic assets was wrong (Forgacs & Nowell-Smith, 1985; Pozzolini, 1968).

SOCIAL DETERMINANTS OF THE HEALTH OF FIRST NATIONS POPULATIONS

The Canadian Population Health Directorate has identified a number of determinants of health that apply to all Canadians (Health, 2003); these include gender, culture, healthy childhood development, social support networks, social environment, coping and personal health practices, the health care system, income and social status, education and literacy, employment and working conditions, biology and genetic

endowments, and physical environment (Health, 2003). In contrast, the World Health

Organization (WHO) has focused on Social Determinants of Health, including food

security, addiction, social exclusion, and others (D. Allen, 2006; Dempsey, 2005). While

the determinants of health according to the Canadian definition include biological and

genetic endowment, this was deliberately omitted from the Social Determinants of Health

identified by the WHO due to the following rationale: (a) its focus on the health of

individuals and families with little applicability for that of populations, and (b) the

sparseness of potential interventions for this determinant of health (D. Allen, 2006).

While WHO recognized the importance of access to medical care as a social determinant

of health, it focused on the underlying social and economic conditions that contribute to

illness (D. Allen, 2006).

In contrast, Canadian determinants of health include the health care system, not just

the medical component of it. The WHO, which includes the majority of countries of the

world, did not identify culture as a social determinant of health, which is one of Canada's

determinants of health. Instead, the WHO identified social exclusion as a social

determinant of health. While the Canadian determinants of health include both a social

support network and social environment, the WHO named social support and social

exclusion as social determinants of health (D. Allen, 2006). Overall, the Canadian

Determinants of Health refer to the conditions that influence the health of the majority of

Canadian citizens while WHO has focused on conditions that influence the inequities of

health, i.e., those that are related to ill-health of some citizens. For example, it is possible

to have a loving and supportive social network, but be socially excluded from

opportunities within the community due to racism and other sources of discrimination.

On the whole, Canadian Determinants of Health are more focused on the health of

the average person in Canadian society and the Canadian population as a whole. Since

Canada is one of the richest nations in the world, these determinants of health are focused

on health practices and coping but do not always reflect the social inequities experienced

by those who are marginalized in Canadian society. In contrast, the WHO's social

determinants of health are based on research that examines the conditions necessary to

obtain and maintain a state of health in a wide spectrum of countries, with the goal of

social justice. The social determinants of health that have been named by the WHO tend

to be focused on the health of all populations in the world and apply to those most

disadvantaged as well as those more privileged in society (Marmot & Wilkinson, 2009).

An international conference in Adelaide, Australia, focused on identifying the

basic social determinants for Indigenous peoples. First and foremost, this consensus

conference agreed upon the social determinant of colonization and decolonization as

basic to understanding the factors that underlie the health of Indigenous peoples across

the globe (Mombray, 2007). In Canada, led by the Assembly of First Nations, work has

focused on identifying the social determinants of health for First Nations peoples of

Canada (J. Reading et al., 2007). Finally, sponsored by the National Collaborating Centre

for Aboriginal Health, *Health inequities and social determinants of Aboriginal Peoples'*

health was published (C. L. Reading & Wien, 2009). This seminal work presents

potential trajectories of health and ill health over the course of people's lives, dividing the

social determinants of health for Aboriginal peoples into the following categories: (a)

proximal, or those that directly influence health, such as health behaviors, and physical

and social environments, employment and income, education, and food insecurity; (b)

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intermediate determinants, such as community infrastructures, resources, systems and capacities, including the health care system, educational system, environmental stewardship, and cultural continuity; as well as (c) distal determinants, which include social, historical, political, and social contexts, such as colonialism, racism and social exclusion, and self-determination (C. L. Reading & Wien, 2009).

All of the determinants are influenced by the historical and continuing reality of the distal determinants of health. For example, the physical environment has been shaped by colonialism with the designation of small, often desolate plots of crown land upon which a particular Band or community has been placed rather than the whole traditional land of a particular tribe. This resulted in poverty, food insecurity, crowding, and many more environmental and emotional limitations and health hazards.

All of the categorization systems of the determinants of health include employment, working conditions, and the effects of unemployment (D. Allen, 2006; Population, 2004). All include education and socioeconomic status, named as the social gradient by WHO. However, it is important to recognize the unique context of the lives of particular populations, such as Indigenous peoples, and countries with fewer resources and larger proportions of their population living in poverty and social exclusion (Marmot & Wilkinson, 2009). Canada's 12 determinants of health reflect the nature of Canada and the relative wealth of the majority of its citizens. These determinants need to include those characteristics that also reflect the particular situations of Canadians living in poverty and excluded from the privileges of the mainstream. Some social determinants of health need to be focused on the health of a particular population, such as the distal determinants of colonialism, self-determination, and social exclusion identified for

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Canadian Aboriginal peoples (C. L. Reading & Wien, 2009). If we are to increase the health of a population, it must not be assumed that the same issues affect all of the population's health in the same way, but rather that each social determinant must be applied to a particular population to identify the underlying causes of their health and illness status. Unique populations are not well served by treating them equally but instead need equitable treatment in order to address the stressors that apply to their particular situation. It is important to remember that the social determinants of health do not act in a solitary fashion but intersect to create something more or different in the lives of the members of a particular population (Anthias, 2013; Bowleg, 2012; Dhamoon & Hankivsky, 2011; Hankivsky, 2012; Hankivsky & Christoffersen, 2008; Hindman, 2011).

Understanding the losses suffered due to the historical and continuing effects of colonization, the loss of self-determination or the ability to make decisions about the direction of your own community, and racism and social exclusion are integral to understanding the effect of other determinants of health (Adelson, 2005; Coyhis & Simoneli, 2008; Gone, 2011; Portman & Garrett, 2006; L. T. Smith, 2012; T. K. Young, Kaufert, J., McKenzie, J., Hawkins, A., & O'Neil, J., 1989; Yurkovich & Lattergrass, 2008) on the well-being of Indigenous peoples in Canada and the United States (Caron, 2005; Castellano, Archibald, & DeGagney, 2008; Chansonneuve, 2007; Coulthard, 1999; E. Duran, Duran, & Brave Heart, 1998; Dussault et al., 1996; Kelm, 2004; Morrissette, 1994; Petersen, 2004; Whitbeck, Adams, Hoyt, & Chen, 2004). Kirmayer, Brass, and Tait (2000) wrote that, "The history of the European colonization of North America is a harrowing tale of the Indigenous population's decimation by infectious disease, warfare, and active suppression of culture and identity that was tantamount to genocide" (p. 607).

In fact, there is evidence of intentional planning of genocide in the early days of colonization of Eastern Canada. In 1744, a law was passed by the English Governor Cornwallis in Nova Scotia that promised "a scalp bounty of 100 pounds of silver.... for every male Indian over twelve" (Paul, 1997, 2000; Perley, 2001).

In the following section, studies that have examined the health issues of First Nations peoples from a social ecological point of view will be included, wherever possible, to elucidate quantitative data, such as the findings of the New Brunswick Regional Longitudinal Health Survey (NBRHS) (Getty, Solomon, Birney, & Rosenrauch, 2006) which includes data from Elsipogtog First Nation. The NBRHS included a randomly chosen sample of 257 adults, 49.8% of whom were men (Getty et al., 2006).

PREVALENCE OF ILLNESS AMONG FIRST NATIONS POPULATIONS

Many epidemiological and survey studies have identified increased prevalence and incidence of particular diseases among Aboriginals, in comparison to that of other Canadians and western citizens. Some are broad surveys of health risk behaviors and illnesses (R. Armstrong, 1999; Center, 1997; Etter, Moore, McIntyre, Rudderham, & Wien, 1999; Getty et al., 2006; J. Gray, 2005; Loveland, Kessler, Helgerson, & Harwell, 2008; Statistics, 2004; Stats, 2003; Webster et al., 2004). Others have quantified particular health challenges, including escalating rates of conditions such as obesity and cardiovascular disease (Eschiti, 2005; Graber, Corkum, Sonnenfeld, & Kuehnert, 2005; R. Gray et al., 2000; Loveland et al., 2008; O'Dea et al., 2008; Poltavski, Holm, Vogeltanz-Holm, & McDonald, 2010), diabetes and its complications (Kriska et al., 2003; E. Lee et al., 2004; Maberley, Walker, Koushik, & Cruess, 2003; O'Dea et al.,

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2008; Poltavski et al., 2010), asthma and respiratory diseases (Fenton et al., 2012; T. Lewis et al., 2004; Loveland et al., 2008; Sin, Wells, Svenson, & Man, 2002), musculoskeletal conditions, such as arthritis (Ferucci, Templin, & Lanier, 2005; Kopec, 2004; S. Lee, 2005; Leslie et al., 2004; Vindigni, 2003), trauma and accidental injuries (Karmali et al., 2005; MacIntosh, 2003), and infectious diseases, such as HIV/AIDS, tuberculosis, and hepatitis (Barney, 2005; Calzavera, Bullock, Myers, Marshall, & Cockerill, 1999; L. Martin, Houston, Yasui, Wild, & Saunders, 2011; C. Mitchell, Kaufman, Beals, & Team, 2004; Samji, Wardman, & Orr, 2012; Schneider, 2005; Wynne & Currie, 2011). In each of the foregoing studies, not only a higher prevalence of disease but poorer health outcomes have been identified for First Nations peoples.

Other research has compared the determinants of health and health status of different minorities, often finding the health of First Nations people to be the most compromised of all (Adelson, 2005; Karmali et al., 2005; Kutner & Brogan, 2000; S. Lee, 2005; Morrel, Dubowitz, Kerr, & Black, 2003; Oliver & Hayes, 2005; Poltavski et al., 2010; J. Reading et al., 2007; K. Wilson & Rosenberg, 2002). The findings of these studies are limited by their treatment of American Indigenous peoples as a homogenous population, rather than a diverse group, composed of many different tribes, with widely disparate health challenges, languages, cultures, beliefs, and practices (Aish, Lingren, Costello, & Brown, 1991; Burhansstipanov, Lovato, & Krebs, 1999; J. S. Y. Henderson, 2000a; J. Reading et al., 2007).

This plethora of survey and epidemiological studies has quantified the illness status of Aboriginal people. However, the narrow scope of this quantitative inquiry gives little information about how to address the problems identified. Studies that have examined the

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relationship between different social determinants of health and prevalence of illnesses have provided researchers with places to begin to address the factors underlying development of illness, such as those that examine the relationship between poverty and illness.

Poverty and health status

Many quantitative studies have identified an association between poverty and obesity (Drewnowski & Darmon, 2005; Oliver & Hayes, 2005; Poltavski et al., 2010; Scheier, 2005; Schell, 2012). Neighborhood socio-economic status has been inversely related to obesity among children, youth, mothers, and families (Coyhis & Simoneli, 2008; Getty, Perley, et al., 2010; Oliver & Hayes, 2005; Yurkovich & Lattergrass, 2008). In the NBRHS, 38.7% of families had a total household income of less than $20,000.00 per year (Getty et al., 2006), compared to 29.7% of households among the national sample of First Nations people (J. Gray, 2005).

Both individual and neighborhood socioeconomic status has been related to the health status of particular populations (Oliver & Hayes, 2005 ; Poltavski et al., 2010). For example, increased incidence of intrauterine growth retardation and premature births have been inversely related to the mother's socioeconomic status (Bloomfield, 2011) as well her neighborhood's socioeconomic level (J. Collins, W., Wambach, David, & Rankin, 2009; Nkansah-Amankra, 2010; Nkansah-Amankra, Dhawain, Hussey, & Luchok, 2010) and the amount of physical deterioration of the neighborhood (Nkansah-Amankra, 2010). Children's physical and mental health and quality of life indicators have been inversely

related to the socioeconomic level of their parents (Li, Mattes, Stanley, McMurray, & Hertzman, 2009; Mazumder & Davis, 2013).

Parental economic status has been directly related to the health related quality of life of adolescents, risk behaviors such as smoking (Halonen et al., 2012; Mathur et al., 2013), physical indicators of well-being such as blood pressure levels, and increased mortality (Matheson, White, Moineddin, Dunn, & Glazier, 2010). Neighborhood socioeconomic status has also been found to be inversely related to rates of adolescent hypertension (Forbes et al., 1999), incidence of sudden cardiac arrest, and both serious and common mental health disorders (Cubbin et al., 2006; Matheson et al., 2010). Finally, disparities in health status between urban American Indians and Alaska Natives and the general populations in the same urban areas were related to disparities in socioeconomic status ("Why we need Warrior Society's," ; Willows, Veugelers, Raine, & Kuhle, 2008). In North American Indian communities where the socioeconomic level has increased due to tribal casino gambling or other industry, the health status of the community has improved, along with longer lifespans and better quality of life (Wolfe, Jakubowski, Haveman, & Courey, 2012).

MOST PREVALENT HEALTH CONCERNS OF ABORIGINALS

Body Mass Index (BMI)

One factor that may be a precursor for many illnesses among Aboriginal people is the individual's BMI, which is a computation of body weight in kilograms, divided by the body height in meters squared (General, 2003; Gronniger, 2006; Welfare, 2004). According to their BMI result, people are classified as underweight, normal, overweight,

obese or morbidly obese, with higher BMI figures identifying more health risks. Categorized as a measure of body fat, the BMI has been related to the prevalence of arthritis, hypertension, heart disease, and diabetes (Douketis, Paradis, Keller, & Martineau, 2005; Getty, Perley, et al., 2010; O'Dea et al., 2008; Poltavski et al., 2010; Welfare, 2004).

The BMI is limited by its lack of attention to bone structure, muscle development, culture, and gender. BMI categories are based upon white European body structures, with no attention being given to the differing body shapes of men and women or different races or ethnic groups (Douketis et al., 2005). When applied to Aboriginal peoples, the BMI should be interpreted cautiously. However, it has been used in the National First Nations Regional Health Survey (RHS) (Getty et al., 2006; J. Gray, 2005) and will provide some normative (standardization of) data for First Nations people.

In the National RHS, First Nations men were found to be more likely to be overweight (42%) than Aboriginal women (31.8) but less likely to be obese (31.7%) than Indigenous women (40%) (J. Gray, 2005). In the NBRHS, 33% of adult participants were obese or morbidly obese (Getty et al., 2006) compared to 15% of the overall Canadian population and 20% of New Brunswickers (Douketis et al., 2005; Statistics, 2003). The increased prevalence of obesity among New Brunswick Aboriginal people could be interpreted as an indicator of risk behaviors, such as lack of physical exercise or an unhealthy diet. To some extent, obesity is socially constructed within the patterns of life of families and community, according to culture, socioeconomic status, geography, and social resources available to families (Polley, Spicer, Knight, & Hartley, 2005; Poltavski

et al., 2010; Wickrama, Wickrama, & Bryant, 2006). When viewed within the historical

and social context of the lives of Mi'kmaq people, it has been contended that this level of

body weight among First Nations people is the consequence of the following factors: (a)

their bodies' 'thrifty genotype,' which is related to past nomadic lifestyles and ensures

efficient use of calories ((Drewnowski & Darmon, 2005; Kriska et al., 2003; Scheier,

2005), (b) changes in lifestyle imposed by colonial policies and the poverty they created

(E. Anderson, 2004; Polley et al., 2005; Poltavski et al., 2010; Schell, 2012), and (c)

environmental contamination with cadmium and other obesogenic elements (Getty,

Perley, et al., 2010; Schell, 2012).

Obesity has been related to the development of several chronic illnesses among

Indigenous people in North America, including type 2 diabetes (Schell, 2012; Story et al.,

2003; Yeh et al., 2011), cardiovascular disease (Schell, 2012), and asthma (Noonan et al.,

2010; Yeh et al., 2011). Not only was there an increased prevalence of these chronic

illnesses among Indigenous peoples who were obese but their trajectories were more

acute and an increased mortality rate was observed in younger as well as older

participants (O'Dea et al., 2008; Sabanayagam, Shankar, Buchwald, & Goins, 2011).

Chronic illness

In spite of the obesity and poverty levels of the adult respondents of the NBRHS,

this sample of adults had a lower prevalence of illness than was evident in the 1997

NBRHS (Center, 1997) or the National RHS (J. Gray, 2005) and in some cases less than

the Canadian population as a whole (J. Gray, 2005; Stats, 2003). For example, only 14%

of the adults in the NBRHS had arthritis (Getty et al., 2006) compared to 25.3% of the

National RHS and 19.1% of Canadian adults (J. Gray, 2005). This may however, be related to the smaller proportion of the adult sample of the NBRHS who were 65 years of age or older than in the Canadian population as a whole.

While there was a lower prevalence of many chronic diseases among adults in the NBRHS than found in either the 1997 NBRHS (Center, 1997) or the National RHS (J. Gray, 2005), the pattern of illness described was often different from what is commonly found. Those First Nations people who had been diagnosed with a chronic illness were often diagnosed at an unusually young age, and at least 50% were limited in their activities due to their illness. One example of such a chronic illness is type 2 diabetes.

Diabetes

Epidemiological studies have shown that Aboriginal people are three times as likely to develop diabetes as are Canadians in general (Coleman, 2003; Iwasaki, Bartlett, & O'Neil, 2004; O'Dea et al., 2008; Oster et al., 2011). Twenty percent of First Nations peoples have been diagnosed with diabetes (La Page, 2006). While fewer Aboriginal males than females have been diagnosed with diabetes, there is a higher prevalence of impaired glucose tolerance among men, and the prevalence of diabetes among Aboriginal men is increasing at a faster rate than among women (Acton et al., 2002; O'Dea et al., 2008; Oster et al., 2011).

The prevalence of diabetes among Aboriginal people has been negatively correlated with current determinants of health, such as socioeconomic status, and employment (Iwasaki et al., 2004 ; Jacobson, Greenly, Breedlove, Roschke, & Koberstein, 2003; Poltavski et al., 2010). Approximately 10% of those living on First

Nations reserves in New Brunswick are receiving services related to management of diabetes and another 10% receive prevention programming (S. Leighton, personal communication, 2006).

Since diabetes type 2, which is most common among Indigenous peoples, can often be managed with diet, exercise, and some oral medication, markers for uncontrolled diabetes, such as blindness due to diabetic retinopathy, are often fodder for blaming the person living with diabetes for his or her increasing illness (Maberley et al., 2003; Mansberger et al., 2005). Epidemiological and clinical research results that have quantified levels of complications of uncontrolled diabetes have been used to blame Indigenous peoples for not adhering to the plan of care developed by western health care professionals. These quantitative study results have been used to pressure Aboriginal diabetics to change their patterns of response to one more congruent with western thought, a colonial approach (Iwasaki et al., 2004; Pohar & Johnson, 2007; Shubair & Tobin, 2010). All of the resources and efforts made to improve the management of diabetes by western health care providers and systems of knowledge have not prevented many of the consequences of uncontrolled diabetes among some Aboriginal peoples (Mak, Whitehead, & Plant, 2004; Shubair & Tobin, 2010).

An alternative approach to helping Aboriginal people manage their diabetes is to learn about the meaning it has for them (Iwasaki et al., 2004; Maberley et al., 2003; Mansberger et al., 2005). Diabetes, called 'the sweetening of the blood' by many First Nations people, emerged following colonization and is believed by many Aboriginal peoples to have resulted from the cumulative effects of social suffering over generations. Changes in diet and exercise patterns imposed by the colonial process have created a lack

of balance, which for First Nations people signals ill health (Benyshek, Martin, & Johnson, 2001; Iwasaki et al., 2004; Rock, 2003). For example, among the Anishnaabe, the epidemic of diabetes was attributed to lifestyle changes, stress, assaults to their culture through Canada's continuing attempts to assimilate them, lack of decent housing and services, unemployment, and environmental pollution (Sunday, Eyles, & Upshur, 2001). In order to help Aboriginal people gain control over their diabetes, Aboriginal scholars have recommended that their traditional understanding of balance and self-determination need to be rebuilt (Castellano et al., 2008; Cunningham et al., 2008; Devlin et al., 2010; Iwasaki & Bartlett, 2006; Iwasaki et al., 2004; Jiang et al., 2009; Paradis et al., 2005; Rock, 2003; Thompson & Gifford, 2000).

Cardiovascular disease

The development of chronic illnesses earlier in life among First Nations peoples was evident in the NBRHS in which100 % of the 3.5% of the sample who had been diagnosed with heart disease were diagnosed before 54 years of age with 83% between 35 and 54 years of age (Getty et al., 2006). This prevalence rate can be compared to the prevalence rate of heart disease among Canadians in general prior to age 54, which was 1.1% for males and 1.3% for females. The dramatically higher rate of early onset heart disease occurs at the very time when Aboriginal Canadians have the most responsibility and may be at the peak of their careers. They have a heavy burden of disability with 70% being treated and 64% being limited by the effects of heart disease (Getty et al., 2006). This heart disease will limit their ability to achieve their goals and care for their families (Hitchcock, Schubert, & Thomas, 2003; O'Dea et al., 2008; Poltavski et al., 2010).

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The most prevalent cause of mortality among Indigenous peoples of North America is cardiovascular disease (Sabanayagam et al., 2011). The relationship between cardiovascular disease, diabetes, poverty, and Aboriginal Canadians' diagnoses at younger ages, with more rapidly deteriorating disease amid many other health challenges, such as insomnia, and mental health disorders, is evident in First Nation communities (Sabanayagam et al., 2011). One example is an Aboriginal woman in her 40s in a First Nations community in New Brunswick who was diagnosed with diabetes type 2 in her thirties. She had been bulimic, with exacerbations of binging and purging periodically, and was addicted to narcotics. However, in her early 40s she was working every day, bringing up two children, and managing her health. She was taking Methadone to support her recovery from a narcotics addiction, and her diabetes was managed by oral medication. With little notice, her job was terminated, leaving her with only social assistance for income, less structure, and a feeling of powerlessness to change her life. Within six months, her diabetes was out of control, she was being treated with Insulin, and she had begun to experience cardiovascular disease. Within a year, her vision had deteriorated to being untreatable with blindness gradually occurring. Her diabetes was imbalanced and she developed congestive heart failure and end stage kidney disease. Less than 18 months after losing her job, in her early 40s, this client died. While this is only one example, the statistics confirm that Aboriginal people die earlier with more morbidity from uncontrolled diabetes with its complications such as cardiovascular disease, kidney disease, and peripheral vascular disease (O'Dea et al., 2008; Sabanayagam et al., 2011). The rapidity of this devolution of health speaks to the urgency of addressing issues of employment, diabetes management, and supports to help Aboriginal clients manage their

symptoms in order to prevent this kind of avalanche of illness (Ralph-Campbell, Oster, Kaler, Kaler, & Toth, 2011).

In every case of chronic illness in the NBRHS, more respondents had been limited by their illness than were treated for it (Getty et al., 2006). Some health care workers have related the gap between limitations and treatment to a stoicism found among many First Nations people and their understatement of the pain they experience (Kramer, Harker, & Wong, 2002). However, more have recognized the gap in access to treatment that is acceptable to Aboriginal Canadians. Racism on the part of health care professionals and the stigma attached to poverty are clearly recognized by Aboriginal people, who choose to deal with their illnesses and injuries themselves rather than endure discrimination from the white western health care staff (Garroutte, Sarkisian, Argielles, Goldberg, & Buchwald, 2005; Garroutte, Sarkisian, Goldberg, Buchwald, & Beals, 2008; Isaacs, Pyett, Oakley-Browne, Gruis, & Waples-Cro, 2010; Van Herek, Smith, & Andrew, 2011; Vukic, Rudderham, & Martin Misener, 2009).

Depression, suicide, and addiction

Suicide, depression, and addiction have at times been posited as an epidemic among Aboriginal peoples, especially adolescent and young adult men, with levels of suicide four to five times those found in the general population (Chandler & Lalonde, 1998; Getty et al., 2006; Jacobs & Gill, 2002; Karmali et al., 2005; Kokkevi, Rotsika, Arapaki, & Richardson, 2012; Petit, Green, Grover, Schatte, & Morgan, 2011; Skinner & McFaull, 2012). When a social ecological approach was taken to understand suicide patterns among First Nations people, Graham (2002) and Lowery (1998) identified the importance

of taking historical trauma into account if one is to understand suicide among Aboriginal people. Graham (2002) also noted the contribution of other factors to the likelihood of suicide, such as (a) having had friends or family members commit suicide, (b) mental health problems, and (c) alienation from their community and culture.

Chandler & Lalonde (1998) found that suicide rates among First Nations young men varied, depending upon certain "markers of cultural continuity" (p.34), including, self-government, management of their own land base, having their own schools, health systems, police and fire services, and having access to cultural resources (Chandler & Lalonde, 1998). This finding provided direction for intervention programs which focused on cultural and spiritual connectedness, with renewed pride in Aboriginal culture and heritage (Brokenleg, 2012; Chandler & Lalonde, 1998; Coyhis & Simoneli, 2008; S. Dunn, 2004; E. Duran, Duran, & Brave Heart, 1998; Fast & Collin-Vezina, 2010; Getty, Bartibogue, et al., 2010; Gone, 2009, 2011; Gone & Alcantara, 2007; Goodkind et al., 2010; Portman & Garrett, 2006; Yurkovich & Lattergrass, 2008).

Early adoption of substance abuse, beginning with alcohol and smoking marihuana are rampant among Aboriginal adolescents (Brady, 2007; Walls, Hartshorn, & Whitbeck, 2013) and have been related to transgenerational traumatic stress disorder and the racial discrimination that Aboriginal adolescents confront in schools (Brady, 2007; Coyhis & Simoneli, 2008; Currie et al., 2011; Spooner, 2009).

Cancer

Cancer has become a leading cause of morbidity and mortality among Indigenous people (Fesinmeyer, Goulart, Blough, Buchwald, & Ramsey, 2010; Getty, Perley, et al.,

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2010; Newman et al., 2008). In a study of the health effects of environmental contaminants for First Nations people in New Brunswick, a rate of 9.8% of the participants (n = 163) had been diagnosed with cancer, a rate of five times that of the NB population as a whole. Not only are more Aboriginal people diagnosed with cancer, but they suffer from a decreased survival rate (Fesinmeyer et al., 2010), decreased access to treatment (Eschiti, Burhanasstipanov, & Watanabe-Galloway, 2011; Fesinmeyer et al., 2010; Haozous & Knobf, 2013; Haozous, Knobf, & Brant, 2011), and less effective treatment of the pain that is caused by cancer (Eschiti et al., 2011; Haozous & Knobf, 2013; Haozous et al., 2011).

Research on Aboriginal women's and men's health and illness

A large number of current studies have focused on the health and illness of Aboriginal women, particularly their sexual and reproductive health (Benoit, 2003; Brave Heart - Jordan & DeBruyn, 1995; A. Browne & Fiske, 2001; A. J. Browne, 2002; Clarke, Friedman, & Hoffman-Goetz, 2005; G. Dickson, 2000; G. Dickson & Green, 2001; Fenwick, 2004; S. Grace, 2003; J. Hanson, Miller, Winberg, & Elliott, 2013; Loppie, 2005, 2007; Malone, 2000; Richards & Mousseau, 2012; Rutman, Taualii, Ned, & Tetrick, 2012; K. S. Walters, 2002). Some studies purport to focus on the health issues of both Aboriginal men and women, but in fact give little, if any, time to the situation of men (Burhansstipanov et al., 1999). Even studies that report on the contextual experiences of men and women, separately, have tended to generalize their findings as if the experiences of both sexes was the same (Rock, 2003; Sunday et al., 2001).

Only a few articles focused specifically on the health of American Indian men. One such paper reported increased mortality from suicide, homicide, automobile accidents under the influence of alcohol, cardiovascular diseases, and cancer and related these to the colonial process and impoverishment of Aboriginals (J. Joe, 2001). Another researcher assessed young Native men's attitudes toward and intentions to seek family planning services. This study did not include any discussion of masculinity issues even when examining the contribution of fatherhood to decision-making (Rink et al., 2012). The influence of the gender or masculinities of Aboriginal men on their health hazards was not included in either of the preceding studies. In fact, only a handful of papers were located that discussed the influence of gender or masculinities on the health of Aboriginal men in North America. One of these was a clinically based observation, rather than a research account (Sabo, 2000). It is evident that to truly understand the morbidity and mortality of Aboriginal men, we need to understand the historical, social, economic, and political contexts within which Aboriginal men's masculinities and current health are constructed.

While some researchers did examine changes in masculinity due to illness, the strength of the argument was limited by not having systematically appraised the participants' masculinity practices prior to illness. What happens to marginalized men when they become ill, how they care for their own bodies, and the efforts they make to prevent illness and attain health is missing in this discourse (Como, 2007; Thomlinson, McDonagh, Crooks, & Lees, 2004; M. Wilson, 2005). The main exception to the lack of studies related to the health practices of marginalized men are those studies that examined

the health behaviors of gay men and their relationship to HIV (Getty, Allen, Arnold, Ploeme, & Stevenson, 1999; Warwick, Douglas, Aggleton, & Boyce, 2003).

The vast majority of literature that examines masculinities and health and illness were based on an assumption of a western heterosexual population. Few studies of masculinities examined the effects of health issues on gay, bisexual, or transgendered men. Moreover, studies of men of different cultures were sparse.

THE SOCIAL CONSTRUCTION OF MASCULINITIES

In this section of the literature review, I will focus on the literature related to masculinities, the meaning of the performance of masculinity for the health of men and in particular, masculinities practices and the health of Aboriginal men. According to the Population Health Framework and the determinants of health, gender differences determine a man's ability to reach his optimal health (Courtenay, 2000a; Drummond, 2005; Griffith, Metzl, & Giunter, 2011; Hammarstrom & Phillips, 2012; Landstedt, Asplund, & Gadin, 2009). On the other hand, a man's health status may affect his performance of masculinity and his ability to achieve hegemonic masculinity (Courtenay, 2000b; C. Elmslie, Ridge, Ziebland, & Hunt, 2006; J. Evans et al., 2005; R. Gray, Fergus, & Fitch, 2005; R. Gray, Fitch, Fergus, Mykhalovskiy, & Church, 2002; Halter, 2004; Manhart, Dialmy, Ryan, & Mahjour, 2010; R. Martin et al., 2004; McVittie & Willock, 2006; Meryn, 2010; Meryn & Shabsigh, 2009; J. Oliffe, 2002, 2005, 2006; J.. Oliffe, Ogrodniczuk, Bottoroff, Johnson, & Hoyak, 2010; J. Oliffe & Phillips, 2008; Robertson, Sheikh, & Moore, 2010).

While some theorists have contended that a person's gender is dependent on his/her body functions, such as hormones or brain structure and/or function (Ahlsen, Mengshoel, & Solbraekke, 2012; Cecil, McCaughan, & Parahoo, 2009; Kolbe & Whishaw, 1996), it has gradually been accepted that the body is not the cause of gender, but the site of the social construction of gender (J. Butler, 1993; Connell, 1995; Messner, 2003; Motschenbacher, 2009; Schyfter, 2008). At the same time, the individual is not a clean slate upon which the social environment of the person writes the prescription for gender, but instead is the site at which the person's own agency interacts with the person's social, historical, economic, and political context to continuously construct the individual's gender (S. Alexander, 2003; J. Butler, 1993; Connell, 1995; A. Hall, Hockey, & Robinson, 2007; Messner, 2003; Motschenbacher, 2009; O'Donoghue, 2005; Schrock & Schwalbe, 2009). Fears and anxieties, inner motivations, body size, and function unconsciously contribute to the construction of a person's gender identity (Landstedt et al., 2009; Messner, 2003). Connell (1995) names the dynamic interaction between the person's body and social context, "body-reflexive processes" (p. 59), drawing attention to the body as both a recipient of and an agent in the social construction of gender (Robertson & Monaghan, 2012; Robertson et al., 2010).

Connell (1995) defined masculinity as "simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality, and culture" (p. 71). All men do not share common configurations of masculine practices. Diverse circumstances and the discourses that occur within and between them offer different ways of being male (masculinities), privileging some over others (Davison, 2000; R. O'Brien, Hunt, & Hart,

2005). Personal factors, such as body size and coordination, and social factors, such as socioeconomic status and work, interact through the politics of masculinities to determine whether a man has attained a dominant masculinity (hegemonic) or is subjugated to an 'other' (marginalized) masculinity (Connell, 1995; Connell & Messerschmidt, 2005; Coston & Kimmel, 2012; R. O'Brien et al., 2005).

Masculinities embody multiple dimensions, e.g., gay white working class. The social, ethnic, class, and sexual identities of males within local sites influence the range of masculinities that are inhabited. Each of these social locations adds to or decreases the access to power of the particular man. Different masculinities, with their own place in the social hierarchy of masculinities, are formed in the same cultural and institutional settings, such as schools and churches (Connell, 1987, 1992; Davison & Frank, 2006; Lusher, 2011; Mac an Ghaill & Haywood, 2012). They are constructed through dialectic relationships between groups of men and boys, with collective acts of exclusion and inclusion. Strategies, such as intimidation and harassment, are used to exclude those who differ from the dominant masculinity practices; such practices may be met with acts of resistant masculinity. For example, some gay masculinities are fueled by exclusion strategies of hegemony as well as the different abilities and needs of men and boys who are erotically attracted to their own sex (Davison, 2000; Davison & Frank, 2006; Martino & Frank, 2006; Tischler & McCaughtry, 2011).

Within the social setting of the school, boys and male teachers continually work to construct their own masculinity and to police the masculinities of others (Connell, 2003; Davison, 2000; Davison & Frank, 2006). Many teens experience increased pressure to conform to their peer group's culture and its demands (Norman, 2011; Washburn-

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Ormachea, Hillman, & Sawilowsky, 2004). Boys who do not achieve the gender expectations of their peers suffer isolation, taunting, being labeled a "fag," and other kinds of physical and emotional abuse (Davison, 2000; B. Frank, 1993a; Kimmel & Mahler, 2003; Richardson, 2010; Tischler & McCaughtry, 2011). The taunts and other emotional abuses create a sense of shame in their targets, who are silenced by the masculine imperative to 'take it like a man' (Askew & Ross, 1988; Kivel, 2003). This sense of shame becomes embodied and can shape boys' sense of their own body and personhood (Brooks, 2003; J. Butler, 1997; Davies, 2003; Kimmel & Mahler, 2003; Lusher, 2011; Mac an Ghaill & Haywood, 2012).

HEGEMONIC MASCULINITY

Hegemonic masculinity refers to a pattern of practices that are fundamentally related to the acquisition and retention of power (Connell, 1987, 1994b, 1995). Power results from an interactional process in which one person or group is able to induce others to comply with his/their wishes, either through persuasion or by force (Foucault, 1980b). The performance of hegemonic masculinity is resistant to change because of the benefits of power, referred to as the patriarchal dividend (Connell, 1995), which comprises the acquisition of more resources and opportunities than other men have obtained (Connell, 1987; Foucault, 1980b; Landstedt et al., 2009). Hegemonic masculinity is defined by the practices of (a) balancing misogyny and heterosexism and (b) homophobia (Carless, 2012; Davison & Frank, 2006; Higgins, Hoffman, & Dworkin, 2010; Kimmel, 2002; Kimmel, 2005; Monaghan & Robertson, 2012; Newcomb & Mustanski, 2010; Norman, 2011).

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Balancing heterosexism and misogyny

Men are expected to act in a manner that is the antithesis of how women are thought to be, often resulting in disregard for and subjugation of women and femininity (Ashley, 2003; Connell, 1994a, 1995; Hearn, Nordberg, Pringle, & Sandberg, 2012). A man from Africa described being reprimanded by his male friends for doing 'women's work' when he cared for his wife who was ill with AIDS and took care of their home and children (Onyango, 2006).

Although hegemonic masculinities are built on misogyny, most are heterosexist in nature, with sexual prowess with women being flaunted before other men (Bertone & Camoletto, 2009; Bowleg et al., 2011; Connell, 1995, 2000; Davison, 2000; Drummond, 2011; Forrest, 2000; B. Frank, 1993b; Haywood & Mac an Ghaill, 1996; Higgins et al., 2010; Kimmel, 2005; Kivel, 2003Martino, 1999 #152; Monaghan & Robertson, 2012; Norman, 2011; Robinson, 2005). Testicular and prostate cancers threaten men's sexual abilities and sense of themselves as sexual beings (Cecil et al., 2009; Halpin, Phillips, & Olifee, 2009; Mroz, Chapman, Oliffe, & Bottoroff, 2010; J. Oliffe, Ogrodniczuk, Bottoroff, Hislop, & Halpin, 2009). Testicular cancer occurs mainly among young men at a time when many are striving to demonstrate their sexual prowess and achieve hegemonic masculinity. Some procrastinate in seeking help for early symptoms of testicular cancer and others are reluctant to perform testicular self-examination due to their fears about how it will affect their masculinity (Cronholm et al., 2009; Gurevich, Bishop, Bower, Malka, & Nyhoh-Young, 2004 ; Halpin et al., 2009; Lu, Andrews, & Hou, 2009; Mroz et al., 2010; L. Smith, Pope, & Botha, 2006).

Guerevich and associates (2004) found that testicular cancer survivors balance a "precarious masculinity" (p. 1600), where masculinity is challenged by the loss of a testicle. While many initially conceal their genitals from other men, most eventually find an alternative masculinity in which their manliness is not predicated upon having two testicles. They begin to challenge the investment of the testicle as the sexual center of a man.

Prostate cancer threatens older men's sexual performance (Chapple & Ziebland, 2002; J. Evans et al., 2005; R. Gray et al., 2002; Halpin et al., 2009; Lu et al., 2009; Mroz et al., 2010; J. Oliffe, 2002). Treatment consequences, such as impotence and/or urinary incontinence, may challenge the performance of hegemonic masculinity, including sexual prowess and self-control (Chapple & Ziebland, 2002; J. Evans et al., 2005; R. Gray et al., 2005; J. Oliffe, 2002, 2005, 2006). At this stage in life, however, men's pattern of masculinity practices have often changed from an emphasis on the volume and intensity of sexual intercourse to increased intimacy or emotional closeness (J. Oliffe, 2002, 2005).

Some research on men's sexual health has used the concept of their sex role identity. This construct is considered to be outdated by masculinity theorists because it focuses on a fixed state, rather than acknowledging that men must continuously perform their masculinity (Connell, 1995; J. Evans et al., 2011; B. Frank, 1999).

Homophobia

Another characteristic of hegemonic masculinity is that it is not homosexual (D. Barnes & Meyer, 2012; Connell, 1995; B. Frank, 1993a; 1999 ; Kimmel, 2002; Tharinger, 2008). Long before children understand the meaning of same sex loving and

erotic relationships, they use terms like 'fag' to tease and harass other boys. This discursive practice leads to those who are gay being the most reviled of any other group of men (Ashley, 2003; Boler, 2005; Kimmel & Mahler, 2003; LaSala & Frierson, 2012; Newcomb & Mustanski, 2010; O'Conor, 1995; Phoenix, Frosh, & Pattman, 2003). Their exclusion from other social groupings adds to the privileged position of heterosexuality (Connell, 1992; B. Frank, 1993a; Phoenix et al., 2003; Tharinger, 2008).

Hegemonic masculinity practices utilize acts of inclusion, such as welcoming and praising, to sustain the complicity of those boys and men who seek to emulate and share the power of the hegemonic groups (Connell, 1995; Pascoe, 2003). Complicit masculinity benefits from existing hegemonic structures and the patriarchal dividend or profit from benefits accrued simply by virtue of compliance with hegemonic masculinity practices (Connell, 1995, 2000, 2005b; Coston & Kimmel, 2012; Pascoe, 2003).

Other characteristics of hegemonic masculinity

Hegemonic masculinity becomes normalized through everyday actions within society, so that heterosexism and homophobia become unconscious attitudes (B. Frank, 1993b). Achievement, competition, aggression, and permissiveness of violence are intrinsic components of hegemonic masculinity (Connell, 1995, 2003; Courtenay, 2000a; Hong, 2000; Kimmel & Mahler, 2003; M. Mills & Keddie, 2010; J. Nixon & Humphreys, 2010). These qualities may lead to violence against women and other vulnerable groups (Haywood & Mac an Ghaill, 1996; S. Hunter, Boyle, & Warden, 2004; Kimmel & Mahler, 2003; Lorber, 2003; McKie, 2003; Mendoza & Cummings, 2001; J. Nixon & Humphreys, 2010; Pascoe, 2003; D. Plummer, 2001).

The dominance of hegemonic masculinity can never be taken for granted but must continuously be earned (Connell, 1995; Haywood & Mac an Ghaill, 1996). Hegemonic men are expected to be always in control, successful, able to achieve their goals, and to manage risks (Bottorff, Kalaw, Caret, & Mroz, 2006; Connell, 1987, 1995; I. Day, 1990; Kivel, 2003). Some men interpret risk behaviors, such as smoking, as evidence of their autonomous masculinity (Bottorff et al., 2006; Bottoroff et al., 2010; Bottoroff, Radsma, Kelly, & Oliffe, 2009; Chizimuzo, Okoli, Oliffe, & Bottorff, 2011).

Help-seeking, risk-taking and masculinities

Help-seeking and health promotion efforts are often seen by men to be feminine practices (Courtenay, 2000a, 2000b; Sabo, 2000), so that men are less likely to seek medical help until they are so ill there is little choice (Addis & Mahalik, 2003; Ahlsen et al., 2012; Almgren et al., 2009; Courtenay, 2000a; R. Gray et al., 2002; Nicholas, 2000; R. O'Brien et al., 2005; Riska, 2002). Even when men experience symptoms such as cardiac pain, they may delay seeking medical help, believing that the symptoms will go away if ignored (Courtenay, 2000a, 2000b; Robertson et al., 2010; L. Smith et al., 2006). Health promotion practices, such as testicular self-examinations, are avoided as threats to their manhood (Courtenay, 2000a, 2000b; Galdas, Cheater, & Marshall, 2005; Sabo, 2000; J. Smith, Braunach-Mayer, & Wittert, 2006; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011).

Characteristics of hegemonic masculinity such as autonomy, strength, physical prowess, and domination have been related to men's health practices as well as risk behaviors (Bottorff et al., 2006; Brooks, 2003; Connell, 1995). Behaviors such as

excessive and dangerous patterns of drinking alcohol, smoking, dangerous driving, and other risky behaviors are ways of asserting characteristics of hegemonic masculinity (Bowleg et al., 2011; Breslin, Polzer, MacEachen, Morrongiello, & Shannon, 2007; Brooks, 2003; Courtenay, 2000a; Drummond, 2011; Duncan, 2010; Nicholas, 2000; van Kammen & Oudshoorn, 2002; Warwick et al., 2003). The need to be strong, endure independently, and never demonstrate or share their feelings has prevented men from discussion of their health concerns (Beauboeuf-Lafontant, 2007; Biong & Ravndal, 2007; Boehmer & Clark, 2001; S. Brown, 2001; A. Cheung & Dewa, 2007; C. Elmslie, 2005; C. Elmslie et al., 2006; Hokowhitu, 2007; Tod, Read, Lacey, & McNeill, 2002).

Characteristics associated with hegemonic masculinity are apparent in the literature in which cardiovascular disease was correlated with a Type A personality. These include constantly striving for success, using power aggressively, being autonomous, and not expressing pain or emotion. Riska (2000) called this the "medicalization of traditional [read hegemonic] masculinity" (p. 1667). Gradually, the label 'Type A personality' was replaced with the concept of the 'hardy man,' one who has all of the characteristics of the Type A personality but who does not become sick (Riska, 2002). To be a truly hardy man, he needs to be able to perform hegemonic masculinity practices without suffering any personal health consequences.

The performance of hegemonic masculinity requires men to suppress expressions of emotional feelings, to be rational, and to intellectualize their emotions and feelings. Reason and objectivity become the goals for dealing with painful or tense situations (Connell, 1990, 1995; Courtenay, 2000a; Hearn & Collinson, 2002; Kivel, 2003; Monaghan & Robertson, 2012; Pease, 2012; Robertson & Monaghan, 2012; C. Walton,

Coyle, & Lyons, 2004; A. White & Peretz, 2009). Men who subscribe to hegemonic masculinity, or who practice a complicit masculinity, find it difficult to seek help for depression or suicidal ideation. The acute pain of sadness, emotional fragility, and increased crying episodes that are hall-marks of depression are anathema to men who are striving to perform hegemonic masculinity (Courtenay, 2000a; C. Elmslie et al., 2006; Moller Leimkuhler, Heller, & Paulus, 2007; R. O'Brien et al., 2005; J.. Oliffe et al., 2010; J. Oliffe & Phillips, 2008; Rochlen et al., 2010; Valkonen & Hanninen, 2012; Van de Velde, Bracke, & Levecque, 2010). Many men deny that they have a problem until it has completely overtaken them and they are unable to hide their depression any longer (Banks, 2001; Beauboeuf-Lafontant, 2007; Courtenay, 2000a; Halter, 2004; J.. Oliffe et al., 2010; Rochlen et al., 2010).

Elmslie and associates (2006) describe a "recovery narrative" (p. 2251), in which men who suffer depression or suicidal ideation reframe their experience so as to reaffirm a sense of their masculinity and regain control over their lives. For example, some men who were suicidal developed a discourse around the act of suicide as a 'macho' endeavor that took courage to do. Others interpreted suicide as the easy way out of their pain and used their illness as an opportunity to develop a discourse around different forms of masculinity. They looked for ways to legitimize their differences, such as their increased emotional sensitivity. Some described how their depression and suicidal feelings had enabled them to express their artistic (read feminine or whole) talents (C. Elmslie et al., 2006).

The hegemonic practice of 'taking it like a man' (Askew & Ross, 1988; Kivel, 2003) with its implicit barrier to expression of emotions means that men who practice

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hegemonic or complicit masculinity find it difficult to seek social support from other men and women (Nicholas, 2000) and to provide support to others, including their wives (Throsby & Gill, 2004). Men may not share their illness experiences with other men if they perceive that their illnesses could put them in a vulnerable location or could threaten their masculinity (Cleary, 2012; J. Evans et al., 2005; Greene & Britton, 2012).

Achievement, competition, and assertion of power are characteristics of hegemonic masculinity practices that are played out in work settings. The economic and organizational structures of patriarchal institutions of business and other occupational settings contribute to the making of masculinities. For example, some men who own and manage mining companies benefit from the back-breaking, dirty work of mining, taking risks with other men's lives. The wearing out of miners' bodies has been construed as evidence of their manliness (Connell, 1995). The masculinities performed among working class men emphasize toughness, stoicism (Connell, 1990, 1995; Dolan, 2007, 2011; Donaldson, 1991; Gough & Conner, 2006; Reay, 2002; R. White, 2002; Willis, 1977), and obtaining satisfaction through food and other physical pleasures. Working classes often have higher intakes of foods with high satiety factors, such as those that are cholesterol rich, placing a burden on their cardiovascular systems and causing other health issues (Gough & Conner, 2006).

One of the problems implicit in the theoretical work on masculinities is the Eurocentric, heterosexist, homophobic, middle class bias that has been evident in much of this work (Courtenay, 2000a). While some work has been done in relation to the masculinities of working class men, gay men, and men of color, the marginalization of these 'others' in comparison to the hegemonic masculinity of white Europeans has

seldom been challenged. Little of the literature on men's health issues examines the consequences for health of the masculinities of men of color or different cultures. In some ways, the hegemonic ideal is another form of colonialism in which everyone else is compared, usually unfavorably, to those who have achieved and continue to practice behaviors of hegemonic masculinity.

It was evident in several presentations at the XVI International Conference on AIDS in 2006 that hegemonic masculinity exists in many different cultures and global locations (Barker, 2006; Das, 2006; Onyango, 2006). Whether this is related to colonial experiences or is a universal value among men is debatable. However, many programs in different countries have addressed masculinities among men at risk of or living with HIV in order to help them prevent transmission of HIV and maintain their health and that of their families (Barker, 2006; Das, 2006).

MARGINALIZED MASCULINITIES

Gay masculinities

When boys begin to recognize that they are erotically and emotionally attracted to other boys and men they gradually take on a marginalized masculinity in which they need to unlearn the myths about homosexuality and to learn how to navigate the "trajectory of experiences, desires, pleasures, the learning of sexual scripts, and rites of passage to sexual communities; in other words, his curriculum vitae as social actor and embodied sexual self" (Pryce, 2004p. 258). This process has been documented in several studies (H. Carlson & Steuer, 2001; Connell, 1992; Getty, Allen, Arnold, Ploeme, et al., 1999; Pryce, 2004; Theodore et al., 2013; Warwick et al., 2003).

Young gay men often express their sense of shame and fear for their lives in view of the social approbation they expect from other boys (D. Barnes & Meyer, 2012; Boler, 2005; Getty, Allen, Arnold, Ploeme, et al., 1999; Greene & Britton, 2012; LaSala & Frierson, 2012; Meyer & Dean, 1998; Newcomb & Mustanski, 2010; Pryce, 2004; Theodore et al., 2013; Warwick et al., 2003). The health of men beginning their careers as gay men is jeopardized by the risks of violence, sexually transmitted diseases (including HIV), as well as internalized violence in the form of suicide (D. Barnes & Meyer, 2012; Boler, 2005; Getty, Allen, Arnold, Ploeme, et al., 1999; Kimmel & Mahler, 2003; Phoenix et al., 2003; Warwick et al., 2003).

Aboriginal Masculinities

Men of color carry a visible mark that clearly differentiates them as "other" (J. Hall, 1999; J. M. Hall, Stevens, & Meleis, 1994) in relation to hegemonic masculinities, which are usually occupied by white males. In the media, men of color are constructed as criminal, violent, lascivious, irresponsible, and not particularly intelligent (de Souza, 2012; Fujioka, 2005; R. Hall, 2007; Hazell & Clarke, 2008). Aboriginal men have been presented as 'innocent,' 'simple,' 'savage,' drunkards,' 'cruel,' 'wise,' 'lazy,' and multiple other epitaphs (Bird, 1999; Valaskakis, 2005). As children, they have been construed by white boys, teachers, and others in society as either deviant, poor, victims, or stereotyped as "noble savages" (Beckett, 2003, p.83; Bird, 1999). Positioned as 'the other,' their masculinity has been dominated by the hegemonic racist masculinities of white boys and men. Racism, like masculinities, is socially constructed and founded on the basis of power differentials creating a hierarchical system in which the differences

between races is seen as incommensurable. A strategy used by white boys and men to maintain their dominance is reverse discrimination in which they legitimate racist and violent practices by positioning themselves as disadvantaged, with aboriginals getting huge benefits on the basis of their race (Beckett, 2003; Mayrl & Saperstein, 2013).

Colonial forces were an embodiment of hegemonic masculinity (G. Alfred, 2009; Guerrero, 2003; Petersen, 2004; Rice & Snyder, 2008; Switlo, 2002; Whitt, 2009). The Eurocentric idea that all men aspire to accumulate wealth, demonstrate independence, and compete for status, elements of hegemonic masculinity (Leigh, 2009; Tengan, 2002). may not be accurate for other groups of men. Aboriginal culture values the collective and sharing interactions with others (Coyhis & Simoneli, 2008; Coyhis & Simonelli, 2005; Gone, 2011; Goodkind et al., 2010; Morgan & Freeman, 2009; Portman & Garrett, 2006). Ownership and accumulation of wealth are not important, whereas careful stewardship of the land and its living creatures is an imperative. All living beings are considered to be equal in a circle of life. In such a society, the kind of masculinity men aspire to achieve may be very different from that of the dominant society (Brokenleg, 2010, 2012).

In Australia, Tsey and associates have reported on work that is being done on "*Indigenous men taking their rightful place in society*" (Rasmussen, 2001; K. Tsey, Patterson, Whiteside, Baird, & Baird, 2002, p.1). While this title conveys a sense of hegemony, this group has compiled a list of dos and don'ts, including behaviors such as communicating with wives and children regularly, learning to mediate, respecting themselves, and resolving conflict peacefully. These are far from the practices of hegemonic masculinity in the western world's perspectives. The situation of Australian Aboriginals is similar in many ways to that of Canadian Aboriginals.

The standpoint of Mi'kmaq men living at Elsipogtog has been shaped by their experiences as Aboriginal men who are immersed in western culture. Little is known about the masculinity regimes of Mi'kmaq men, except that their traditional culture tended to be egalitarian with no hierarchical structures (Kawagley, 2001; G. H. Smith, 2000); however, the elected chiefs and other political positions among Mi'kmaq people were historically men (V. Miller, 1995; Wallis & Wallis, 1955). As with other groups, there are multiple standpoints among First Nations men. Their standpoints are dynamic and constantly evolving; many are influenced by their experiences with the communities around them (E. Duran, Duran, & Yellow Horse Brave Heart, 1998; Grande, 2000).

Men's roles as providers for their families and warriors who protected their communities from outside threats were damaged by the colonial process (Mussell, 2005), which curtailed their ability to hunt and fish off the reserve (Getty, Bartibogue, et al., 2010; Getty et al., 2001; Iwasaki, Bartlett, & O'Neil, 2005; Wesley-Esquimaux & Smolewski, 2004). While colonialism wounded Aboriginal men's sense of themselves, their continuing immersion in western society has prevented many from healing their emotional and spiritual lesions (R. Bowers, 2010; Castellano et al., 2008; Chansonneuve, 2005, 2007; Coyhis & Simonelli, 2005; E. Duran, Duran, & Yellow Horse Brave Heart, 1998; W. Martino, 2003; Mussell, 2005; Rock, 2003). First Nations boys attend consolidated schools within the surrounding communities in New Brunswick, where they are immersed in the gender regimes of other boys and are subjected to their homophobic, heterosexist, and misogynist discourse (Connell, 1995, 2003; Davison, 2000). Coming from the reserve into a school where many of the white boys have attended school together for several years, Aboriginal boys often find themselves excluded and

marginalized by the racist conduct of their peer groups (Beckett, 2003), their teachers, and the oppressive educational system that expects them to do poorly. They learn to expect racist epithets and to maintain a vigilance against physical and emotional violence from their peers and others in their off reserve environment (Bodkin-Andrews, O'Rourke, Grant, Denson, & Craven, 2010; Hylton, 2010; Paradies, 2005; Schick, 2011; Wells, Merritt, & Briggs, 2009). Kindlon and Thompson wrote:

> With every lesson in dominance, fear, and betrayal, a boy is tutored away from trust, empathy, and relationship. This is what boys lose to the culture of cruelty. What they learn instead is emotional guardedness, the wariness with which so many men approach relationships for the rest of their lives (Kindlon & Thompson, 2000, p.75).

Aboriginal boys learn that the idealized masculinity in the western world is hegemonic masculinity, which is grounded in a white, western, heterosexual, middle class culture (Connell, 1995; J. Evans et al., 2005). A few are able to compete and excel in sports earning points toward a hegemonic performance (Drummond, 2003; Messner, 2003; Pascoe, 2003; Reichert, 2003). Most, however, find themselves marginalized and develop a socially constructed racialized identity, causing them to compensate in ways that increase their health risks (Boyster, Richmond, Eng, & Margolis, 2006; Connell, 1987; J. Evans et al., 2005; Fast & Collin-Vezina, 2010; Odih, 2002; Wynne & Currie, 2011).

Little research has been conducted with Canadian aboriginal men to identify how their masculinities are formed in contrast to that of white men and others in Canadian society. Mussell (2005) examined the challenges and healing needed by Aboriginal men

in Canada, describing the "Warrior-Caregiver" as a model for Aboriginal men's way of being, writing:

> A warrior-caregiver has a strong social presence because he moves with confidence and is aware of, and in touch with his surroundings. He relates well with people who sense that he cares about his environment and all things within it. He enjoys inner peace and relates well to the life forces in his world. As an adult, he takes pride in being responsible and accountable. He values safety and security, knows the importance of acceptance, understanding, and love, and enjoys nurturing interpersonal relationships with people of all ages and stages of life.

> In family and community, a Warrior-Caregiver provides well, enjoys his work, volunteers to assist others and is pleased to discuss needs and challenges when occasions present themselves. He has clear beliefs, stands on principal, and is alert and prepared to resolve conflict when in the presence of injustice, unfairness and violence. He knows humility, genuine pride and believes unfailingly in the ability for people to modify themselves (Mussell, 2005, p.23).

It is evident from Mussell's work that the model of hegemonic masculinity is culturally incongruent for Aboriginal men. The gap between this image of what the idealized picture of an Aboriginal man should be and the image of Eurocentric hegemonic masculinity is astounding. When research is conducted to examine the effect of masculinities of Aboriginal men on their health, it will be important to examine the configurations of practice that define their models of masculinity.

The impact of assimilation efforts and intermarriage has created an Aboriginal society with many mixed messages and values. The configurations of practice for Aboriginal men may be very different from those of hegemonic masculinity. However, immersed in Canadian society, whether hegemonic masculinity is idealized or not, all Aboriginal men must find ways to be male that allow them to be at home in their own culture and also able to deal with the dominant society.

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Critique of masculinities and health literature

While most of the health literature related to men's health considered the effects of illness or disability on the (hegemonic) masculinity of men, and some recognized that there are different configurations of masculinity practices (Connell, 1995; R. Gray et al., 2002; Sabo, 2000), I was unable to locate any that examined the effect of illness on any other form of masculinity than hegemonic masculinity. A few studies examined changes in masculinity due to illness, but the strength of the argument was limited by not having systematically appraised the participants' masculinity practices prior to illness (J. Oliffe, 2002, 2005, 2006; J.. Oliffe et al., 2010; J. Oliffe & Phillips, 2008; Onyango, 2006; Ridge, Emslie, & White, 2011; Robertson et al., 2010). What happens to marginalized men when they become ill – how they care for their own bodies and the efforts they make to prevent illness and attain health – is missing in this discourse, with the exception of studies that examined the health behaviors of gay men and their relationship to HIV (Warwick et al., 2003).

The vast majority of literature that examines masculinities and health and illness were based on an assumption of a heterosexual population. Few studies of masculinities examined the effects of health issues on gay, bisexual, or transgendered men. Moreover, studies of men of different cultures were sparse.

In the preceding literature review, I have examined the literature related to the Social Ecological Model and Cultural Hegemony as frameworks that will be useful in the following chapters. I have reviewed literature related to the social determinants of First Nations populations followed by the prevalence of illness among First Nations populations. The most prevalent health issues of Aboriginals have been discussed briefly,

including obesity, diabetes, cardiovascular disease, chronic illnesses, depression, suicide, addiction, and cancer. Finally, I have examined some of the research issues related to Indigenous women and men's health and illness.

The social construction of masculinities has been examined, in particular hegemonic masculinity, balancing heterosexism and misogyny, homophobia and other hegemonic characteristics. A brief discussion of help-seeking and risk taking literature related to masculinities has followed. Marginalized masculinities, especially gay masculinities and Aboriginal masculinities, have been briefly discussed followed by a brief critique of the literature related to masculinities and health. The following chapter will describe the theoretical underpinnings of the methodology of this study.

CHAPTER 3: THEORETICAL UNDERPINNINGS AND METHODOLOGICAL APPROACH:

In this chapter, I will discuss Indigenous worldviews, the ontological foundations of Indigenous worldviews, the epistemology of Indigenous knowledge systems, and the methodologies of Indigenous research. Further, I will review the historical development of Critical Social Theory and its ontological and epistemological foundations. Postcolonial Theory, a critical social theoretical approach to decolonization research, has often been chosen by white scholars researching Indigenous populations but I will present a rationale for rejecting this approach and instead choosing to use an Indigenist Critical Social Theory approach founded on an Aboriginal worldview (Grande, 2000, 2008b; J. S. Y. Henderson, 2000a; Holkup, Tripp-Reimer, Salois, & Weinert, 2004; Niccols et al., 2012).

 I will also elucidate my standpoint as a white woman feminist researcher who partnered with researchers who are Mi'kmaq to complete this community based participatory action research (CBPAR) study. This will include discussion of the issues of whiteness and gender differences. Finally, I will present the methodology of CBPAR that was used in this research study. This will begin with a brief overview of the historical development of CBPAR, its ontological and epistemological issues, and its utilization in other research.

Over the past 400 years, there has been a plethora of research describing and analyzing Indigenous people's lives from a Eurocentric perspective. Much harm has been accrued from this etic perspective as Aboriginal people's ancient and extensive

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knowledge systems have been ignored or dismissed as folklore, lacking any science base (Castellano, 2004; Cochrane et al., 2008; Daes, 2000; L. Kirmayer, Dandeneau, Mashall, Phillips, & Williamson, 2011; Niccols et al., 2012; Schnarch, 2004; L. Simpson, 2004; Whitt, 2009). The colonial process, with its negative interpretation of Aboriginal people's cultures and practices, has been evident in past and continues in some current health research on Aboriginal people (Binns et al., 2006; Castellano, 2004; V. Deloria, 1992; Koster, Baccar, & Lemelin, 2012; Kovak, 2009; LaVeaux & Christopher, 2009; Niccols et al., 2012; Perry & Hoffman, 2010; Schnarch, 2004; S. Walker, Eketone, & Gibbs, 2006).

An eminent Canadian Aboriginal researcher, Marlene Castellano, wrote about research with Aboriginals:

> Fundamental to the exercise of self-determination is the right of peoples to construct knowledge in accordance with self-determined definitions of what is real and what is valuable. Just as colonial policies have denied Aboriginal people access to their traditional lands, so also colonial definitions of truth and value have denied Aboriginal peoples the tools to ascertain and implement their knowledge (2004, p. 102-103).

In the past, research has perpetuated the colonial process, with the power being held in the hands of white researchers who parachuted into First Nations communities, gathered data, analyzed it through their western gaze, and seldom shared their findings with the people from whom the data was taken (Castellano, 2004; Koster et al., 2012; Kovak, 2009; LaVeaux & Christopher, 2009; Niccols et al., 2012; Schnarch, 2004). The gaze of the white researcher has often resulted in stereotyping and blaming Aboriginal people for their illnesses, without any acknowledgment of the social structural foundation of the problems, namely the colonial (western) regime (Borbasi, Jackson, & Wilkes, 2005;

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Iwasaki et al., 2004; L. Kirmayer et al., 2011; Niccols et al., 2012; K. Walters & Simoni, 2002; West, Stewart, Foster, & Usher, 2012; Whitt, 2009; S. Wilson, 2008).

Indigenous peoples have begun to put safeguards into place to protect their communities from this colonial research (Battiste, 2008b; Borbasi et al., 2005; Castellano, 2004; E. O. CIHR, 2005; Iwasaki et al., 2004; L. Kirmayer et al., 2011; Koster et al., 2012; Kovak, 2009; Niccols et al., 2012; Schnarch, 2004; Switlo, 2002; K. Walters & Simoni, 2002). A movement among Indigenous scholars to assert decolonizing research paradigms based on Aboriginal worldviews and knowledge systems is currently emerging (Battiste, 2008b; Blackford, 2003; Bocking, 2005; Grande, 2000, 2008b; L. Kirmayer et al., 2011; Koster et al., 2012; Kovak, 2009; Niccols et al., 2012; Whitt, 2009; S. Wilson, 2009).

INDIGENOUS WORLDVIEWS/WAYS OF KNOWING

A paradigm is a cognitive map or model that guides inquiry or understanding of a particular phenomenon (Guba & Lincoln, 1994; Mittwede, 2012; Stanfield, 1994; S. Wilson, 2008; Wood & Hilton, 2012). It includes the assumptions, values, and practices that are contained within the ontological and epistemological foundations of a theoretical approach to research (Mittwede, 2012; Wood & Hilton, 2012). The imperative that research with Aboriginal people be based on their worldviews and systems of knowledge has been reiterated by many Indigenous scholars (Battiste, 2002, 2008b; Blackford, 2003; Bocking, 2005; Grande, 2000, 2008b; J. S. Y. Henderson, 2000a; L. Kirmayer et al., 2011; Niccols et al., 2012; Whitt, 2009; S. Wilson, 2008, 2009).

Indigenous worldviews are dynamic and ever evolving (Bear, 2000; R. Bowers, 2010; J. S. Y. Henderson, 2000a; Niccols et al., 2012; Whitt, 2009), enabling the culture to endure despite the continuing cultural hegemony of the colonizers' assimilation strategies (R. Bowers, 2010; Getty, Bartibogue, et al., 2010; Getty et al., 2001). Cultural differences are socially constructed over time and within conditions of domination and resistance (D. Allen, 2006). It is important to not essentialize the Mi'kmaq culture; many of the underlying values and ways of being are highly contested with many different perspectives and points of view (Nicholls, 2009). Aboriginal people have been educated in public schools where attempts have been made to inculcate them with a western approach to life issues. Some have little knowledge of their Mi'kmaq culture, having been brought up in families where generations have transmitted their historical wounds to their children and have been immersed in emotional pain, addiction, family breakdown, and violence: evidence of Transgenerational Traumatic Stress Disorder. Many Mi'kmaq people have married non-Aboriginals and their children are brought up with a blend of western and Indigenous worldviews. However, there has been a movement to regain and renew the Mi'kmaq culture in Elsipogtog First Nation where more than 60% continue to speak Mi'kmaq in their homes and community. Accordingly, the following information about Indigenous worldviews will reflect the traditional information that has been documented in the literature. How and whether different individuals have adopted and adapted these beliefs will vary over time and place as will become evident in the findings of this study.

Ontological foundations of Indigenous worldviews

Most Indigenous worldviews are founded on a systems model, namely that: (a) the ecosystem is a dynamic, ever changing, everlasting system that adapts to changing circumstances, (b) each system has many parts, and (c) the whole is more than the sum of its parts (Bear, 2000; R. Bowers, 2010; Caceres, Celentano, Coates, & Hartwell, 2007; J. S. Y. Henderson, 2000a; Loppie, 2007). Aboriginal people perceive that all of creation is interrelated in a circle of life, with no beginning or end (Begoray & Banister, 2008; R. Bowers, 2010; R. Grace & Bowes, 2011). There are no hierarchical structures; all living things, including rocks, vegetation, animals, and people, are related and interact in a reciprocal manner (R. Bowers, 2010; Caceres et al., 2007; Foley, 2003; J. S. Y. Henderson, 2000a; Kawagley, 2001; Loppie, 2007; Whitt, 2009; Whittemore, Melkus, & Grey, 2004). "The law of circular interactions" is the term used by Aboriginal people to identify the process of interaction between all forms of life (J. S. Y. Henderson, 2000a, p.261). Humans exist in order to respect and care for all other living beings - an approach termed the humility process. Bowers (2010) wrote,

> In humility our Power arises when we let go of illusions of control, and when we learn to work with the manifest energies of Creation. The way of the Mi'kmaq Warrior is always based on humility, listening and flexibility (p. 121).

The cosmos is perceived to be a moral, compassionate, knowledgeable entity that teaches people lessons (R. Bowers, 2010; J. S. Y. Henderson, 2000a; Whitt, 2009; S. Wilson, 2008). All life is considered to be sacred (R. Bowers, 2010; Loppie, 2007; Niccols et al., 2012; S. Wilson, 2008). The central place of spirituality in the lives of many Aboriginal

people (R. Bowers, 2010; Foley, 2003; S. Wilson, 2008) is evident in their practice of beginning and ending most gatherings with a prayer to the Creator.

Indigenous peoples are focused on the collective rather than on individuals (Getty, Bartibogue, et al., 2010; Getty et al., 2001; Ivanova & Brown, 2011; A. Jones & Jenkins, 2008; Murton, 2012; Niccols et al., 2012) The family includes the extended family and community members (Getty, Bartibogue, et al., 2010; Getty et al., 2001; J. S. Y. Henderson, 2000a; Hurdle, Okamato, & Miles, 2003; LaFramboise, Hoyt, Oliver, & Whitbeck, 2006; Lonczak, Fernandez, Austin, Marlatt, & Donovan, 2007; McCubbin, 2006-2007; Niccols et al., 2012). Smith (2000) wrote that "one fundamental value [of Aboriginal societies] is that of the collective solidarity, embedded in notions of family, cultural traits, values, and practices" (p. 215). Efforts to work together to achieve a common good and harmony with others are valued (B. Duran & Duran, 2000; J. S. Y. Henderson, 2000a; Niccols et al., 2012; S. Wilson, 2008).

In respect to the traditional Mi'kmaq culture, Mi'kmaq people strive to live in harmony with all other life forms, working to attain a location where the power of the spirit of every living thing (*mntu*) lives in harmony (Murton, 2012; Struthers, Lauderdale, Nichols, Tom-Orme, & Strckland, 2005; Wallis & Wallis, 1955; S. Wilson, 2008). Health, often depicted using the Medicine Wheel, is perceived to be a state of harmony or balance between a person's spiritual, physical, emotional, and social dimensions (Brave Heart, 1998; Bulman & Hayes, 2011; E. Duran, Duran, & Yellow Horse Brave Heart, 1998; Dutta-Bergman, 2004; Edwards, 2005; Gilgun, 2002; Goodkind et al., 2010; Struthers et al., 2005; Vandervelde, 2011; S. Wilson, 2008). Harmony is demonstrated by acceptance as a part of the mystery of existence, rather than being driven to understand it

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(E. Duran, Duran, & Yellow Horse Brave Heart, 1998; A. Henderson & Jackson, 2004; J. S. Y. Henderson, 2000a; Vandervelde, 2011).

Social roles were traditionally clearly defined within the community (V. Miller, 1995; Wallis & Wallis, 1955). Men and women work together in egalitarian roles. Individuals are responsible to contribute their knowledge to the collective and to attend to their own balance of health and needs for knowledge (Bear, 2000). They are considered to be autonomous, capable of making good decisions, and worthy of respect (S. Wilson, 2008, 2009). These perspectives are evident in the way that Aboriginal Elders persuade others by example; they model strength of spirit, perseverance, and hopefulness in difficult times, rather than telling others what to do directly (Brant, 2002; Niccols et al., 2012). The decision-making process of Indigenous people is one of consensus building, with different opinions and behaviors accepted (Bear, 2000; S. Wilson, 2008, 2009). At its core, the worldview of Indigenous peoples is founded on the values of reverence and responsibility for the land and resources, respect for all living things, reciprocity, and the importance of the collective (J. Archibald, 2001; Kerr, Penney, Barnes, & McCreanor, 2010; Murton, 2012).

The Epistemology of Indigenous knowledge systems

Indigenous knowledge arises from observation and interaction with the biological and social environments, as well as from visions, mythical stories, and spiritual insights (R. Bowers, 2010; Cardinal, 2001; Frideres, 2008; J. S. Y. Henderson, 2000a; Kawagley, 2001; Niccols et al., 2012; S. Wilson, 2008, 2009). It is dynamic and ever evolving, being informed by Elders and the ancestors (Wane, 2008). Education addresses the whole

person and is founded on the following five ways of knowing for an individual: (a)

interacting with others in the community, often facilitated through sharing a meal (J. S.

Y. Henderson, 2000a; G. H. Smith, 2000; S. Wilson, 2001); (b) interacting with the

environment, called traditional or technical environmental knowledge that allows people

to survive (R. Bowers, 2010; Cardinal, 2001; Chilisa, 2012; J. S. Y. Henderson, 2000a;

Kawagley, 2001; Steinhauer, 2002; Whitt, 2009); (c) interpreting the meaning to be found

in visions and plays, with dreams being described as guides for decision-making and

action (R. Bowers, 2010; Cardinal, 2001; R. Joe, 1999; Marsden, 2004; Steinhauer, 2002;

S. Wilson, 2008); (d) practicing customs based on stories and metaphors (J. Archibald,

2001; Kawagley, 2001; S. Wilson, 2008); and (e) making efforts to attain and maintain

spiritual ecology or balance (Battiste, 2008a; Cajete, 2000; Chilisa, 2012; Frideres, 2008;

Lowery, 1998). Duran and Duran (2000) wrote that the Aboriginal worldview is

> a systemic approach to being in the world that can best be categorized as process
> thinking, as opposed to the content thinking found in the western worldview.
> Process thinking is best described as more action and 'eventing' approach to life
> versus a world of subject/object relationships (p.91).

Knowledge and language arise out of an Indigenous tribe's observations of and

interactions with their particular geographic location (Battiste, 1997, 2008b; Binns et al.,

2006; R. Bowers, 2010; Caceres et al., 2007; Cajete, 2000; Chilisa, 2012; J. S. Y.

Henderson, 2000a; Murton, 2012; Niccols et al., 2012; S. Wilson, 2008). For example,

the Mi'kmaq call their knowledge of the water and the land where they have lived for

hundreds of years the realm of the earth (*maqmik'wi'kam*). Their worldview has been

built on their understanding of the particular ecosystem in which they live and from

which they have constructed their language, social order, and traditional knowledge

(Battiste, 2008b; R. Bowers, 2010; J. S. Y. Henderson, 2000a; V. Miller, 1995; Niccols et al., 2012; Wallis & Wallis, 1955; S. Wilson, 2008). The knowledge gathered through their collective experience, oral traditions, or sets of rules has been called a tribal epistemology (Battiste, 1998; Kovak, 2009; M. Marshall, 1997).

Mi'kmaq, along with many Indigenous peoples, view historical events in relation to their location or where they occurred (Chilisa, 2012; M. Marshall, 1997; Niccols et al., 2012) unlike the Eurocentric view of history that focuses on when events occurred (R. Bowers, 2010; B. Duran & Duran, 2000; V. Miller, 1995; Wallis & Wallis, 1955). Among Indigenous peoples, knowledge is perceived to be eternal, receding from consciousness when not being used, but available to be retrieved when necessary (Cajete, 2000; Chilisa, 2012; J. S. Y. Henderson, 2000a).

Mi'kmaq knowledge is transmitted through oral tradition as well as art forms, such as paintings, music, and dance (R. Bowers, 2010; Chilisa & Ntseane, 2010; Struthers et al., 2005; Wane, 2008). Oral traditions include stories of historical and current experiences, interactions, observations, beliefs, and values (R. Bowers, 2010; Struthers et al., 2005; Wane, 2008). They are used to convey the meaning of life and spiritual values, humility, and relationality, including the relationships with the land and its characteristics in which the experiences occurred (Struthers et al., 2005).

Indigenous research methodologies

Contrary to the belief of many western researchers, Canadian First Nations peoples have a history of doing research in the natural environment through observations and

other ways of gathering data. A well-respected Canadian Indigenous scholar, Linda

Cardinal, wrote,

> Indigenous research methods and methodologies are as old as our ceremonies and
> our nations. They are with us and have always been with us. Our Indigenous
> cultures are rich with ways of gathering, discovering, and uncovering the
> knowledge. They are as near as our dreams and as close as our relationships (2001
> p.182).

Over the centuries, however, Aboriginal people in Canada have become disconnected

from these research approaches and have been discouraged from doing research by the

western hegemonic research system with its granting agencies and criteria for funding.

In the past fifty years, more Indigenous people are attending universities where they are

learning western research methods. These Aboriginal scholars are currently absorbed in

the task of integrating Indigenous research approaches and worldviews with the western

research strategies obtained through their schooling (Battiste, 2002, 2008a; Castellano,

2004; Chilisa, 2012; L. Kirmayer et al., 2011; Niccols et al., 2012; G. H. Smith, 2000; S.

Wilson, 2008, 2009). The new Indigenist approaches to research, a hybrid of Aboriginal

and western research methodologies, integrate cultural protocols and values into the study

methodology in a transparent way (Kerr et al., 2010; Niccols et al., 2012; Steinhauer,

2002; S. Wilson, 2008). For example, the process of reciprocity, in which the findings are

shared with those who participated in the research, is built into the study protocol and

budget. As well, the research question needs to come from the community rather than the

mind of the researcher

Smith (2012) described a research program for the Indigenous Peoples Project

based on the sea tides metaphor (p.116). She used a medicine wheel to depict the model

for this program. The four directions, north, south, east and west, represent the healing,

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transformation, mobilization, and decolonization processes that lead to self-determination. The tides represent the states of survival, recovery, and development through which Indigenous peoples move in order to reach self-determination, the goal for all Indigenous research. Self-determination is the goal that represents a state of physical, mental, spiritual, and social balance or health and harmony with the land and all other living beings (E. Duran, Duran, & Yellow Horse Brave Heart, 1998; B. Martin, 2001; Niccols et al., 2012; S. Wilson, 2008).

Kaupapa Maori research, another approach to Indigenist research, has been defined as a critical social theory approach that engages Maori researchers in a process of critical reflection of the issues under study (Niccols et al., 2012). In fact, Kaupapa Maori research is a form of resistance to the hegemonic culture of the west and the ways in which research has been done *to* rather than *with* Indigenous peoples (Niccols et al., 2012; S. Walker, Eketone, et al., 2006; S. Wilson, 2008). In this research, existing institutions are critiqued for power relationships and social inequities are identified and described (Kerr et al., 2010; Niccols et al., 2012; S. Walker, Eketone, et al., 2006). This research is designed to be culturally safe for its participants (Kerr et al., 2010; Niccols et al., 2012; G. H. Smith, 2000). Controlled by Maori people and focused on issues of relevance to them, Kaupapa Maori research provides an avenue for Maori people to have more input into changes in the services offered to them (Kerr et al., 2010; Murton, 2012; Niccols et al., 2012; S. Walker, Eketone, et al., 2006; S. Wilson, 2008).

In North America, Indigenous scholars have supported interpretive methodologies that foreground Indigenous perspectives and have resisted and critiqued the western hegemonic culture and systems. They have addressed matters of social justice,

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contributing to healing efforts through transforming the systems of oppression (Battiste, 2008a; Denzin, 2010; Getty, 2010; Getty, Bartibogue, et al., 2010; Getty et al., 2001; Niccols et al., 2012; G. H. Smith, 2000). Indigenous critical theory needs to be localized, according to the land and the culture of the people to which it refers and the environmental context in which the community exists (L. Kirmayer et al., 2011; Niccols et al., 2012; S. Wilson, 2008, 2009). The following practices are central to Indigenous critical social theory and research: (a) privileging Indigenous knowledge and worldviews, (b) critiquing the contextual systems in place and their historical development, (c) resisting the hegemonic culture of the west, (d) recognizing the sacredness of the land and relationships, and (e) implementing changes to support healing efforts and access to social justice (Denzin, 2010; Foley, 2003; Grande, 2000; Niccols et al., 2012; S. Wilson, 2008, 2009).

CRITICAL SOCIAL THEORY

Critical Social Theory (CST) is a meta-theoretical framework that includes a number of critical theories (Boutain, 1999; Manias & Street, 2000), including feminism, postcolonialism, and a developing Indigenist CST (Binns et al., 2006; Foley, 2003; Grande, 2000; Kincheloe & McLaren, 1994; Niccols et al., 2012; G. H. Smith, 2000). It arose out of a Marxist theoretical approach to critiquing class structures and hierarchies (Fulton, 1997; Heslop, 1997), evolving through the work of the Frankfurt School, which critiqued hegemonic ontologies (Fontana, 2004; Fulton, 1997; Heslop, 1997; Kincheloe & McLaren, 1994).

Among several scholars from the Frankfurt School, Jurgen Habermas continued this work on CST, delineating the following categories of knowledge: (a) rational/empirical, (b) historical/hermeneutical and (c) emancipatory (Byrd, 2011; P. H. Collins, 2012; Fulton, 1997; Habermas, 1971, 1974; Honneth, 1991; Intemann, 2010). . Habermas theorized that the beginning of emancipatory efforts is evident within a person's speech as he/she strives for autonomy (P. H. Collins, 2012; Fontana, 2004; Fulton, 1997; Habermas, 1971, 1974; Hindman, 2011; Intemann, 2010). When someone is aware of and has freed him/herself from oppression he/she will be able to speak in a more insightful manner. In his theory of communication, Habermas contended that a person's self-identity is related to his/her relationships with others (Habermas, 1974; Intemann, 2010). Self-reflection is a strategy that enables people to identify issues of power and control that underlie social structures and limit their freedom (P. H. Collins, 2012; Fontana, 2004).

Paulo Friere, the exiled Brazilian teacher/philosopher, taught that freedom is limited by oppressive social conditions and inequities in economic and social resources and power (Friere, 1970; Galloway, 2012; Rozas, 2007). In his classic book, *Pedagogy of the Oppressed,* he defined oppression as the situation that occurs when one group determines and limits the behavior of another group (Dickinson, 1999; Friere, 1970). He wrote that when the oppressed reflect on their situations, name the problems inherent in their circumstances, and act to change their conditions in a process referred to as 'praxis, *they* are able to liberate themselves (Fontana, 2004; Friere, 1970; Galloway, 2012; Kourany, 2009; Roberts, 1999). Galloway wrote that "Friere defined oppression as a

process of dehumanization that occurs when people's natural ways of being in praxis are disrupted or suppressed" (Friere, 2004; Galloway, 2012, p.167; Rozas, 2007).

While Friere intended to support the freedom of the laborers in Brazil (likely Indigenous people), his work was limited by his Eurocentric worldview. This was evident in his focus on individual achievement: individuals needed to be the authors of their own salvation (Blackburn, 2000; Rasmussen, 2001). Blackburn (2000) critiqued Friere's premise that those who are oppressed lacked knowledge and needed western education in order to free themselves from their own "magical thinking" and "hopelessness" (Friere, 1970, p.26). He wrote, "the greatest danger of Friere's pedagogy…is that it can be used as a very subtle Trojan horse, one which appears to be a gift to the poor, but can all too easily contain a hidden agenda" (p. 13). Instead of being given the gift of emancipation, Indigenous people were challenged by Freire to let go of their own identities, cultures, and knowledge systems and take up the knowledge system and worldview of the west (C. Bowers, 1993, 2005; Daes, 2000).

Bowes (1993) contrasted Friere's pedagogical teaching with the worldviews and traditions of Chipewyan First Nations peoples in northern Alberta, demonstrating the inappropriateness of Friere's teachings for this Indigenous population (C. Bowers, 1993, 2005; Margonis, 2003). Rather than an emancipatory strategy, Friere's pedagogy has been interpreted by a number of scholars as an assimilation tactic (Blackburn, 2000; C. Bowers, 1993, 2005; Daes, 2000; Margonis, 2003; Rasmussen, 2001).

In his later work, *Pedagogy of Hope*, Friere (2004) wrote about the importance of valuing the knowledge that learners bring to their studies, writing, "to underestimate the wisdom that necessarily results from sociocultural experience, is at one and the same time

a scientific error and the unequivocal expression of the presence of an elitist ideology"
(Friere, 2004, p.84). Friere's motivation in his early work was to help free oppressed
people, but his viewpoint was restricted by his western gaze. It is possible that the desire
of non-Aboriginal researchers to help right the wrongs done to First Nations people may
inadvertently perpetuate the wrongs (Lowery, 1998; Vickers, 2002). Instead of supporting
the desires and efforts of Aboriginal people to improve their quality of life, we can fall
into the trap of trying to fix it for them from our western points of view (Blackmore,
2010).

Absorbed in our efforts to help, western professionals can ignore the wishes and
resources of marginalized populations, along with their strengths and culture. This is the
crux of the problem faced by white researchers who want to support Aboriginal peoples
to improve their quality of life and health (Blackmore, 2010). Good intentions do not
obviate the need to identify the wishes and strengths of the people you aim to help
(Castellano, 2004; D. Collins, Falcon, Lodhia, & Talcott, 2010). Friere (1970) recognized
this when he wrote that others cannot free people from oppression, only the oppressed
can free themselves. We can, however, support the efforts of oppressed peoples, using the
wealth and status conferred on us through the colonial dividend to benefit the aspirations
and efforts of Indigenous peoples as requested.

Aboriginal people see themselves as survivors, not victims, of colonial policies
such as the residential school system (Haig-Brown, 1988; Knockwood, 1992),
demonstrating their goal of self-determination (Niccols et al., 2012; G. H. Smith, 2000).
Non-Aboriginals can support the efforts of Indigenous peoples when they are asked for
help (Castellano, 2004; Friere, 1970). Marie Battiste, a Mi'kmaq scholar, (1998) wrote

that "As outsiders, Eurocentric scholars may be useful in helping Indigenous people articulate their concerns, but to speak for them is to deny them their self-determination so essential to human progress" (p. 25).

In defense of CST, some Indigenous scholars have identified their research as based upon a CST framework, influenced by feminism, and using Indigenous ways of knowing (A. Browne, 2000; J. S. Y. Henderson, 2000a; Irwin, 1994; Niccols et al., 2012). There are ontological components of CST that resonate with Indigenous people and their ways of knowing.

Ontological foundations of critical social theory

CST postulates that people are capable of finding meaning through actively reflecting on their own feelings, behaviors, and situations. They can find creative solutions to their circumstances and meaning in their lives through dialogue with others (Boutain, 1999; Habermas, 1974; Heslop, 1997). According to CST, every form of social order has power inequalities with some groups/individuals achieving hegemony on the basis of social, political, economic, or ideological power (Kourany, 2009).

Social orders are founded on systems of power that create inequities between people – inequities that can change people's consciousness or understanding of their own life situations (Friere, 1970; Heslop, 1997). For example, First Nations and Inuit Health of Health Canada (FNIH) is founded on the fiduciary responsibility of the federal government for health services for First Nations peoples in Canada. Historically, FNIH determined the health programs to be delivered to First Nations peoples. For centuries Aboriginal people accepted that they did not have the knowledge to provide western

based medicine and health care services to their people. However, the health status of Aboriginal peoples in Canada continued to be much lower than that of other Canadians. As a result, many First Nations communities have learned to trust in their own ability to provide better quality health care to their own people. While FNIH continues to use the power derived from financial resources to retain the power of decision making, increasingly First Nations peoples are demanding to have the power to decide what health care services are important and to deliver the services themselves (APC First Nations Chiefs of Atlantic Canada, 2007).

The goal of CST is emancipation of oppressed populations (Kourany, 2009), such as First Nations men. In order to be congruent with CST, this study engaged with First Nations men to support their reflections on and understanding of their own situation and supported their efforts to change it, to become emancipated (Manias & Street, 2000). Through reflection, participants were able to identify the characteristics of oppression they have endured (Maggs-Rapport, 2001; Manias & Street, 2000). In this way, a critical social theoretical approach has aimed to identify and interpret historical and social systems of oppression (D. Collins et al., 2010; Intemann, 2010; Maggs-Rapport, 2001; Manias & Street, 2000).

The Epistemology of Critical Social Theory

CST posits that all knowledge is historically and socially constructed and filtered through the lens of the dominant social groups (D. Collins et al., 2010; Intemann, 2010; Intemann, Lee, McCartney, Roshanravan, & Schriempf, 2010; Maggs-Rapport, 2001). In Canadian textbooks, accounts of the beginnings of Canada present colonial forces as

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noblemen come to civilize the new world, bringing their religion, way of governing, and other social structures. An alternative interpretation is offered by Switlo (2002), who referred to this colonial process as the rape of Aboriginal people, referencing the plundering and seizure of resources, "The potentates of the old world of Europe found no difficulty in convincing themselves that they made ample compensation to the inhabitants of the new, by bestowing on them civilization and Christianity, in exchange for unlimited independence" (p.105).

According to CST, subjective forms of knowledge, identified in the perceptions and experiences of people, are important kinds of knowledge (Chilisa & Ntseane, 2010; D. Collins et al., 2010). Past experiences and perceptions influence one's current perceptions so that evidence or truth is socially constructed (Chilisa, 2012; Chilisa & Ntseane, 2010; P. H. Collins, 2012). In order to understand configurations of human practice, it is necessary to reflect on and learn about social structures such as class, gender, and race.

CST identifies language as central to the creation of knowledge and the formation of meaning (Boutain, 1999; Cannella & Manuelito, 2008; Chilisa & Ntseane, 2010; Habermas, 1971, 1974; Heslop, 1997). The meanings that a person identifies are determined by the social structures and communication patterns in which he/she participates. Accordingly, these may be distorted and require reflection to identify the historically bound belief and power systems that explicate domination or marginalization (Dion, 2008; Dunbar, 2008; Farrelly, 2011; Fawcett & Hearn, 2004; Feliciano, Robnett, & Komaie, 2009; Fischman & McLaren, 2005; Fonow & Cook, 2005; Ford & Airhihenbuwa, 2010; Futter, 2011; Gailey & Prohaska, 2011; Galloway, 2012).

CST requires researchers to look beyond the immediate situation to identify the underlying power issues and to answer the questions: Who has the power? Who benefits from this situation? How has this come about (Allman, Myers, & Cockerill, 1997; Boutain, 1999; Fawcett & Hearn, 2004; Feliciano et al., 2009; Fischman & McLaren, 2005; Fontana, 2004; Ford & Airhihenbuwa, 2010; Futter, 2011; Gailey & Prohaska, 2011; Galloway, 2012; Habermas, 1971, 1974; Heslop, 1997)? What is the perspective of those in the margins (Delanty, 2011; Ford & Airhihenbuwa, 2010; J. Hall, 1999; b. hooks, 1984, 2005; Humpage, 2006; Loppie, 2004; Marchetti, 2008)?

POSTCOLONIAL THEORY

My initial theoretical choice for research with Aboriginal people was postcolonial theory, which has been identified by western researchers as a critical theory that provides a way of deconstructing colonialism and its historical effects on the colonized (J. Anderson et al., 2003; Kirkham & Anderson, 2002). There can be no doubt that the oppression imposed by colonial forces on Aboriginal Canadians arose out of a racist regime (J. Miller, 2000; V. Miller, 1995; Ray, 2005). Postcolonial theory provides a lens through which to examine underlying issues of power and the structural and historical institutions that benefited from this domination (Radcliffe, 2005). One definition of a postcolonial approach that resonated with our plans for this study was, "Overall the project of postcolonialism today centers on theorizing the nature of colonized subjectivities [or participants' interpretation of their situation based on their own feelings and experiences] and the various forms of cultural and political resistance" (Kirkham & Anderson, 2002, p.3).

Postcolonial theory focuses attention not only on race but also on how it interacts with class and gender in interlocking forms of oppression (J. Anderson, 2000; b. hooks, 1984; Kirkham & Anderson, 2002; Shahjahan, 2011). It provides a systematic way to examine how the historically situated social relations that have created oppression continue to structure the social location of oppressed people and to decide on the tangible conditions of their lives (J. Anderson, 2004).

According to western researchers, the 'post' component of postcolonial refers to striving against colonialism, not just to the time following the arrival of the colonists. However, Indigenous scholars have written that colonialism continues and that research needs to not only describe the effects of colonialism but to contribute to decolonization by supporting the self-determination of Indigenous peoples (Grande, 2000, 2008a; Niccols et al., 2012).

While a few Indigenous scholars have written about postcolonialism (B. Duran & Duran, 2000; Grande, 2008a; J. S. Y. Henderson, 2000a; Niccols et al., 2012; S. Wilson, 2008), I was unable to find any research by Aboriginal researchers using this lens. In fact, a number of Indigenous scholars have expressed suspicion that postcolonial theory is a strategy of western researchers to maintain control over research related to Indigenous peoples, while ignoring the concerns of Aboriginal people and their ways of knowing (Chilisa, 2012; Chilisa & Ntseane, 2010; Grande, 2000; Niccols et al., 2012; G. H. Smith, 2000; J. Weaver, 1998). Values of First Nations people that are more likely to be missed in a postcolonial approach include concepts such as family, humility, spirituality, and sovereignty (Chilisa, 2012; J. S. Y. Henderson, 2000a; Niccols et al., 2012).

Anderson (2004) contended that "postcolonial theories are relevant to all; there are no spaces that are not colonized; the racialized gaze is fixed upon us all" (p. 239). She denied that this stance minimized the anguish of those who have historically suffered from discrimination. However, to argue that we have all suffered from being colonized is to portray the perpetrators as victims; in other words, to absolve them from responsibility for their actions. This kind of rhetoric adds to the distrust Indigenous people feel about the way white researchers use postcolonial theory for their own purposes (Niccols et al., 2012).

While postcolonialism has been used by white researchers to deconstruct the influences of colonialism, it is not perceived by many Indigenous scholars to reflect Indigenous ways of knowing. As a result, the findings of research using a postcolonial lens may reflect the values of white researchers, such as focusing on individual health issues, rather than health challenges of the collective. Solutions identified may also use a Eurocentric achievement model, rather than the holistic spiritual approach that Aboriginal people are more likely to propose. For example, from a Eurocentric background using a postcolonial lens, a researcher might recognize the influence of colonialism on the poverty and lack of educational attainment of some Aboriginal people and may be able to link the influence of residential schools with family breakdown. However, he/she might miss the important information that the rates of suicide among Aboriginal youth decreases when First Nations communities have more self-determination (Chandler & Lalonde, 1998).

Research designed so that the western researcher listens to the voices of marginalized people and critically examines their discourse through a western perspective

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continues to leave the interpretation of the data in the hands of the researcher,

contributing to the body of knowledge *on* these populations (Christensen, 2012). It does

not hear or take into account Aboriginals' interpretation of the data in the same way that

participatory action research does, where some members of the marginalized group are

members of the research team and work with the university-based researcher in the

interpretation of data (Chilisa, 2012). Graham Hingangaroa Smith, a Maori scholar from

New Zealand (2000), identified the problem regarding:

> the level of accountability in regard to developing transformative outcomes for the
> Indigenous communities they purport to be serving. If a person is genuinely
> working on behalf of the community, then the community will also be part of the
> whole process, not simply be passive recipients of a 'grand plan' developed outside
> of themselves (p. 213).

Grande (2000) wrote that there are three main tensions between Aboriginal systems

of knowledge and CST that must be taken into account when working to develop an

Indigenist CST: (a) Aboriginal scholars view the crisis faced by Indigenous people as

primarily spiritual whereas white theorists view it as economic; (b) self-determination

and sovereignty are the central issue for Indigenous scholars, while white theorists focus

on democracy and equality; and (c) Indigenous scholars view well-being as a balance

between the intellectual, physical, social, and spiritual components derived from their

ecological relationship with the land, whereas white scholars are more likely to focus on

the intellectual and political aspects of life. It is clear that unless the CST is based on

Indigenous systems of knowledge and philosophical approaches the research process

could in fact miss what is most relevant to Aboriginal people.

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THE RESEARCHER'S LOCATION

It is important that researchers make their own critical location, or positionality, visible and continue to examine their input into the research process and findings through a reflexive process (Delanty, 2011; Gatrell, 2006; Nicholls, 2009). My standpoint (Brodsky et al., 2004; Fawcett & Hearn, 2004; Foldy, 2005; Russell & Bohan, 1999; van Wormer, 2009) as a western woman has been informed by the feminist movement since my undergraduate years, when universities were the sites of civil rights, antiwar, and feminist movements. This viewpoint has been socially constructed on the basis of my lived experience and has continued to evolve over time (Harding, 2009; Intemann, 2010; Intemann et al., 2010; Nicholls, 2009). As a feminist, my standpoint includes the perception that all knowledge is contextual, specific to a particular place in time and space, although influenced by historical and social environments. The lived experience of individuals, families, and communities serve as comparisons or measuring tools with which other claims to knowledge can be assessed (P. H. Collins, 2009). The standpoints of oppressed or marginalized peoples have much to teach us about their realities and about the systems of power in colonial and contemporary governments that have been used to oppress them (Chilisa & Ntseane, 2010; Haraway, 1991; Harding, 1991, 2009; Intemann, 2010; Kourany, 2009; Lugones, 2010; Rolin, 2009; Rose, 1997; van Wormer, 2009).

My standpoint has evolved through many years of critical reflection on my situation as a white woman academic nurse in relation to that of associates who have fewer privileges by virtue of their birth and life circumstances (Edmonds-Cady, 2009; Intemann, 2010). I view all knowledge as relational, with boundaries between the private

lives of persons and their public displays being artificial (P. H. Collins, 2009, 2012; Im &

Chee, 2003; P. Kelly, Do, Avery, & McLachlan, 2004; Rose, 1997). This critical

perspective of relational knowledge is one that my Mi'kmaq research partners shared,

since the world view of Indigenous peoples is an ecological relational way of knowing

which focuses on the collective as well as balance and harmony (J. Archibald, 2001; E.

Duran, Duran, & Yellow Horse Brave Heart, 1998; Grasswick, 2008; J. S. Y. Henderson,

2000a; Niccols et al., 2012; S. Wilson, 2008, 2009). The eclectic feminism that now

grounds my standpoint recognizes that several forms of oppression, such as those based

on the categories of gender, race, ethnicity, class, age, ability, or sexual orientation are

also important to eradicate (D. Collins et al., 2010; P. H. Collins, 2009; Griffin, 1999;

Lather, 1992; Moss & Richter, 2011; van Wormer, 2009).

My feminist standpoint is grounded in the following principles: (a) the adequacy

of a person's own story or narrative to create knowledge; (b) the integrity of the whole

system, with issues of power being integral to the personal story of an individual; (c) the

ability of those who are marginalized to make their own decisions and take power over

their own lives with support for their efforts (Gatrell, 2006); and (d) a fundamental sense

of respect for the dignity and rights of individuals, their families, and communities

(Edmonds-Cady, 2009; Grasswick, 2008; Hartsock, 1998; Rolin, 2009; van Wormer,

2009). As a feminist, I view research as inherently political, with the goal of

emancipation of oppressed peoples through changing social structures and individual

relationships with men and other women (P. H. Collins, 2012; Fonow & Cook, 2005;

Gatrell, 2006; Harding & Norberg, 2005; P. Kelly et al., 2004; Sherwin, 1992; van

Wormer, 2009). I make a conscious effort to understand the underlying social and

historical roots of oppression (Chilisa, 2012; Edmonds-Cady, 2009; Friere, 2004; Gatrell, 2006; Rogers & Kelly, 2011; Sherwin, 1992; Van Herk, Smith, & Andrew, 2011). In this process, I have critiqued the underlying political and institutional systems for barriers that serve to subjugate some people and allow others dominion, asking questions including: Who benefits from these systems? How does this limit the freedom or rights of another group (Chilisa, 2012; Chilisa & Ntseane, 2010; D. Collins et al., 2010; Sherwin, 1992; Van Herk et al., 2011; van Wormer, 2009)?

As a community health nurse, I have worked with many marginalized people, particularly those living in poverty, those with chronic illness, the homeless, street youth, gay men, and people living with HIV/AIDS, both through my work as a nurse and teacher supervising students doing home visiting and working in non-governmental agencies such as the Emergency Shelters, Boys and Girls Clubs, and AIDS New Brunswick. I was a founding member of AIDS New Brunswick, the Fredericton Needle Exchange, and the Community Health Clinic that is managed by the Faculty of Nursing at UNB. This clinic serves people at risk of homelessness. It was the site of the first methadone program in New Brunswick and provides primary health care for clients. Throughout my career, I have witnessed the oppression of several client groups, including families of children with learning disabilities, people living with HIV, those living in poverty, First Nations people, and those who are addicted. I recognize the lengthy struggle that is required to make even small changes in their lots in life. This has contributed to my political belief in the cyclical process in which the production of new knowledge needs to be followed by action. Accordingly, I chose to participate in this Community-Based Participatory Action Research study.

Together with the Aboriginal members of the research team, I have looked for the underlying racist assumptions and colonial actions that perpetuate poverty and oppression. This process has enabled us to identify the multiple layers in which oppressive practices are embedded, so that we could make visible the injustices they imposed (Fonow & Cook, 2005; Sherwin, 1992).

Whiteness

As a white citizen of Canada, I share in the colonial dividend that is accrued by virtue of the resources and land that were seized from Aboriginal people through the colonial process (Kowal, 2011; Switlo, 2002). The land on which my house stands, the river bank from which I pick fiddleheads, the university in which I have earned a living for more than 30 years have all been seized from Malecite and Mi'kmaq First Nations. McLaren (2000) wrote that whiteness is synonymous with a Eurocentric worldview; it "functions through the social practices of assimilation and homogenization" (p.65) and has been related to the growth of capitalism (L. Abrams & Moio, 2009; Futter, 2011; Kessaris, 2006; S. Young & Zubrzycki, 2011). Whiteness affords a position of privilege and unearned power (L. Abrams & Gibson, 2007; L. Abrams & Moio, 2009; Frankenberg, 1993a, 1993b; Futter, 2011; Garner, 2006; Griffin, 1999; Maher & Tetreault, 2000; McIntosh, 1988; B. Watson & Scraton, 2001; S. Young & Zubrzycki, 2011). It is a dynamic process that must be continuously practiced (Fee & Russell, 2007; Garner, 2006; Kessaris, 2006; Maher & Tetreault, 2000).

Haney-Lopez (1996) wrote that a person becomes white through ancestry, or chance, as well as through the social context of his/her life and the choices that an

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individual makes. It is important not to accept the essentialist point of view that I have no choice about my whiteness (McLaren, 2000; Shohat, 1995). Several authors have contended that it is possible to 'choose against whiteness" (McLaren, 2000, p.66) through a critical eye and commitment to social justice (L. Abrams & Gibson, 2007; Futter, 2011; Haney-Lopez, 1996; Roediger, 1994; Shohat, 1995; S. Young & Zubrzycki, 2011; Yuddice, 1995). Those of us who come from a white western dominant culture need to challenge our assumptions, to identify the unearned privileges we have been given and the effects of this dominant culture on the inequities with which others live, including poverty, homophobia, racism, and other injustices (L. Abrams & Gibson, 2007; L. Abrams & Moio, 2009; D. Allen, 2006; Blackmore, 2010; Futter, 2011; Kourany, 2009; McIntosh, 1988; S. Young & Zubrzycki, 2011).

Whiteness, or the hegemony of the west, is a historically and socially constructed collection of discourses (Garner, 2006) which has been called "an unmarked marker of other's differentness" (Frankenberg, 1993b, p.198). Griffin (1999) contended that many white researchers take for granted their own race and construct the race of their participants as 'other' and somehow different than their own lives (p. 301). This leads to problematizing the lives of the racially different rather than recognizing the socioeconomic context in which they are immersed and its effects on their lives (Blackmore, 2010; Garner, 2006). Martino (2003), who interviewed Indigenous boys about their performances of masculinity, identified the challenges of "white researchers interviewing Indigenous students within a racialized context of a history of colonization of Indigenous people in Australia" (p. 159). In this way, he recognized his privilege as a white researcher and the power differential between himself and these Indigenous boys

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by virtue of the color of their skins and the poverty in which many live compared to his privileges. He recognized that the history of colonialism in Australia, as in North America, influences the relationships between the colonized and those from a western colonial heritage.

In working with Aboriginal people, I have interrogated my whiteness, recognized unearned privileges and colonial dividends from which I benefit, acknowledged the wrongs that have been committed by the hegemonic western culture through colonialism, and I have felt a sense of historical shame (Bailey, 2011; Futter, 2011; Kessaris, 2006; Kowal, 2011). This sense of shame, one of the most painful of emotions, arises from the recognition of my identity as belonging to a group whose members have harmed Aboriginal peoples' lives through colonial actions (Bailey, 2011; Hurst, 2011; Vice, 2010). Kowal (2011) writes about "white stigma" as a marker of difference (Goffman, 1963); it is an undesirable difference that identifies a person as belonging to the colonizers' society or the hegemonic western culture. While it is important to be authentic about one's own identity and recognize the need to earn the trust of Indigenous peoples (Kourany, 2009), it has been my experience that most Aboriginal people respond in a collegial manner to a white person's genuine desire to help and a respectful acknowledgement of the rights and abilities of Indigenous people to determine their own priorities and approaches to challenges. My reflections on my whiteness and western culture serve to remind me of the importance of contributing to decolonization rather than perpetuating the colonial actions of my forefathers and current governments (Bailey, 2011; Binns et al., 2006; Denzin, 2010; Fee & Russell, 2007; Galloway, 2012; Hurst, 2011; Niccols et al., 2012; Vice, 2010; S. Wilson, 2008). Fee and Russel (2007) wrote:

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> The challenge … is to resist binaries, to acknowledge, admit a hybrid identity, and finally to undertake the patient, difficult and yet enjoyable process of understanding other ways of knowing the world. Such knowing is based on the need to unpack privilege, for it is a form of loss which has stood in the way of understanding each other. Knowing begins with a conversation, the creation of an "enunciative space", a chance to explore the third space and move meaningfully beyond the black-white divide (p.202).

In the experience of working with Aboriginal partners on this and other research teams, I have learned to respect and understand Aboriginal ways of knowing and being in the world and have internalized some of these lessons. This became evident to me when I was asked by co-workers in a First Nations health center, where I had taken undergraduate nursing students for community health practice for several years, whether I was a Native. I saw this as a wonderful compliment: while recognizing and acknowledging my white heritage, I had absorbed some of the culture of my Aboriginal colleagues.

Time

As part of my background of whiteness, I took for granted that time is a linear reality based on an externally set, mathematically defined, equally divided formula. It is unidirectional, always moving forward (Davies, 1990; C. Hughes, 2002). In my previous work with Aboriginal people, I have learned that many are not so governed by the clock, and that meetings start not when the clock indicates the time designated for the meeting has been reached, but when everyone arrives. In fact, I have heard other researchers refer to the tensions created by the different perspectives of time between Aboriginal people and those from the hegemonic western culture. Some have even commented that there is no word for time in the Mi'kmaq language and if you choose to work with Aboriginal

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people, then you need to learn to expect that it will take longer than you planned. This discriminatory approach to considering the issue of time from the perspective of Aboriginal people as a deficit causes some researchers to be frustrated when their western time schedules are disrupted by Aboriginals' own time system. It speaks to a lack of introspection and clarification by researchers of their own cultural assumptions.

The assumption that Aboriginal people do not recognize time is a Eurocentric misinterpretation of the worldview of Aboriginal people. The Mi'kmaq were a nomadic people and their time was related to their environment, including the seasons and times of day, and their community. Their sense of time continues to be aligned to space and process (Gatrell, 2006; M. Marshall, 1997; Moss & Pryke, 2007) and is relational (Ing, 2006; Janca & Bullen, 2003; M. Marshall, 1997). It is a cyclical view of time, based on the repeated activities that occur at similar places with particular people (Donaldson, 1996; B. Duran & Duran, 2000; Gatrell, 2006; Janca & Bullen, 2003; Moss, 2010; Moss & Richter, 2011; Perkins, 1998).

Feminist critiques of the institutional and structural aspects of patriarchy have demonstrated that temporality, or being in time, is socially constructed and gendered (B. Adams, 2003; Apter, 2010; Davies, 1990; C. Hughes, 2002; Knights & Odih, 1995; McNay, 2000; Moss & Pryke, 2007). 'Male time' has been identified as linear, commodified (time is money), and decontextualized (Moss & Richter, 2011; Soderback, 2012; Symes, 2012). It has been used to dominate and control the lives of men and others (Battiste, 2008a; Davies, 1990; C. Hughes, 2002; Knights & Odih, 1995; Leccardi, 1996; Symes, 2012). As Adams wrote, "When the invariable time of the clock is imposed on living systems, it tends to be the living systems that are required to adapt to the machine-

time rather than the other way around" (Battiste, 2008a, p.123). 'Female time,' on the other hand, has been described as circular, relational, directed toward processes, and based on the lives of women with their repeated cycles of caregiving (Apter, 2010; Davies, 1990; Deem, 1996; Knights & Odih, 1995; Odih, 2003; Osnowitz, 2005; Soderback, 2012; Stalp, 2006). In this way, female time is more closely aligned with Aboriginal time than it is with male time (M. Marshall, 1997; Soderback, 2012).

It is important to not essentialize the lives of men and women or Aboriginals and whites. Temporality is related to the context of a person's life as well as to his/her gender and culture (Apter, 2010; Gatrell, 2006; M. Marshall, 1997; Moss & Pryke, 2007; Soderback, 2012). When women and Aboriginal people work, they juggle between linear time and circular time as they respect the requirements of the market as well as continue to care for their families and their environments (Battiste, 2008a; Davies, 1990; Dunbar, 2008; Gatrell, 2006; C. Hughes, 2002; Moss, 2010; Moss & Richter, 2011). Nevertheless, my gender better prepared me to work with Aboriginal people (Dunbar, 2008), since aspects of female time related to caring for my family and others remain in my life.

As an academic, my time, including thinking time, is a limited commodity (J. Anderson, 2002; Dunbar, 2008; Moss, 2010; Moss & Pryke, 2007; Moss & Richter, 2011). However, aspects of thinking time that are valued within the academy have been more congruent to research with Aboriginal people (Ylijoki & Mantyla, 2003). I viewed the time spent waiting for participants and the research team to arrive for an interview or meeting as precious time because it allowed me unplanned time to think and to develop relationships with those who had already arrived.

In this research, I have examined the effect of my whiteness on each step of the project in a reflexive process. In order to explicate the issue of race, I have systematically reflected on my taken for granted values, beliefs, and attitudes, listening to the inner voice of protest in the face of social injustice, while seeking out and examining the responses of the participants and research team to issues of racism and other discrimination. The design of this study has privileged the voices of the Aboriginal members of the research team (Aveling, 1998; Fine, 1997; Iwasaki et al., 2004; Langton, 1993; W. Martino, 2003; Rock, 2003).

Otherness

There has been considerable debate over the ability of researchers who do not share the characteristics of the participants 'to do research on' such groups. For example, the capacity of lesbians to study the experiences of heterosexual women and vice versa has been challenged, as has the ability of men to understand women's experiences and vice versa (Kitzinger & Wilkinson, 1993). The ability of non-disabled researchers to understand the experiences of disabled people or to share in their emancipation has also been disputed (C. Barnes & Mercer, 1997; J. Morris, 1997). However, the view that only Aboriginal men can study the experiences of Aboriginal men conveys the belief that all Aboriginal men are alike or homogenous and therefore only one standpoint is truthful or worthy (Stone & Priestley, 1996). Under the rubric of feminist standpoint theory, I worked with the rest of the research team to elucidate underlying values and power relationships and to reveal multiple standpoints so that they could be debated and their effect on the knowledge created be examined (Fawcett & Hearn, 2004; Foley, 2003).

One problem with the literature that examines the problems of 'otherness' is the use of terms like 'research on' and 'subject' rather than participant. These terms are found in structuralist research, but I believe that they are inappropriate in referring to a qualitative paradigm in which those who provide data are participants, not subjects of an objective observer (Borbasi et al., 2005). In fact, feminist standpoint theory tries to transcend the divergence of people into the researched and researcher (Fawcett & Hearn, 2004). There are many kinds of social relations and shared experiences and therefore multiple standpoints from which to examine a particular question (Chilisa & Ntseane, 2010; Crasnow, 2009; Fawcett & Hearn, 2004; Foldy, 2005; Intemann, 2010; Kourany, 2009).

Gender differences

As a woman who was planning to interview First Nations men, I reviewed literature related to the effects of gender differences between interviewers and participants (B. Johnson & Clarke, 2003). Most researchers have found little difference in the quality of information contributed by women being interviewed by men or women (B. Armstrong, Kalmuss, Franks, Hecker, & Bell, 2010). However, the competition in sexual prowess between men enacting hegemonic masculinity practices makes it easier for men to disclose intimate behaviors and feelings such as sexual practices or concerns about their body image to a woman, who would be viewed as less powerful and more supportive of feelings and emotional reactions (B. Armstrong et al., 2010; Bertone & Camoletto, 2009; Bonhomme, 2005; Bottamini & Ste-Marie, 2006; Brubaker & Johnson, 2008; Connell, 1994b, 1995; Grenz, 2005).

Several feminist researchers have written about their experiences interviewing men, exploring issues arising from the juxtapositions of men and power versus interviewer and power (C. Adams, 2007; Bottamini & Ste-Marie, 2006; Caceres et al., 2007; Gatrell, 2006; Grenz, 2005). Those who interviewed men whose occupation contributed power and status, such as men in leadership roles within corporations (Bottamini & Ste-Marie, 2006) and senior police officers (Caceres et al., 2007), identified obstructive strategies intended to retain power, such as dismissing the interviewer's knowledge, taking telephone calls during the interviews in spite of having chosen the interview time, and responding with minimizing comments.

Some feminists researchers had interviewed men about personal or intimate behaviors, such as (a) being a father (Gatrell, 2006), (b) engaging in stigmatized, intimate behaviors, such as being a client of a sex trade worker (Grenz, 2005), or (c) perpetrating sexually offensive behaviors, such as "hogging… a practice where men intentionally seek out women they deem fat or unattractive for the purpose of sexual gratification or sport" (C. Adams, 2007, p.366). They all raised issues of personal sexual harassment. They described their feelings of conflict about remaining silent while participants made sexist or degrading remarks about women. As feminist scholars, they affirmed the importance of including the mechanisms that men use to construct and maintain "relations of oppression" (Caceres et al., 2007, p.286). The issue of the woman interviewer's standpoint, including her sexuality and power as interviewer or lack thereof, arose in each of the papers reviewed and written about feminist women interviewing men (E. Campbell, 2003; Gailey & Prohaska, 2011; Gatrell, 2006; Pini, 2005). It was also clear in each of these papers that the woman interviewer and author were positioned as

feminists who critiqued the power strategies of their male interviewees and also felt personal pique at the participating men's reactions. In each of these studies, a fairly structured interview process was used and the researchers saw the men's reactions as obstructive, demeaning, and controlling of or grasping for power.

What was missing from these papers was any reflection on why these men responded as they did, nor was there any evidence of the interviewer demonstrating any sense of empathy for the persons being interviewed (Canales, 2010). Indeed, the participant was objectified as a 'hegemonic man'. The decontextualization of these interviews meant that there was little evidence that the researchers made an attempt to understand the men's behaviors: they were simply critiqued. The evidence of a sense of hierarchy and moral judgment about the men's behaviors was consistent with comments such as "rampant sexism" (C. Adams, 2007, p.373), and "These officers then, tended to grant me an audience rather than participate in an interview" (Caceres et al., 2007, p.297).

The process of self-reflection upon an interviewer's approach to each interview (Marzano, 2007) and communication of the participant's emotional responses was missing in these accounts. If a researcher has already decided that a particular behavior is inappropriate and distasteful, is it possible for her to find answers to why men engage in such behaviors? If she really wants to understand the choices being made, I believe she needs to learn about the human being who is participating and to try to understand how he sees himself and what factors have influenced his relationships and interactions with others, including women and sexual partners. For example, the participants whose behaviors were labeled sexist and sexually inappropriate were blamed for their conduct and their behaviors identified as intentional. A question arises for me about this

interpretation. The behaviors that these feminist women are interrogating are labeled by our western society as shameful, such as buying sex from sex trade workers. Shame is a primary emotion in which an individual devalues him/herself, feels powerless and demeaned, and may strike out or respond aggressively to the person perceived to have elicited the painful feelings of shame (Jimenez & Walkerdine, 2011; Mahalingam & Jackson, 2007; Silfver, 2007). A question that arises is could the behaviors that were labeled as sexist actually have emerged as a result of the interviewee's desire to stave off the painful feelings of shame and worthlessness?

Several researchers have demonstrated that the interviewer's gender and approach to an interview may shape the interaction between the interviewer and participant and, therefore, the content of an interview (Flores-Macias & Lawson, 2008; Holmgren, 2011; Randall, Prior, & Skarborn, 2006). The context of the research interview has consistently been important to understanding the responses elicited. For example, Flores-Macias and Lawson (2008) found that when women interviewed women more feminist responses were given, whereas men who were interviewed by women gave more egalitarian responses.

In contrast, I have interviewed men in several research studies in my career and have not experienced tensions between the men participants and myself. During the data collection for '*The Atlantic Community –Based Study of the Determinants of Sexual Risk Behaviors, among Men who have Sex with Men,'* some men asked to be interviewed by me rather than one of the male interviewers (Getty, Allen, Arnold, Ploem, & Stevenson, 1999). This study was focused on the sexual activities and perceptions of men who had sex with men and involved sensitive intimate information about deeply private

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experiences. Those who chose to be interviewed by me rather than one of the gay male interviewers expressed a feeling of being freer to share their experiences and feelings with a woman than with men they saw as potential sexual partners.

In my professional experience as a nurse working in sexual health and HIV care, discussing intimate bodily functions with clients was a normal part of practice. I have worked with young men in relation to sexual health issues at a university, as well as clients living with HIV and Hepatitis C around their sexual health practices. Men have been willing to talk openly about their sexual issues after they have tested me often in the form of a provocative statement or joke. Once they realized that I was comfortable with the topic, they settled into expressing their concern. The men who participated in this current study shared very private experiences and their emotional responses to these experiences with me, including those of shame. To focus on gender difference, without simultaneously taking into account class or ethnicity issues or other categories of difference is to essentialize gender, treating all men or women alike (deLeeuw & Greenwood, 2011; Hankivsky, 2012).

As a feminist researcher, I have a lived experience of identifying and unmasking oppression and finding ways to undo harms that have been done through oppressive structures and behaviors (Getty, Bartibogue, et al., 2010; Getty, Perley, et al., 2010; Getty et al., 2001). These have facilitated my work with First Nations men to understand how the intersections of gender, race, class, sexuality, age, and religion have affected their ability to care for their own health and maintain the balance intrinsic to their conception of health (Bowleg, 2012; deLeeuw & Greenwood, 2011; Hankivsky, 2012; Hankivsky & Christoffersen, 2008).

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I have worked with Aboriginal people in a number of social, academic, health care, and research locations in my life. This experience has demonstrated to me the difference in our cultures and the need for white academics to (a) be more respectful of the strengths and insights of First Nations people, (b) understand better the injustices that have been perpetrated on them, and (c) stand with them to support their efforts to overcome the oppression they have endured since European colonists arrived. As a white woman nurse, I am aware of my 'otherness' in working with Aboriginal men. For this reason, I believed that a CBPAR methodology was essential for this study so that the data collection and analysis process would reflect the experience and understanding of Aboriginal men rather than my perception of their reality (Letendre, 2004). The theoretical lenses that I have worked to understand, and which Aboriginal researchers have brought to this CBPAR study, are that of the lived understanding of colonialism and an indigenous worldview or ways of knowing.

I recognized the power intrinsic in my role in academia as a teacher of nursing and a researcher and the privilege I have been afforded in accessing resources and having my voice heard in social situations where decisions are being made. This meant that I needed to work hard to develop egalitarian relationships with the Aboriginal men and women on the research team for this study. It was my view that while I brought research knowledge to this project, the Aboriginal members of the team brought knowledge about Aboriginal culture, history, and the socioeconomic environment of Aboriginals in Eastern Canada (Getty, Bartibogue, et al., 2010; Getty et al., 2001; Letendre, 2004). Their knowledge was vital to locate knowledge through this research process that adds to our

understanding of how masculinities are socially constructed by Aboriginal men and how the meanings of masculinities influence their health practices.

As well, I was requested to serve as the academic researcher on a community-based study on the health and social support needs of descendants of Residential School Survivors by members of the MAWIW Tribal Council, which includes Elsipogtog First Nation. While working on this Descendants' study took time and energy, it contributed much to my understanding of the residual effects of the Indian Residential School and the effects of the intergenerational post-traumatic stress disorder that has developed for many Mi'kmaq and other First Nations peoples in Canada. The findings of this study have informed the current research and added depth as well as breadth of understanding of the issues that frame the historical, social, economic, and political context of the lives of Mi'kmaq men. Moreover, community-based research with First Nations communities requires reciprocity between academics and communities (Battiste, 2008b; Castellano, 2004). Agreeing to participate in the Descendants study was one way I felt I could pay forward the contributions of this community to my academic success.

Rather than owning power over the research process it has been shared, with different strands of power flowing between members of the research team (Niccols et al., 2012; G. H. Smith, 2000; Struthers et al., 2005; Swadener & Mutua, 2008; Whitt, 2009; S. Wilson, 2009). This was evident in the process of coming to consensus about decisions in this study. The Aboriginal men and women who were members of the research team and the Advisory Committee for the study brought knowledge of their culture, their community, what it is to grow up as a member of a First Nations community, their ways of knowing, and their lived experience of the challenges faced by First Nations men

living 'on the rez' that is immersed in a non-native society. For example, they recommended that I begin by interviewing several Elders, followed by men of different ages and life experiences. They recruited all of the participants for the study.

As a feminist, I used a process of consciousness-raising to recognize oppression interwoven into a group of institutional norms and to identify barriers to participants' development so that they could be addressed. For example, during the analysis of men's stories about going off the reserve to school, usually at a middle or high school level, the issue of racism emerged from the transcripts. The research team members recalled their personal experiences with racist attitudes and behaviors of other students. As well they shared their memories of how some teachers and school administrators expected them to do poorly in their studies because they were Native before any assignments had been graded. They remembered being told to toughen up when being bullied by other students and that the bullies were never punished. This discussion enabled us to identify the multiple layers in which oppressive practices are embedded, so that we were able to make visible the injustices they impose. Feminists strive to acquire 'power for' others, rather than 'power over' (empowering and emancipatory). My feminist inquiries have examined how the discourses of gender, race, class, sexuality, age, education, and religion have influenced the social construction of masculinities by a particular group of boys/men, revealing the underlying power structures and social consequences of these patterns (deLeeuw & Greenwood, 2011). While I have consistently worked to understand an Indigenous worldview and to learn from this perspective, I continue to be cognizant that I have not lived the experience of participants. Therefore, the understanding of Indigenous

people's worldview and their accumulated knowledge was an important contribution of the Aboriginal researchers on this research team.

METHODOLOGY: COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH

Definition

The terms 'action research,' 'participatory action research' (PAR), 'community based action research' (CBAR), and 'community-based participatory action research' (CBPAR) are used interchangeably in the literature. For example, some of the earlier literature refers to action research (Agryris, Putnam, & McLain Smith, 1985; Allman et al., 1997; Altman, 1995; Getty, Allen, Arnold, Ploem, et al., 1999; Giesbrecht & Ferris, 1993; Israel, Schulz, Parker, & Becker, 1998; Minkler, Blackwell, Thompson, & Tamir, 2003; Schroeder, 1997; Whyte, 1991). Currently, the term community-based participatory action research is more common (Chino & DeBryn, 2006; DeGagne, 2011; Dudgeon, Kelly, & Walker, 2010; Edgren et al., 2005; Edwards, Lund, Mitchell, & Andersson, 2008; Getty, 2010; Getty, Bartibogue, et al., 2010; D. Hodge, Limb, & Cross, 2009; Horn, McKracken, Dino, & Brayboy, 2008; Iwasaki et al., 2005; Kendall, Sunderland, Barnett, Nalder, & Matthews, 2011; Poupart, Baker, & Red Horse, 2009). Discourse about each of the aforesaid terms is similar. Accordingly, I have used the term, Community-Based Participatory Action Research (CBPAR) for this study.

Community-Based Participatory Action Research is defined by a group of criteria, including the following: (a) the research question is selected by the community, such as the staff members of the Elsipogtog First Nation Health and Wellness Center; (b) a

Community-Advisory Committee is selected to oversee the study; (c) members of the community will become members of the research team, making decisions about recruitment, process of gathering data, analysis of the data, and approval of the research report; and (d) opportunities for community members to learn research skills will be offered to community members (Allman et al., 1997; Caine, Davison, & Stewart, 2009; Chilisa, 2012; L. Green, 2004; Kaplan & Alsup, 1995; Kemmis & McTaggart, 2003; Kerr et al., 2010; Khanlou & Peter, 2005; Minkler, 2004).

Historical Origins

Kurt Lewin is widely credited with being the father of action research (Allman et al., 1997; Lewin, 1946; Wallerstein & Duran, 2003). While he was among the first to write about the need for action research in relation to his change theory, he is particularly credited with research intended to improve the performance of businesses or other organizations (Holter & Schwartz-Barcott, 1993; Wallerstein & Duran, 2003; Whyte, 1991). Lewin described problem-based research intended to link knowledge development (theory) with practice (action) (Holter & Schwartz-Barcott, 1993; Lewin, 1946; Wallerstein & Duran, 2003).

Another tradition of PAR with a clear emancipatory goal grew out of Marxist critical social theories (D. Brown & Tandon, 1983), but was ultimately credited to the work of Paulo Friere and others in the developing world (Dyer et al., 2002; Hagey, 1997; Rahman, 1993; Wallerstein & Duran, 2003). Friere rejected the concept of research on a community, insisting that the community be a partner in the research. He taught that the marginalized, particularly the poor, could change their lives as they became self-aware

and began to believe that change was possible (Friere, 1970, 2004; Rachman, 1991;

Wallerstein & Duran, 2003).

Community

Community may be defined in different ways: as a group of people living within a

geographic location, or a group of people who share common issues, environments,

culture and who are aware of a shared identity (A. Cheadle, Wagner, Koepsell, Kristal, &

Patrick, 1992; Chilisa, 2012; deLeeuw, Cameron, & Greenwood, 2012; Getty, 2010;

Hitchcock et al., 2003; Israel et al., 2003; LaVeaux & Christopher, 2009; Majumdar,

Chanbers, & Roberts, 2004; McAusland & Vivian, 2010; Niccols et al., 2012; Santiego-

Rivera, Morse, Hunt, & Lickers, 1998). In CBPAR, the focus is on the community, or the

group of people who identify as a community, although individuals may benefit as well

(A. Cheadle et al., 1992; Chilisa, 2012; deLeeuw et al., 2012; Getty, 2010; Hitchcock et

al., 2003; Israel et al., 2001; Israel et al., 2003; Niccols et al., 2012; Santiego-Rivera et

al., 1998; Wallerstein & Duran, 2003). CBPAR aims to strengthen the group's sense of

the collective through developing community level interventions or actions to address

issues that are uncovered in the research process (Israel et al., 2003; Poupart et al., 2009).

Ontological issues

Community-based research has been described as a philosophy of inquiry, rather

than a methodological approach to research. Increasingly community-based research is

considered to be the paradigm of choice for research involving marginalized communities

(Allman et al., 1997; Brydon-Miller, 1997; Niccols et al., 2012), especially when they

have experienced research in the past that focused on their weaknesses without

considering the context in which they live their lives (Castellano, 2004; Niccols et al., 2012; Schnarch, 2004).

CBPAR attends to the ecological environment of the community and the context of the lives of participants, their historical backgrounds, and the socio-economic-political environments of their lives (Bronfenbrenner, 1990; Gottlieb & McLeroy, 1994; LaVeaux & Christopher, 2009; Loppie, 2007; McLeroy, Bibeau, Steckler, & Glanz, 1988; van der Woerd & Cox, 2005; Whitbeck, 2006). In the study, *Surviving the system: Regaining resilience: The experience of Tobique First Nation with tuberculosis,* the Aboriginal members of the research team taught me and other nursing academic researchers about the oppression in which they and their parents were immersed. They explained how the laws that placed them on reserves and forbade them from hunting and fishing outside of the reserve changed their diets and exercise patterns and left them vulnerable to illness (Getty et al., 2001).

Some have contended that community-based research can range from access to a community to do a quantitative study to full participatory action (Allman et al., 1997; Cargo et al., 2008). However, it is difficult to conceive how a study can be community-based when the only involvement of the community is to give researchers access to the community members. In reality, to be truly community-based, the community needs to be a member of the research team with equal power in the research process from the inception of the problem to be studied until dissemination of the findings (Allman et al., 1997; Bradbury & Reason, 2001; Cargo et al., 2008; Friedman, 2001; Hammel, Finlayson, & Lastowski, 2003; Israel et al., 2003; Kovak, 2009; LaVeaux & Christopher, 2009; Letendre, 2004; Stringer & Genat, 2004).

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Indigenous scholars have contended that rather than strive to achieve a democratic relationship between academic researchers and the communities of Indigenous people engaged in a CBPAR study, such researchers should privilege the voice and worldviews of the Indigenous peoples with whom the study is to be done (Getty et al., 2001; Koster et al., 2012; Kovak, 2009; McCleland, 2011; Niccols et al., 2012; Poupart et al., 2009; Whitt, 2009; S. Wilson, 2008, 2009). It is important for the problem to be identified by members of the community, to ensure that the research question is relevant to the priorities of the community members and that actions identified in the findings of the study are implemented (Allman et al., 1997; Cargo et al., 2008; Hagey, 1997; J. Jackson, Tucher, & Bowman, 1982; Koster et al., 2012; Letendre, 2004; Poupart et al., 2009). Moreover, Poupart and associates have advocated that CBPAR research with Native Americans must be based on methods developed specifically for research with Native American communities that respect the political and internal or cultural sovereignty of these First Nations. Called "reality-based research" (Poupart et al., 2009, p.1182), it is a process or approach to research with Indigenous peoples that is decolonizing and similar to that of Kaupapa Maori research (Binns et al., 2006; Cargo et al., 2008; McCleland, 2011; Niccols et al., 2012; G. H. Smith, 2000; Swadener & Mutua, 2008; S. Wilson, 2008, 2009). We embedded these principles in the current study by privileging the voices and worldviews of the Mi'kmaq research team members in the research process, recognizing the importance of the collective worldview of Mi'kmaq people, their families and community and their cultural and spiritual ways of being (Castellano, 2004; deLeeuw et al., 2012; Getty, Bartibogue, et al., 2010; Getty et al., 2001; J. Johnson, Cant, Howitt, & Peters, 2007; Koster et al., 2012; Loppie, 2007; McCleland, 2011; Niccols et al., 2012;

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Poupart et al., 2009; Schnarch, 2004; G. H. Smith, 2000). The process of privileging Aboriginal peoples voices will be further explicated in the Methods chapter 4.

Epistemological issues

Community-based research means that the community owns the data and has the ultimate decision making power over the process (Battiste, 2002; Castellano, 2004; Getty, Bartibogue, et al., 2010; Getty et al., 2001; Letendre, 2004; Niccols et al., 2012; Schnarch, 2004; Shahjahan, 2011). The corollary of this provision requires that the community also shares equally in the responsibilities for the research and must take care to protect the rights of participants and ensure that the creation of knowledge in the study is accompanied by action to improve the lives of community members (Cargo et al., 2008; Chilisa, 2012; Getty, Bartibogue, et al., 2010; Getty et al., 2001; Israel et al., 2003). For example, in the study *Health and social support needs of descendants of Residential School Survivors,* the Healing Team's work with residential school survivors and their families has systematically addressed the recommendations that emerged from the study (Getty, Bartibogue, et al., 2010).

Decisions among research team members in this current study have occurred through a process of coming to consensus, which is congruent with Aboriginal ways of knowing (Bear, 2000). The initial Memorandum of Understanding (MOU) between myself, as the Principal Investigator, and the Elsipogtog First Nation Health Center, represented by the Health Director, clearly articulated this model so that it became a principle to which the team aspired and worked. Nevertheless, comfort with this process took time and effort (Getty, Bartibogue, et al., 2010; Getty et al., 2001; Israel et al., 2003;

Minkler, 2004). In order to accomplish this principle, I worked to learn about the culture and values of the community, to be open about my own culture and values, and to develop a trusting relationship with the other members of the research team (Loppie, 2004; Minkler, 2004; Nicholls, 2009). In this study, as with other previous CBPAR studies, once the other members of the research team began to trust me they taught me about their lived realities (Caine et al., 2009; Foldy, 2005; Getty, Allen, Arnold, Ploem, et al., 1999; Getty, Bartibogue, et al., 2010; Getty et al., 2001).

In this study, research skills, such as the process of analysis, were shared with the research team, contributing to capacity building for this community (Getty, 2010; Getty, Bartibogue, et al., 2010; Getty et al., 2001; Letendre, 2004; Loppie, 2004).   This was an opportunity for me as an academic researcher to give back to the community by helping other members of the research team to: (a) learn the necessary skills to do the study and (b) be better prepared for more independent research in the future (Getty, 2010; Koster et al., 2012; Loppie, 2004; Minkler, 2004; Minkler et al., 2003). Some First Nations communities have required that capacity building opportunities must occur in research studies done on reserve. In this study, I also presented to a Men's Health Day on issues of gender, why these were important for us to deliver good quality health care to men, and how this study could contribute to the development of health programs. Capacity building provided an opportunity to begin the process of developing a trusting relationship with community researchers (Loppie, 2004).

CBPAR utilization

The strength of community-based research is its ability to enable participants to identify the health challenges, resources, and status of a particular community, including those who are marginalized (Letendre, 2004) Indeed, community-based research approaches have been used successfully in studies with First Nations Bands, including the Tobique Maliseet First Nation in New Brunswick (Getty et al., 2001), the MAWIW Tribal Council community members (Getty, Bartibogue, et al., 2010), the Union of New Brunswick Indians (Getty, Perley, et al., 2010), the Native American and Alaskan Natives (Larios, Wright, Jernstrom, Lebron, & Sorensen, 2011; Lucero, 2011; Perry & Hoffman, 2010; Strickland, Walsh, & Cooper, 2006; Thomas, Rosa, Forcehimes, & Donovan, 2011), and other Indigenous populations.

The methodology of CBPAR has been used in a wide variety of research – from organizational studies to research with the most vulnerable of our society (Allman et al., 1997; Israel et al., 2001). It has been used extensively in health research (Larios et al., 2011; Lucero, 2011; Mohatt et al., 2007; Paradis et al., 2005; Parsai et al., 2008; Perry & Hoffman, 2010; Strickland et al., 2006; Thomas et al., 2011; Wexler, DiFluvio, & Burke, 2009). CBPAR has been a useful tool for doing research with First Nations people because it gives them an opportunity to be self-reliant and to participate equally in voicing their own knowledge and opinions, to participate in examining the underlying power issues, and to develop strategies for action (Chilisa, 2012; Holkup, Tripp-Reimer, et al., 2004; Ochocka, Janzen, & Nelson, 2002). CBPAR projects have examined a wide variety of health problems and issues with Aboriginal people, including: (a) environmental pollution (Cantox, 2007; Condru, Schymura, Negoita, Rej, & Carpenter,

2007; Fitzgerald et al., 2004; Getty, Perley, et al., 2010); (b) prevention and management of diabetes (Holkup, Salois, Tripp-Reimer, & Weinert, 2007; Holkup, Tripp-Reimer, et al., 2004; H. Weaver, 2002); and (c) tuberculosis (Getty et al., 2001).

Summary

In this chapter, the theoretical and methodological foundations of this study have been discussed. The perspectives of Indigenous researchers and leaders on how research with First Nations peoples should occur along with a review of the worldview of Indigenous peoples were presented. The ontological and epistemological foundations of critical social theory and some of the criteria for an Indigenist CST were reviewed. My location as a white woman nurse researcher was explicated. Finally, a CBPAR methodology was described in relation to research with Aboriginal peoples. In essence, this chapter has presented the rationale and important components for this CBPAR study, founded on an Indigenist CST and based on an Indigenous worldview. My location as a white woman researcher engaging in partnership with Indigenous researchers has been examined. The following chapter describes more specifically the design and methods of this study.

CHAPTER 4: METHOD: IMPLEMENTATION OF CBPAR

In this chapter, I have located the research context for this study by describing key aspects of Elsipogtog First Nation. The methods used to gather and analyze the data are presented and the ethical considerations and approaches to enhance the trustworthiness of the study are described. In concordance with CBPAR principles, community members from Elsipogtog participated on the research team and an Advisory Committee was established to advise the research team (Table 1).

Table 2 Elsipogtog First Nation members who participated in this study

Research Team 3 men and 1 woman	Advisory Committee 4 men and 2 women	Participants 30 men and 7 women
1 nurse:	1 Elder	30 men
1 Native Drug and Alcohol Program and Sweat Lodge Leader:	1 Elder	2 mothers who are also Elders
1 Director of the Lone Eagle Treatment Center:	1 nurse	5 spouses of participants
1 Economic Development counselor:	1 counselor of Residential School Survivors	
	2 young men who worked in Elsipogtog Health and Youth Services	

RESEARCH CONTEXT: CURRENT ELSIPOGTOG COMMUNITY

The masculinities of Mi'kmaq men living in Elsipogtog First Nation have been socially constructed within the Mi'kmaq culture and social environment of this community, which is located within the western and Francophone cultures of New

Brunswick, Canada. Elsipogtog First Nation is the largest First Nation community in New Brunswick, situated approximately 60 kilometers inland from the Atlantic coast.

There are a total of 3,139 registered Aboriginal people who are members of Elsipogtog First Nation, 2, 414 of whom live on reserve (*Elsipogtog First Nation: Registered Population*, 2013). While 74% of the members of Elsipogtog First Nation spoke Mi'kmaq as their first language, only 66.7% currently have knowledge of the Mi'kmaq language (*Language Statistics: Elsipogtog First Nation*, 2011) and about 60% continue to speak Mi'kmaq in their own homes due to the effects of western hegemonic influences of colonialism with the dominance of English in schools and other institutions such as health care. Residential and community schools where education was conducted in English with Mi'kmaq being forbidden at school (Getty et al., 2006; *Language Statistics: Elsipogtog First Nation*, 2011). It is common to hear Mi'kmaq being spoken between clients waiting in the waiting room in the Elsipogtog Health and Wellness Center. Members of the research team are fluent Mi'kmaq speakers, at times thinking in Mi'kmaq and discussing the translation before explaining a particular concept to me. While schooling occurs in English, Mi'kmaq language classes are available beginning in the Head Start program for preschool children. The effort that has been made by the members of Elsipogtog First Nation to retain the everyday use of their language continues to pay off as it is the language of choice among many community members.

The population of Elsipogtog First Nation is disproportionately young in comparison to that of the province of New Brunswick as can be seen in the following chart, which depicts the comparison of men according to broad age categories.
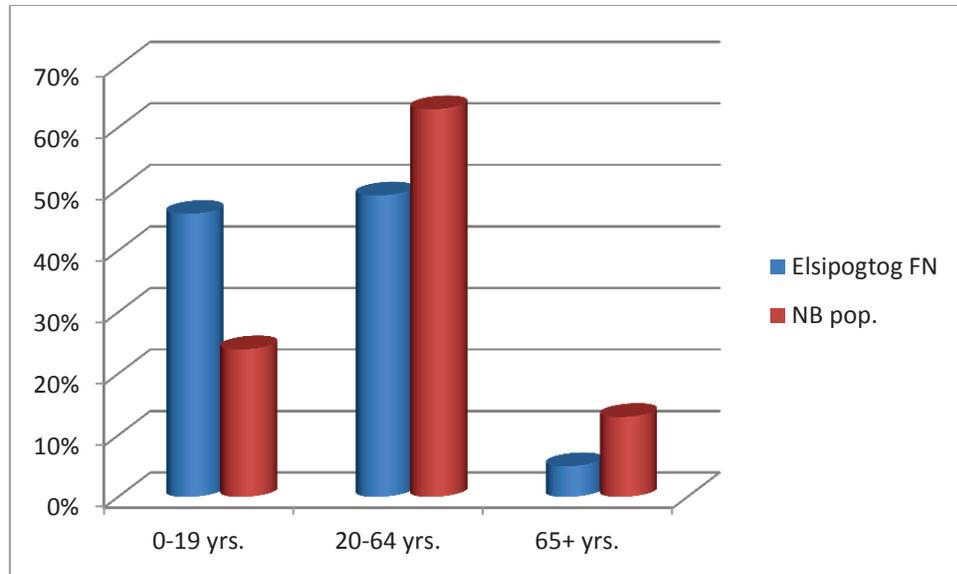
Figure 2: Ages of Men living in Elsipogtog First Nation compared to the general population of men in New Brunswick

This chart makes visible the increased numbers of males during childhood and adolescence compared to those in New Brunswick. By 20 years of age and throughout adulthood, the proportion of Mi'kmaq men in Elsipogtog is lower than among the population of New Brunswick. By 65 years of age, the proportion of Elsipogtog men alive is less than half compared to those in New Brunswick. This speaks to the decreased life expectancy at birth of First Nations men, which is six years less than other men in Canada.

Elsipogtog has several important community programs/resources that are largely staffed by community members. Professional staff, including nurses, addiction workers, social workers, and economic development officers, has been supported by the community of Elsipogtog to obtain their education in order to return home to contribute to their community. The resources/programs that are available include: (a) a day care, (b)

a school that delivers classes for children to grade eight, (c) a recreation center for youth, (d) a gymnasium for community members to work out, (e) a physiotherapy clinic, (f) several businesses, including a motel and a bar, (g) an economic development program that works to develop new initiatives and find work for community members, (h) a fisheries program with over 100 boats that fish for crab and lobster in season, (i) Lone Eagle Treatment Center for addictions, (j) a Sun Dance field, (k) a Roman Catholic Church, and (l) a Health and Wellness Center. The band has taken over the Child and Family Social Services program from the provincial Department of Social Services.

The Elsipogtog Health and Wellness Center is staffed by more than six nurses, a dietician, social workers, addiction workers, psychologists, youth workers, an Elder who does some traditional healing, and another Elder who works as a Community Health Representative especially focusing on providing services to young parents, diabetics and others. Primary health care is provided through this health center, which also has a nurse practitioner. Several physicians each see patients in the Health Center one day aweek. There is a large Methadone program. Several support staff work in this active health facility. The services provided through this health center and the health care professionals who deliver these programs provide leadership for other First Nation communities in New Brunswick and in Atlantic Canada.

The design of the health center includes a healing place in the shape of a teepee and a Sweat Lodge where Sweats are available every Wednesday. A number of Elders and other traditionalists throughout the community of Elsipogtog provide support for people in crisis and those searching for information about their culture and spiritual traditions and practices, including accessing Sweats. There is an annual Sun Dance ceremony held

in Elsipogtog First Nation and both male and female community members can choose to commit themselves to become a Sun Dancer.

Research Team

At the beginning of this study, I worked to develop a trusting relationship with those community members who had agreed to serve on the research team. The research team consisted of three Mi'kmaq men who work in service delivery roles, such as drug and alcohol treatment and economic development, and a female nurse who works in the Community Health and Wellness Center. We began by discussing how we would work together, including the importance of an egalitarian relationship in which each of us had an equal voice. Each was encouraged to contribute knowledge and skills throughout the research project. Throughout the process of this research, the members of the research team taught me about their perspectives and ways of viewing an issue, discussing how it would be interpreted from an Indigenous perspective.

My contribution to this research process was my knowledge of qualitative research methods, masculinities, health practices and health. The Mi'kmaq team members clearly understood that they were the experts in their own culture and world views and took care to ensure that I understood the meaning of a situation from the perspective and context of a Mi'kmaq person living in the community. Commitment to a collegial process was important for the quality of the research findings (Getty, Bartibogue, et al., 2010; Getty et al., 2001; Loppie, 2007). Decision-making was based on a consensus building process. Over time, as we got to know one another and our particular concerns, presumptions, and

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preferences, we built a collegial research team (W. Hall, Long, Bermbach, Jordan, & Patterson, 2005; Loppie, 2007).

Ownership of the data was shared, with all members of the research team having copies of all research materials and data. Each member of the research team was invited to report on the data in publications or presentations with the agreement of the other members of the team. Wherever possible, we will attempt to report together on the findings to different audiences.

Advisory Committee

In partnership with the research team, six members of Elsipogtog First Nation were invited to participate on the Advisory Committee. These members represented the following categories:

1. A man and a woman Elder. Elders are older members of a community who demonstrate their knowledge of the culture and worldview of Mi'kmaq people and their wisdom in responding to others and in the ways they live their lives (Harper, 1996; J. S. Y. Henderson, 2000a; Mussell, 2005).

2. Two young men who worked in projects with youth and could speak from their own experience growing up at Elsipogtog.

3. A woman counselor from the Elsipogtog Community Health Center who brought the perspective of the health center staff and their experiences providing care to men at the center and providing programs and counseling support for Residential School Survivors.

4. A nurse who is a member of the Elsipogtog band and a mother.

Several members of the Advisory Committee speak Mi'kmaq fluently. This Advisory

Committee reviewed each stage of the study from its design to the analysis of data. The

Committee met three times, once at the beginning of the study to recommend recruitment

strategies, mid-way in the data collection process, and later to receive and discuss the

study findings. The findings have been shared with them along with the dissertation.

The Advisory Committee recommended that I do all of the interviews personally.

They advised that the men who participated in the study would be able to contribute more

fully if I, as a white nurse, did the interviews. Particularly in the case of sensitive

information, they perceived that men would feel safer telling their stories to a nurse who

was bound by an ethical requirement of confidentiality in her profession. As well,

because I did not belong to the community, the Advisory Committee members felt that

participants would feel that I would be less likely to break confidentiality by disclosing

private identifiable information. This advice was well founded. The interviews were rich,

full of their life experiences and their emotional reactions to these events.

Teambuilding

One of the requirements of CBPAR that has been emphasized by Aboriginal

groups is that of capacity building – the community members need to learn skills that will

enable them to do similar studies themselves in the future (Altman, 1995; Friedman,

2001; Heron & Reason, 2001; Holkup, Reimer, Salois, & Weinert, 2004; J. Hughes,

2003; Israel et al., 1998; Israel et al., 2003; Minkler et al., 2003). After some discussion

with members of the research team at Elsipogtog, I did informal teaching on the analysis

process. The study findings were reported to members of the research team first then to the Advisory Committee. They will finally be shared with the community.

DATA COLLECTION

Recruitment

The sample for this study was a purposive sample, recruited through the following mechanisms:

- The Advisory Committee recommended that the study begin by me interviewing a number of Elders; a list of Elders was drawn up. One of the men on the Advisory Committee, who works at the Health Center, visited each of this group of six Elders and obtained his/her permission to be interviewed. An Elder on the Advisory Committee made tobacco ties to offer to the Elders as a way of acknowledging their wisdom and expressing my gratitude for their contribution to the study (Castellano, 2004; J. Ellis & Earley, 2006; Fletcher et al., 2011). Several of the Elders refused the $30.00 honorarium provided and those who agreed to take it told me of a cause toward which they wished to give the money, such as the wood for a Sweat Lodge or the Eternal Fire for the Sun Dance ceremony. All Elders (with one exception) were interviewed in their own homes.

- Business cards were available after the masculinities and health presentation, which helped men remember the study so when approached by a member of the research team or health staff, they were aware of the study and had considered whether they wished to participate.

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- A poster was displayed in the waiting room of the Health Center, along with copies of a letter describing the study and providing a toll-free telephone number to call for an interview. These were available to men in the waiting room of the Health Center during a two-week period. Two men called and set up appointments through this mechanism. The poster and letters also increased the awareness of men about the study, so that when approached by a staff member to participate they often agreed to do so.

- Others were recruited through the Lone Eagle Treatment Center, the Elsipogtog Economic Development Center, a visit to the gym in the community, or through the research team members.

- An artist contributed two paintings, which he perceived to depict the ideal Mi'kmaq man; one of the research team contributed a picture of his valued spiritual talismans. These pictures were used to support the findings of the study drawn from the interview data.

- Several gay men were purposefully sampled when it was evident in the data that the masculinity practices of the participating heterosexually identified men did not include expressions of homophobia. This was very different from western hegemonic masculinity practices, which are rife with homophobic expressions and behaviors (Connell, 1995; Davison, 2000; B. Frank, 1993b, 1999; O'Conor, 1995; Renold, 2000). We decided it was important to interview gay men from Elsipogtog to identify their perceptions of inclusion in the community as well as explore their social practices of masculinity as gay Mi'kmaq boys and men.

While we had planned to place posters in the band hall, store, addictions treatment center, and other public gathering places on the reserve, this was unnecessary as ample numbers of participants agreed to be interviewed through word of mouth.

Description of the sample:

Thirty men, two women, and five spouses participated in this study. The participants were currently living on the reserve and were selectively sampled across the life-span to obtain a sample of participants in each age category (19-29 year olds, 30-39 year olds, 40-49 year olds, 50-65 year olds and those 66 years and over). Due to the interrelatedness of members of this community of approximately 2,500 Mi'kmaq people and my desire to maintain confidentiality of those who participated, the description of my sample will be very general. For example, I interviewed eight men who were 19-29 years of age, seven who were 30-39 years of age, seven who were 40-59 years old, and eight who were 60 years of age and older in order to examine the social construction of masculinities and health practices within the developmental level of adults. This sample included men from a wide spectrum of backgrounds, including five men with university degrees. Several were in the process of obtaining their post-secondary education, either through a university, community college, or a variety of apprenticeships trades. A few had difficulty reading the consent form.

All of the participants worked hard to earn a living for their families, some volunteering their time while waiting for paid employment. Except for those who were retired, all of the men were working or looking for work. Several of the participants had their own businesses and maintained more than one job. Men who were 60 years of age

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and older were retired from paid work but continued to contribute to their community by serving on committees, mentoring young people, and leading in spiritual health practices such as Sweats.

There were a variety of spiritual beliefs represented among participants. These included: (a) devout Roman Catholics who also practiced Mi'kmaq cultural and traditional practices, (b) exclusive Roman Catholics, (c) traditionalists who faithfully practiced traditional ceremonies, (d) traditionalists who had committed to be Sun Dancers, and (e) those who denied any spiritual beliefs but were open to learning about traditional culture. All of the men, with the exception of three, affirmed their heterosexuality; all of those who were over 30 years of age, except for two, were in long-term committed relationships. All but one participant over age 30 had children.

The majority of participants had lived their whole lives in Elsipogtog. Some spent their early years in the New England States and others had spent time on other Mi'kmaq communities, in institutions such as 'Shubie' Indian Residential School and foster homes off reserve and in other areas of Canada. However, all had returned home to live in Elsipogtog.

Diabetes and hypertension were common among the participants who were over 40 years of age. The men varied in their experiences with addiction, with some having long histories of addiction to alcohol and other drugs. The majority either drank socially or not at all. Several had been raised by their grandparents and a small number had grown up in chaotic families where they coped with parental addiction, neglect, and sexual abuse. Some of the participants had attempted suicide more than once, especially those who had been sexually abused as young adolescents. The final number of participants

was determined by the saturation of the themes; no new information for any theme emerged from the data (Bowen, 2008; Brod, Tesler, & Christensen, 2009; Tuckett, 2004; Wray, Markovic, & Manderson, 2007).

I also interviewed two women who had raised several sons in the community of Elsipogtog and who were perceived by the Advisory Committee and research team to be Elders. I focused these interviews on their experiences raising sons in this community, their perspectives on the masculinities practices of boys and men, and how these influence their health practices. Both of these women had observed and worked to shape the social practices of boys. They have observed from the margins, the emotional, physical, social, and spiritual practices of boys and men that serve to define their manhood. These women were located in the margins because they could not directly experience the same perspectives of the men in their lives although they parented their sons and partnered their husbands. Their insights added to the perspectives of boys and men immersed in their own gender practices.

Interviews

Our initial plan was to interview 20 participants: each participant would be interviewed face-to-face twice and would contribute to one focus group. In the first interview, a life-story approach was to be used (See Appendix A for the Interview Guide for the first interview), followed by more a detailed discussion of sensitive issues such as health practices in the second interview. However, from the beginning, the participants wove their perceptions of and beliefs about their health practices into their life story. It became clear that the stories of their health practices and experiences were intrinsically

and intimately a part of their life experiences and ways of being and their healing journeys. Even health practices that were more sensitive, such as sexual health practices and risk behaviors such as smoking, were a natural part of the dialogue, usually surfacing in the latter part of the interview but naturally emerging as the rapport between myself and the participant grew. The data that was collected provided a rich and full account of their life experiences and perceptions of their health practices. Instead of twenty participants, purposive sampling led to the recruitment of thirty, providing a wide spectrum of backgrounds and life experiences. I interviewed every man who volunteered to participate in this study.

Each interview continued until the participants expressed their sense of completion of having told their life story, varying from a little more than an hour to about two hours long. They would comment that they felt like a load had been lifted: they perceived that the interview was helpful to them and it was clear that they felt a sense of closure. The data collected were rich and comprehensive, covering all of the areas planned; thus, the decision was made not to proceed to a second interview. In five of the interviews, the participant's life partner joined us at some point, often reinforcing her partner's point through examples or by helping the participant give a full response.

While our original plan had included focus group interviews, there was a plethora of data, both in quality and amount following 32 interviews. During each interview, the participant was invited to begin with describing his family and sharing the story of his life. Stories have the power to engage the storyteller and listener to think deeply about and to reflect on issues raised. Archibald (2000) called this "storywork, because the engagement of story, storyteller, and listener create a synergy for making meaning, and

understanding" (p. 1). This use of narrative is congruent with the oral history of Canadian

Aboriginal people and allowed us to gather rich data full of the everyday lived

experiences of these men in a manner congruent with the approaches of Aboriginal

people to research (Cardinal, 2001; J. S. Y. Henderson, 2000a; Loppie, 2005).

Bergum (1991) wrote, "Knowledge revealed through stories is contextualized,

personal, never replicable, and full of life experience that is not explained" (p. 62). The

images drawn by these stories included many interpretations and beliefs about how these

experiences came to be. Simmons (1995) wrote that "the sense people make of their lives

and the ways in which they experience what happens to them is as important as the reality

of their lives as defined by others" (p. 838). Contextualized stories are powerful tools that

help to clarify an issue or research question (Warr, 2004). Participants were willing to

share their concerns and practices with a nurse with whom they developed a rapport

(Gaglio, Nelson, & King, 2006; B. Johnson & Clarke, 2003; Morse & Field, 1995). They

shared their experiences of economic poverty, their great wealth of social supports, their

strong values, and their attempts to meet the standards such values presented in a

culturally congruent and respectful manner. Their stories were accounts of great

heartache and courage. They described their lived experiences of racism, both personal

and systemic. A few described physical, emotional, and sexual abuse experiences,

demonstrating their ability to overcome immense loss and hardship. It has been my

experience in other studies that participants have a sense of being cared for after an in-

depth interview in which they have been encouraged to tell their stories (Getty, Allen,

Arnold, Ploem, et al., 1999; Getty, Bartibogue, et al., 2010; Getty et al., 2001; Wray et

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al., 2007). Aboriginal people might call this the meeting of our two spirits (E. Duran, Duran, & Yellow Horse Brave Heart, 1998; J. S. Y. Henderson, 2000a).

Field notes and memos

Following each interview, I wrote field notes which documented (a) my observations of contextual stimuli and nonverbal responses; (b) hunches about the participants' responses and/or circumstances that reflected upon the interview's meaning; and (c) other observations of the interaction with the participant that might shed light on what occurred in the interview (Duggleby, 2005; Montgomery & Bailey, 2007; Streubert & Carpenter, 1999). For example, after interviewing Brent, a young man in his twenties who had been neglected by his mother and placed in a series of foster homes, which required changing schools frequently, I wrote,

> This young man was so nurturing – how does someone who has never been nurtured learn to look after other people and be so empathetic? He lit up when telling me about his children and describing each of them so clearly. It's evident that he loves his children very much and is doing his best to parent them in a way he never received. They seem to give meaning to his life.

The above field-note was important to the analysis of this interview because so much of the data provided by Brent was focused on loss and pain – it was important to find his strengths and not focus only on his problems.

As the research proceeded, insights and ideas about the data and its meaning were written down for further follow-up (Hoare, Mills, & Francis, 2011; Montgomery & Bailey, 2007). These notes, called memos, were reviewed by the research team when relevant. One example of such a memo follows:

> Childhood sexual abuse covers everything from touching a child's genital region for a sexual purpose to rape. Why do we refer to rape of adult men by the term 'rape' and 'sexual assault' but when it happens to children and teens call it 'sexual abuse'? Is it because we can't tolerate the thought of a grandparent who is expected in Native culture to be a nurturing wise man, instead being a rapist?

This memo led to reading about group rape and the factors that allow such atrocities to occur as well as the effects for those who are raped.

We planned to have the interviews transcribed by a member of the community of Elsipogtog so that any benefit from the study would remain within the community. In past research, I have found that a transcriber from the community will often understand pronunciation, expressions, and other cultural communication in a way that is not possible for someone from outside that community. As a result, the transcript is more likely to be accurate (Getty et al., 2001; MacLean, Meyer, & Estable, 2004). However, we were unable to locate a person in Elsipogtog who had the time and ability to do the transcriptions. Instead, I found a secretary in the Faculty of Nursing at UNB who was an experienced transcriptionist. She had adopted two First Nations children and understood many of the challenges faced by Aboriginal communities. As well, working in a Faculty of Nursing, she understood the requirement for confidentiality and was exquisitely respectful of excluding any identifying information in the transcript. Her empathy for the participants was an asset as she transcribed painful and sensitive data in a respectful careful manner.

INTERSECTIONALITY

When I began this research study, my nursing knowledge informed my understanding of the importance of each of these categories to the health of clients; these

are, after all, some of the social determinants of health for populations (C. L. Reading & Wien, 2009). During the course of gathering data it became evident that these social categories or social determinants of health create a unique dynamic effect for participants, which is more than the sum of each component but instead creates something new as a result of the intersectionality of categories. The concept of intersectionality will be an important construct in the findings chapters in which culture, gender, socioeconomic level, education, and other categories intersect to influence Mi'kmaq men's health and masculinity practices.

In the inception of this study, the research question identified by the Elsipogtog First Nation Health Center staff was, "Why don't men use our services more?" In other words, what was the relationship between masculinities of Mi'kmaq men living in Elsipogtog First Nation and their health practices, including their willingness to seek and practices of seeking primary health care at the community health center? In this way, we began this study focused on the social determinants of gender and health practices.

As data in the form of narratives about the participants' life experiences were collected, it became evident that their health and health practices were shaped by a number of influences in addition to their gender (Shields, 2008). These included their cultural identity as Mi'kmaq men, the social support they were provided within their extended families and community, the racism and social exclusion of others in their environment as well as institutions in our society. the historical and current colonialism of our government, the socioeconomic status of participants, sexuality, addiction and mental health issues. It became apparent that these determinants of health did not have independent summative effects but, in fact, were interdependent, creating more of an

effect together than the sum of each factor (Dhamoon & Hankivsky, 2011; Hankivsky, 2012; Hankivsky & Christoffersen, 2008). The intersection of these determinants worked to create increased depths of systemic oppression, social marginalization and inequities (Anthias, 2013; Hancock, 2007; Hindman, 2011; Shields, 2008). As well, the intersections created strengths at individual and societal levels (Dhamoon & Hankivsky, 2011; Yuval-Davis, 2006). Both dichotomies were evident over the lifespan of the Mi'kmaq men who participated and were fundamental to understanding the health of Mi'kmaq men throughout their lifespan (Anthias, 2013). Accordingly, a review of the concept of intersectionality was an important component of the interpretation of this study data.

Intersectionality arose out of the critiques by black feminists of the work of white liberal feminists who purported to represent the situation and points of view of all women. Leading black feminist scholars, like bell hooks and Patricia Hill Collins, wrote about what was omitted from the perspectives of white, middle-class, well-educated feminist scholars, identifying the issues of racism and poverty that served to increase the depth of oppression for women of color (Bowleg, 2012; P. H. Collins, 2012; Dhamoon & Hankivsky, 2011; Hankivsky, 2012; b. hooks, 1984). Much of the feminist literature regarding intersectionality insists that the interaction of categories of identity work together to create systems of oppression and loss of power for those individuals and communities for whom these identities intersect (P. H. Collins, 1991, 2012; Hancock, 2007; K. Lee, 2012; McCall, 2005; Rogers & Kelly, 2011; Van Herk et al., 2011).

From a health perspective, the interactions of various health determinants may create a multiplicative effect on the level of oppression or inequities in power. Some of

the categories or social determinants may also ameliorate the effect of others for individuals as well as groups or communities, i.e., at the micro and macro level (Bowleg, 2012; deLeeuw & Greenwood, 2011; Dhamoon & Hankivsky, 2011; Hankivsky, 2012; Hankivsky & Christoffersen, 2008; Rogers & Kelly, 2011; Van Herk et al., 2011). The social location of individuals and communities is composed of their balance of privilege and oppression created by the intersections of various social determinants (Van Herk et al., 2011).

In this study, the analysis of intersectionality arose out of narratives of the lived experience of 30 Mi'kmaq men, in which their oppression was evident as was their mindful use of their own agency and resistance and the contributions of their culture and community (deLeeuw & Greenwood, 2011; Dhamoon & Hankivsky, 2011; McCall, 2005). In this way, evidence of individual and group efforts to resist systemic oppression emerged in opposition to an essentialized or generalized understanding of this group of Mi'kmaq men (Dhamoon & Hankivsky, 2011; McCall, 2005).

DATA ANALYSIS

Data analysis began after the first interview was transcribed and continued throughout the data collection period. I coded the interview transcripts with members of the research team in a group process according to their individual availability. This process included the following steps:

(1)   Reading the transcripts aloud line by line and discussing the data to identify the themes that emerged (Fade & Swift, 2010; Mansson, 2012; Tierney & Fox, 2010).

(2) Reviewing the interviewer's field notes and memos when coding each
interview.

(3) Interpreting the meaning of the data from the framework of the Mi'kmaq
researchers' own lived experience. This interpretation of the historical,
cultural, and spiritual experiences of these participants enabled the
researchers to understand more fully the embodied existence of the
participants (Getty, Allen, Arnold, Ploem, et al., 1999; Getty et al., 2001;
A. Jackson, Brown, & Patterson-Stewart, 2000; Wilde, 1999). This process
allowed each of the researchers to bring his/her theoretical lens to the
interpretation of the data, to discuss its interpretation, and come to
consensus about how it would be coded. Questions, such as 'Who
benefits?' and 'Why has this practice developed?' were asked in this
coding activity.

As a result of this interpretive critique of the data within the
research group process, knowledge was created in the space between the
interview transcript and each of the research team members (Power, 2004).
Grande (2008) wrote that research, which she has termed "Red Pedagogy"
(p. 234), "is a space of engagement. It is the liminal and intellectual
borderlands where indigenous and nonindigenous scholars encounter one
another working to remember, redefine, and reverse the devastation of the
original colonial 'encounter'"(p. 234). The work of analysis benefited
from the interactions of the Mi'kmaq research team with the data and with
me. As a white nurse from a western upbringing, I am committed to doing

research with Indigenous people that is focused on questions of relevance to Mi'kmaq First Nations people. I have worked to "understand Indigenous humanity and its manifestations without paternalism and without condescension" as Marie Battiste, the respected Mi'kmaq scholar, has articulated (Battiste, 2008b, p.508). This process of group analysis has taught me about the many strengths of Mi'kmaq ways of viewing specific examples of human interactions and responses (Battiste, 2008b).

There was a purposeful effort to understand each participant's specific social location at the time of the interview in order to comprehend the meaning of what the participant had contributed to this study (Power, 2004). For example, when one participant described returning to Elsipogtog because his aunt and a couple of other family members had died, the committee discussed issues of loss that were common to members of a Mi'kmaq or other First Nations community. The research team members described how one loss follows another, even when you come from a functional productive family. They explained how Mi'kmaq people have not recovered from one loss before another occurs and grief seems to be a constant in many peoples' lives.

(4)   The research team came to a consensus about the codes to be assigned. . Ultimately, priority was always given to the interpretation offered by the Aboriginal research team members. The process of coding was a teaching process in which I learned about the life experiences and the context of First Nations people by the Aboriginal research team members: their

perspectives were used to interpret the data (Battiste, 2008b; Getty,

Bartibogue, et al., 2010; Getty et al., 2001). True collaboration between

the Mi'kmaq research team members and myself occurred as the power

remained in the hands of the Mi'kmaq team members (Bastida, Tseng,

McKeever, & Jack, 2010; A. Jones & Jenkins, 2008).

(5)   This group analysis activity provided an opportunity for the research team

to debrief after reading transcripts containing poignant stories that

included painful accounts of racism, poverty, and oppression (B. Johnson

& Clarke, 2003; Warr, 2004; Wilde, 1999).

(6)   Over the course of coding the data, the Mi'kmaq research team members

found it increasingly difficult to find the time required for this labor-

intensive process. I raised the issue and asked how we could complete the

coding without it taking so much of their time. They agreed that I had

demonstrated sufficient understanding of the issues that I could work on

coding the last interviews, consulting with the other team members as

necessary. As a result, I coded the final six interviews myself.

(7)   After the initial codes were assigned to the data, they were entered into

Ethnograph, a computer program for sorting data by codes, so that they

could be compared to one another and within categories identified (L.

Meadows & Morse, 2001). After the first level coding was completed,

Ethnograph would list data according to code so that the researchers could

review each code and discover similarities between codes. Groups of

codes were collapsed into larger categories and eventually into themes. The themes were reviewed with and approved by team members.

(8)   After the data for this study were analysed and the themes identified, elucidated, and reviewed by the Advisory Committee, I wrote the research report in the form of this dissertation. The findings and discussion were reviewed by the Mi'kmaq research team.

(9)   Once the dissertation has been approved, all participants, the Advisory Committee, and members of the Elsipogtog community will be invited to a presentation of the study findings. All will be invited to offer any other insights or recommendations about how to address the study findings. This will ensure that all those from the community who participated in this research will be aware of the study findings. A copy of the dissertation will be given to the health Director for the Health Centre library. Finally, a summary of the findings of the study in accessible English will be provided to the community and the participants through the Health and Wellness Center.

ETHICAL ISSUES

Over many years, First Nations communities in Canada have experienced much harm from research conducted by university based researchers (Anonymous, 2003; Castellano, 2004; Schnarch, 2004). As a result, CIHR has developed unique ethical guidelines to be used in addition to those of the Tricouncil standards (E. O. CIHR, 2005). The Mi'kmaw Ethics Watch is a committee appointed by the Grand Council of Mi'kmaw

to develop ethical guidelines for research with Mi'kmaq people; these guidelines serve as a standard against which proposals can be reviewed. Development of the guidelines was based on "the UN [United Nations] Principles and Guidelines for the Protection of Indigenous Heritage" (Battiste, 2008b, p.506). The research ethics guidelines were developed by Mi'kmaq Elders and community leaders under the respected leadership of Mi'kmaq scholars such as Marie Battiste (Battiste, 2008b; Castellano, 2004; Fletcher et al., 2011; Pidgeon & Cox, 2002). The standards to which this research was aimed included these guidelines, together with those proposed in the CIHR document, and the principles of Ownership, Control, Access and Possession (OCAP), in addition to the Tricouncil Ethics Guidelines.

Initially, ethical consent was obtained from the Mi'kmaq Ethics Watch committee. This was important to me as a part of the respect essential to using an Indigenous approach to this research. It was also required by the Dalhousie Ethics Review committee. The Mi'kmaq Ethics Watch committee has had a good deal of experience in reviewing community-based participatory action research proposals. The review was a straightforward process, which generated questions such as what model of Indigenist Critical Social Theory was proposed to guide the study. A request was made for a copy of my dissertation. This ethical review was done by committee members sensitive to issues of protecting the rights and privileges of Mi'kmaq people and communities. Its members are steeped in understanding ethical issues from a collectivist perspective and understand well the issues that would be expected to arise in interviewing a number of Mi'kmaq men about their masculinities and health practices (Battiste, 2008b; Castellano, 2004).

After receiving ethics approval from the Mi'kmaq Ethics Watch committee, the Ethics Review Committee for Human Subjects at Dalhousie University did a full review of the application for ethical approval. Having received the two levels of Ethical Approval, I signed the *Memorandum of Understanding* with the Director of the Elsipogtog Health and Wellness Center, the first level of ethical consent. This document clearly laid out the responsibilities and privileges of the community, the other research team members, the Advisory Committee, and me, as recommended by several CBPAR researchers (Castellano, 2004; Flicker, Travers, Guta, McDonald, & Meagher, 2007). (See Appendix D.).

In the second stage of ethical consent, each participant was given two copies of the Informed Consent form, one to sign and one to keep as a record of my promises for how the research would be conducted. The ethics consent form followed the format laid out as mandatory by the Dalhousie University Ethics Review Committee. It was eight pages in length. For those participants with university education or those who liked to read, reviewing this Consent form was a tedious task but one that they saw as curious. They often shrugged and smiled before signing. I believe they were perplexed by the size and complexity of the Informed Consent form. Other researchers have found similar responses, even referring to formal consent forms on university letterhead as coercive (Van Den Hoonard, 2001). Pidgeon and Cox (2002) wrote, "political correctness and revised ethical guidelines have attempted to protect the rights of minority groups, but misplaced research practices have discouraged many Aboriginal groups from becoming willing participants" (p. 96).

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The Informed Consent document was intimidating to many of the participants, some of whom did not wish to sign because of their distrust of documents from western institutions. This distrust is founded on a history of colonialism where western governmental officials asked First Nations people to sign documents that included items that had not been acknowledged or identified by the authorities presenting the document (Fletcher et al., 2011; C. Menzies, 2010; J. Miller, 2000; Rice & Snyder, 2008). Other participants were intimidated by the form (Fletcher et al., 2011). I discussed each provision with each participant. In several cases, I signed that I had reviewed the provisions of the consent form with the person designated ___ and then added the initials or pseudonym that the participant had chosen. Each was offered the opportunity to sign the consent form with a code made up of the first two letters of his mother's maiden name, the day of his birth, and the first letter of his second name. This system has been found to allow participants to feel safe when contributing information that could be potentially harmful to them (Getty, Allen, Arnold, Ploem, et al., 1999; Getty et al., 2001). However, none of the participants used the option of signing with a code.

For many, their verbal word and their willingness to have their interviews taped was their consent (Fletcher et al., 2011). They were more concerned about the relationship with me and the research team than about boundaries and saw the boundaries represented by the Informed Consent form to be consistent with the legalistic approach of western cultures (Dudgeon et al., 2010; Fletcher et al., 2011; Ruttan, 2004). Providing a document that was eight pages long made some participants feel inadequate and conveyed a level of disrespect for their ability to contribute important information to this study (Fletcher et al., 2011). Respect is a basic requirement for research with Aboriginal

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people (Castellano, 2004; Dudgeon et al., 2010; Ruttan, 2004) that led me to offer

participants the option of reading the Informed Consent form themselves or having me

tell them about its content and sign that I had explained the form's content to them, using

either a pseudonym or initials. This enabled me to have the evidence of our discussing the

contents of the Informed Consent and having offered the participant the opportunity to

ask questions about it in a way that would be was respectful of their feelings (Bastida et

al., 2010; Busby, 2006; Ruttan, 2004).

The participants in this study agreed to do the interview and welcomed me into

their homes or came to the Elsipogtog Health and Wellness Center, the Lone Eagle

Treatment Center, or the Economic Development office to be interviewed. Their actions

constituted their agreement to participate in this study. Each of the participants was

gracious in receiving a copy of the document and understood my desire to document my

commitments to them. The signed consent forms have been stored in a locked file folder

separate from the transcripts and other research materials in my office. The other

members of the research team could have access to these but storage was an issue in the

Health Center. In relation to the OCAP (Ownership, Control, Access and Possession)

principals:

- As a CBPAR design, this project is **owned** by the partnership of the

  Principal Investigator and the First Nations members of the research team.

- Decisions about the design, recruitment, analysis, and other research

  components were made by consensus among the researchers on this team. The

  input of Aboriginal researchers was given priority in this process. In this way,

  the community maintained **control** over the research process and data.

- Each of the research team members has a copy of all documents, transcripts, coding and other research materials, so as to always have **access to and possession of** their own materials.

CONFIDENTIALITY

Each participant was informed about the provisions of the Informed Consent form and it was signed, either by the participant or by me, with insertion of the participant's initials, name or pseudonym, prior to the interviews taking place (See Appendix E). All identifying information was removed from the transcripts before they were coded by the research team. Tapes, transcripts, and coded data have been kept in a private place accessible only to a member of the research team. In this way, no one will be able to link the data with the participants' identities through their informed consents. On the informed consent form, participants were assured of the confidentiality of their contributions. They were informed that the study findings might be reported at health conferences and in health journals but that no identifying information would be included in any of these.

The interview data contributed by participants was rich, their life stories depicting the resilience of the Mi'kmaq people and culture in response to oppression and trauma from the cultural hegemony of the west and from the internalized oppression within the community and individuals. The richness and depth of the stories of their life journeys contributed to the picture of their resilience. However, Elsipogtog is a relatively small community, having fewer than 4000 members. In order to protect the identity of each participant, while understanding and including their data, I have used pseudonyms for each participant. When the pattern of the life events of a particular individual had the

potential to allow a reader to identify the identity of that participant, I have used more than one pseudonym with their data. The sample of participants has been grouped into a younger group consisting of 19 to 39 year olds and an older group of 40 years of age and older in order to limit the ability to recognize a particular participant. Finally, I have included less specific detail about a particular participant's circumstances to protect him from being identified by others.

Participants were assured that only the dialogue that occurred during an interview, to which they formally consented, would be used in this study. As Punch (1994) states "if 'action research' actually seeks to empower participants, then one must be open and honest with them" (p. 89). The participants were assured that they were free to withdraw from the study at any time or to refuse to answer any questions in the interview. This provision is more appropriate for a research approach with a fixed interview guide in which the interview guide questions are asked as written. In this study, the interviews began with an invitation to tell me about their family and childhood and continued to focus on the participants' life stories. Our interactions in the interview were seldom in the form of questions and when a question was asked it was to clarify a point made by the participant. While the participants had been informed that they were free to stop the interview and even change their minds about inclusion of their information at a later time if they wished, this did not occur. Instead, the participants have inquired about the progress of the study and shown interest in its final report.

The interviews were recorded on a digital recorder, transferred to a computer file in oral form, and transcribed. In a couple of interviews, the recorder did not record the total interview. In these cases, notes were written about the interviews, recalling as much of

the comments as possible. This was a limitation of the digital recorder, which does not provide a warning when it stops recording. In every case, I checked at the beginning of the interview to ensure that the recorder was picking up the participant's voice clearly and changed the batteries daily.

Any identifying information was removed during the transcription of the interview (Punch, 1994) and a pseudonym used for each participant in the dissertation and all reporting back to the community. The transcripts have been retained in a private computer file on each researcher's computer. The transcripts and coded documents will be retained on my computer for seven years.

RIGOR

The accuracy of memory has been questioned as a challenge to the credibility of data based on participants' life-stories. Memories can be classified into either general knowledge, called "semantic memory," or those about particular life experiences, referred to as "episodic memory" (K. Alexander et al., 2005; Croyle & Loftus, 1993, p.165; Dongaonkar, Hupbach, Gomez, & Nadel, 2013; Memon, 2012; Nachson & Slavutskay-Tsukerman, 2010; Ordas, Atance, & Louw, 2012; Pathman, Samson, Dugas, Cabeza, & Bauer, 2011; Paz-Alonso & Goodman, 2008). Episodic memory is more susceptible to be changed, either in temporal terms or content (Barry, Naus, & Rehm, 2006; Dongaonkar et al., 2013; Eisen, Goodman, Qin, Davis, & Crayton, 2007; Nachson & Slavutskay-Tsukerman, 2010; Pathman et al., 2011; Paz-Alonso & Goodman, 2008; Riniolo, Koledin, Drakulic, & Payne, 2003). For example, a person may remember an event as having happened sooner or later than it actually did (Barry et al., 2006; Bayen, Erdfelder,

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Bearden, & Lozito, 2006; Croyle & Loftus, 1993; Koutstaal & Cavendish, 2006). New information can be assimilated into the memory of a particular occurrence (Dongaonkar et al., 2013; Eisen et al., 2007; Koutstaal & Cavendish, 2006; Nachson & Slavutskay-Tsukerman, 2010; Pathman et al., 2011; Paz-Alonso & Goodman, 2008; Tulving, 1983).

Both under-reporting and over-reporting of particular health behaviours and problems and the use of health care resources are common (Jabine, 1987; Means & Loftus, 1991; Ross, 1989). In fact, participants are more likely to under-report life events than to over-report them (Dongaonkar et al., 2013; Eisen et al., 2007; Memon, 2012). However, such errors are less likely when the memory is related to personal events such as family experiences (Dudukovic & Knowlton, 2006; Kennedy, Mather, & Carstensen, 2004; Lin, Ensel, & Lai, 1997). Memory of recurrent events tends to be more generalized. The data is more likely to be more accurate if additional cues, such as the emotional significance of events, or traumatic events are taken into account (K. Alexander et al., 2005; Berntsen & Thomsen, 2005; del Rio & Molina, 2009; Eisen et al., 2007; Kennedy et al., 2004; Memon, 2012; Paz-Alonso & Goodman, 2008). Positive memories are likely to be more accurate than negative ones (Bayen et al., 2006; Kennedy et al., 2004).

In this study participants' memories of childhood and adolescent periods had many similarities, reinforcing the accuracy of these memories. For some participants, painful memories were focused on patterns of events rather than sole events, with some similarities being noted between the experiences of several participants. In other cases, the memories were so painful that the participant could describe the environmental context, such as the size of the room in which an event occurred, adding to its veracity (del Rio & Molina, 2009). In some cases, participants' descriptions of past events echoed

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such examples in the literature, adding a tone of credibility to this data. Over the course of the interview, participants increased their disclosure of information as the relationship between the participant and the researcher developed (Barry et al., 2006; Cotterill, 1992; Eisen et al., 2007; Reinharz, 1992). The common themes and experiences that may be recalled by several participants who are related to or are contemporaries of other participants also helped to confirm the credibility of their stories.

The oral traditions of the Mi'kmaq and Maliseet people have honed their skills of recall, not only for events they have personally experienced but also for stories that were passed down to them from preceding generations (Austin, 2003). While the accuracy of the memories of participants helped to enhance the quality of the data, in this study we have focused on the meaning participants made of their life events and health practices in light of their masculinities and social contexts as Aboriginal men. Accordingly, the focus was on understanding the meaning of these Aboriginal men's contributions through a feminist and Aboriginal worldview lens. Power (2004) contended that the researchers must "Look beyond, between, and underneath the participant's words, to understand the social space in which the participant is located and in which the interview took place" (p. 860). She posited that participants can even say contradictory things in an interview and that the message underlying these thoughts is what the researchers ought to be focusing on (Power, 2004).

While the quality of data is an important component of the rigor of a study, there are several activities that are important for the researchers to undertake to enhance the trustworthiness of the study. These were articulated by Lincoln and Guba (1985) and are

presented in the following discussion along with the corresponding actions taken in this study:

- *Prolonged engagement and persistent observation* with the cultural context and the participants and their data. I have been engaged with members of the Elsipogtog First Nation on several projects, including the Health and Social Support Needs of the Descendants of Residential School Survivors study and projects such as Community Priorities for Health Programs, so that trust has been established over time (Lincoln & Guba, 1985). The interpretation of the data and coding was done with three Mi'kmaq men and one woman Mi'kmaq nurse as partners in the research team from this community. The coding and analysis were done in the Community Health Center, the Economic Development office, and the Lone Eagle treatment center at Elsipogtog, so that much time and interaction with members of this community occurred.

- *Triangulation* or having a variety of researchers and methods of collecting data is another activity that Lincoln and Guba (1985) recommend will enhance the credibility of the study. This has been fulfilled in this study by doing the analysis with subgroups of the research team, who were available at different times, coding with me. For example, most of the time I coded interviews with three of the four other research team members, and at other times I worked with one at a time, depending on the schedules of the other research team members. As well, a male artist from Elsipogtog First Nation did two paintings of his perception of the ideal Mi'kmaq man and one member of the research team contributed a photo of his sacred objects box, in which a cross lay across a Sun Dance medallion, depicting the way in which spiritual beliefs of Roman Catholicism can dwell in harmony with traditional Mi'kmaq spiritual beliefs. These images were used to

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visually depict and support the findings of the study in a similar manner to the literature with references to the person from whom the material came. The field notes and memos contributed to understanding the context of the interview, documented insights I received from the interview and directed my ideas in a way so that I could discuss and clarify with the rest of the research team.

- *Peer debriefing* is another activity that has enhanced the credibility of this study. Opportunities for debriefing existed within the research team with each period of interpreting and coding the data. Lincoln and Guba (1985) emphasized the need for debriefing with an outside source such as a colleague. While these authors have recommended that this not occur with people in authority over the researcher, the activities they describe were facilitated by my doctoral research advisor.

Member checks of the research findings have been reviewed by the Advisory Committee. As respected members of the community, they have given final approval of the report. One might fear that negative findings would not be allowed to be reported, i.e., that the report would be vetted for social approval. However, the focus of First Nations people in the collective and the context in which they live allows them to critique the systemic foundations for many of their experiences with the western hegemonic culture, identifying both negative and positive realities within the context of their lives. This critical interpretation tends to be focused more at the systemic level of government or institutions such as the school or hospital, rather than the individual.

The section on the Sweat as a spiritual health practice was sent to those participants who had shared their knowledge and experience of the Sweat ceremony with me. They made two corrections, which increased the accuracy of my description and expressed

their approval of the process of being given the opportunity to review this section of the dissertation, especially since this is such a sacred ceremony for them.

Transferability refers to the ability to apply the findings of this study to other populations, such as other Mi'kmaq communities and other First Nations tribes. These study findings only directly apply to the participants of this study, although there have been efforts to ensure that the sample was varied and reached different populations of men. We have worked to ensure that the report of the study contains rich descriptions of the findings.

Dependability and confirmability refer to the ability of an outside researcher or group to follow all of the steps and decisions of the research process that led to the findings. For this purpose, an audit trail was maintained in which all data, decisions, coding, and other work of this study have been kept.

While the above criteria and safeguards address issues of rigor of naturalistic research, this study is a CBPAR study that has added responsibilities to the community. Holkup and associates (2004) identified additional criteria for rigor in working on a CBPAR with a native community. These are described below along with the corresponding actions taken in this study:

Level of participation: Thirty Aboriginal men and two Aboriginal women engaged in interviews of more than an hour in length. I also interacted with several Aboriginal people in other projects such as the Descendants of Residential School Survivors study that I have done in Elsipogtog so that the participants have met me in different interactions.

Community voice: The community of Elsipogtog identified the initial research question and participated through the four Mi'kmaq researchers on the research team as well as the members of the Advisory Committee. The study will be reported to the community at large and to smaller community groups. When these study findings are reported by the Native members of the research team at conferences, such as the Aboriginal Policy Research Conference, it will represent the culmination of this criterion. This was also the experience that I had both with the study, S*urviving the System: Regaining Resilience. The Experience of Tobique First Nation with Tuberculosis* and the *Health and Social Support Needs of the Descendants of Residential School Survivors*. These examples are consistent with other research that was reviewed in the literature (Lincoln & Guba, 1985; E. Lindsey & McGuinness, 1998; Mill & Ogilvie, 2003).

- *Acceptable problem resolution*: Decisions were made by consensus with the final word being given to the Aboriginal members of the research team. We did not have issues on which we disagreed; the degree of intensity of a point varied from time to time, but this was easier to agree upon than a disagreement might have been. Transparency was a priority with decisions being made by the team, documented, and shared with the Advisory Committee and with other community members as requested.

- *Feasibility of project sustainability*: The measure of this criterion was held in the consciousness raising of issues that emerged from the data, such as parenting and the development of programs and approaches, i.e., actions taken to address the issues that have emerged from the data (Mill & Ogilvie, 2003; S. Smith, Willms, & Johnson, 1997). Future collaborative research endeavors will demonstrate the utility of this approach and study (Holkup, Reimer, et al., 2004).

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Summary

In the forgoing chapter, I have described the method that I used in this Indigenist Critical Social Theory approach to a community-based participatory action research study to examine critically the masculinities and health practices of Mi'kmaq men in relation to a number of intersecting social determinants of health. The composition of the research team and the Advisory Committee was described along with recruitment strategies. Data collection and analysis approaches were described in this consensual approach to data analysis. Ethical considerations were described along with a question about the utility and ethics of presenting participants with a long informed consent form that some were unable to read. Issues of trustworthiness were also addressed in this chapter.

The following chapter contains our analysis of the historical, social, cultural, and political context of the lives of Mi'kmaq men and the environment in which they construct their configurations of masculinity and health. Discussion of the Mi'kmaq culture and the masculinity practices of Mi'kmaq men prior to colonization and as a result of historical and continuing colonialism were presented along with the issues that arise out of the intersections of social determinants for Mi'kmaq men.

CHAPTER 5   THE HEALTH, ILLNESS, MEN AND

MASCULINITIES FRAMEWORK

Kulpu`ju`and the seven Micmac

The thousand million people asked the Micmac
Where were they going?
"To see grandfather Kulpu'ju'
He is the same age as the world."
The seven men walked twenty days
Until they came to a large wigwam.
On his side lay Kulpu'ju'
An old man they thought
Approaching gentle and quiet.

"I'm glad you have come" he said.
"I haven't been turned for two hundred years.
"What do you want?" he asked.
"I want to live forever," one man said.

"You may have your wish
Stand among the trees."
"What do you want?" he asked another
"To be a good medicine man."
"Take roots, the side you turn me."
The man did, a gift of medicine was his.
"What do you want?" he asked another
"A gift of running to hunt, to trap,
A good worker and many other gifts."
They left, but on their way
They saw a tree, the one who wanted forever.

To their people, they brought the story
And of the one who stood as a tree.
To each in turn, a wish came true
They are the one who make the living for us
The legend lives (R. Joe, 1999, p.39).

INTRODUCTION

Rita Joe, who was acclaimed as the poet laureate of the Mi'kmaq people (Paul, 2007; "Rita Joe: Poet Laureate of the Mi'kmaq Nation 2007," 2007), wrote the preceding poem about the legend of how Mi'kmaq men acquired several important masculinity practices, including the following: (a) respecting the Elders by travelling a long way to meet Grandfather Kulpu'ju, approaching him quietly and gently, serving him by turning him, and believing he would grant their wishes; (b) humbly seeking medicine to heal those who are ill; (c) being able to work hard to earn a living for their families; and (d) respecting Nature, perceiving other living things as having a spirit and needing to be nurtured, like turning the Grandfather (in the form of a stone) and one man becoming a tree that would live a long time. In this way, Rita Joe emphasized the important roles for men in Mi'kmaq culture. Unfortunately, since the advent of European colonial forces, the lifespan of some Mi'kmaq men has been shortened, so currently many die early in their lives and are not available to provide for their families as long as they wish.

In this chapter, I will focus on the social, political, cultural, and historical context of Mi'kmaq men and how this has shaped their gender practices. The stories of participants cannot be fully understood in isolation from their cultural histories, including their pre-contact traditions, the effects of colonialism, their loss of land and resources, the imposition of the Indian Residential schools, the Indian Act, and continuing colonial actions of the Canadian government. The voices of participants have been included with historical and current theoretical data whenever appropriate. In chapters six, seven, and eight, I will focus on the masculinity practices of Mi'kmaq boys, adolescents, and men respectively. Chapter nine will focus on the relationship between masculinity practices

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and health practices and wellbeing, and Chapter 10 will explore the resilience of

Mi'kmaq men in relation to multiple losses and addiction. Finally, in Chapter 11, the

discussion chapter, I will focus on the implications of this theoretical approach for

research and theory development as well as health programming and policy development.

The description of the context of this study will begin with a brief overview of what

is known through archeological and historical research about the lives of Mi'kmaq

people, their masculinity and health practices, and their intersections with other social

determinants of health prior to the arrival of explorers and colonists. I have begun with

descriptions of pre-contact times to establish the original patterns of masculinity practice

expected of Mi'kmaq men. This will be followed by a discussion of the implication of

historical and current conditions of colonization on the Mi'kmaq culture and in particular

the performance of masculinity of Mi'kmaq men. Both written and oral histories, as well

as data from the participants in this study about their perspectives on historical events and

patterns of being have contributed to this analysis.

THE HISTORICAL, SOCIAL, POLITICAL, AND CULTURAL CONTEXT OF

MI'KMAQ MEN'S GENDER PRACTICES

The social construction of Mi'kmaq men's masculinities emerges from the

historical, socio-cultural, economic, and political contexts of their lives. Prior to the

arrival of Europeans, Mi'kmaq masculinities were constructed upon the foundation of

Mi'kmaq culture and ontological ways of being. In this chapter, I will begin by

identifying the major historical, political, economic, and social themes in relation to the

traditional patterns of masculinities practices among Mi'kmaq men prior to the arrival of

Europeans in Mi'kmaq territory. This will be followed by an analysis of the impact of

colonization on the construction of masculinities of Mi'kmaq men, including the effects

of the loss of their land, laws that limited the Mi'kmaq to reserves of crown land, the

introduction of disease and loss of life, residential schools, and imposed system of

government, loss of culture, traditional beliefs, and practices from the perspectives of

Mi'kmaq men and mothers who participated in this study. Finally, the ways in which

these masculinity practices and self-concepts are related to the health practices and in

particular healing of Mi'kmaq men from the diverse injuries they have endured will be

discussed.

Pre-colonial Mi'kmaq men

For more than 2500 years, the Mi'kmaq people have had an organized and culturally rich

and civilized society with systems of government, economy, education, family life, and

spirituality (Brasfield, 2001). Archaeologists, excavating the Augustine Mound, an

archaeological site in the Mi'kmaq community of Metepenagiag First Nation (established

on the Miramichi River in New Brunswick) have found ancient artifacts, including

elaborately decorated pottery, colorful woven clothing, and various tools made from

substances such as bone, quartz, and copper that have been dated from approximately

3000 years ago (Blair, 2011; Martsolf & Draucker; Pepper & Henry, 1991; D. Smith,

Varcoe, & Edwards, 2005). Other archaeology findings have shown that many Mi'kmaq

lived along the Atlantic coast of the Maritime Provinces, particularly at the inlet of rivers,

including the original site of Elsipogtog First Nation. During the winter, many Mi'kmaq communities returned to the woodlands for game (Martsolf & Draucker; P. Menzies, 2007; V. Miller, 1995; Mooradian et al., 2006; Peoples, 1996; D. Smith et al., 2005). In this migratory pattern, they effectively inhabited several locations across the land in Eastern Canada.

There is archaeological evidence of the plentiful food supplies of the Mi'kmaq people. Large food storage depots have been found in the ground at sites like the Oxbow (Blair, 2011; D. Smith et al., 2005). Annual migration patterns are evident in archaeological discoveries such as large, heavy wooden kettles that were left at one campsite to be used when the Mi'kmaq community returned the following year.

Masculinities of Mi'kmaq men prior to the arrival of the French

Prior to the arrival of Europeans, masculinities of Mi'kmaq men were constructed within the fullness of Mi'kmaq culture guided by the values of the Mi'kmaq people, their cultural and spiritual practices and their environment. Mi'kmaq men's masculinity practices functioned to achieve the goals of survival, even thriving, while maintaining the core values of wisdom, humility, love, truth, respect, courage, and honesty (Paul, 2000; Wallis & Wallis, 1955). In the following section, I will demonstrate how historical every-day patterns of masculinity practices contributed to the wellbeing of men, their families, and their communities.

Masculinities practices as articulated through a patriarchal political structure

The Mi'kmaq territory, extending from Newfoundland to the west coast of Nova Scotia, PEI to New Brunswick and the Gaspe was governed through a hierarchical,

patriarchal political structure with a Grand Chief, known as a sagamore, overseeing the whole area. This was a hereditary position passed from father to son (J. Miller, 2006; V. Miller, 1995; D. Smith et al., 2005). The whole territory was divided into seven districts; Elsipogtog First Nation, where this study was conducted, was a member of the Signigtog District. Each district was governed by a district chief, who was advised by a council of male Elders. Elders were older Mi'kmaq men and women whose wisdom was recognized by their communities on the basis of their lived patterns of balance or wholeness. They were respected as the keepers of the community's history, customs, and knowledge (J. Archibald, 2001; Cajete, 2000; Harper, 1996; D. Smith et al., 2005). However, traditionally, only the counsel of the male Elders was sought in the government of the district councils.

The dominance of the leadership of Mi'kmaq men was evident in the polygamous relationships of the Grand Chief, several of the district chiefs, and some successful hunters who had several wives ostensibly to deal with their entertaining and other responsibilities (Ing, 1991). As well, the chiefs periodically had slaves, who were usually persons from other tribes who had been captured in wars (Ing, 1991; V. Miller, 1995; D. Smith et al., 2005).

Within each political district, local chiefs oversaw geographic regions defined by natural boundaries such as rivers. Usually the people within these geographic areas were related to the Chief or were allies (J. Miller, 2006). Each level of chief, from the Grand Chief to the local chiefs, had clearly defined, specific responsibilities. Ultimately decisions were made by consensus and affected the economic welfare of the Mi'kmaq people.

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Economic structure

Mi'kmaq men were businessmen, trading with other North American Indigenous people. They invented seaworthy birch-bark canoes and became superb seamen. As well, they created smaller canoes built to travel along the rivers throughout the Maritimes into the Great lakes region of Canada and as far away as Ohio, USA (Ing, 1991; Martsolf & Draucker; Peoples, 1996; D. Smith et al., 2005). They also devised toboggans and snowshoes to enable them to travel through the snow in winter (Ing, 1991). These forms of transportation enabled them to maintain their thriving businesses (P. Menzies, 2007; Peoples, 1996). While the men were aggressive bargainers, their wives accompanied them and openly conveyed their point of view to their husbands during the negotiations.

Family structure and parenting style

New couples moved to be close to the husband's family (D. Smith et al., 2005). Men and women in the family worked together, each with different roles but with mutual respect and a voice in decision-making within the family (L. Bull, 1991; Ing, 1991; Lavell-Harvard & Lavell, 2006; D. Smith et al., 2005). Men's gender roles included the responsibility for providing for their families through hunting, fishing, making tools, fighting in battles, administering their business, overseeing their families' safety, and teaching their sons the tasks of men (Ing, 1991; D. Smith et al., 2005). Boys accompanied their fathers and learned from their examples and teachings (V. Miller, 1995). Men were expected to lead in traditional spiritual ceremonies such as Sweats and maintaining the Sacred Fire, as well as community ceremonies and celebrations that were held to honor

those who had reached particular life stages, such as adolescence, maturity (indicated by success as a hunter), and marriage (Ing, 1991; D. Smith et al., 2005).

From an early age, children were expected to carry out chores and contribute to the work of the family according to their gender (Wallis & Wallis, 1955). They were viewed as a resource to be loved; they were taught and disciplined by the whole kinship group, including both men and women (L. Bull, 1991; Castellano, 2009; Ing, 1991; Lavell-Harvard & Lavell, 2006; Morrissette, 1994; Safarik, 1997; D. Smith et al., 2005; Wadden, 2008; Wallis & Wallis, 1955). Discipline consisted of a verbal reprimand from whichever adult had observed the children's misbehavior. They were taught to be respectful of all of their relations, especially their Elders. Corporal punishment was not accepted within Aboriginal society (L. Bull, 1991; Hand, 2006; J. Miller, 2006; Morrissette, 1994). Instead children were rewarded by praise for behaviors that were congruent with traditional values (L. Bull, 1991; J. Miller, 2006; Safarik, 1997; 1955).

In essence, the social practices that displayed the traditional performance of masculinity among Mi'kmaq men included the following masculinity practices: (a) working with their wives in an egalitarian relationship to provide well for their families; (b) finding ways to do business with other First Nations, including those who lived far away; (c) protecting their families from harm via other warring Aboriginal groups; (d) governing their communities; (e) caring for the land; and, (f) raising their sons in a way that taught them how to be men and expecting their contributions to the family. In order to fully understand the current masculinities practices of Mi'kmaq men, it is important to understand the influences of the cultural hegemony of the historical and continuing

colonialism by Europeans, in particular the French and subsequently the English, who

settled in Mi'kmaq traditional territory (Dickason, 2002; J. Miller, 2000).

COLONIALIZATION

Early contact with European explorers and traders

The first Europeans to travel to Mi'kmaq territory were the French explorers who

were welcomed by the Mi'kmaq leadership as new trading partners. Jacques Cartier

wrote that the Mi'kmaq were so eager to trade with his men that they even traded the fur

clothing they were wearing for French products, such as knives and tin utensils (Kehoe,

1992; P. Menzies, 2007; Mooradian et al., 2006; Peoples, 1996; Ray, 2005). Not only

were the Mi'kmaq enthusiastic businessmen, they were also astute negotiators. In order to

win more concessions from them during trading negotiations, European traders offered

alcohol during the introductory ceremonies prior to negotiations (D. Smith et al., 2005).

Having no prior experience with alcohol, some Mi'kmaq men became addicted to the

sensations of inebriation and were more easily swayed (J. Frank, Moore, & Ames, 2000;

P. Menzies, 2007; D. Smith et al., 2005). This addiction to alcohol destroyed the work

ethic of these Mi'kmaq men, eroding their values and ability to provide for their families

and resulting in hunger and poverty (J. Frank et al., 2000; V. Miller, 1995; Peoples, 1996;

D. Smith et al., 2005).

While the French were relatively respectful of the Mi'kmaq culture, ways of

being, and gender practices, they called Mi'kmaq people "savages" and brought French

Jesuit priests to convert them (Dickason, 2002; J. Miller, 2000; Wallis & Wallis, 1955).

As a result, while their presence began to impinge on Mi'kmaq culture and the

construction of masculinity among Mi'kmaq men, their impact on the gender practices of Mi'kmaq men remained relatively minor, with few changes in the Mi'kmaq culture and masculinity practices of Mi'kmaq men.

Mi'kmaq men became allies of the French, engaging in war against the newly arriving English (McKegney, 2007; V. Miller, 1995). The English military men who first arrived in Mi'kmaq territory epitomized the characteristics of hegemonic masculinity with their drive to accumulate land and other assets, their belief in their own superiority over women and other peoples, their aggressive natures, and their heterosexist ways of being (P. Menzies, 2007). Women were viewed as property with few rights and little power. They viewed Mi'kmaq women as unseemly because of their readiness to express their opinions in the background of trade negotiations, behaviors that would be unacceptable in the patriarchal society of the English (Samson, 2003; Stadner, 2006). They shamed Mi'kmaq men because of their openness to their wives' opinions and encouraged them to assert their manliness by suppressing their wives' voices (P. Menzies, 2007). In this way, colonial authorities began the imposition of their hegemonic patriarchal ways of being over Mi'kmaq men and women.

During interactions with European colonists, Mi'kmaq men, whose traditional gender role was to protect their families, became the vectors of disease by acquiring and transmitting several infectious diseases such as measles, smallpox, and TB to their families. With no immunity to these infections, epidemics developed, causing large numbers of Mi'kmaq people to become sick and die (G. Alfred, 2009; Dickason, 2002; V. Miller, 1995; Wallis & Wallis, 1955). Transmission of these infectious diseases was not limited to airborne transmission; some epidemics were facilitated by deliberate

colonial actions. For example, in 1745 the English traded cloth to Mi'kmaq negotiators

that had been in direct contact with smallpox victims, initiating an epidemic of smallpox

that killed many (V. Miller, 1995; Peoples, 1996). Several Mi'kmaq colleagues have

shared stories of English colonists' deliberate transmissions of infectious diseases,

including tuberculosis, which continued into the mid twentieth century. An example of

this belief was given by Dan, who stated, with an expression of outrage, that

> After they took the blankets, they washed them and folded them and donated them
> to the Indian Reservations across Canada so whatever diseases these bodies had
> we got them. That's how we managed to get tuberculosis. That was another part of
> eliminating the natives.

Dan described his own experience with TB while a young child at the Shubenacadie

Indian Residential School,

> I went to the *hospital* and I was diagnosed with having tuberculosis in 1957. So I
> went there [the Sanatorium] from '57 to '59 and I was in quarantine [isolation].
> Everyone that came next to me wore masks and gloves. They spoke to me in
> French, but I couldn't speak it because I only spoke Indian, so the nurses there
> helped me. When I finally got out of there, they said my tuberculosis was asleep,
> it's there it's never going away but it's just sleeping so I felt good about that.
> Then before you know it I was out of there; 1959, I was back in residential school
> to infest all the other 400 people that were there. Fortunately for me it didn't start
> up again and I didn't infest anyone. But if that was the case there would have been
> 400 more deaths in the community. It was all set up; it was all thought of before. I
> was all part of a master plan yeah.

While Dan's distrust of the system was clear, his memories of the time in the Sanatorium

had a different tone. He conveyed affectionate feelings toward the nurses who cared for

him, remembering,

> I was kept in bed in a room about the size of this, but they did bring toys. I got to
> watch TV. I was never allowed to touch it but I did get to watch cartoons, everything
> was black and white back then. Everything [toys] was like wooden you know. So I
> had my little toy I guess you would call it. I grew to like it - I grew to love the nurses

that had to care for me even though I never knew their names and I wish I did this day.

While TB has historically taken a heavy toll on the lives of First Nations' people (Getty et al., 2001; Grzybowski & Allen, 1999), the belief, that it benefitted the Canadian state and had been deliberately transmitted to First Nations peoples, continues among many First Nations people today. This was apparent in 2009 when public health in New Brunswick developed an H1N1 immunization strategy in which Aboriginal people were identified as a priority for the immunization program. A letter was circulated among First Nations people on reserve that questioned whether the health care system was testing the vaccine by giving Aboriginal people the vaccine first. This rumor was squelched when public health began the program by immunizing health care workers, followed by First Nations people, children, and the elderly.

The loss of Mi'kmaq and other First Nations populations through infectious diseases, beginning in the eighteenth century, made it easier for the English to claim their land under the principle of *terra nullius* (the principle of 'empty lands' asserting that North America was not populated by humans before the arrival of Europeans)" (G. Alfred, 2009), p.45). The principle of *terra nullius* was also supported by the beliefs of English colonists that Aboriginal people were savages and not quite human (J. Miller, 2000; Paul, 1997, 2000). As well, staking ownership of the land without any acknowledgement of the First Nations who inhabited it was possible due to the clash between Indigenous viewpoints and those of Europeans. Aboriginal peoples believed that they were responsible for caring for the earth, but they had no concept of ownership, whereas the colonial authorities' goals were driven by the accumulation of wealth and,

therefore, founded on ownership of the land, waters, and the resources contained within them. The Mi'kmaq allied themselves with the French against the English colonial forces, suffering the wrath of the English as did the French. For example, in 1712, the English served poisoned food to their Mi'kmaq guests at a feast (V. Miller, 1995; Peoples, 1996).

Desiring to get away from the colonists and their diseases, Aboriginal peoples agreed to dwell on pieces of crown land, called reserves (J. Miller, 2000) which were chosen by the colonial authorities because they tended to be less economically valuable (Bedford & Irving, 2001; Dussault et al., 1996; L. Kirmayer, Brass, & Tait, 2000). Switlo (2002) noted that "the Royal Proclamation of 1763 intended to set aside for Aboriginals only lands that were viewed as useless to Europeans, called "wild and waste lands" (p. 107). The reserves were to be inhabited only by status Indians, i.e., those recognized as Native according to the federal Indian Act.

The isolation of First Nations people on these reserves was accomplished by laws that required First Nations peoples to remain on the land assigned to their community. They were forbidden to hunt or fish off the reserve, thus ending the traditional manner in which men provided for their families (Getty et al., 2001; Wesley-Esquimauz & Smolewski, 2004; Whitbeck, Adams, et al., 2004). In essence, these laws outlawed their traditional way of life, sentenced them to poverty, hunger, and disease, and resulted in many of the health problems that abound in Aboriginal communities today (L. Archibald, 2006a; Barney, 2005; Barton, Thomamasen, Tallio, Zhang, & Michalos, 2005; Caron, 2005; Castellano et al., 2008; Chansonneuve, 2007; E. Duran, Duran, & Brave Heart, 1998; Getty et al., 2001; L. Hunter, Logan, Goulet, & Barton, 2006; Kelm, 2004; Kwako, Noll, Putnam, & Trickett, 2010; Paul, 2000; Seth, 2004; Slattery et al., 2009).

Along with the reserve system, the government gave small social assistance

payments to First Nations peoples living on reserve to stave off starvation (Getty et al.,

2001; "Volume 3: Gathering Strength," 1996). However, while starvation was prevented,

the money insufficient to prevent hunger and poverty endured. In the report, *Surviving the*

system: Regaining resilience. The experience of Tobique First Nation with Tuberculosis,

a study about the experiences of First Nations people in relation to tuberculosis (TB),

several participants attributed the epidemic of TB to the poverty and hunger they

experienced. They described being thrilled when admitted to the St. Basile Sanatorium

where they were encouraged to eat all they wished! During the TB epidemic in the early

twentieth century, they described the practice of one family buying a 'bargain box,'

which was a box of soup bones and left-over meat scraps sold by a local butcher. The

family who bought the bargain box would make a pot of soup and then give the soup

bones to others. Some of these soup bones fed several families. In this way, families

shared their food, caring for the collective, even in the midst of their poverty and hunger

(Getty et al., 2001). The complicity of the colonial system was evident in Barry's

recollection of his childhood,

> We had an Indian Agency in town… no one seemed to care about the health
> [benefits] of foods like that. There were two different kinds of foods at the store,
> one kind of food for white people and one kind of food for Natives. You would go
> in there to shop using what little of …government assistance they'd gotten and she
> [the storekeeper] has the directions, you can only have this; no, you cannot buy
> that.

Barry recalled the poverty and hardships of Mi'kmaq people historically,

> I asked my grandfather why are we different, he said we are not different, he said
> Europeans made us different. So from 1742, they had taken proclamation for a
> King to sign so as to get rid of obstacles … to form the government peacefully

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and with that they brought some riffraff [people from the slums of Britain] and they created scalping… and these people would attack reserves and scalp women, old people you know. It wasn't until 1740 or something when the native people retaliated; they had no use for scalping but when they saw what the Europeans were doing, it was just a matter of retaliating you know: this is what you did to my family and in turn they would scalp [the colonists]… the native people - they are the savages [spoken with a wry irony]. Anyway from there, native people were kept in reservations, I call it like a horse in pasture; they had them out in the pasture.

Barry was referring to the scalping law, enacted by Governor Cornwallis in 1749, who declared:

For these causes we, by and with the advice and consent of His Majesty's Council, do hereby authorize and command all Officers Civil and Military, and all His Majesty's Subjects or others, to annoy, distress, take or destroy the savages commonly called Mic-macks wherever they are found, and all such as are aiding and assisting them; and we further by and with the consent and advice of His Majesty's Council do promise a reward of ten Guineas for every Indian, Mic-mack, taken or killed to be paid upon producing such savage taken or his scalp if killed.(Safarik, 1997, p.582; Wadden, 2008)

The scalps of Mi'kmaq women and children were worth half the price of an adult Mi'kmaq man's scalp. The English also paid soldiers to destroy Mi'kmaq villages, killing all, including women, children, and the elderly (V. Miller, 1995; Paul, 1997; Peoples, 1996). Today, these acts would be war crimes and Governor Cornwallis would be charged by the international courts. However, in this time, the discourse in which Mi'kmaq people were juxtaposed against the welfare of the English was used to justify these actions (Fournier & Crey, 1997; Wallis & Wallis, 1955).

Loss of land

Not only were the land and the resources on the land and water taken from the Mi'kmaq in the early colonial period, there has been ongoing encroachment of the

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reserve land which continues to the current time, despite the initial commitment to keep

the reserves only for the Native people. This current problem was evident when Barry, a

participant in this study, expressed his concern about the continuing loss of the territory

of Elsipogtog First Nation:

> It bothers me to see what is going on. For example, when land was expropriated for Kouchibouguac National Park - all of that was Native land. There were approximately 2000 people living in Elsipogtog, but they say the government wanted an inlet out there. 'Let's move the Native people!' The government came down with big promises and said if you will move down to Big Cove we will allot you the land from Mill Creek all the way, 22 miles long and 16 miles wide, no one can bother you, we will look after you. That's what moved the Native people to Big Cove. Recently they (the Chief and Council) renamed this place - Elsipogtog. That was all Native land. Kouchibouguac is where people used to go in the summer time and enjoy the shore line.

Barry was recounting the events in 1969, when the government of Canada decided to

create Kouchibouguac National Park on the site of land that had been used as summer

camps by the community of Big Cove First Nation [now Elsipogtog First Nation], with a

few Mi'kmaq families living there full time. In order to accomplish this, the Mi'kmaq

people living there were induced to move, leaving their former beautiful location to

become a national park ("Kouchibouguac National Park," n.d.). He went on to describe

what happened with another part of the original reserve,

> we become friends (with a neighboring farmer) but when that was over…there was what you call it _____ Point over here - that used to be an Indian Reserve and he (the current landowner) took over piece by piece by piece and he had threatened a lot, ' you cannot go over there I'll shoot you!'

This kind of interaction was a good example of the reasons Mi'kmaq people had learned

to not trust white farmers, even those who appeared to be friendly. The metaphor of a

wolf in sheep's skin has been used to describe the patent manipulation of this white man.

Initially, he befriended Native people who were living on the reserve, only to gradually grasp their reserve land, one bit at a time, ending with threatening their lives for going onto the land that had been set aside for their use but now was claimed by him. The friendship that was apparently offered was eventually unveiled as a way to grasp their property and the farmer's true self was disclosed as he threatened their lives. This evidence of the continuing erosion of the size of the reserve has resulted in strained relationships between the people of Elsipogtog First Nation and several surrounding farmers.

There is a fairly extensive history of encroachment of the land set aside for First Nation reserves where white families squatted on land, built homes, and over time claimed ownership of that crown land and its resources (J. Miller, 2000). The reserve land that these white families claimed was often some of the most valuable land on the reserve, leaving lower quality land to the First Nations people (Switlo, 2002). The economic benefits arising from the land grasped by white families was taken from the resources available for the Mi'kmaq people at Elsipogtog. This decreased Mi'kmaq men's abilities to provide for their families even more, limiting their ability to care for their family by earning a living, one of their important masculinity practices.

While the government had set aside crown land for reserves, the resources to provide the essential infrastructure were minimal. Several of the men in the older age group recalled the conditions of the reserve when they were children. Bill recalled that even in the 1930s and 40s transportation only occurred,

> to this reserve by horse. They never plowed. They never maintained the roads. The roads from town to Big Cove were always mud this deep to the point where they

had to close the roads. Winter time - my parents used to either skate on ice or walk any which way they can to get what little groceries they had.

The distance via road from Big Cove to the nearest small town, Rexton, would have been more than 21 kilometers, a long distance to walk one way to shop and carry groceries home. While the government did not make sufficient resources available to the community of Big Cove First Nation, some individuals were kind and went out of their way to help the people in Big Cove. Bob, an older man recalled,

> Government was not very enthusiastic about helping Native people here. The health part, we did not have health facilities here on our reserve. We had a doctor, he liked everyone I guess. He went out of his way to come to this reserve by horse.

This physician's rural practice could have been limited to only caring for the white families in the surrounding farms and towns. However, he recognized the needs of relatively young Mi'kmaq families to have access to safe maternity and child care as well as general medical care for the population, demonstrating his ethical adherence to his Code of Ethics.

Colonial policy articulated into law

Several pieces of legislation since the mid-nineteenth century were passed to regulate the lives of Aboriginal Canadians. All of these are living examples of the racist discourses of continuing colonial approaches to Aboriginal Canadians. In particular, the Canadian government has framed their discursive formations (Foucault, 1980a) within a racist dialogue in which Aboriginals are presented as wards of the government or child-like dependents to whom the government has a duty of care because they were deemed to be unable to care for themselves (J. Reading, 1999; Rice & Snyder, 2008). Nowhere in the policies implemented or the laws enacted was there recognition that the Mi'kmaq had

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helped the first colonists survive the harsh winter conditions of the east coast of North

America (Dickason, 2002; Ray, 2005; Wallis & Wallis, 1955) or that colonial authorities

had taken their land, removed their way of making a living and caring for their families

and harmed their culture, families, and society, only providing a limited area of crown

land upon which to live with small amounts of social assistance when necessary to

prevent starvation (Dickason, 2002; J. Miller, 2000; Paul, 2000).

Not only had the colonial government taken away the traditional ways of providing

for their families but other employment opportunities were scarce for many First Nations

men living on a reserve. This lack of employment opportunities limited an important

masculinity practice of Mi'kmaq men: providing for your family through hard work was

an important cultural expectation. Instead of helping Mi'kmaq men find ways to earn a

living, the colonial government blamed them for their poverty, and the racist discourse of

colonial settlers labeled them as "lazy." Some Mi'kmaq men were able to find work in

the woods, leaving their families to earn a living (Getty et al., 2001). In the beginning,

this social assistance and the law of the land was implemented through the actions of an

Indian Agent, a civil servant who oversaw the lives of the Mi'kmaq and other First

Nations people (Getty et al., 2001; J. Miller, 2000; Paul, 2000).

The government passed legislation that forbade the traditional spiritual practices of

First Nations peoples, removing another important role of Mi'kmaq men and impacting

this masculinity practice. As well, there was legislation that made it illegal for First

Nations healers to treat people's illnesses with traditional medicines. Although many

current pharmacological treatments in western medicine were founded on Indigenous

peoples' medicines, the Medicine Chest Law forbade traditional healers from using them

for their own people (T. Deloria, 1999; Getty et al., 2001). No other cultural population in Canada has been so consistently portrayed as lacking agency or judgment (Rice & Snyder, 2008). It is important to remember that the policies and legislation were imposed with no negotiations with First Nations people prior to their implementation (P. Menzies, 2007; Peoples, 1996; Samson, 2003). As a result, the colonial discourse has continued undisturbed by dissenting points of view. This maintained the cultural hegemony of the west, which was founded on the assumed superiority of the dominant society, buttressed by the racist, misogynist perspectives of superiority, and clothed in paternalism, benevolence, and protection for vulnerable people (P. Menzies, 2007; Paul, 2000; Peoples, 1996; J. Reading, 1999; Rice & Snyder, 2008; Samson, 2003).

In 1857, the *Gradual Civilization Act* laid out regulations regarding band membership. It eliminated the status of First Nations women who married white men while granting status for life to those white women who married status Indian men (Blackstock, 2011; J. Miller, 2000). No other ethnic group's membership is decided by the government of Canada (Blackstock, 2011; J. Miller, 2000; Rice & Snyder, 2008). The *Indian Act* imposed an elected band council with a three year term of office (P. Menzies, 2007; Peoples, 1996). It limited voting for the band council members to men (Rice & Snyder, 2008) in congruence with the fact that no women in Canada, at that time, had the right to vote in a federal election in Canada: "Women were not perceived to be persons as defined by the law because they could not own property" (Dempsey, 2005, p.34). It should be noted that First Nations people (status Indians) living on reserve also could not vote in federal elections until 1960 (Paul, 2012).

The process of elections on reserves supplanted the traditional consensus practices

of selecting a chief. Men were compelled to compete and families were divided in a

campaign to "win" an election in order to benefit from all of the advantages that this

created. Rather than focusing on sharing resources among families, the lens was turned to

obtaining the spoils of victory, a hegemonic western way of being (S. Hall, 2006;

Magnuson, 2005; Mayo, 1999, 2008). The consequence of this imposition was to weaken

the collaborative way of being of Mi'kmaq people and to create divisions within

communities of Mi'kmaq people, with the victors having access to more resources

(Blackstock, 2011; J. Miller, 2000; Perley-Dutcher & Dutcher, 2010). Mi'kmaq men

were required to develop more hegemonic masculinity practices in accordance with the

cultural hegemony of the west in order to provide for their families.

Shubenacadie Indian Residential School

The deliberate attempt to destroy the culture and identity of Aboriginals continued

with the strategy of developing Indian Residential Schools, as is evident in the writing of

one government official, who stated:

> I want to get rid of the Indian problem… Our objective is to continue until there is
> not a single Indian in Canada that has not been absorbed into the body politic, and
> there is no Indian question, and no Indian department and that is the whole object of
> this Bill (Chrisjohn & Young, 1994, p.7).

The design of the Indian Residential Schools by the government of Canada included

having the religious group most commonly found on First Nations reserves in that region

(which was Roman Catholic in Elsipogtog) administer a residential English immersion

program in which the goals were to inculcate Aboriginal children with the English

language, culture, and Christianity and to stomp out the language, culture, and traditional

spiritual practices of each First Nations tribe. In other words it was intended to "take the

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Indian out of the child" so that eventually the government would have no more fiduciary

responsibilities for First Nations people, whom the government of Canada refer to as

status (or registered) Indians (Fournier & Crey, 1997, p.47).

Children from Elsipogtog First Nation were sent to the Shubenacadie Indian

Residential School, beginning in 1922, along with other First Nations children from all of

the Atlantic Provinces. "Shubie," as it was called by the Shubenacadie Indian Residential

School Survivors, was run by the Roman Catholic Church. Its purpose was to prepare

Aboriginal children to serve the unskilled labor needs of the Colonists and to assimilate

Indigenous children through an English immersion program in which they were (a)

disciplined for speaking their own language, (b) taught and required to practice the

Roman Catholic faith, and (c) made to feel ashamed of their Aboriginal identity and

culture (A. Browne & Fiske, 2001; L. Bull, 1991; Claes & Clifton, 1998; B. Duran &

Duran, 2000; L. Kirmayer et al., 2000; Knockwood, 1992; Laenui, 2000).

Fiske (2009) wrote:

Residential schools for First Nations children …. confined young children and
adolescents within physical and symbolic boundaries. Sequestered from families
and communities, First Nations children lived a regimented life that reflected
European penal and seminary practices: strict gender separation, rigid routines, hard
physical labour, humiliating surveillance, and corporeal punishments, and cultural
and social deprivation. Native languages were forbidden, cultural practices
condemned, and family organization deemed primitive and immoral….Religious
instruction and domestic training – girls for household work and boys for
agricultural and industrial trades – took precedence over classroom learning (p.
140).

In this way, Shubie, with its large dormitories, chapel, fences, and other physical

structures, contributed to the construction of the subjectivities of the children, their lived

experiences in the school, and their subsequent social relationships (Fiske, 2009). For

example, one long table at which the boys ate was situated across from another table for girls, maintaining a physical space between the two genders. The space between the tables was reserved for punishment, so that the place where both genders met was at the site of humiliation and pain.

The separate dining area of the nuns and priests both delineated the status of these personnel and shaped their separation from the children (Fiske, 2009). The quality and amount of food ingested by the priests and nuns was known to be much better than that provided to the children. Food became the weapon for discipline and imposition of the will of the nuns who ran the dining hall. The children were only allowed a given amount of food and no more, so that hunger was ubiquitous, while each child was required to eat all that was placed on his/her plate (L. Bull, 1991; Ing, 1991, 2006; Knockwood, 1992; J. Miller, 2006). There was no room for children's allergies or dislikes; those who vomited their food would be detained in their seats until they had eaten all of the vomited food (Getty, Bartibogue, et al., 2010; Getty et al., 2001; Knockwood, 1992). The malnutrition suffered by many children in Indian residential schools (Barton et al., 2005) predisposed these children to develop active TB and other infectious diseases (Barton et al., 2005; Getty, Bartibogue, et al., 2010; Getty et al., 2001; Grzybowski & Allen, 1999).

The presence of a chapel within the Residential School facilitated regimenting the children into the chapel for prayers several times throughout each day. This immersion in Catholicism contributed to the construction of their religious identity as Roman Catholics and their repudiation of their traditional spiritual practices, one of the primary goals of this place. This process was easier for some of the Mi'kmaq children who had practiced Roman Catholicism prior to attending Shubie, their families having been converted by the

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Jesuit and other Roman Catholic missionaries (V. Miller, 1995; Wallis & Wallis, 1955). For many of the children who attended Shubie, the chapel in the school became the instrument of children's cultural and spiritual violation. They were stripped of their spiritual and cultural identity and re-clothed in Catholicism.

The practices of requiring the children to attend Christian services, practice the ceremonies, and take on the beliefs, such as disparaging of traditional Aboriginal ceremonies as illegal and pagan, resulted in a loss of knowledge about traditional Aboriginal spiritual beliefs (Ing, 1991; J. Miller, 2006). Dickason (1992) wrote about the Indian Residential Schools:

> The churches and governments actively worked to eliminate Aboriginal culture and achieve assimilation. This resulted in most things indigenous and traditional being depicted as barbaric and pagan, and youngsters… grew up learning little about their own culture and being ashamed of the remaining beliefs and practices (p. 348).

The shame that was deliberately cultivated in the children at Shubie was a powerful motivating force to shun their own culture and spiritual ways of being.

While Residential Schools were presented as the children's homes and should have been places of safety and domesticity, instead they have been publically exposed as the sites of oppression and violence, places where little children were physically, emotionally, culturally, spiritually, and sexually abused (L. Bull, 1991; Castellano et al., 2008; Denham, 2008; E. Duran, Duran, & Brave Heart, 1998; Dussault et al., 1996; Fiske, 2009; Haig-Brown, 1988; Haskell & Randall, 2009; Ing, 2006; Knockwood, 1992).This experience shaped the lives of several participants who either were Residential School survivors themselves, or the descendants of Residential School Survivors. Dan, a Residential School Survivor, remembered his parents making the long,

costly trip to Shubie to visit their children. When they asked to see his sister, Annie, they were informed that she had an infectious disease and was confined to the infirmary. Her parents cajoled the nun to allow them to visit Annie, saying, "We don't mind – we need to see her especially if she's sick!" They were firmly denied access to their daughter. On their way out of Shubie, they met a neighbor's child, Mary, and expressed their disappointment at not being allowed to see Annie, asking whether Mary knew anything about how Annie was doing. Mary gestured to the back yard of the school saying "She's back there right now!" Dan's parents skirted the school and called Annie to come see them at the fence. When she arrived, she was "black and blue and all swollen up" because she had been beaten by one of the nuns. Dan's parents entered the backyard and took their daughter home. The following day, a priest and an RCMP officer came to their door to demand they return Annie to Shubie. Dan's father pointed at the priest's clerical collar and refused to send her back, saying, "I don't know what's behind that collar – but it must be a devil to do that to a little child!"

Children who attended Indian Residential Schools experienced fear and terror when they were seized from the streets and play areas of the reserve by the Indian Agent, often accompanied by a RCMP officer. Sometimes their parents would not be informed for several days that their children had been apprehended (Fournier & Crey, 1997; Getty et al., 2001; Ing, 1991; J. Joe, 2001; J. Miller, 2006). Since this was the only school available for many Mi'kmaq children, and Aboriginal people understood the need for their children to be educated in order to make a better life, there were some community members who rounded up the children and sent them to school. In fact, it was against the

law to not send your children to the residential school (Rice & Snyder, 2008). Dan remembered,

> They just came and picked us up. It was the Indian agent and there were some people here from *Big Cove*. Band member #1 and band member #2 is another guy that used to come and chase us through the woods here. Honest to God! It's like I did something wrong and I didn't know what I did. They were chasing us and they said you have to come with us, we are sending you away. Of course my mom would try to comfort us, oh you'll eat better, you'll feel better, you'll get educated, you know and so on. So then we kind of gave in and they drove us to the train station. That was the scariest thing I'd ever seen, that big giant train coming up to me. I thought oh no, as if they were going to throw me you know how they do with cows you know with the big bars in there but they put us in with the whites and other people and the next thing you know there is the conductor walking around. That was the first time I had ever seen a black man in my life and I said wow this is really something. Things started moving at a faster pace when I got on this little box and I saw what was out there. I saw there was a giant world and millions and millions of people and everybody was out to get you. Yeah, it was like, I felt like an ant!

Dan's sense of being a small child in this huge world, vulnerable to being preyed upon, with everyone there wanting to harm him demonstrated his feelings of vulnerability and fear at being taken from his family and immersed in a world that did not even speak his language. His parents had warned him about 'white people' and their danger to him. He remembered,

> I didn't understand anything about English. To me, my mom always told us oh those white people they're… they are going to steal you. They imprinted that image on us; they're going to steal us. I guess back then when she was growing up she must have heard that somewhere that they were doing that. So we didn't trust anyone who was not native. That's including the traveling salesman that used to come around, they used to call him the meat man, he used to come around selling meat and stuff and at the same time he'd be bootlegging to the older men and stuff. Then we also had the vegetable man, that was another guy, he'd come around selling potatoes. Everything was by the hundreds, by 50 pounds you know. Those people we didn't trust them either, even though we knew that they were just trying to make a living, but who knows they could have grabbed me by the neck and threw me in the car and sold me off and I would have been in England somewhere.

Some of the fear of non-Native people that parents instilled in their children had a basis

in the early colonial period when some Europeans stole Aboriginal people to take to

Europe and show them as curiosities (Ray, 2005).

Barton and her colleagues (2005) wrote, "when residential schools prevailed, they

were [often] being used as 'child-protection' facilities. Children, who were judged to be

living in difficult family situations or extreme poverty [as determined by the Indian

Agent], were relocated to residential schools" (p. 307). During the TB epidemic of the

early and mid-1900s, fathers and extended families in New Brunswick were often

persuaded to place children at Shubenacadie Indian Residential School when their

mothers were patients in St. Basile Sanatorium or had died (Getty et al., 2001).

Dan was one of eight children in his family. One day his aunt (his mother's sister)

came to visit and asked to leave her 12 children while she went to run an errand. He

explained,

> She was an alcoholic from the beginning. Her husband had separated. She was on
> the run so the best thing to do was to drop the kids off at her sister's and catch the
> first bus, so that's what she did.

She never returned for her children, so Dan grew up in a family that had increased over

night to 20 children. Families with so many mouths to feed became fodder for the Indian

Agent who demanded that parents send their children to Shubie. Having been sent to

Shubie when he was five years old, Dan remembered that "the only one that didn't go

was my younger sister, she's in her 40s now." He exclaimed,

> Yeah, I grew up there practically, almost eight years. I calculated all the years that
> we put in there, my family members and I, one hundred and twelve years we spent
> in that place! For what? I still can't understand why. Why we were put there? It
> would be like me taking you to China and then teaching you how to talk Chinese

and do the Chinese thing and if you didn't then I was going to whack you, each time you made a mistake I was going to hit you. That's what they did to us. I didn't understand anything about English.

Dan's description of the punishments meted out when the children spoke in Mi'kmaq, which was the only language they understood, conveys the sense of helplessness experienced by these children. None of the staff at Shubie were known to speak Mi'kmaq; from the first moment that children arrived at the school, the only words spoken to them were in English (Getty, Bartibogue, et al., 2010). Not only were these children unable to understand what was being said to them they found themselves in a strange environment: a huge building in comparison to their small homes. Immediately, their very personhoods were repudiated as their hair was cut, their clothing removed, and their bodies scrubbed and redressed with strange clothing (Haig-Brown, 1988; Knockwood, 1992). While the external evidence of their embodiment as Mi'kmaq were removed in this colonial place their physical body shape and skin color remained as embodied evidence of their Mi'kmaq selves. Those children whose skin color was lighter were treated differently, often being favored by the priests and nuns who ran Shubie, in comparison to those with the more classic darker tones (Getty, Bartibogue, et al., 2010).

The process of destroying their cultural, spiritual, and social identities as Mi'kmaq children also began when they entered the door of Shubie. Jack was younger than five years old when he was scooped up off the street where he was playing and taken to Shubie. He was too young to be in school, so was warehoused or cared for by older boys. His own siblings were not allowed to be with him, a strategy employed at Shubie to

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isolate children and make them dependent on the school (Fiske, 2009; Getty, Bartibogue, et al., 2010; Ing, 2006; Knockwood, 1992). Jack remembered,

> They took me right away - when I got there. They cut off my hair – I wore it in a braid. Then they took off all my clothes and put me in a big tub and scrubbed me. (Looking down) I didn't understand why that nun touched me like that. Then they dressed me in funny looking clothes…That first night, I was so scared – there were all these beds in this big room. You could hear kids crying and some being taken from their bed…I cried myself to sleep that night. The next morning, they got us up. This nun was yelling at me and shaking me – I didn't know what she was yelling! I was crying and scared out of my mind! She grabbed me and wrapped the sheets around my head and shoulders and took me to the place where we ate. There was a table of boys and one of girls and they were all waiting to eat their breakfast. They made me go into the middle between the two tables and stand there with a bunch of other kids. A man stood up and said something – I guess it was a prayer and then everybody started to eat. I tried to go and sit down but they grabbed me and made me stay. We were ordered to "confess" but I didn't know what that meant. The other kids with me said what they did and were allowed to go and have breakfast, but I didn't know what I had done wrong. I was the last kid standing there and finally a boy sitting near me whispered that I had peed the bed. I didn't know.

By cutting their hair, punishing them for speaking the only language they knew, and forbidding them to socialize with their siblings the school officials were denigrating these children's ways of being and their cultural identity (Bartlett, 2005; L. Bull, 1991; Edgren et al., 2005; Eisenstein, 2006; J. Reading, 1999), making them ashamed of their culture and heritage (Ing, 1991, 2006; D. Smith et al., 2005).

Jack's experience of being publically shamed as a small child because of not being able to control his body while he was sleeping became part of the process of demeaning and damaging the very essence of Jack's identity and sense of himself as a boy. Night-time bed-wetting (nocturnal enuresis) is not even considered to be a problem until children are older than five years of age (Semolic, Ravnikar, Meglic, Japelj-Pavesic, & Kenda, 2009). Often children who have been dry all night for some time may wet the bed

in a new or stressful situation (R. Butler & Heron, 2007). In a dormitory full of little boys, the nuns should have been aware that nighttime bedwetting, especially among the youngest boys, is common since it is more prevalent among boys (R. Butler & Heron, 2007; Erdogan et al., 2007; Schober, Lipman, Haltigan, & Kuhn, 2004; Semolic et al., 2009).

While nighttime bedwetting is not within a child's conscious control, it has been found to be disturbing to caregivers who choose to believe the myth that it is under a child's voluntary control (Erdogan et al., 2007; Schober et al., 2004; Semolic et al., 2009). If a child who is younger than five years old were taken from his home with no preparation or opportunity to say goodbye to his parents, it would not be unusual to find a little boy wetting the bed at night. Publically shaming this child on his first morning at Shubie by wrapping the urine-soaked sheets around him and forcing him to parade them into the dining hall in front of all the children was an example of the kind of emotional abuse that was perpetrated by these nuns (Konstantareas & Desbois, 2001).

"States of shame are painful and aversive, involving a sense of helplessness about the self, a desire to hide or disappear, difficulty sustaining social interaction and even difficulty speaking fluently and thinking coherently" (R. Mills, Arbeau, Lall, & De Jaeger, 2010, p.501): By the age of three, children are self-aware as well as cognizant of others' responses to them and their actions and can feel shame (R. Mills et al., 2010). Such a public shaming was intolerable as a child and continues to be a painful memory for Jack more than 50 years later. His developing masculinity practices were damaged as his acceptance of himself as 'normal' was shaken. Instead of "taking the Indian out of the child" (Fournier & Crey, 1997, p.47) this practice harmed the child himself.

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The sight of their little brother being so cruelly shamed would have been agony for

his brothers and sisters. Contact between siblings at Shubie was forbidden, so brothers

and sisters met infrequently, in a clandestine way, recognizing the threat of punishment if

discovered (Haig-Brown, 1988; Ing, 1991; Knockwood, 1992). As a result, family ties

were weakened. In the study, *Health and Social Support Needs of Descendants of*

Residential School Survivors, one descendant stated,

> My mother and her brother couldn't even say 'hi' to each other over the fence –
> you know you just weren't allowed. It was like they wanted to remove the Indian
> from the child and the Indian was all about brothers and sisters…family (Getty,
> Bartibogue, et al., 2010, p.44).

Knockwood (1992), in her book *Out of the* Depths, which provided an account of the

experiences of children at Shubie, described how children would fear seeing their siblings

punished and would feel shame because they were unable to comfort them or provide any

support. At Shubie, as in other Indian Residential Schools, such punishments often

included being humiliated, strapped, and even beaten in front of the other children,

having their heads shaved, and being given punishments such as washing floors or other

duties (Fournier & Crey, 1997; Knockwood, 1992; J. Miller, 2006; Milloy, 2006). The

children were disciplined for showing emotion, teaching them to remain stoic in the midst

of terror and pain (Getty, Bartibogue, et al., 2010; Haig-Brown, 1988; "Volume 3:

Gathering Strength," 1996). This rule of no fraternizing between siblings, together with

punishment for speaking about events that occurred at Shubie outside of the school,

weakened the traditional support network of Mi'kmaq children even after they returned

home (Getty et al., 2001; "Volume 3: Gathering Strength," 1996).

Separation of siblings meant that younger children did not have access to older

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brothers as role models for how a boy should be. Their model of masculinity was informed by their memories of their fathers and uncles. However, for young boys these were vague memories and were tainted by the rhetoric of the priests and nuns at Shubie. Rather than learning about values like love, forgiveness, and generosity, as they would have from their own fathers and extended families, boys at Shubie learned that adult men would hit you with a closed fist, beat you, humiliate you, and sometimes sexually abuse you (Haig-Brown, 1988; Knockwood, 1992, 1997). Their knowledge of men's masculinity practices were based on the gender practices of the English priests, whose aspirations to achieve western hegemonic masculinity were portrayed through their stern and brutal behaviors. The evidence for Residential School Survivors' modeling their masculinities practices after the example of the priests was apparent in their parenting behaviors as noted in the study, *Health and Social Support Needs of Descendants of Residential School Survivors*:

> RSSs parented as they had observed the priest and nuns, with rigid rules and physical punishment for any deviation from the rules (Lonczak et al., 2007; Whitbeck, Adams, et al., 2004). Barry [a descendant in his forties] remembered that his father, "did all the things, you would think he was almost a 'Father'. He blessed the meal. We all had to sit at the kitchen table in a certain way, straight up…." While RSS parents enforced rigid rules with clear and aggressive discipline, life skills such as problem solving and ways of coping were often missing from RSS parents' teaching. (Getty, Bartibogue, et al., 2010, p.41).

RSSs described a culture of fear among the students (L. Bull, 1991; Claes & Clifton, 1998; Edgren et al., 2005; Eisenstein, 2006; Rice & Snyder, 2008; Stout & Kipling, 2003; "Volume 3: Gathering Strength," 1996). The heavy-handed oppression of Aboriginal students led some children to covert resistance, including such strategies as: (a) secretly speaking their own language in small groups, (b) working together to obtain extra food

for their friends and younger children, (c) remaining stoic while being beaten by the teachers in their schools so as to prevent the teacher from feeling satisfaction at their pain, and (d) trying to run away (Claes & Clifton, 1998; Knockwood, 1992; Stout & Kipling, 2003). While some children were successful in running away, others died as a result of the weather or terrain through which they needed to travel to escape. Many were returned to the school where they received cruel and prolonged punishment, such as being limited to bread and water for many days, being kept in dark closets, and corporal punishment (Haig-Brown, 1988; Ing, 1991; Knockwood, 1992). In spite of the price they paid for demonstrations of resistance, these children benefitted from enhanced self-esteem at having escaped for at least a while. They were also perceived as heroes by the other students (Claes & Clifton, 1998; Haig-Brown, 1988; Knockwood, 1992). Dan proudly described how he escaped from Shubie,

> We managed to close it down before because I had run away from that place in 1966 after I helped design the flag. There was like a contest going on at that time [in the school] for the Canadian flag. I entered my design and I won. I had a statue of the Blessed Virgin Mary, but I couldn't take that to the boys' side because the boys would say well you know are you gay or something like that. So I gave it to my friend who was in the same class, so I gave her that prize and then we ran away together and we got away. In 1967 they shut the place down because of what we did. We escaped and we told on them. We told the police. We made a big thing of it and sure enough they shut the place down. I was 12 then. Anyway I finally escaped out of that place - because of the fear that I had over there you know… I've known about these disappearances and about these missing people and about people getting killed. Well come to find out there were 50,000 people across Canada that went missing and just disappeared. They ended up in the furnace room that's where they ended up or they ended up in the trash at the back or buried somewhere in the back of the school.

The importance of not being perceived to be gay in this Roman Catholic environment with its hegemonic masculinity expectations was clear to Dan. As well, he understood the

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behaviors he could expect from other boys acting as gender police should they question his conformance with western hegemonic expectations (Archer, 2003; Connell, 1995, 2000, 2003; Davison, 2000; W. Martino, 2003). Dan's fear of being tormented by other boys also demonstrated the way in which students in Shubie modeled their behavior after the English priests in the school.

Dan's successful escape from Shubie occurred the year before the school was closed. His belief that he and his friend had contributed to the closing of Shubie was important to his sense of self-efficacy or being able to succeed in accomplishing tasks or taking on particular practices in life. Dan was proud of successfully escaping from Shubie. It demonstrated his manliness in overcoming adversity and finding his way home, some 250 kilometers away. His active resistance led him to report what he had seen and experienced in Shubie to the police. The fear he and other children felt at the disappearance of children has been documented in records that indicate between 11% and 47% of children in Indian Residential Schools in Canada died during their time at the schools (Fiske, 2009; Haig-Brown, 1988; Knockwood, 1992; Milloy, 2006).

Shubie was finally closed in 1968. The effects of Indian Residential School experiences have been compared to those of the holocaust (Fiske, 2009; Getty, Bartibogue, et al., 2010; Ing, 2006; L. Kirmayer, 1994; L. Kirmayer et al., 2000; Milloy, 2006). They have persisted throughout the lifetimes of RSSs and been bequeathed to their children and grandchildren. When Jack was asked whether he had any children, he replied, "Oh, No! I couldn't! I didn't want to do that to children!" His fear of abusing his children, as he had been abused in Shubie, led to his choice to not have a family, called, 'voluntary sterilization' by many who work with RSSs.

While the Indian Residential School strategy had many devastating effects on survivors and their families, other Mi'kmaq children attended day school, run by nuns, while living at home under the influence of their own family and community. While I was unable locate research on the effects of these day schools on the lives of Mi'kmaq students, some issues have been identified by Mi'kmaq colleagues. First, the nuns taught in English: most never learned to speak Mi'kmaq although they lived and worked on the reserve. Children who attended these schools were required to speak English and were immersed in an English language school program in the midst of the Mi'kmaq reserve. This contributed to the loss of the Mi'kmaq language for some students and ultimately the loss of culture.

Children were also taught the theology of Roman Catholicism and its practices, and their traditional beliefs were denigrated in direct and indirect ways in this day school. While nuns pledge to live in poverty, their quality of life was much more affluent than those of the families amongst whom they lived. For example, they had big piles of wood to keep them warm during the winter when many Mi'kmaq families lived in poorly heated, cold homes (Getty et al., 2001). The benefits of these day schools were that the students could return home every day to the love, nourishment, and teaching of their own Mi'kmaq families, undoing some of the harm that had been done in the culturally hegemonic school in their midst. However, the emotional and physical abuse suffered by students in this day school added to the other losses imposed by colonialism (Samson, 2003).

While the children at Shubie suffered greatly during their time in the school, the effects of being a Shubie student reverberated long after the students returned home,

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indeed long after the RSSs became aged and died and into several subsequent generations (L. Bull, 1991; S. Bull & Alia, 2004; Getty, Bartibogue, et al., 2010; Ing, 2006; Knockwood, 1997). RSSs often parented in an emotionally distant manner, a repercussion of the parenting styles of the priests and nuns at Shubie (Brasfield, 2001; Corrado & Cohen, 2003; Lonczak et al., 2007; Whitbeck, Adams, et al., 2004). The lessons learned in Shubie, including repression of emotion and regulation of expressions and the power of unbridled rage with its expression in physical, emotional, and sexual abuse were in turn the instruments with which the RSSs parented their children. In the study, *The Health and Social Support Needs of Descendants of Residential School Survivors,* descendants described the inability of their RSS parents to express loving emotions, while being prone to unexpected eruptions of rage (Getty, Bartibogue, et al., 2010; Ing, 2006). They described the addictions of their RSS family members and the abuse doled out to their children. Most of these descendants, as adults, recognized that the abuse they endured from their parents occurred because their parents had been abused in 'Shubie." one daughter of a RSS speculated that:

> I really think the abuse was a learned behavior. If the acts happened to you before… So there's sexual abuse happening in our community … It is hidden… I'm pretty sure that I was not the only one that was sexually abused in the family. I think all my brothers and my sister were. (Getty, Bartibogue, et al., 2010, p.60)

In some instances when sexual abuse was perpetrated on older children, they in turn abused younger siblings and their own children (E. Duran, Duran, & Brave Heart, 1998; Getty, Bartibogue, et al., 2010; Ing, 1991, 2006; L. Kirmayer et al., 2000; Morrissette, 1994; Samson, 2003; Whattam, 2003; Whitbeck, Adams, et al., 2004). Children who observed their siblings being abused were caught in a dichotomy; on the one hand, they

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felt guilt and sadness because they could not stop it, while, on the other hand, they felt

relieved to not be the target of abuse this time. Physical, sexual, and emotional abuse

behaviors were intertwined, occurring together in different orders and patterns. One

descendant in the study *Health and Social Support Needs of Descendants of Residential*

School Survivors said,

> I remember this one time being tied to a bed, was stripped of my clothes. He beat
> me there. I would be crying and crying and crying! What are you going to do
> when you're only a kid! Another time he tells me to light the fire. I made the
> fire….. It was going when I decided to lie back down. When he got up it was out.
> He wasn't pleased with that so…. he took a poker and heated it up and burned the
> tip of my little hammer [clitoris]. So that was like, kind of like a scary kind of
> thing when you get that type of abuse from the family. (Getty, Bartibogue, et al.,
> 2010, p.53).

The sexual nature of this child's abuse, even when she was being physically beaten, was

inescapable. While this RSS father did not rape his daughter, his disciplinary abuse was

founded on a sexual base, stripping her of her clothes for her beating and burning her

clitoris as a punishment. One descendant in the *Health and Social Support Needs of*

Descendants of Residential School Survivors study remembered,

> My Dad … I could see him kneeling at our beds after a really big beating and
> you're scared to take comfort because you're not sure if he really was good to
> give you a hug or not. You had some pretty scary stuff (Getty, Bartibogue, et al.,
> 2010, p.55).

The remorse of this Mi'kmaq father, caught between the hegemonic masculinity practices

learned from the priests in Shubie, where discipline was about abuse, and the Mi'kmaq

masculinity practices of discipline as gentle correction and clear direction, was profound.

The dichotomy between beating your child to 'teach them a lesson' and the deep love for

your child led to the suffering resulting from the shame and sorrow that many Mi'kmaq

men who were RSSs endured. The Indian Residential Schools' legacy of emotional, physical, and sexual abuse brought Mi'kmaq men to their knees in remorse and a broken masculinity.

Episodes of unpredictable anger and even rage were expressed in some cases by emotional and physical abuse of their children by Mi'kmaq fathers who had been RSSs. Anger was the emotion that was acceptable in Shubie: all other emotions needed to be controlled. The stoical control of emotions of love, fear, and pain that were demanded at Shubie continued to frame the masculinities practices of RSS men according to a hegemonic masculinity model in which anger is held up as a legitimate response from strong, successful men (Askew & Ross, 1988; Beauboeuf-Lafontant, 2007; J. Clark et al., 1997; Connell, 1995, 2000; Forrest, 2000; S. Hall, 2002; Mac an Ghaill & Haywood, 2012; W. Martino, 2003).

The following poem was written for Canada Day, 2010, by Wayne Nicholas, a Maliseet man who is a Shubenacadie Indian Residential School Survivor, councilor in his community, and respected Elder. From the perspective of many First Nations peoples, Canada Day is not a day to celebrate the nationhood of Canada but instead a day that denotes the loss of their land and ways of being. This poem elucidates the lived experience of trauma and loss, the emotional grief, and the intergenerational traumatic stress experienced by the vast majority of Shubie Residential School Survivors and their families in New Brunswick. The poem ends with the resilience of First Nations people in working to heal themselves and overcome the harms done to them, evidence of the hope of a people and the promise of their healing. As they often laughingly declare in referring

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to their resilience in the face of losses they have suffered as a result of colonialism,

"We're still here!"

WARRIOR

The tears of my youth have stopped flowing from absorbing the injustice, inflicted by Godly persons of wicked and cruel devils, who have extracted me from the womb of my community, cutting off my mother tongue, forcible compliance to their way of life and killing my spirit, my people, my community and my nation.

Severely depressed, I painfully walk with permanent scars that are deeply saturated within my soul and I can no longer speak from my heart as I continue my life's journey looking, hoping and searching for the end of the trail, broken, beaten, burdened and buried in despair.

Helpless and unable to cope with the weight of atrocities gushing from the subtle but deadly waves of genocide that will not subside from all levels of governments along with the courts of the dominion that are manipulating, diminishing and imposing changes that disrupts the well- being of our communities.

My physical, mental, emotional and spiritual being is extremely out of balance where healing can only come from within and I must rise above the injuries of yesterday otherwise I will be the vessel of tomorrow's generations that may lead to the fatality of a people.

I am a warrior gravely wounded from the incarceration of an Indian Residential School and the genocides, but it is time that my resilience will abrogate the usurping of my people's rights, liberties and freedoms upon the lands and resources we own, enjoy, use and occupy.

I must heal myself by picking up the multiple years of baggage and heal every single wound that has pierced my body and soul so that I can live without shame, poverty, abuse and anger. Then, and only then, will the strength of the healing drums give pride and dignity among the hearts and minds of all Warriors (Getty, Bartibogue, et al., 2010, p.6).

The Mi'kmaq have been said to have been a "migratory warrior-based…population"

(McKegney, 2007, p.206). A Mi'kmaq Elder explained that in the past, Mi'kmaq men

were fed first so that they could be ready to go if a warring party was sighted. In

traditional perspectives, a warrior's identity was founded on spiritual and cultural terms

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and on the survival of the people and their culture. The warriors were not to seek conflict but to stand with people who were being threatened or where power was being abused; to stand for social justice (T. Alfred & Lowe, 2005). Warriors were strong, capable Aboriginal men who protected their families from harm and exacted justice from other men who had breached the tribe's defenses and harmed their people and home. They represented the First Nation tribe and the land upon which that First Nation derived its identity. Their gendered practices were expected to be strong and self-controlled: respectful of others, especially women; tough in the face of oppression but not instigating a fight. They were to stand to protect, even in the face of armed aggression, and not to back down. In particular, their masculinity practices were founded on their cultural values and spiritual practices and beliefs.

Wayne's poem poignantly identified the many wounds created for a warrior by the continuing losses he has experienced as a result of colonialism and the egregious acts of violence and aggression perpetrated on First Nations people by the western hegemonic forces. His caution that the warrior can heal himself and therefore his culture and community is an important affirmation of the strength of many First Nations men, cultures, and spirituality. Among the Mi'kmaq, warriors were not simply soldiers for their state but in fact principled men whose mission was to protect the rights of First Nations people from the arbitrary, unfair actions of others (T. Alfred & Lowe, 2005)

In 1988, the Mi'kmaq Warrior Society was formed in Elsipogtog First Nation and had members from the Mi'kmaq communities of Elsipogtog, Listiguj, and Esgenoopetitj First Nations (T. Alfred & Lowe, 2005). In 1994, the Mi'kmaq Warrior Society seized the land left after Shubie Indian Residential School had burned down and called for it to

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be returned to the Mi'kmaq. The Mi'kmaq warrior society has also defended

Esgenoopetitj, Eel Ground, and Listiguj Mi'kmaq First Nation communities from

arbitrary Canadian government assaults on the communities' business enterprises, such as

traditional fisheries for salmon and lobster (T. Alfred & Lowe, 2005). While the warriors

were armed, this was in response to the arms held by fisheries officers and white

fisherpersons. One of the most memorable images regarding the utility of the Mi'kmaq

Warriors Society was when they stood to protect the people from Esgenoopetitj First

Nation from the armed white fisherpersons, the RCMP, and Canadian fisheries officers.

CURRENT SOCIAL AND POLITICAL INFLUENCES ON MI'KMAQ COMMUNITIES

The Canadian government continues to define who qualifies as a "status Indian"

and who does or does not belong to a community (Blackstock, 2011; Perley-Dutcher &

Dutcher, 2010). Members of families who have been brought up among their

grandparents, uncles and aunties, and cousins grow to learn that some of their family

belongs (i.e., have status) and others do not, according to the federal law of Canada.

Those who fall in love with another status Indian bequeath full status (6.1 status) to their

children (Perley-Dutcher & Dutcher, 2010). On the other hand, those who find a spouse

who does not have Indian status bequeath status (6.2) to their children but know that

unless their children marry status Indians their grandchildren will not be granted status by

the government of Canada (Blackstock, 2011; J. Miller, 2000). As a result, one cousin

may have inherited status and another not. In this way, the government of Canada will, in

time, eliminate status Indians all together and will no longer provide any recompense for the lands and resources seized by the state to the descendants of First Nations peoples.

There are continuing conflicts between Mi'kmaq men and the government of Canada related to disputes regarding laws that are contrary to the spirit of treaties. The Mi'kmaq never signed over their land to the colonists but instead signed treaties of friendship. However, provincial governments have repeatedly gone to court to charge Aboriginal people, usually men, for the use of resources such as lumber or fish, denying that they should have special rights as the First Nations of this country. On many of these cases, the courts have affirmed the rights of Aboriginal people to sustain themselves and their families. These claims by Aboriginals to a few resources of Canada present a small threat to the continuing economic and political hegemony of North America (Grande 2000, Switlo 2002). For this reason, colonial beliefs and attitudes toward Aboriginal people are perpetuated and enacted in the particular racist decisions and actions of the institutions and governments of Canada (J. Miller, 2000; Rice & Snyder, 2008). Alvin, a Mi'kmaq man in his 50s who had been an alcoholic most of his adult life, recognized the importance of respect for the land and the duplicity of the government, stating,

> like in the treaties… Chief Dan Jones [George] or Chief Joseph Tait said as long as the tree grows, and the grass grows and the river flows I shall not fight for more. And in the treaty, they cannot bother the children's education whatsoever - the government… they have the old treaties and they are following their own treaties [laws] not our treaties, not our rights, that's our given rights.

Summary

Prior to the arrival of European colonists, Mi'kmaq men were strong, healthy, and productive, providing for and protecting their families. Their ingenuity and problem-

solving skills were evident in their invention of canoes to enable them to travel on the ocean as well as long distances on the rivers in eastern North America. As well, they designed snowshoes to travel during the winter on snow. They traded with other North American Indigenous peoples from as far away as Ohio and the Great Lakes.

Mi'kmaq men taught their sons how to be men through example and teachings. They led their communities politically, guided by male Elders' advice. While their government was patriarchal, their relationships with women were respectful, listening to the voices of their mothers, wives, aunts, grandmothers, and sisters. Their focus was on the good of the community and stewardship of the land and waters. Hunting and fishing were required to feed their communities.

The arrival of European explorers and colonists began an assault on the Mi'kmaq culture and manhood of Mi'kmaq men. Their lives and freedoms were constricted by the colonial powers that seized the land for which the Mi'kmaq had cared for over thousands of years. Instead of protecting their families, a basic expectation of masculinity among the Mi'kmaq, men became unknowing carriers of infectious diseases from the Europeans back to their families and communities. These infectious diseases took thousands of Mi'kmaq lives, emptying whole villages.

Deliberate acts of colonial authorities, including poisonings, provision of alcohol, enacting a scalping law, and paying to have Mi'kmaq men and their families murdered, all contributed to decreasing the number of Mi'kmaq people and breaking the spirit of those who survived. Laws that limited them to reserves and forbade men to hunt or fish off their reserves prevented them from earning a living in their traditional manner. The colonists' unlimited harvesting of animals made it impossible for Mi'kmaq men to earn a

living through trading furs or to find the meat to feed their families, an important role of Mi'kmaq men. The Shubenacadie Indian Residential School separated them from women, forbade their emotional expression, taught them to hate, destroyed their culture and spiritual practices, and taught them that adults physically abuse, emotionally scar, and sexually assault those less powerful than themselves. Feelings of shame and self-hatred characterized the identity of many Mi'kmaq men.

Whether Mi'kmaq children went to Shubie Indian Residential school or not, all experienced the losses imposed by colonialism, including the following losses: (a) their land and the freedom to move around in it, (b) their traditional ways of earning a living, (c) the right to practice their traditional spiritual ceremonies, (d) their own system of government with the imposition of political elections, and (e) their ability to define their family and decide who belonged to their communities. Colonialism was and continues to this day to be systemic racism, called institutional racism by some (Bryant-Davis & Ocampo, 2005; Karlsen & Nazroo, 2002).

In the next chapter, the social and cultural conditions that influence the construction of Mi'kmaq boys' masculinities will be explored. In particular, the intersections of various social determinants of health and other influencing factors laid out by the Health, Illness, Men and Masculinities framework (J. Evans et al., 2011) will be examined in relation to Mi'kmaq boys' everyday lived experience. Finally, the relationship between Mi'kmaq boys' socially constructed practices of masculinities and health, as well as their health and illness status and their health and healing practices will be examined.

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CHAPTER 6 THE FINDINGS

THE DEVELOPMENT OF MASCULINITIES AMONG MI'KMAQ BOYS

Nelson Mandela (1995) said, "There can be no keener revelation of a society's soul than the way in which it treats its children" (D'Souza & Keating, 2010, p.1). In this chapter, I will describe the developing masculinities of Mi'kmaq boys. This account has emerged from the life stories of Mi'kmaq adult men living in Elsipogtog First Nation. The participants in this study ranged from men in their late teens to early seventies. As a result, the data regarding their childhoods represent different eras and inform the reader of changes in the community and social context of childhood for the participants in this study. Participants who were over 60 years of age were children in the 1940s and 50s. Those in their twenties were children in 1980s. The time periods between these two decades represent many changes in society and in the lot of Mi'kmaq people. This chapter will demonstrate the erosion of the Mi'kmaq culture and the deepening of the 'soul wound' experienced as a result of continuing oppression by government and other institutions, evidenced by addiction, family breakdown, and neglect of the most precious resource of any culture, its children.

A discussion of the contributions made by boys' extended families to their development of masculinity practices and health will occur. Protecting the boys by addressing racism will be followed by a section on nourishing the Mi'kmaq culture and fathers teaching boys to feel proud of their cultural identity. Subsequently, I will describe the effects of childhood trauma and surviving neglect on some Mi'kmaq boys' social construction of masculinities and their identity as Mi'kmaq boys. The intersection of

education on the developing gender identity of Mi'kmaq boys will be examined. Mi'kmaq boys' masculinity practice of respecting the environment will demonstrate the lessons they have been taught about caring for 'Mother Earth.' Finally, I will explore the relationships between Mi'kmaq boys developing masculinities and health practices.

Pseudonyms have been used in place of the participants' actual names in order to protect the identity of participants. Due to the size of this community, I have obscured identifying information in order to prevent participants from being identified while valuing the data contributed by participants. In cases where participants' data includes patterns of events and their responses, I have used a different pseudonym for different experiences. While this practice may take away some of the evidence of each man's resilience, it is necessary to protect their identity.

Individuals from the white dominant culture will be referred to as coming from the western hegemonic culture to refer to those European descendants who are members of the dominant majority in this province. While this is composed mostly of English people, with the French having been allies of the Mi'kmaq in the colonial past, the current life experiences of the Mi'kmaq have included discrimination from both cultures.

The subjectivities of Aboriginal boys is founded on their embedment within their extended family (Hand, 2006). This is an important component of First Nations' culture, with children being born into a complex web of relations, both ancestors and current extended family members (Halverson, Puig, & Byers, 2002; Hand, 2006; C. Long, Downs, Gillette, Sight, & Iron-Cloud Konen, 2006; Mooradian et al., 2006; Teufel-Shone et al., 2005). The importance of the value of relatedness among Aboriginal men and women is evident in the Talking Circle when each person says, 'All my relations' before

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passing the feather to the next person (Hand, 2006). Mi'kmaq people locate one another

within their family affiliation (C. Long et al., 2006), in contrast to the western cultural

hegemonic practice of locating oneself in terms of work or geographic location (Teufel-

Shone et al., 2005).

The majority of participants described their secure attachment to their parents and

extended family, which provided a supportive environment in which to grow up,

buffering the stressors of poverty and racism and other losses imposed by colonialism

(Hand, 2006; Mooradian et al., 2006; Sarche, Croy, Big Crow, Mitchell, & Picer, 2009;

Spicer, 1998; Teufel-Shone et al., 2005). Their attachment to this extended family also

nurtured their perception of emotional safety and protected their developing sense of self

(Haskell & Randall, 2009; Kinniburgh, Blaustein, & Spinazzola, 2005). Dave, a younger

man, described his extended family: "Coming from a big family, all the role models and

friendships I established growing up mainly consisted of family members whether it was

brothers, uncles, cousins, nephews." Moreover, within the reserve, extended families

have lived as neighbors for many generations, building relationships like those of family.

Carl, also a younger man, remembered, "When you live on the rez everyone becomes

your family after a while and you just have to stand up for them because no matter if it's

not your fight you tend to step up anyways." The sense of belonging to a family with

many members, including uncles, aunts, cousins, and grandparents along with the

members of your nuclear family, and lifelong neighbors who are like aunts and uncles is

an important support for First Nations boys (C. Long et al., 2006; Sarche et al., 2009) as

they learn the important masculinity practice of defending your family.

The stories of older participants were consistently imbued by childhood memories

of how hard their parents had worked to provide for their families. Bill concluded that,

> The hardest thing for the native people to survive is for a man and a woman to work almost 18 hours a day to feed their family...to keep their family as comfortable as they could do. All of that is very unhealthy because they were living in cold, cold shacks. There was no such thing as electricity…other than what… some of them would make their own stoves and they cut their fire wood on a daily basis. Some of them would stay up all night to keep them warm as possible. See what they were doing is very unhealthy.

Bill, along with all other older participants, remembered both parents working together to

provide for their family (Smith, 2005; Bull, 1991; Lavell-Harvard & Lavell, 2006). This

is different from the perspective of white western families, where the focus on the gender

role of men as provider was dominant with the roles of women being more subjugated to

the power of men (P. H. Collins, 1998; D'Enbeau, Buzzanell, & Duckworth, 2010; Finn

& Henwood, 2009; Johansson, 2011). The Mi'kmaq language has no words for 'his' and

'her' but identifies individuals by their relationships, such as 'the children of Dan and

Mary.' In these non-discursive embodied performances, fathers demonstrated two

important patterns of Mi'kmaq masculinity practices to their children: egalitarian

relationships with their wives and the ethic of working hard to care for their families (J.

Miller, 2000; Wallis & Wallis, 1955).

 Bill's description of his parents' efforts identified that the social determinant of

adequate housing (C. L. Reading & Wien, 2009) was clearly unmet from the 1930s to the

50s, arising out of and contributing to the poverty endured by Mi'kmaq families. While

the colonial government provided reserve land and small amounts of social assistance, the

housing available for Mi'kmaq families was inadequate for the environment in which

they were living. Traditionally, the Mi'kmaq had lived in teepees that were made to retain the heat, often being insulated with animal pelts (Wallis & Wallis, 1955). However, their ability to obtain such insulation on reserves was lost as a result of (a) the laws that forbade them to hunt off their reserve and (b) the decimation of animals, such as beavers, due to overhunting by the colonists (Dickason, 2002; Kehoe, 1992; Ray, 2005). Their homes on the reserve were often small, poorly insulated, and poorly designed to retain heat in the way that the teepees had done. On the one hand, there was a constant need to gather enough wood to survive the winters, while, on the other hand, their options in gathering wood were limited to that wood available within the reserve (J. Miller, 2000). The effort required to provide adequate heat for their homes siphoned off some of the time and energy that Mi'kmaq men would otherwise have been able to expend on work to sustain their families. This contributed to their poverty and limited Mi'kmaq men's ability to earn a living for their families, an important masculinity practice.

One of the strategies of cultural hegemony is to maintain the marginalization of the 'others' (Ives, 2009; Ledwith, 2009; Mayo, 2008). In the case of Mi'kmaq people, this was accomplished through increased poverty and a widening gap in living conditions from their neighbors off reserve. While traditionally, poor housing conditions have been attributed to poverty, it is clear in the situation of Mi'kmaq families that poor housing conditions, in turn, contributed to the misery of poverty and to inequities in socioeconomic status, a social determinant of health for all people (D. Epstein, Jimenez-Rubio, Smith, & Suhrcke, 2009; C. L. Reading & Wien, 2009). In spite of working hard for the basic necessities of life, Barry, an older man remembered his family's instructions,

I don't know why they never felt sorry for themselves…but [it was important to be] respectful. For example, if someone comes in 35 or 40 years old - you take them for an old person, you cannot run across in front of an old person, you cannot interrupt an old person talking. They used to sit around the stove; we as children - we had to stay out of the way.

Such rules clearly directed children to show respect for older people, including not interfering with the warmth available from the fire. Respect was a core value of the Mi'kmaq culture, which directed Mi'kmaq men and boys to act in a respectful manner to Elders, those older than themselves, their mothers, others, and themselves (Arnault-Pelletier, Brown, Desjarlais, & McBeth, 2006).

The resilience of these families was evident in the stories of coping in the midst of poverty. Each member of a family was expected to contribute to the work needed by the family. Parents found diverse ways to earn a living. For example, Dan's parents made baskets and axe handles and carved figures, going door to door in near-by towns to sell their goods. Every child had chores that he/she was expected to do, according to his/her gender and age, with boys expected to do the outside and heavier work consistent with the traditional patterns of Mi'kmaq families (Smith, et al., 2005; Wallis & Wallis). Dan recalled,

my father's role and mine was to provide food, I do know that, it was to hunt and to provide food for the family, for girls and for the women that was expected. How you got that was a different thing, whether you worked in the field or went to school but that was it.

Barry remembered,

But like I said we had our own chores to do and we'd do that. It came to in the 40s we bought a horse and dad made a stable down there and mom bought some chickens and they built a chicken coop; that's an added responsibility for us you

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know, but we took that as fun. Everything we do is fun, but dad always worked hard. Every Native person, man and women worked very hard to survive.

Barry's recollection of his chores as "fun" spoke to his enjoyment of accomplishing work that contributed to the welfare of his family. His parent's work ethic set an example that he was happy to emulate and his sense of himself as a contributing member of the family was important to his self-esteem and sense of belonging in this family. The sense of fairness among family members was also evident when Sam, who was an older man, stated,

> As far back as I can remember, I don't recall that I had to do anything because I was a boy. I was lucky, I was lucky, I fell in to my chores very haphazardly, I tended after the cows, the barn which was my chores. I wasn't allowed to carry water that was somebody else's chore, and the firewood was somebody else's chore, but I had the cows all to myself and the horses.

Even men who had been children in the 1960s and 70s, like Lloyd, agreed that there were particular chores for boys and girls, remembering that his chores were,

> more traditionally defined as a men's roles. Outdoors hunting, fishing roles were more defined, girls' [chores] more domestic that's just the way it was at that time there was no mention of gender…it was just traditional and everybody just understood it. Of course today - it's so different now.

One of the mothers, who was also an Elder in Elsipogtog, recalled that,

> In my younger years in my mother's family, boys would be expected to do different things; they would have chores that were different from girls. Like they would cut wood, bring it in and split it. Every night they would make sure there is kindling for tomorrow's fire. They would make sure there was enough water for tomorrow's breakfast. That's what their chores were, but the girls' chores were different, they swept the floor, they cleaned the dishes.

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Brian, an older man, recalled,

> We all kind of grew up the same kind of way; not having a lot in our lives and kind of making do with what you have. We all had hand-me-downs… if you missed supper time you missed out …. the younger ones, they were asked to do the dishes or sweep up the floors or uh chores, out - door chores - you were tending the garden or to the house itself there was always something to be done.

While all of the members of a family worked together to survive, even small children being expected to do their share, the participants recounted memories of happy, loving interactions and fun, speaking lovingly of their parents. Hank, an older man, stated, "I was close to my mom… and I was close to my dad. I talk to my other brothers and they say the same thing too." He fondly remembered his childhood with two brothers,

> Yeah, we all slept in the same bed until we were about 15 or 16. I remember when my older brother started staying out late in the winter time he would be cold and he would come in and squeeze in between the two of us. We used to get upset. So one night we come up with an idea, we went to the barn and got a rope and before we went to bed we tied ourselves together, of course all he would have to do is untie us… I have to say that my childhood was very happy. It was very well regulated. It was very caring.

These experiences were congruent with the Mi'kmaq perspective of children as resources to be loved and enjoyed (Hand, 2006; Wallis & Wallis, 1955). Ronald, an older man remembered,

> We lived close by here when I was a boy. One afternoon, me and my brothers and cousins were playing ball and I threw it and it broke our uncle's window! I was so scared! I worried and worried. He came home and saw the window and asked the other kids who had broken his window. Finally I admitted that it was me. He looked at me and he was very sad. He said to me, 'We have loved you so much! We have liked doing things with you. We had a good time last week, didn't we? How could you do this to us? I thought you loved us back but here you have broken my window!' I felt so bad! My Dad made me work for Uncle to pay off the cost of the window. I never did that again!

Ronald's description of the discipline he received from an extended family member is congruent with the kind of traditional disciplinary practices of the Mi'kmaq, in which disapproval of a child's actions was expressed as disappointment rather than anger that threatened a child or a physical assault like spanking (L. Bull, 1991; Getty, Bartibogue, et al., 2010; Haig-Brown, 1988; Hand, 2006; Knockwood, 1992; Sarche et al., 2009; Wallis & Wallis, 1955). This traditional disciplinary method can be contrasted with the discipline experienced by Nick, a younger man who idealized his father, respecting him and the rules laid down by his parents. He remembered,

> My family was great – I had a brother and sister. As the middle child, I had to excel in everything. My Dad was my superman – he was a great Dad – we did things together all the time! He would spank us when we did something wrong. We knew we'd get it if we disobeyed him. One time my Dad was away for the weekend - from Friday evening until Sunday evening. As soon as he was gone we - my brother and I, disobeyed our mother – she reminded us that our father would be back Sunday evening. Sure enough, when we heard him coming in that night, we didn't go to meet him but ran and hid in the basement. We heard quiet talking and then his footsteps down the stairs and we both got spanked! We needed to know that we had to respect our parents and obey them. We felt safe when they kept these rules! We knew what would happen if we disobeyed!

In this description, Nick's explanation of spanking was matter-of-fact: it was a fond memory interpreted by him as a normal disciplinary practice important for children's moral development and not as abuse, as spanking is currently viewed by many. Nick's perspective was congruent with the belief in the western notion of 'spare the rod and spoil the child' – the sense that good parents set limits and expected obedience from their children, with fathers often dispensing discipline by spanking them when they disobeyed (D'Enbeau et al., 2010; Finn & Henwood, 2009; Johansson, 2011; A. Jordan, 2009). This anecdote could equally have been true of a white family in this period of history.

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However the difference was apparent in Nick's description of his father as warm and his happy memories of doing things with his father, an example of the masculinity practice of fathering in which Mi'kmaq men were expected to teach their boys by sharing activities with them. While some western fathers spent time in recreation with their children, especially their sons in this time period, in many others, hegemonic and complicit masculinity practices directed fathers to focus on earning a living, often not engaging with their children except for disciplinary purposes, leaving parenting more to the mothers (D'Enbeau et al., 2010; A. Jordan, 2009). Nick's father's example of fathering was an important lesson that Nick could emulate when he became a father.

While there was a gendered difference in the chores that were expected of Mi'kmaq children in the 1930s to 50s, different families had different expectations of how boys and girls would interact. Sam remembered,

> In my parent's household anyway, women were kept totally isolated from us. My parents slept with the girls, they were always on that side and the boys spent their time, even when we went away to camps, potato picking camps and blueberry camps there were always ways to accommodate the privacy for the girls it seems.

On the other hand, Robert remembered playing outside with his sisters, "Oh yeah, it was just in the evenings, come evening just before it was time to retire… We'd always be in the outdoors." Having "fun" within the family, including while they were doing their chores, was a consistent memory for older men when they remembered their childhood.

Younger participants denied that there had been different expectations of boys and girls during their childhoods or currently. One of the mothers who participated in this study recalled that her husband was often away working in the woods leaving her at home with their children,

With my boys, they knew from the very beginning that they have to do whatever they have to do even if it's in the house. Like for some men here they believe that washing dishes is women's job not men's, but not my boys! They grew up doing everything…everything that they needed to do - because I needed help. They wanted to go out for a swim or a picnic and I would say okay let's hurry up and clean the house and do everything, make our beds and so when we came back at the end of the day the house would be clean. And everybody is hurrying to get out so it was fun doing it quickly. Everybody had their own thing - somebody would wash dishes and somebody would do little things like making their bed or picking up their clothes and put it in the hamper and I would do big stuff. That's always what we did… after a while everybody did everything - it wasn't different chores for the boys than the girls. They are all adults now and I noticed that they help their wives. They will go and cook a meal or they will go and do something…it's normal for them to help out.

Her son remembered his childhood fondly, describing how his mother made games of the chores. All of the children helped to get the housework completed so that they could be free to do something they all wanted, like going to the beach together. While chores may not have been gendered at that time, children, both boys and girls, were still expected to contribute to the family.

Protecting the boys; addressing racism

In the 1940s and 50s, open racism toward Mi'kmaq people was evident in public places like stores and hospitals. Racism is a conscious or unconscious derogatory belief in the inferiority of an ethnic population, largely based on stereotypes and myths. It results in social exclusion, emotional, and/or physical assaults on the being or subjectivity of the targeted person or population, or threats to their social and economic well-being (Bryant-Davis & Ocampo, 2005; Wells et al., 2009). Mi'kmaq people attempted to protect their families from the effects of racist incidents including being given inferior quality goods, having their self-esteem threatened, or the core of their identity shaken

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(Bryant-Davis & Ocampo, 2005). For example, when preparing to shop in a nearby town, Ronald remembered his parents trying to protect him from racism in a white-owned store:

> I remember going with my mom and my dad to town to get rations from a store there. The very first time I went with them I must have been older, because I remember my dad specifically telling me just before we got off to go to the store, I don't want you speaking Mi'kmaq while we are in the store.

He interpreted his father's warning as a concern for how the shopkeeper would respond to them if they spoke their own language. His father understood the contempt of those from the hegemonic western culture for the culture of the Mi'kmaq. He attempted to prevent his family from being victimized by racist responses to evidence of their culture, a microcosm of colonialism.

Mi'kmaq people endured racist discrimination in their everyday interactions with their western neighbors. Sam remembered that

> My parents never spoke to me about - that I was Mi'kmaq; that our marriages take place in a certain way; that we do Sweats; that we stayed in a wigwam; and that's how we got our maple syrup. That stuff was never discussed. When I think back, I think my parents were just in survival mode. They just had to keep the bloodline going.

Some Mi'kmaq families chose to protect their children from the harms levied by a racist society by choosing to not teach their children about their own culture. Other families addressed their cultural mistrust or fears of racist incidents by warning their children about white individuals from whom they perceived a threat. Archie chuckled when he recalled,

> I was with my dad on a wharf in town and we were going off to the shore to live off the land for a couple of weeks, or usually four or five days. He left me behind to tend the boat and a young fellow came by and started talking to me. I don't recall if I understood what he was saying. I don't recall the conversation. I don't

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know if we conversed but when my dad came back he asked me if anything had happened. I said, 'yeah a human being came by.' A human being! I had this concept that all white people were beasts or animals that preyed on people and they beat up people… *especially my people*! That's why when I met this guy he must have been my age or maybe a year or year and a half older and he talked to me civil; I referred to him as a human being! I remember saying that - specifically to my dad, yes a human being came by.

The fear of something happening to their children when white men were about was reasonable at the time that Archie was young because this was the period when young children were being scooped up and sent to Shubie in Shubenacadie, Nova Scotia. Dan remembered how he was never taught,

anything about the English. To me, my mom always told us oh those white people there; they are going to steal you. They imprinted that image on us; they've going to steal us. I guess back then when she was growing up she must have heard that they were doing that. So we didn't trust anyone who was not Native. That's including the traveling salesman that used to come around. They used to call him the meat man. He used to come around selling meat and stuff and at the same time he'd be bootlegging to the older men and stuff. Then we also had the vegetable man. That was another guy, he'd come around selling potatoes. Everything was by the hundreds, by 50 pounds you know. Those people we didn't trust them either, even though we knew that they were just trying to make a living. But who knows, they could have grabbed me by the neck, and threw me in the car, and sold me off, and I would have been in England somewhere!

While this parent's approach could be seen as racist, an alternative view would construe this lesson as an intentional effort to protect her children from harm. In view of the systemic racism suffered by this community, some parents had developed a deep mistrust of those from the hegemonic culture and made an effort to protect their children by warning them away from those they feared would harm them (Bryant-Davis & Ocampo, 2005). Dan's mother's fears are founded on a story, told in the oral history of the Mi'kmaq and now documented in written history books, in which young boys were stolen

by early explorers and taken to Europe as curiosities (Ray, 2005). Parents today often warn their children to not talk to strangers. In this Native community, most strangers were white persons.

Nourishing the Mi'kmaq culture

Some families had worked hard to maintain their own language and cultural practices. This was evident among children's behaviors in school and the playground. The language of instruction in the school on Elsipogtog First Nation was English, even though many children's first and daily language was Mi'kmaq. Sam remembered,

> As an Aboriginal boy, I do recall it was very taboo to speak English. I remember in music when we went to school we had a group of students in the classroom, like they allowed you to answer one maybe two words, they didn't mind you being smart, but if you wanted to stretch out your answer it was regarded as an excuse for you to speak English and of course if you said more than four or five words in English you would get it after school was out. People laughed at you when you spoke English. I think it was mostly peer-pressure in terms of language.

While these school children protected their own way of being by teasing those who appeared to be joining the "cultural enemy," their behavior demonstrates pride in their cultural heritage. Clearly, these children could understand and even speak English when necessary but felt loyalty to their own language, an indication of the teaching and practices of their family. Barry taught his children to be proud of their heritage,

> I've expressed it many times to be very proud of what they are, of being Mi'kmaq. I've put it in this context, here's the world that is populated, you look at China, Russia, United States, even Canada, billions of people and on this little dot, in this corner of New Brunswick, we speak a language that nobody else in this world understands! Do you realize how unique that is? That's Mi'kmaq. The real pronunciation is Nigamac… Nig a ma.

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Parents like Barry can be credited with the prevalence of speaking Mi'kmaq among the members of Elsipogtog First Nation today. Currently, more than 60% of children continue to learn Mi'kmaq as their first language at home and Mi'kmaq is spoken on a daily basis by more than 60% of this population (Getty et al., 2006). People in the waiting area of the Health Center at Elsipogtog First Nation speak Mi'kmaq to one another and to their children.

Emotional expressions as gendered behaviors

When asked about what they had taught their sons about crying as an expression of pain, the participants appeared to be puzzled, almost all responding with the sentiment that 'Of course – it's OK for boys to cry!' One of the mothers who participated in this study firmly remembered, "They were free to cry or do whatever it was normal to do." Lloyd recalled from his own boyhood 30 years earlier, "there was nothing wrong for a boy to cry," but when he became a teenager and was exposed to the western hegemonic culture at school and on mass media, "I noticed that I would try not to cry in public or I would try to fight it." He had clearly understood the western hegemonic masculinity norm that 'boys don't cry' (Askew & Ross, 1988; Connell, 2000; B. Frank, 1999; Mac an Ghaill & Haywood, 2012; McQueen & Henwood, 2002; Vogel et al., 2011).

Lloyd described his hopes for his own sons, saying, "I want them to be tough; I want them to be respectful to women." This seemingly disparate message was common in the discourse of the participants in this study. The cultural counterpoint to being tough with other males was respect for women. Crying when hurt was interpreted as a natural response and a measure of toughness, echoing Dave's emphatic statement that he wants

his boys "To be tough…I already told my sons 'It's okay to cry. It takes a bigger man to cry!' …you don't look for fights, but if someone is going to fight you, you fight back." Most of the men in this study were adamant that boys should not start fights, especially with younger or weaker boys. However, when describing his own childhood, Jake, an older man admitted,

> Yeah, I got into plenty of fights growing up and I also did the same if I saw somebody doing something I didn't care for I was there too…There were a lot of times where people said the wrong thing, acted differently, looked differently there was all kinds of reason why people would be picked on…. it was the way they acted if they seemed a little odd or slow or arrogant or not the same as others.

Jake's description of teasing and even fighting with other boys who appeared different from the average is reminiscent of the gender policing function found among western boys (Connell, 2003; Davison, 2000). Western boys in school and on the streets observe other boys, comparing their behavior and appearance to a hegemonic ideal. They harass those whom they decide do not meet the basic standard of compliance with the western hegemonic standard (Connell, 1995, 2000, 2003; Davison, 2000; B. Frank, 1999; Glover, Gough, Johnson, & Cartwright, 2000; Kehily, 2001; Kenway, 1995). In contrast, Nick, a younger man, declared,

> Oh, I have come across bullies – one time a guy was bullying another kid – I took the bully on and got a beating for my efforts. The funny thing is that they never picked on that kid again. He's about my age and he is very respectful to me now. I don't try to lord it over him though.

Nick's intervention to protect a weaker boy was consistent with the Mi'kmaq masculinity practice of protecting those who are weaker. His anecdote provides support for the belief

that fighting back is important to stop the social victimization of vulnerable boys. Chuck described how his son currently,

> gets into a few fights…I tell him to fight back. I tell him, 'You are not anybody's punching bag! If somebody fights you - you defend yourself and you fight back! You don't let anybody fight you and you don't do nothing about it.' I tell him 'If you don't fight back, they are going to keep bothering you.'

Chuck's teaching regarding fighting back was a proactive attempt to prevent his son from being victimized. The men in this study understood that being physically attacked did not occur in a vacuum but was embedded in psychological and social (bullying) victimization, occurring across a spectrum from non-verbal actions such as social exclusion and demeaning or angry glares, to teasing and taunting other children, and finally to physical assaults (Haynie & Piquero, 2006; Rosen et al., 2009; Vaillancourt, Miller, Fagbemi, Cote, & Tremblay, 2007). Boys who resist or are unable to conform to the western hegemonic masculinity ways of being may be seen as prey by those boys who were working hard to comply with the hegemonic standards themselves. In relation to high school social practices, Davison (2000) wrote, "There is social terrorism by peers. Sissies are alienated, ostracized, humiliated and verbally and physically abused…" (p. 47). Chuck understood that if his son fought back, it would not only address the physical abuse but also the taunts and verbal abuse. Setting limits was an important masculinity practice for Mi'kmaq boys in responding to not only gender policing and physical threats but also racist taunts and other practices of social exclusion.

Enduring periodic episodes of social victimization has been related to increased anxiety and depression, somatic symptoms, and withdrawal from social situations among children. However, chronic social victimization creates more enduring adjustment issues

for the victims, which may include depression, addiction, difficulty maintaining

emotionally healthy relationships, and even suicidal behaviors (Rosen et al., 2009;

Scholte, Engels, Overbeek, deKemp, & Haselager, 2007; Sullivan, Farrell, & Kliewer,

2006).

Many of the younger men described their efforts as children to hold back tears in

front of other boys. They feared being teased, a form of punishment for not conforming to

the gender practices expected by western boys (Connell, 1995, 2000, 2003; Davison,

2000). The fear of being teased or harassed by other boys for behaving in what they

perceived to be gender atypical ways was a powerful motivator to prevent being prey for

"social terrorism" (Davison 2000, p. 51). As well, the legacy of Shubie Indian Residential

School entrenched the practice of expressing pain through anger congruent with western

masculinity practices. RSSs learned to never express pain by crying, transmitting it to

their own children by their example and words (Askew & Ross, 1988; Connell, 1995,

1996; Davison & Frank, 2006; Kivel, 2003; Mac an Ghaill & Haywood, 2012; Martino,

1999, 2006, 2008). Over time, this practice became the norm for many Mi'kmaq boys

and men (Getty, Bartibogue, et al., 2010; Haig-Brown, 1988; Knockwood, 1992).

Dave recounted how he supported his 9 year old son the preceding weekend,

Yeah, I've been teaching him to be more respectful of women and if he's hurt and
he has to cry, to cry. This weekend was a prime example for him - he didn't want
to cry; he was being a boy and he didn't want to be a girl or anything like that. A
dog had bit him straight through his hand and he took off, he got mad! He thought
it was an embarrassment in front of everybody. I talked with him and said you
don't have to get mad in front of everyone - just walk away. We went to the
bathroom and I started cleaning his wound. He said, 'The doctors always put
rubbing alcohol on my cuts to get rid of the infection.' I said, 'I'm no doctor! I
ain't no nurse! I'm your father and you are going to take it because I'm your father.
I don't want you to get sick. He looked at me with watery eyes and he knew right

away like 'I feel more secure.' So I cleaned it out with peroxide first and I said this won't hurt at all it will clean it out…

Dave's son's withdrawal and anger demonstrated the influence of the western hegemonic model of masculinity as portrayed through television, video games, and other boys at school. Despite Dave's teaching that crying was an acceptable expression of pain for boys and girls among Mi'kmaq people, his son believed that 'boys don't cry' and that expressing pain through tears was a feminine act, consistent with practices of hegemonic masculinity. This boy understood his father's perception of crying as acceptable masculine practice and felt safe crying in front of his father. However, he maintained the hegemonic masculinity practice before others.

Fathers' acceptance of their sons' crying was evident when Charles, an older man, stated, "if my boys cried I knew they had a reason for crying." However, Jim remembered that, "as a young boy, in terms of coming from my parents, you aren't supposed to cry, that's the only thing I do remember." Aaron, a young man recalled that as a child, he was "expected to be tough yeah. My dad treated me like that but not my mom….Tough like if I would cry my dad would say aww - you're alright….[So you weren't allowed to cry?] Yeah in front of **the** dad." Aaron's use of "the" instead of 'my' Dad speaks to his perception of his father as being more distant or less connected to him. Among the younger men, there were more missing fathers, leaving their sons, at best, with mixed feelings toward their fathers. Brent, in his twenties, stated, "I never want to be like my father!"

Adam, aged 23, remarked, "I think you have to be a little tougher, you don't cry unless you really have to." This equation of being tough and not crying for smaller

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injuries was evident among those men under 30 years of age. The younger men had been brought up with access to television and other multimedia influences that were centered on the cultural hegemony of the west and had learned the cultural norm of 'taking it like a man,' that had been part of the legacy of Shubie Indian Residential School.

In spite of Dave's comment that his son did not want to act like a girl, as if this was something to be ashamed of, most of the men in this study denied that they expected different things from their sons than their daughters. Dave responded, "I want him to be strong in his own mind and to follow through and make good decisions, just like my daughter." This was echoed by Andy, a young man, who described his son and daughter, saying, "I don't think there's any difference. They are the same and I want them both to make good choices and do well." Throughout this study, respect for women, beginning with their mothers and grandmothers, was consistent. Women were viewed as different than men but equally important (K. Wilson, 2005).

Extended families' contributions

In the 1930s to 50s, families tended to be large. Bill stated, "Well things were different back then; people were used to having big families especially around this community here. Seventeen wasn't the biggest family - there were families that were somewhat larger." Not only were more children born into a family, many families took in nephews, nieces, and cousins when siblings and other extended family were unable to care for their own children. Extended families were important units of First Nations society, helping one another through times of stress (Gibbons, 2008; Gordon, 2006). For example, during the TB epidemic in the early to mid-twentieth century, extended families

worked together to support one another when illness required the mother or other family members to be sent to a Sanatorium, often for several years at a time (Getty et al., 2001). Dan, who grew up with his seven siblings and twelve cousins, remembered,

> Yeah and today the children that my mom raised they consider me as brother. Whole bunch of them, we grew up together. We had to take turns at the kitchen table. The boys ate first; we can eat as much as we want and then we go out and chop wood or haul water and while we are out there doing that, it's our sisters' turn to eat and while they are eating they are cleaning up at the same time. In the meantime we are chopping wood and getting water for the rest of the day. Oh yeah, a hundred pounds of potatoes would be lucky to last all week. The size of pots my mom had were the size of these drums.

The issue that precipitated feeding men and boys first was always the large size of families, which precluded having space for everyone in the family to sit down to a meal together. Several participants who had described this seating arrangement for meals attributed it to the preference of the women in their life. A female Elder in Elsipogtog explained that this practice was begun long ago so that the men could be ready to leave on a moment's notice when war parties were sighted.

Several of the younger participants in this study had been brought up by their grandparents, sometimes because their mother was a single mother, either being a young adolescent when she got pregnant or unable to care for her own children due to addiction issues (Fuller-Thomson & Minkler, 2005; Mutchler, Baker, & Lee, 2007; Niccols et al., 2012). Many grandparents of First Nations boys were relatively young, having had their own children early in their lives (Robbins, Scherman, Holeman, & Wilson, 2005). Boyd remembered,

> I grew up with my grandmother and I grew up with girls in the family really. My mom and three of my aunts and my grandmother, that's about it really. My mom had me at a young age, she was 15.

Grandparents have continued to serve as the fulcrum of many families, bringing up not only their own children but their grandchildren often together in one family unit, as in Boyd's family. Pat was brought up by his grandparents "from birth. My mother left when we were two, well I was two my brother was one when she left." Troy remembered his grandparents' caring for him when his own parents were addicted and self-absorbed:

> Oh yeah, I owe a great deal of gratitude to them [his grandparents] because I could have been in trouble. I could have been in and out of jail. I could have had a really bad education. There are so many things I could have done if I wasn't really straightened up as a kid.

Troy recognized the risks that could have arisen had he been left with his addicted mother, raising the question regarding his own parents' fate. Jason fondly remembered living with his grandparents, being expected to contribute to the family while feeling safe and loved. Raised by his grandparents, he incrementally took on more responsibility for their business during his adolescence. This reciprocity where grandparents raised their grandchildren and grandchildren in turn helped grandparents as they aged arose out of the collective nature of the Mi'kmaq society. Traditionally, grandparents taught their grandchildren about the cultural importance of interdependence (Fuller-Thompson, 2005; Mooradian et al., 2006; Robbins et al., 2005). Grandsons were expected to help with the heavier chores, enhancing their sense of confidence as boys and young men. Brent, who had had a close loving relationship with his grandmother, stated, "If I see an elderly woman walking across the street what I would do is hold her hand and make sure she is safe."

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Several participants grew up in a skipped generation household, living with their grandparents but not their own parents. The proportion of First Nations children living in skipped generation homes increased by 20% between 1991 and 2001 (Fuller-Thompson, 2005). Grandparents' decisions to care for their grandchildren are founded in their deep love for them as well as a desire to keep them within the family and the Mi'kmaq culture and community (Fuller-Thompson, 2005; Fuller-Thomson & Minkler, 2005; Mooradian et al., 2006; Mutchler et al., 2007). Smith and Palmieri (2007) found that grandparents raising their grandchildren rated boys as having more problems than girls. However, these were African American and white families with different constellations of families and cultural foundations.

Grandparents who take their grandchildren into their homes and raise them are more likely to be poor, female, and living on reserve (Fuller-Thompson, 2005; Mutchler et al., 2007). Bringing up grandchildren is costly, with only small amounts of extra money accrued in social assistance or the Child Tax Credit benefits when this is an informal arrangement between family members. More financial support and opportunities would be available if Child and Family Social Services were involved (Personal information, Suzanne LeRoy, Director Child and Family Services, OFN, 2012). However, many Aboriginal peoples fear this system and choose to cope without its help.

Aboriginal peoples' distrust of the child and family welfare system has developed over many years of loss and much pain. One of the instruments used to break down the culture of Aboriginal communities, particularly after the Indian Residential Schools were closed, was the removal of Aboriginal children from their families and their placement in white families. In fact, the sixties scoop, where Aboriginal children were apprehended in

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disproportionately high numbers and placed in foster and adoptive white homes has been judged to be an atrocity (Wagamese, 2009). By the end of the sixties, over one quarter of Aboriginal children were in care (Fuller-Thompson, 2005; Fuller-Thomson & Minkler, 2005; Mooradian et al., 2006; Mutchler et al., 2007).

First Nations children are four to six times more likely to be in the care of Child and Social Services agencies than other children in Canada (Fuller-Thompson, 2005). The decisions regarding placement of children depend on the ethnicity, experiences, and cultural competence of the caseworkers and organizational structure such as staffing levels (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Schwartz, 2008; Wells et al., 2009). Canadian experts in child welfare have identified that the interpretation of poverty as neglect in First Nations families has been fueled by the xenophobia and racism not only of the child welfare system but also the justice system in Canada (Trocme, Knoke, & Blackstock, 2004). In this process, provincial child welfare workers and justice officials have blamed the victim rather than the colonial social systems that created this disparate situation for Aboriginal families (W. Ryan, 1985; Trocme et al., 2004). Moreover, once in foster care, Aboriginal children are likely to be in foster care for longer periods of time and less likely to be reunited with their biological families (Wells et al., 2009). As a result, many grandparents prefer to care for their grandchildren without the interference of Child and Family Services.

Being cared for by grandparents was a choice that worked well for the majority of children whose parents were unable to care for them, according to the participants in this study. However, some oversight of children's welfare could have prevented harm to two participants who were in the care of their extended families. About 30% of the

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participants in this study were raised by their grandparents and all but two had fond

memories of their grandparents during their childhoods. The two exceptions, however,

raise significant issues of physical, cultural, social, emotional, psychological, and sexual

safety for children.

William was a young adolescent when his parents were no longer able to care for

him. Two "old" strangers, who turned out to be his grandparents, arrived and took

William and his sibling to Elsipogtog. William remembered, "Before we left, my mother

said 'You have to do what they tell you. You have to listen to, respect, whatever.' Of

course we did! Still reeling from their father's sudden death, the absence of their mother,

and the loss of all of their friends and their home, and being taken by these two strangers

to a community where everyone spoke a language they did not understand, these children

found themselves in a nightmare. William remembered with anguish and outrage:

> When I came to Big Cove there was no bathroom in the house, there was a hut
> house way back. There was no bed for us to sleep in. It was a two-storey house,
> but that cellar door, a trap door, so at night they closed the door and they throw
> coats in there for us. We were kept in that area for a period of two years. They
> would lock us in every night, we couldn't get out. And when they ate at dinner
> time we are not allowed to go near the table. We had to wait in the other room
> until they were done eating and then if there was any left then we could eat.

William never heard from his mother again until many years later when she was dying.

He and his sibling did not feel they could ask anyone for help, including teachers or

neighbors. This kind of vulnerability was also evident when Dick described living with

his grandparents and his mother in a chaotic violent home,

> Then my grandfather couldn't do anything because his legs were all swollen and
> he couldn't really walk so my uncle would…every time my uncle came I would
> get scared because I knew he would get drunk. He was a tough guy or whatever at

that time. He used to drink and my mom and him always get into an argument and my uncle would turn around and slap my mom and I still remember that.

In a culture where boys were taught to respect women, this physical violence is an anathema and speaks to the loss of culture experienced by these families. Among the families of the participants of this study, violence always accompanied drunkenness. All the men, with the exception of William and Dave, spoke of their extended families lovingly. However, William and Dave's stories demonstrate that even within a collective culture, some families experience domestic abuse and violence, are able to hide their wrong-doing, and continue to neglect and maltreat children over long periods of time (Teufel-Shone et al., 2005). These behaviors have been linked with Transgenerational Post-Traumatic Stress Disorder among Aboriginal families (Evans-Campbell, 2008; Getty, Bartibogue, et al., 2010; Haskell & Randall, 2009; Ing, 2006; Karmali et al., 2005; Whitbeck, Adams, et al., 2004; Whitbeck, Chen, & Adams, 2004).

In healthy traditional families, grandparents contributed to the upbringing of their grandchildren and helped to care for them. While the parents raised their children grandparents shared their traditional knowledge, values, cultural understandings, and family history with their grandchildren (Fuller-Thompson, 2005; Mooradian et al., 2006; Robbins et al., 2005). Grandparents also served as mentors and provided safe relationships in which grandchildren could confide and receive care. The resilience of Mi'kmaq men who had overcome physical and emotional abuse is evident in William's relationship with his older grandchildren:

> They're doing good. Sometimes they get mad at their parents and I call them over and say let's talk. I usually have a bowl of apples on the table and I say listen you

know my rules. You don't lie to me. You don't steal from me. If you want anything I'm here to help as much as I can.

William's relationship with his grandchildren provided a loving place where his grandchildren could feel safe to share their perspectives and feelings and obtain feedback in a supportive manner. This function is important in helping children and adolescents problem solve and find comfort (Haight et al., 2005; Sheridan, Haight, & Cleeland, 2011).

The opportunity for cultural mentorship was decreased as the grandparents took on the parenting strategies and work, such as setting limits, clothing, feeding and disciplining the children. Nevertheless, intergenerational relationships were maintained and children had access to the cultural and spiritual knowledge of their grandparents (Fuller-Thomson & Minkler, 2005; Mooradian et al., 2006; Mutchler et al., 2007). Another advantage of children being reared by their grandparents was the opportunity for them to continue to have contact with their biological parents and the increased potential for them to be reunited with their parents once they had dealt with their addictions or incarceration (Sheridan et al., 2011). A major benefit to children raised by grandparents is the stability they have in living among their family in the community in which they were born, rather than being thrust into a strange family in a new neighborhood and attending schools with new peers and supports such as teachers (Fuller-Thompson, 2005; Mooradian et al., 2006).

The close relationships between grandparents and their grandchildren taught boys to respect their elders. Pat, a young man, stated,

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One thing about grandmothers around here is they mostly concentrate on respecting your elders. That was the main thing was always pushed on us. I can walk up to an elder person right now and have a good conversation with them. [It is important] to respect your elders, to respect other people around you. Give respect you get respect. Be responsible; respect your elders. That's the main thing that you are ever going to have to live.

Pat's understanding of his grandmother's lessons was echoed by Andy, who remembered how his beloved grandmother "taught me to respect women." Brent, another young man, was clear about the teachings of his family, "Yeah that's how it's supposed to be - like respect the girls, like don't swear in front of them or probably don't fight in front of them or anything like that 'cause they're sensitive." Dave, a man who had grown up in a chaotic family with an alcoholic mother and constant partying permeated with violence, spoke about his sons who were living with his ex-spouse:

But I always ask them what about your mom, like when we got separated. They said oh my mom she's a big alcoholic, she's a drug addict and whatever. I said too bad you guys talk about your mom like that, too bad you don't say oh my mom's nice. But they fight all the time. I said you shouldn't talk about your mom like that. Your mom is your mom and she loves you for the rest of your life like I do. No matter what you do, we love you. I always tell them make sure you love your mom and your grandmother.

Although Dave had been neglected by his mother as a small child, he had learned the lesson of respect for women and was carefully teaching it to his sons. When asked what he would want to teach his son, Tony responded clearly, "I would tell him to respect women. I'm just passing down the teachings that my grandmother gave me…. If I ever had a son I've always pictured him to be someone that is very respectful." Tony asserted that during his childhood he had been taught "to be really respectful toward women…and more understanding and more caring and probably a sensitive part as well."

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This value of respect, particularly toward women, was a thread that began in their boyhood and was woven through the discourse of all of the men in this study. This was a major difference from the misogyny inherent in western hegemonic masculinity (Beggan & Allison, 2003; Bertone & Camoletto, 2009; Bottoroff et al., 2010; R. Carlson, 1985; Connell, 1995; C. Elmslie, 2005; Higgins et al., 2010; V. Long & Martinez, 1997; Martino, 2008; Potts, Grace, Vares, & Gavey, 2006; Prohaska & Gailey, 2010). While respect was a core value taught to most boys, whether growing up in a two parent family or with extended family members, learning the lesson of respect was also achieved by boys who suffered traumatic lives, surviving chaotic homes with alcoholic, partying, neglectful mothers and absent fathers.

CHILDHOOD TRAUMA: SURVIVING NEGLECT AND ABUSE

About a tenth of the participants had spent their childhoods witnessing violent drunken parties interspersed with placement in a variety of foster homes, both on and off reserve. Over the course of his childhood and adolescence, Brent, a young man, was placed in many foster homes as well as a group home and a Youth Detention Center, which was notorious for having at least one guard found guilty of sexually abusing the boys incarcerated in the center. These memories speak to the utter neglect of his physical, emotional, spiritual, and intellectual health:

> We moved to Fredericton, me and my mother, when I was a baby. We were living with her boyfriend for a time. He was very abusive. I was locked up in a room for twenty four hours a day because they had a hook on the door… I needed [to have] my pampers …changed but no, they never changed them. My mom wanted to open that door to change me but no, they never changed them...my mother's boyfriend he'd just beat my mother up. I would hear it - I would crawl under the bed because that was my safe place and I hid, I hid, I hid very good! I was praying to get help, I was praying and I was yelling "stop hitting my mom, stop hitting my

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mom" and when I prayed - I prayed for a miracle. And my miracle, my grandmother, she saved my life! she's my guardian angel I prayed and then she came and I was all... and my diaper was all full.

Brent would have been unable to remember this period of his life but had heard this story often enough from his family that it became part of his life-story. Brent's commentary on his childhood continued:

> I never had that childhood where I got to play with toys and I always seen a lot of abuse with her [his mother] fighting with her ex-boyfriends - Yes, it hurt…it still hurts… my mom was partying and some people were fighting outside and then one person died…I seen all of that. I saw one person get murdered in front of my face…. I was about five or six - somewhere around there…
> I seen this in them fighting a lot and I always sat up on top of the refrigerator watching my mom drink and I had a baseball bat to protect my mother….: I would have been eight years old. I protected my mother. I tried my best.

In spite of the neglect that Brent experienced, by the age of eight the roles of parent and child were reversed and he tried to protect his mother to the best of his ability. His mother went from one relationship to another, even moving from one reserve to another accompanying her current boyfriend. A common theme throughout each relationship was the drunkenness and violent parties. He continued describing this time in his childhood:

> and then my mom would sober up -- and then she'd be drinking again and after Fredericton we moved to Red Bank and then we'll move to town and she had another boyfriend named S___ and he was nice and he never beat me up and he treated me like a dad but my mom always treated him bad and there was one time where they were arguing and she was throwing knives at him and pennies from a big jar of pennies and she took a steel toe boot and she threw it and S___ ducked down and it struck me in the forehead and I got a scar. [He showed the scar to me.] It knocked me right out and I was out cold. I think I would have been about five to 6 years old… I was always taken to foster homes, group homes places like that.

Brent's mother would stop drinking and partying and he would be returned to her, only to have her fall back into partying. While Brent's physical injury was an unintended by-

product of the domestic violence in this home, his emotional injuries were more profound, contributing to his anxiety and fear. Fear has been identified as a prevailing emotion for children in families where mothers are alcoholic and placement in foster homes is common (Spicer, 1998; Trocme et al., 2004). Brent's scar is a permanent testimony of his vulnerability and fear and the continuing violence that he witnessed throughout his childhood. Moreover, the tumultuous, unsafe, neglectful life in which Brent was immersed led to difficulties with attachment, the process which normally serves to protect a child and allow him to develop safely over time (Haskell & Randall, 2009; Kinniburgh et al., 2005). The chronic neglect and threat of abuse and the constantly changing environment and homes experienced by Brent and other such children results in a complex trauma response in which children have difficulty developing trusting relationships, become hyper-vigilant, have difficulty with impulse and emotional management, and develop a sense of hopelessness and chronic pain that may be relieved through self-harm (Haskell & Randall, 2009). In referring to his mother's parenting, he described his painful childhood saying,

> It hurted me all my life and it hurts! My parents - I'm not very close to my parents, both my parents…when my mom was pregnant my parents split up – my mom and my dad were both alcoholics. My mother was drinking too much ... too much and I mean my mother and I don't have a mother and son relationship ... I mean, my father and me we also we don't have a father and son relationship.

Brent knew who his father was although he seldom saw him:

> I'm never going to be like my father because one time I was playing -with my dad…I don't know what age but I was young because it hurted me…it still hurts me today…he came over - brought me toys. An hour later, he picked those up and he sold those toys on me. He needed alcohol. Yeah, to this day I never receive nothing from my mother, from my father …Christmas time nothing… Christmas time I got depressed.

The cruel effect of Brent's father's actions lies in the dashing of hope of this small boy. This is similar to accounts of several addicted parents in a Methadone program where I have worked, who joyously described their children's Christmas morning excitement when they opened presents. These parents disclosed that they had never before been able to give their children presents at Christmas. Being stabilized on Methadone had enabled them to use some money for their children at Christmas. Brent remembered some foster homes more positively:

> that's when I went to R__ S__'s place -I stayed there for three months, no four months and that was the nicest place I've ever been. There was five girls and two brothers and the brother was a little bit younger than me but he had toys and we played and I followed their rules and then I started realizing I have to listen to these people. Then my time was up, when I came back I was going on 15 and I couldn't go home, they took me to another foster home in Sydney, they were real nice people. Like what do you want, we will take you anywhere and even today they come around and see me…we found another home for you and this woman's sister took us and we were there for about a year and over there was real nice and there were no incidents over there and no one hitting me.

Brent's joy in describing these families, particularly the family where he was allowed to play with a foster bother's toys and was safe from physical abuse and where the foster family cared about what he wanted, speak to the deprivation and neglect as well as the physical and emotional abuse he experienced in several foster families, both off and on reserve, as well as in his mother's home.

As a little child, Brent lived with fear, never knowing whether he would be left at home to cope with the neglect and wild parties or be taken into foster care, usually off reserve into white families. He remembered, being taken to a new foster home, "I didn't even know if I could speak in….if I would speak in the Mi'kmaq language I was afraid I

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would get beat." While preschool children have the ability to absorb several languages, the element of punishment for speaking Mi'kmaq at this sensitive period of life meant that shame became associated with the Mi'kmaq language. Shame is a powerful, painful emotion in which a person feels worthless, guilty, and helpless to change his/her circumstances. Brent's experience was similar to the process of attaching shame to the Mi'kmaq and other First Nations languages that occurred in the Indian Residential Schools (Getty, Bartibogue, et al., 2010; Ing, 2006; Knockwood, 1992). However, the placement of infants, toddlers, and young preschool children in a series of foster homes has been judged to be more harmful to children's development than the Indian Residential Schools, due to the younger ages at which children were placed in foster care, their vulnerability in the private foster homes, and the frequent moves from one foster home to another, interspersed with periods at home with their mothers (Spicer, 1998; Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2006).

Between 35% and 73% of foster children, especially those who had been neglected in their biological homes, have been found to suffer significant language deficits or delays (C. Long et al., 2006; Stock & Fisher, 2006; Windsor et al., 2011) as well as other developmental delays (Stock & Fisher, 2006; Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2006). Such delays in speech and language abilities may have long-term impacts on children's academic success and social interactions, alienating them from other children and increasing their social vulnerability to bullying and exclusion from social opportunities such as birthday parties (Stock & Fisher, 2006; Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2006; Windsor et al., 2011).

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Each new foster home placement required Brent and other Mi'kmaq children in his situation to adapt to a new environment. When the foster parents were not Aboriginal, the children had to adapt to different cultures, languages, and ways of being (Spicer, 1998). When small children are required to adapt to multiple foster homes over time, they are unable to become attached to each new set of foster parents, since they will only be in this relationship for a short while (Spicer, 1998; Tarren-Sweeney, 2008). Moreover, such placements in non-Aboriginal homes interfered with these boys' sense of identity as Mi'kmaq persons (Spicer, 1998).

Being placed in Mi'kmaq families who were not related to the child may also have been problematic, especially if several children were being fostered at the same time and fostering was a way of earning a living for these families. One mother who participated in this study was widowed when her children were still young. She chose to foster children as a way of supporting her family. She spoke lovingly of the children she cared for, but they were not integrated into her family. For example, while she spent time with her foster children and clearly developed loving relationships with them, she fed them separately from her own children. This was intended to enable her biological children to feel like an intact family, even without their father, but the implication for the foster children was that they did not belong. A mark of excellent foster parents is their ability to develop caring relationships with their foster children and to integrate them into their family (Ivanova & Brown, 2011; Zon et al., 2004). This however, requires that a child be located in one foster home for much longer than occurred in Brent's life. He remembered being placed in a foster home in Elsipogtog First Nation,

and every time I came to Big Cove of course now it's called Elsipogtog, I would see my mom drunk so they would always take me to foster homes and then they took me to a foster home where the foster parents were abusing me. They would strap me with leather belts until I cried and it got to a point where I was so used to it that I had to fake cry just to relieve the strap. There were more foster kids there - so if they got hit, I got hit - for no reason! There were three of us [Mi'kmaq children]. That was here in Elsipogtog, Big Cove.

Brent's unhappiness was so clear that even his mother, in the midst of her own addiction to alcohol, recognized his emotional pain. He remembered, "My mother let me have my first drink when I was age nine." While this mother's actions were illegal and harmful in effect, it is important to remember that she had used alcohol to numb her own pain for much of her life. From her perspective, she was doing her best to parent and to assuage her son's emotional pain by offering him a drink.

Alcoholism has been found to be an outcome of childhood abuse and neglect (Boulton, 2008; Kvigne et al., 2008; Russo, Purohit, Foudin, & Salin, 2004) and in turn causes a mother to neglect and emotionally abuse her children. The difficulty that Brent's mother experienced in trying to stay sober was likely fueled by her emotional, social, and spiritual pain as well as some physiological differences in how her body processed alcohol. Research has identified that some people are more likely to have genetic differences in their enzymes that metabolize alcohol. For example, the alcohol dehydrogenase type 2 gene (ADHIB) can influence a person's dependence on alcohol (Russo et al., 2004). This physiological issue, however, should not be interpreted as the over-riding issue in alcoholism but understood as a factor that makes it more difficult for some people to attain and maintain sobriety. When a person has physiological predictors such as a genetic variation that puts him/her at increased risk of alcoholism, it is even more important that psychosocial factors that predispose a person to addiction be

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addressed (Russo et al., 2004). Research has demonstrated that addiction among many Aboriginal peoples is the result of emotional pain accrued through past traumas and intergenerational post-traumatic stress disorder and is supported by the patterns of behavior and the social milieu in which an alcoholic lives and drinks (Bainbridge, 2011; Beebe et al., 2008; Brave Heart et al., 2011; Brave Heart & DeBruyn, 1998; Brave Heart, Elkins, Tafoya, Bird, & Salvador, 2012; Brokenleg, 2012; Chansonneuve, 2007; Coyhis & Simoneli, 2008; Evans-Campbell, 2008; E. Evans, Spear, Huang, & Hser, 2006). Brent's mother's frequent attempts to stop drinking and have her son returned are evidence of her love for Brent and her desire to mother him.

Remembering the violent parties in his home, Dave described watching some men rape a woman with a bottle. One of the men broke the bottle and they continued to rape this woman with the broken bottle. He described being so afraid, "then we ran in the woods and we lived in the woods for maybe two, three weeks, in the woods hiding, in a tent - just the boys." He and his brother were seven or eight years old. The fact that no one tried to bring them home spoke to the neglect they experienced.

Education

During childhood, most of the participants went to elementary school in Elsipogtog First Nation. For them, school was a positive experience, studying with cousins and neighbors. Troy, a young man, recounted his enjoyment of school:

> No, I was on reserve going to school, till grade eight. I enjoyed it. Yeah, like I…I don't know, I don't want to say popular, I wasn't like one of those like quarterback football players that everyone is dying to have, no I'm not like that but I was really good friends with a lot of people at my school. I never judged anyone different from me or nothing.

> Sometimes I'll be there playing sports and being funny. I'm very outgoing. I like making people laugh. I like making people feel good, that makes me feel good too because this is who I am. I don't need to pretend to be proper. That's not something that was restricted to me growing up.

Troy's interpersonal abilities contributed to his positive experience in the school in Elsipogtog First Nation, a common experience among many of the participants. This foundation in learning set them in good stead to continue their educations, and at least a third of the participants had achieved post-secondary education. In describing his goals for his sons, Barry stated,

> I really wanted them to be healthy, number one and happy and accountable to themselves. Most of all I wanted them accountable to be able to develop and maintain relationships to be able to get along with people in the community. Even education-wise if it meant like going on a field-trip with your buddies I would rank it number one in terms of staying in the classroom of learning about three and four subjects. In terms of being able to understand people, communicate with people and to live with people, I always thought that was number one and secondary would be how educated you got.

Barry's priorities were important in a collective society in which interpersonal relationships are foundational to a successful life. His definition of what was important regarding his son's learning is the antithesis of the expectations for boys whose parents' goals for their sons were focused on them becoming successful in life according to the hegemonic model of masculinity, in which boys are expected to compete rather than get along with one another (Ashley, 2003, 2011; Aydt & Corsaro, 2003; Beckett, 2003; Bereska, 2003; Colwell & Lindsey, 2005; Connell, 1996, 2003).

The experience of going to the same school with the same group of children was not available to those boys who were born to addicted mothers and moved from one foster home to another. Brent remembered,

Yeah, I'd be in Big Cove School one minute and then go to a group home, then I would be in Moncton School stay there a couple of months or six months then leave, then go to Miramichi. That's how my education was you know what I mean. I always called myself the new kid.

His education was a patchwork of short periods in different schools around the province, where he was "Always the outside kid… A loner… depressed." Not only were boys like Brent unable to develop many relationships with classmates during these short episodes in a school, but they were required to pick up and leave subjects and different activities and to adjust to a new class and teacher, increasing their stress levels and limiting their progress in learning. Not only was Brent subjected to the consequences of his mother's alcoholism throughout his childhood, but it is likely with her degree of alcoholism that her drunkenness continued throughout her pregnancy (Aragon et al., 2008; Boulton, 2008; Kvigne et al., 2008; P. May et al., 2008). Binge drinking, or drinking large amounts of alcohol often, causes neurological harms to the fetus so that the child may be born with some measure of Fetal Alcohol Spectrum Disorder, resulting in learning disabilities, attention deficits, and other behavioral and emotional challenges (Aragon et al., 2008; Boulton, 2008; Kvigne et al., 2008; P. May et al., 2008; G. Smith & Palmieri, 2007). In particular, children exposed to large amounts of alcohol in utero are more likely to have delayed speech, cognitive limitations, and decreased short-term, spatial, and verbal memory (Society, 2002). As well, they may be more likely to have difficulty bonding and an increased risk of depression. These symptoms are also more likely for boys who are moved from one foster home to another while also experiencing short periods of time with their own mothers that often ended in neglect and another foster home placement (Andersson, 2009; Healey & Fisher, 2011; Schwartz, 2008).

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Respect for the environment

The theme of caring for the land recurred in several participants' stories of their childhoods and the values and expectations their parents held for them. Dan remembered being "tutored" by his father while working alongside him. He referred to himself as "daddy's little helper" and went on to say,

> I learned a lot from him. The respect for the land for instance, I've learned a lot from that. I don't just go and cut a tree just for the sake of cutting, I've got to have a reason to cut it - either for firewood or maybe for carving or maybe something I could use, but I wouldn't go there and cut it just for the sake of cutting it. That's the type of respect he taught us while he was with us.

Dan's childhood lessons were deeply entrenched in his life. He described reusing lumber to build a new structure and taking care to not waste water, which he carried to his home every day. Joseph, an Elder, shared the lessons of his father,

> I was taught that you have to be… not greedy…you have to share the nature what we have out there…you have to understand what nature put in this world, like a rabbit is there, a rabbit has life…a rabbit has a short life... a moose, the same thing. As a native person I was taught to respect every animal. If we have to kill an animal we kill only what we need. We only kill one, we never kill two. My people used to use the meat out of there, the bones, every little bones, everything. People used to be poor, but they would save a soup bone for example, I recall a family boiling a knee joint to make a family soup. This is my mother by the way. She would take a fork and bring the bone out of the pot and give it to a neighbour. This is why we used every part of an animal.

Joseph's description of the relationship between men and other creatures, such as a rabbit or a moose, speaks to the spiritual beliefs of Mi'kmaq people about the earth and their responsibilities to care for the earth and the creatures that inhabit it (J. Lewis & Sheppard, 2005; Portman & Garrett, 2006; K. Wilson, 2005). Since Mi'kmaq men traditionally gathered food for their families through hunting and fishing, they understood the

importance of maintaining the ecological system of the earth in order to be able to provide for their families (K. Wilson, 2005).

Currently, the hegemonic culture of the west has begun to understand the importance of the knowledge held by First Nations peoples in how to care responsibly for the land (K. Sherman, VanLanen, & Sherman, 2010). One important component of respecting the land is the need to make good use of what has been given through the death of an animal or other harvesting of living things, including sharing resources with others (Getty et al., 2001; K. Wilson, 2005).

Health and health practices during childhood

The participants in this study had been relatively physically healthy during their childhoods. The men over 40 years of age did not have access to a health center on the reserve when they were children. Their parents managed any illnesses. All of the older participants denied being taught anything about how to stay healthy except for wearing enough clothing to not be chilled. Barry remembered,

> In terms of dealing with anything else, disease or anything like that, I grew up, it's a funny thing about childhood isn't it, you think back and you think about winters it seems like all of your childhood was winters, and then you think about summers and it seems all of your childhood was summers. And when you talk about illness it seems like all of your childhood was being ill. But I do recall many times having to stay inside because I was ill, but having been warned I shouldn't go out without my coat or without heavy clothes and all that stuff.

In the 1940s and 50s, one physician would travel by horse and buggy to Elsipogtog where he would see anyone who was pregnant or ill. Joey, a young man, remembered going to the doctor as a child "regularly when I got sick."

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Medical and dental care were difficult to access for Native people due to their level of poverty and the geographic location of this reserve. Mi'kmaq people needed to travel a distance to obtain medical or dental care, which was often difficult without transportation or the money to pay for the trip. It was not until 1979 that the uninsured health benefits program was established by the federal government to cover the costs of services not available through provincial Medicare programs (H. Canada, 2007). There were traveling nurses who were employees of the federal Department of Health who visited in Elsipogtog at intervals, immunizing children, testing for TB, and providing other health prevention programs.

None of the men over 35 years of age had been taught at home to brush his teeth, taking a toll on dental health. For example, Dan recalled having, "toothaches, it seems like one long toothache when I was a child. Again, going back to that thing it seemed like everything was forever." Joey denied being taught to brush his teeth regularly at home, saying, "When I was nine years old that's when I started brushing my teeth myself - you don't want to be stinky."

For most of the participants, their only experiences with the Health and Wellness Center at Elsipogtog during childhood had been to receive their immunizations. When they were ill enough, or ill long enough, they were taken to see a family physician in town. As a result, it did not occur to them to go to the Health Center for a physical assessment or health education later in life.

Summary

In summary, the boyhoods of the majority of participants in this study were described as happy, hardworking periods of their lives, enmeshed in extended families and communities. Their masculinities models, their fathers, had taught them about the roles they were expected to fulfill, including the importance of values such as hard work, fun, and respect for their elders, especially their mothers and grandmothers. They were expected to contribute to the family. Those who had been boys in the 1940s and 50s had been given gender-specific tasks, usually out of doors. Younger men had been expected to do whatever chores were necessary, including indoor household chores.

Mi'kmaq boys had been taught to stay away from those of the hegemonic western culture as a way of protecting them from harm due to racism and physical aggression. They were not disciplined for crying when hurt or upset and were taught to not start fights. However, their fathers emphasized the masculinity practice of being tough and fighting back when attacked. Other Mi'kmaq boys had teased them when they spoke too much English in school. Many parents had nurtured their ability to speak Mi'kmaq, helping them to feel proud of their culture, so that more than 60% continue to speak Mi'kmaq in their daily lives.

About 20% of the participants in this study had been raised by their grandparents due to the youth of their mothers or their addiction to alcohol. In many cases, this was an informal relationship agreed upon within the family rather than engaging Child and Family Services. All but two of these participants had happy memories of their experiences being raised by their grandparents. Those who had pleasant memories of being brought up by their grandparents also described their contributions to their aging

grandparents. These participants expressed feelings of competence and strength and were proud of their reciprocal relationships. The two exceptions had experienced violence and neglect at the hands of their grandparents and extended family, often interpreted through the lens of Intergenerational Post-traumatic stress disorder.

A tenth of this sample had been born into alcoholic, violent homes, in which they witnessed violent parties, and were removed and taken to a series of foster homes, interspersed with returning home when their mothers achieved a period of sobriety. These participants suffered emotional stress from living with fear and trying to protect themselves and their mothers from harm, reversing parental roles with addicted mothers as early as eight years of age. As men, these vulnerable boys displayed a number of signs of complex trauma as well as language and developmental delays. They were at risk of neurological changes due to Fetal Alcohol Spectrum Disorder as a result of prenatal exposure to large amounts of alcohol.

Most of the participants had attended elementary school in Elsipogtog First Nation with their siblings, cousins, and friends. They described a positive experience with some teasing if they spoke too much English. However, the participants who had been repeatedly moved from one foster home to another and back home for a period of time described the pain of never feeling like they belonged in a classroom, of always feeling like a stranger and alone.

The older participants had been taught by their fathers about the importance of stewardship of the earth and their relationships with other creatures in the world. This was much less consistent among the younger men in this study. Finally, few of the older participants had been taught about health practices. Their major experiences with the

Health and Wellness Center in Elsipogtog First Nation had been to receive their immunizations as children. They remembered visiting their doctor when they had been sick for a longer period of time or more seriously ill. However, for older men, the geographic distance to medical and dental practices and the poverty of their families had prevented them during childhood from regularly seeking medical or dental care.

Some of the participants remembered enduring tooth aches and frequently being ill as children. Mothers who were well themselves ensured that their children received regular preventive check-ups and care when ill. This was more accessible for these younger men during their boyhoods due to improved health care services delivered through First Nations Health Branch of Health Canada and the large, well-staffed Health Center in the community. Their experience with health care had less to do with their sense of masculinity and more to do with family stability, economic status, and ability to access health care.

In all, most of the participants in this study had warm, nurturing parental figures in their lives along with close-knit extended families, establishing a sense of stability and cultural identity as Mi'kmaq boys even in the midst of poverty. They were supported to socially construct their Mi'kmaq masculinities practices, including taking responsibility for their families by working hard at chores; being respectful of women, especially their mothers, and Elders; and expressing their emotions and pain authentically by crying if they wished. They were protected from harm by outsiders and nurtured in their own cultural ways of being. However, their access to mass media and off reserve activities gave them strong messages regarding the expectations of hegemonic masculinity practices which some Mi'kmaq boys had internalized and demonstrated at times. A small

number of participants had endured neglect and chaos in the yoyo process of being seized and placed in foster homes, then returned to neglectful chaotic homes only to be apprehended again and placed in a different foster home. These children suffered from exposure to alcohol prenatally, chronic stress, emotional pain, and educational strains so their identity as Mi'kmaq boys was weakened.

CHAPTER 7   MI'KMAQ ADOLESCENT MASCULINITIES

PRACTICES

INTRODUCTION

Societies and more local communities facilitate the process of identity formation by providing exposure to values that have stood the test of time and that are generally agreed upon by most members. Thus adolescents are free to explore the available cultural strategies set by parents and the broader community and free to settle on the more useful and satisfying ones as their unique identities begin to form. Thus in ideal circumstances, adolescents both shape and are shaped by their cultural context. However, during times of rapid cultural change, youths are exposed to myriad conflicting cultural values, as the values and practices of their cultural heritage may diverge considerably from those of the new culture. In these circumstances, the ability to navigate among the influences of the different cultures, often discussed within the contexts of the issues of enculturation and acculturation, is associated with a range of consequences related to social competence and mental health (Iarocci, Root, & Burack, 2009, p.80).

During childhood, many Mi'kmaq boys live their lives within the nest of their own families, culture, community, and land, which support and help to shape their cultural and gendered identity as Mi'kmaq boys. When any of these social structures are weakened or absent, Mi'kmaq boys' sense of themselves as Mi'kmaq and their understanding and adoption of Mi'kmaq masculinity practices may become fragile and easily disrupted by other forces.

Upon entering adolescence, those who have developed more stable identities and positive self-images begin to actively shape their own identities as they construct their masculinity practices within their own culture. At the same time, Mi'kmaq boys are submerged into the hegemonic culture of the school system (Ashley, 2003, 2011; Connell, 1996, 2003; Davison & Frank, 2006; B. Frank, 1999; Kehily, 2001; Kenway, 1995; Mac an Ghaill & Haywood, 2011; Martino, 2006). They endeavour to learn to

negotiate their way in this different culture with its individualized worldview (Aftandilian, 2011; Bear, 2000). The imperative of learning how to defend their very being from the pain of racial discrimination meted out by their classmates and teachers influences their construction of their identity as Mi'kmaq men and their masculinity practices. During their adolescence, Mi'kmaq boys are simultaneously socially constructing their cultural and gender identity as Mi'kmaq boys and men while they begin to regularly leave their Mi'kmaq community to attend school and other events. The issues that arise when a Mi'kmaq boy traverses two or more cultures while developing his adolescent identity require that he manages the different cultural expectations regarding the social construction of masculinities practices.

In this chapter, the social construction of masculinities among Mi'kmaq adolescent boys will be examined in relation to: (a) the cultural resources that support the development of a healthy model of masculinity practices and (b) the challenges to their developing masculine identity that have been imposed by social circumstances. This exploration of cultural resources will focus on the themes of cultural values and ways of being of Mi'kmaq men, including the values of respect for others, women, and themselves. Additionally, it will examine the assets of the family as a collective entity supporting the development of healthy masculinities, including learning about their cultural values and the masculinities practices of having goals and working hard to accomplish them. As well, this chapter will include an examination of the challenges to the construction of Mi'kmaq masculinities imposed by the trauma of systemic and individual racism and social exclusion, sexual abuse, and adolescents' responses to emotional pain through addiction and suicide attempts.

Almost all of the participants in this study remembered their adolescence as times in which they purposefully engaged in practices intended to define their manhood as Mi'kmaq men. The majority of the participants recounted their adolescent journeys as ones in which they continued the lessons of childhood, becoming more independent in enacting the values that had been taught by example and the teaching of their families (F. Kelly, 2008). The American anthropologist, Hallowell (1892-1974), whose research focused on Native Americans, specifically the Ojibwa, wrote,

> All cultures provide a cognitive orientation toward a world in which man is compelled to act. A culturally constituted world view is created, which, by means of beliefs, available knowledge and language, mediates personal adjustment to the world through such psychological processes as perceiving, recognizing, conceiving, judging, and reasoning…which intimately associated with normative orientation, becomes the basis for reflection, decision, and action…and a foundation provided for a consensus with respect to goals and values (Hallowell, 1963, p.258).

Participants in this study continued to develop their sense of themselves as young Mi'kmaq men. Many worked to achieve a goal that they and their families had set for their lives. Their emphatic statements about the importance of self-respect and respect for their Elders, women, and others demonstrated the ways in which this respect was becoming more deeply rooted in their socially constructed selves. Some worked hard to do well in school. Most of the participants worked hard to learn and/or to earn a living, contributing to family businesses and working at whatever jobs they could find.

As adolescents, participants entered consolidated middle and high schools off reserve, encountering racism from other students and even adults within the education system. This challenged their perceptions of others and themselves as masculine and required them to find ways to cope with the stresses they endured. The renowned black

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feminist scholar, bell hooks described how those who move between the culture of their family and community and the larger surrounding society can look back at their community and forward toward the larger society, seeing both more clearly from the margin between these two systems. She referred to this margin as "the border" between the two spheres (b. hooks, 2005). They continued to construct their patterns of masculinity practices in the border between their Mi'kmaq culture and the western hegemonic culture. Such borders are dynamic, socially constructed liminal spaces, continuously changing according to social, cultural, and historical changes (B. Morris, 2012). They may be defined as, "Contact zones, [or] social spaces where disparate cultures meet, clash, grapple with each other, often in highly asymmetrical relations of domination and subordination – like colonialism, slavery, or their aftermaths as they are lived out across the globe today" (Platt, 1992, p.4). Haig-Brown (1982) wrote that "First Nations people are border workers by the nature of their Aboriginal claims and their persisting marginalization" (p. 230). Such borders require Mi'kmaq adolescents to continually negotiate their relations with white peers and teachers and their Mi'kmaq friends and family. As well, within these contact zones, Mi'kmaq adolescents, who had been exposed to western hegemonic masculinity through TV and other mass media, came to recognize western masculinities practices and expectations among their white peers. They began to examine their own masculinities practices in light of those of their white contemporaries, adapting and reacting in order to get by in the western world of school and community.

For some Mi'kmaq boys, pre-adolescence and early adolescence were dangerous times wherein they suffered sexual abuse at the hands of extended family members and

others on reserve. A few of the participants became involved with a partying culture, drinking alcohol to excess and even using street drugs. Some of those who had been sexually abused tried several times to commit suicide.

MI'KMAQ MASCULINITIES ASSETS: CULTURAL RESOURCES

The value of Respect

Mi'kmaq adolescent boys' mindful enactment of the values of respecting their parents, particularly their mothers, was evident during adolescence, both within intact and separated or single parent families. Don, a proud older Mi'kmaq man who was a professional with more than one university degree, told the following story about his oldest son:

> The older one when he was 13 years old, he was on a trip, with a baseball team. They were on their way back and they were supposed to stop somewhere. He made a protest that he wanted to be home because that's what he told his mother he would be. Now the other kids said, 'Oh we can stop, just lie to your mother. Just tell her that's where we were.' He said, 'No lie to *your* mother all you want, do to *your* mother whatever you want to do, but I don't want to do that to *my* mom.' When I heard that story, I knew that he was okay.

Don credited his wife for the fact that his sons have all done well, each having a profession, speaking their Mi'kmaq language, and making their parents proud:

> My wife makes a difference. My wife made a commitment when she was just young that she would never; never drink alcohol when she raised a family. That made a difference. In terms of parenting skills, one of the things that really surprised me… it happens. My young fellows were involved in an incident in the winter time. They got on the ice and went over and busted up a couple of summer cottages on the other side. They were caught and I got a lawyer for them. The lawyer asked them, 'What do you guys do in the run of a day?' They started making a list of everything they were involved in. They were involved in Boy Scouts, they were involved in skiing, power hockey, I think there were 15 or 16 summer camps. I used to take them down to the dunes for an outing for two

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weeks. We would spend the whole day just exploring. It never dawned on me, until the lawyer took it and turned it over to the judge… (You have to blow your own horn sometimes!) The judge looked at it and said 'You have really tremendous parents! This must have been out of character.' and they were let go. Both of them!! They never got into trouble again.

The fact that these teens did not repeat their destructive behavior is instructive; their subsequent lawful behavior demonstrated an understanding of the consequences of their actions. Their court experience reminded them of all of the opportunities they had been given, increasing their desire to not disappoint their parents again. Their parents' response to their misbehaviors was consistent with the traditional Mi'kmaq approach to teaching children how to act by example and expressing disappointment about misbehavior (L. Bull, 1991; Getty, Bartibogue, et al., 2010; Haig-Brown, 1988; Knockwood, 1992; Wallis & Wallis, 1955).

Mothers, and particularly fathers, carefully taught their adolescent boys about their values and the ways of being of Mi'kmaq men, influencing their sons' daily practices of masculinities. Bob, an older man, described how he taught his sons: "I tried to teach them about drinking. If they marry they respect their role as a man. I tried to teach them that. And they are doing a good job; I'm proud of them." Sarah remembered teaching her sons:

> I always talked to them when they were older teenagers about respecting girls and respecting women because you are respecting mothers. I am a woman, I am your mother and that's why you have to respect other women. And they have always respected their wives.

Mary, Bob's wife, described how they had raised their sons: "They should take care of themselves and have more respect for the women not to hit them. Put this question

across; would you hit your mother? Then why should you hit your wife or your girlfriend?" Bill, an older man, described his dilemma as a leader of the Sundance ceremony when the parents of his daughter's boyfriend disagreed with their son's choice to participate in the ceremony:

> [He] is only 17 –he'll be 18 in a couple of weeks. He wants to dance [in the Sundance] this year. His parents have said no. They are really against it – they don't believe in it, but today, they told him he can. I was afraid that he would show up Sunday night for the registration and they'd come and throw a scene – and they'd be within their rights. I told him to obey his parents. He's a good kid - very responsible – he's had a steady job.

In Bill's family, the Sundance ceremony and way of being is an important spiritual practice of both parents and their children and it requires discipline and faithfulness to traditional spiritual ways of being. They have earned the right to have a Sweat Lodge in their backyard and do Sweats at least once a week. The Sundance ceremony is a sacred commitment for four years; participants commit to not drinking alcohol or using drugs for four years and to fasting for four days twice during the year and again for the Sundance ceremony. While both men and women participate in the Sundance commitment, it is men who are the leaders, taking responsibility for the preparation of the Sundance, such as the finding, raising, and preparing the central tree, the fasts, and Sundance ceremony. Many Mi'kmaq people view the Sundance as a physically demanding and spiritually important ceremony that requires strength of mind, body, and spirit: the model of manhood.

Some Mi'kmaq people have disagreed with bringing the Sundance ceremony to a Mi'kmaq community saying it was not part of the Mi'kmaq traditions. Others, who are committed Roman Catholics, have rejected all ceremonies of traditional spirituality.

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However, this ceremony has made a significant difference in the lives of many families in Elsipogtog. Not only has it nourished their spiritual health, it has provided a structure that replaces the partying, so prevalent among teenagers, with a disciplined, mentally healthy way of living in which they have chosen to reject drug and alcohol use. Rather than dealing with their stressors and painful experiences through the use of alcohol and drugs, they choose to deal with them through spiritual ceremonies such as a Sweat Lodge and Sundance, perceived by many First Nations people to be more manly ways of dealing with their problems. Sundancers are viewed as physically, mentally, and spiritually strong by many in their society. It is not difficult to understand the dilemma of this boy's parents who do not ascribe to the Sundance but recognize the benefits for their adolescent son (Hurdle et al., 2003). Bill's respectful approach to these parents' ways of being, even when their beliefs and teaching of their son differ substantially from his own perspectives, illustrates the values of acceptance of diversity and respect for individuals that are so intrinsic to Mi'kmaq traditional ways of being (J. Miller, 2000; V. Miller, 1995; Portman & Garrett, 2006; Rybak & Decker-Fitts, 2009).

Family relationships continued to be important cultural assets to the participants of this study during adolescence. Gerry commented on his relationship to his younger sister and older brother: "I tried to protect her because she was younger. I looked up to my older brother – he could do anything!" The masculinity practices of protecting women, especially young sisters, while idealizing a masculine role model in his older brother were important to the social construction of Gerry's healthy Mi'kmaq masculinity practices.

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Humor plays an important role in the lives of Mi'kmaq families. Gentle teasing and poking fun at each other is a normal, valued way of interacting in Mi'kmaq families and neighborhoods (Garrett, Garrett, Torres-Rivera, Wilbur, & Roberts-Wilbur, 2005). Dave described how other teenaged boys treated boys they believed were gay:

> [They] would make fun of them; they wouldn't be abusive to them, not physically. They would be excluded…Well these guys that had sort of a feminine side to them… they were the ones that would be most popular - they had all the girls and they also had a large portion of the guys that were friends too because they were out there. They were popular but they were made fun of too. But nobody would want to be seen beating up someone who was effeminate because you would be called - like you were trying to bully them.

In a culture where boys were taught to respect women, boys might tease other youth who were perceived to have more feminine ways of being, but femininity was not a characteristic to be derogated. During adolescence, efforts to attract girls become important masculinity practices for most boys (H. Carlson & Steuer, 2001; Chu, 2004; Connell, 1995; Devries & Free, 2010; French, 1994; Higgins et al., 2010). Boys who displayed more feminine behaviors often had a circle of friends who were girls. Dave and other adolescent Mi'kmaq boys recognized the benefits of befriending such boys in order to access the girls. As well, aggression toward those perceived to be less strong, often called bullying, is frowned on in the Mi'kmaq culture. Some friendly teasing, however, was perceived by Dave and others to be normal, everyday social practice (Garrett et al., 2005).

As in childhood, adolescent Mi'kmaq boys were expected to be tough and to be able to defend themselves from other aggressive boys. Dave explained,

> When I was growing up it was like a statement. ..You had to be able to stand up for yourself. If you couldn't then they were like piranhas. It would be the people you least expected. Because once they smelled blood … I went through that

because they thought I was soft and I had people coming out of the woodwork wanting to take me on…You stand up to them! You give them the tussle! People see that, people know that… It that gets around and eventually even the people you tussle with become friends with you.

This testing behavior of boys seems to be a universal characteristic found in many cultures, raising the question of whether it is related to the masculinity function of being tough and able to protect oneself and one's family from other men's aggression (Connell, 1996, 2000, 2003; Davison, 2000; N. Edley & Wetherell, 1997; Fagot, 1994; B. Frank, 1999; Haywood & Mac an Ghaill, 1996; Kivel, 2003; Lahelma, 2002).

Having a goal

Not only did the participants have goals for their lives, but their families also expressed their goals for each of their children, expecting different things for each child. Philip, a professional man, shared that as a boy he wanted to do the work that his father did:

Especially doing stuff that your dad was; I liked that role. I kept asking my dad. I was maybe 9, 10 years old and I used to help fix up the house, redecorate, and paint. Now I feel like I can make my house just like nothing. Building boats, I've taken it on as a hobby. What my dad used to do to make a living, I've taken on as a hobby. But there was a difference with me; my parents didn't want me to participate in hard labour. They wanted to protect me from having to do hard work. I must have made my intentions known quite early because they kept saying you are going to be going to school. You don't need to learn all of this hard work. You will be going to school. Maybe it wasn't me wanting to go to school; maybe it was because they expected me to go. I really wanted to do that. When we were harvesting potatoes I wanted to stay and help harvest potatoes, but they would say no you are going to go to school. Your brothers will stay and help.

Like many boys, Philip modeled his masculinities practices after the example of his father (Appl, Brown, & Stone, 2008; Ball, 2010; Mormon & Floyd, 2006; A. Simpson,

2005), choosing to spend time doing manly things with him. Learning to care for his home was an important masculinities practice for Mi'kmaq youth. Boat building was a traditional skill of Mi'kmaq men. Learning this skill from his father, who plied this trade, working hard to make a living for his family, reinforced the importance of providing a living for his family, contributing to Philip's social construction of masculinity practices. The skill of boat-making that Philip learned as an adolescent from his role model, his father, has provided a hobby for him throughout his life. His understanding of the masculinity practice of working hard to provide for your family was evident in his successful professional career.

Mi'kmaq families frequently travelled to Maine to work in the potato and blueberry harvests. Every member of the family would work in the fields, earning money that would be used to buy new clothes and supplies for school and to supplement the family's income. The potato harvest happened in the fall, so adolescents often stayed and worked in the fields, missing the beginning of the fall school term. However, Philip's parents understood how important it was for him to do well in school. They sent him to school at the beginning of the school term, although his absence in the fields decreased the family's income as a whole. In this way, they, along with many Mi'kmaq families and other minorities in North America, recognized the importance of education for their children's ability to do well in the world and to overcome the negative stereotyping of the west as displayed through the systemic racism and discrimination they have experienced (Eccles, Wong, & Peck, 2006)

When Philip was an adolescent, there was no high school accessible to teens from Elsipogtog. The only high school available was a private school for rural youth in a town

about 150 kilometers from Elsipogtog. This school was run by a Roman Catholic order of

monks. Philip remembered his dreams of earning a scholarship to attend this high school.

He described his desire to get an education:

> I was much closer to the family than the rest of the family [were], but I wanted to
> go away to get an education. I really wanted that. I remember my brother and I
> were out fishing. The principal had come to my house to tell me that I had been
> accepted to go away to high school. I was asking my brother - he was older than I
> am, and I remember asking him is the world going to end? And he said, 'Why do
> you ask that?' I said, 'All of my life I've been wanting to go away to school and
> it's either going to happen this fall or the world is going to end…'

While Philip saw his desire to get an education as being in spite of the love for his family,

it could be argued that the closeness he felt to his family had contributed to his self-

esteem and ability to leave the safe nurturing nest of home. Being independent and able

to take responsibility for one's own actions is an important masculinity goal among

Mi'kmaq and other cultures (Bottoroff et al., 2010; Brittan, 1989; Connell, 1987, 1995;

Dixon & Grimes, 2004). As well, Philip wanted desperately to go away to school

because, "My older brother went a year before I did. I wanted to follow in my older

brother's footsteps." In this way, Philip was following his older brother's example of

masculinity. He knew that there would be a connection to home and family while

working toward his goal of education, an important masculinity practice of Mi'kmaq

boys and men. He described his initial period of adjustment to being away from home:

> It was hard. It was much harder than anything I had anticipated…I was totally,
> totally homesick, number one… the loneliness! I mean it was devastating!
> Number two, I wasn't used to… all of my activities were never organized. [At
> home] All of my entertainment was public or from other people that I grew up
> with. Whatever you came up with on that day that's what you did, so I wasn't
> familiar with organized baseball or hockey or anything like that. It was quite a
> thing. I found myself quite often up on trees trying to get myself oriented to what
> was happening.

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To his surprise, being away from his family in this strange environment was a painful experience. Family loneliness or missing his family has been identified as a different kind of loneliness than emotional or friendship loneliness (Goossens et al., 2009). Philip endured the pain of being lonely for his family and home. There are several studies that have related loneliness to psychopathology in adolescents (Cacioppo et al., 2006; Lasgaard, Goossens, Bramsen, Trillingsgaard, & Elklit, 2011; Lasgaard, Goossens, & Elklit, 2011; Qualter, Brown, Munn, & Rotenberg, 2010). Scharf, Wiseman, and Farah (2011) contend that boys are especially prone to loneliness when they come from a collectivist culture. However, Philip's experience of being homesick when he first left home for school can be interpreted as a normal reaction that attested to his attachment to his family (Corsano, Majorano, & Champretavy, 2006; Scharf, Wiseman, & Farah, 2011). His eagerness to leave home to achieve his goal of education confirms his healthy sense of identity and his own agency (Kinniburgh et al., 2005), or self-efficacy, that is the belief that he could be successful in this new experience of high school (Bandura, 1997). The fact that Philip was able to express his feelings of homesickness and loneliness demonstrates a strength of Mi'kmaq masculinities practices in which it is a normal, acceptable, social practice for a boy or man to express feelings of vulnerability. Authenticity, or being genuine, is a core value of Mi'kmaq people which supports this masculinity practice (Arnault-Pelletier et al., 2006).

In contrast to his feelings of loneliness at being apart from his family, Philip sought to be alone to think through his reactions to the social organization of the boarding school. He found his solitude among nature, an important place for a Mi'kmaq boy to nurture his spirituality and relationship to the land (J. Lewis & Sheppard, 2005; Portman

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& Garrett, 2006; K. Wilson, 2005). His decision to seek solitude in this place was important to his ability to reflect on what was happening to him and to find a way to adapt to the new social situation in which he was immersed (Corsano et al., 2006). Indeed, some would contend that having an opportunity for solitude and time to think through current circumstances and feelings enables an adolescent to construct his individual self and develop more autonomy, an important characteristic of Mi'kmaq masculinity (Corsano et al., 2006).

Jason, an older man, described his oldest son Gil's development and his disinterest in school, having grades that were barely passing. Gil was a mid-teen and helped out in a family business, taking pride in his work in the business. Jason proudly described:

> He is interested in business. He saw the left-overs from our ____ business and all by himself he thought 'You know - there might be a market for that product.' He packaged them up, went out and convinced several garages and little stores to sell them on consignment and he's doing well!

Rather than focusing on Gil's lack of interest in school or pressuring him to do better, Jason recognized and celebrated his son's initiative and success in business. He believed that when Gil found he needed more education to achieve a personal goal, he would be ready to do better in obtaining his education. Jason understood his son, having taken time to go fishing and hunting and to keep in touch with him.

Joe was raised by his grandparents, who were aging when he was in his teens. He began to work in his grandparents' business as an older child, remembering:

> By the time I was 15, I was running the ____[business]. My grandfather had died and my grandmother was sick – she couldn't get around too well anymore. I was ordering the supplies from a wholesaler in Moncton and managing the daily business. I couldn't drive yet, so I had to pay a driver to take me to Moncton once a week to do the business there. I needed to be in the [business], so I was missing a

lot of school. I decided just to quit school so I could keep the [business] going. We needed the money.

Joe felt grateful to his grandparents for taking him from his alcoholic and drug addicted mother and raising him. He had no contact with his mother who "took off" shortly after he was born. He spoke about his grandparents lovingly, describing their generosity and willingness to provide him with a home and toys and sports equipment, saying: "They really spoiled us you know!" At the same time, he was raised to accept his share of household chores in a way that was consistent with the Mi'kmaq culture. As well, they raised Joe to be respectful to Elders and women, to have a strong work ethic, to be grateful for what had been provided, and to take responsibility for not only his own well-being but that of his family, all of which are important characteristics of Mi'kmaq masculinities.

Dan, a Residential School Survivor, remembered that he was a young teen when his mother died:

> I was taking care of my dad and my dad was taking care of me…My brothers were going back and forth to Maine to work in the potato house. I told my dad, 'I'd love to go to work too.' These guys were coming home with money, cigarettes and all these things. So he said 'Well go, if you aren't going to go to school, go to work 'cause you ain't going to sit around here!' Okay so sure enough I went to work…Oh yeah, we worked 50-55 hours, 12 hour days we don't go home until 9:00 at night. We had five tractor trailers we had to load up with 50 pound bags, 100 pound bags and there were only ten of us. To keep our boss happy and keep business you know we had to do that. Sometimes we worked Saturday mornings just to catch up because we had five tractor trailers left and they are pissed because they want to go. They've got to travel all the way to Georgia or Florida with these potatoes.

The ability to 'make a living' by working hard was an important masculinity practice for Dan, as it was for many Mi'kmaq men and boys from Elsipogtog First Nation. They were

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such good employees that some of the potato and blueberry farmers would send a truck to pick up a group of Mi'kmaq people to work in their fields and potato houses every year. Idleness was not to be tolerated by either the employers or Dan's father.

Cultural resources as protective factors related to trauma

Many Mi'kmaq and other Aboriginal people perceive their identity as First Nations people to be vital to their well-being. One of their main goals is self-determination, which has been identified as the way to regain their culture and way of being (Brayboy, 2006; J. S. Y. Henderson, 2000a; Mansberger et al., 2005; C. L. Reading & Wien, 2009; G. H. Smith, 2000; L. T. Smith, 2000). They have resisted being assimilated into the white western majority since Europeans arrived in Atlantic Canada and they continue to rebuild their culture and traditions (Marker, 2009). Several Mi'kmaq leaders have written that one of the keys to regaining their cultural identity is to maintain and expand the use of their Mi'kmaq language (Knockwood, 1992; Paul, 2000).

Speaking Mi'kmaq

While many of the participants in this study who were parents took pride in their sons' ability to speak Mi'kmaq, adolescence was a period when some boys would resist this expectation, wanting to speak English fluently in order to get along with friends at school. Don, an older man, proudly stated that all of his children speak Mi'kmaq at home,

> Yes, they do and I made it a point, especially my baby, when he was 13 to maybe 17 years old, he tried to make it a point to speak English in the house, and I kept telling him, 'Please speak Mi'kmaq, please speak Mi'kmaq, please.' Then all of a sudden one day, he made a big effort to speak it and he does to this day.

Don's persistence in insisting his children speak Mi'kmaq was important for their ability to continue to speak Mi'kmaq, a skill often considered to be the foundation on which the culture can be maintained (Ambler, 2000; Mmari, Blum, & Teufel-Shone, 2010). Isobel Knockwood in her book *Out of the Depths* wrote about her mother's teachings that the Mi'kmaq language, "evolved from the sounds of the land, the winds and the water falls. As far as we know, there is no other language like it spoken anywhere else in the world" (Knockwood, 1992, p.15).

ENDURING TRAUMA: RACISM AND SOCIAL EXCLUSION

Race has traditionally been used to differentiate between particular groups of people based on their phenotypes or body forms and skin colours (Hier, 2007). Currently, researchers have demonstrated more variation within a group of people labeled as belonging to a particular race than there is between such groups (Hier, 2007). However, this must not be construed to mean that there are no differences in the lives of people of different colors or ethnicities. Race continues to be a socially constructed category produced through social discourse for particular reasons of social order (Closson, 2010; Hier, 2007; Hylton, 2010; Schick, 2011). In other words, the category 'race' is used to maintain patterns and hierarchies of social relations, serving to maintain the cultural hegemony of the white western world (Blackmore, 2010; Gramsci, 1988; b. hooks, 2005; Ives, 2009; Ledwith, 2009; Mayo, 1999, 2008), and to marginalize certain groups over others (Closson, 2010; Ford & Airhihenbuwa, 2010), through a process of discrimination commonly called racism.

Racism at its core is the social process of demeaning and marginalizing a group of people who differ from the majority by virtue of skin colour, language, or ethnicity. It is delivered by one person to another or a group, or systemically by institutions and social groups and organizations (Closson, 2010; Kohli, 2012). It is unearned discrimination: a negative demeaning judgment about a person or group that is applied not because of their actions but because of their very being or identity. In this way, it emasculates those boys and men who do not belong to the hegemonic culture and do not subscribe to or even understand the hegemonic ideal of masculinity prized by the majority (bell hooks, 2003; Marriott, 1996; McNeill, 2008).

One approach to addressing the problems created by racism has been to deny the reality of race as a social category, the approach of being "color-blind"(Chao, Wei, Good, & Flores, 2011; Hylton, 2010; Kohatsu, Victoria, Lau, Flores, & Salazar, 2011; Ullucci & Battey, 2011). However, the philosophy of color-blindness is used to deny the privilege of the white hegemonic western majority, reifying the competitive social individualism of the west (Hylton, 2010). As well, color-blindness has been correlated with a lack of (a) understanding of other cultures and ethnic experiences and (b) awareness of one's own assumptions and privileges (Chao et al., 2011). It serves to maintain systemic racism, leading to different racial groups being blamed for their own poverty and other disparities that are actually created by systemic racism such as colonialism (Hylton, 2010; Kohatsu et al., 2011; Ullucci & Battey, 2011).

High Schools as sites of racist trauma

By the time participants who were younger than 50 years old were ready for high school, they were required to go off the reserve to a community high school in the nearby town. The effect of the open racism on Native children and their continuing education was apparent when Sarah, one of the mother participants in this study, described her children's experiences in school:

> They first started going to school here…elementary school. They stayed here until grade eight and that's when they had to go out and that's when the trouble started, discrimination and that was hard. My daughter couldn't take it - she's got a temper and she fought back one day and that's when she said 'That's enough I'm not going back to school any more'… and some teachers were [racist] too!

The perception that there was no one who would help them within the school system, with some teachers being perceived to be racist, was demonstrated when Native teens fought back: they were often punished while their tormentors went without rebuke. The belief that their teachers are biased has been found to be particularly distressing to children and to be associated with decreased academic success and leaving school prematurely (Hoskin, 2011; Mmari et al., 2010; Riley & Ettlinger, 2011).

For several Native boys this meant that they were immersed in a hostile environment in which their only supports were other Native teens. Lyle, an older man, described his experiences:

> When I went to high school, there were four of us who went the same year. It was awful – the white kids teased us, they made little digs and threatened to beat us up. The four of us started to hang together and stand up for each other. After a while, we found out that we could really make things change! It was powerful stuff! We were so angry at the whites and the mean stuff they would do to Indian kids! We started to plan how to get back at them and we got away with it! The next thing you knew we started to get even with whites – even breaking into their houses and stealing stuff! Even the teachers, you know, were racist….

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When these boys banded together to protect and support one another, they learned that the group worked really well to protect them from the racist teasing and threats of white boys in the high school. Gradually, they recognized the power they accrued by virtue of their group. What began as a strategy of resistance to the racist behavior of other boys and girls escalated as they moved from getting even with the other teens who had hurt them or their family and friends to acting out against white society through engaging in illegal activities, such as theft. Over the next few years, this group of boys got involved with various illegal activities. All of them spent time in prison and some in psychiatric facilities. Currently, 25-30 years later, only one of these four men is functioning and well, having returned from the penitentiary and worked to gather knowledge about his culture and traditional spirituality. The others have either died or are incarcerated in prison.

Male youth and men from minorities have been found to be disproportionately engaged in criminal behaviors (Hoskin, 2011; Moon, Hays, & Blurton, 2009). One approach to understanding this relationship has been the general strain theory which contends that individuals are more likely to engage in delinquency and other negative behaviors when they are exposed to negative relationships that have the following outcomes: (a) preventing the individuals from attaining goals that they desire; (b) losing something or some person that matters to them and that provided positive stimuli; and (c) having negative stimuli imposed, especially those which the individuals perceive to be unjust or those that they are helpless to change (Hollist, Hughes, & Schaible, 2009; Hoskin, 2011; Kort-Butler, 2010; Moon et al., 2009). Racism, as social victimization, has been identified as a major source of strain that creates anger and may lead to delinquent

behaviors (N. Cheung & Cheung, 2010; Hoskin, 2011; Kort-Butler, 2010; Moon et al., 2009).

Aboriginal youth have learned about colonialism and the many losses experienced by their people through the oral histories shared by families and Elders. When they experience personal episodes of racism and see other friends and family members being hurt by racism their sense of injustice is magnified (Kort-Butler, 2010). The anger engendered by this experience is a normal healthy response (Hollist et al., 2009; Hoskin, 2011; Kort-Butler, 2010) that was consistent among the participants in this study.

What individuals choose to do with their anger is determined by a number of factors, including knowledge of their own culture, their sense of self-esteem, the amount and kind of social support available to them (Esposito & Clum, 2002; Kort-Butler, 2010), as well as their perspective of how men should respond to threats. In many societies throughout the world, men are expected to protect their families and communities and exact revenge when these have been harmed by other groups of men (E. Anderson, 2004; S. Hall, 2002; Paul, 2000; A. Simpson, 2005; Skelton, 1996). The group of boys who became a kind of 'gang' clearly had energy and the ability to plan and carry through their plans together, even perceiving their actions as 'righteous' ways of exacting revenge for wrongs done to their people and community. One cannot help but wonder about the men these boys could have become if they had been given access to a welcoming, safe school environment where they could use their resources to learn and succeed in school. The cost of the racist exclusion and overt acts of racist bullying endured by these boys has exerted a tremendous impact on their community and society as a whole through the loss of these men.

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Another participant, Boyd, a young man, remembered feeling vulnerable when he went to Rexton (a small town about 15 kilometers from Elsipogtog) to attend high school:

> That was tough… especially if you don't get along with all the Native students. You have to worry about them but you have to worry about the non-native students and you are just getting into adolescence so a lot of different changes going on… physically, emotionally you've got all of that stuff to deal with.

There is diversity in all communities and Elsipogtog is no exception. In all human communities, some people get along better than others. Being from the same community or even the same family does not necessarily mean that all have close or even friendly relationships, even in a collectivist society.

Boyd's description of many competing stressors is an important reminder that the movement to the high school for many boys coincided with pubertal changes in body shape, size, and hormonal levels. Those who grew taller with larger limbs benefitted from fitting western society's image of a 'manly youth.' However, experiential learning about how their bodies worked, dealing with the unpredictable and unexpected surges of feelings related to hormonal changes, and trying to coordinate larger feet and hands and longer bodies were major stressors for these boys. Boyd's feelings of vulnerability and isolation are shared by many adolescent boys (Cacioppo et al., 2006; Goossens et al., 2009).

As well as the stressors involved with puberty, peer group relations become more important as teens transition into a more independent state of being (Corsano et al., 2006; Salimi & Jowkar, 2011; Scharf et al., 2011). In the midst of this transition, these boys were immersed in a much larger school body with many white students and taught by white teachers. While undergoing this evolution, all of the participants faced individual

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and collective experiences of racism. Jim, a young light-skinned man, remembered his

school experiences of racism and how his school grades fell:

> I got off the bus with all the native kids so I was automatically pegged as being [native]. I could have had long hair, I could have been dark…no, no. It was a lot of racism… some subtle, but it was there. You could feel it. They wouldn't talk to you….they would talk about you behind your back. They would talk about your race. Some, I could tell they were racists, even like the older teachers. Even the teachers that taught natives for years and years and years still were racist…. I hated it! It was hard!

Not only did these boys have to adjust to this new school environment, even those boys,

like Jim, whose skin color was light were labeled in a stereotypical way as 'Indians' by

other students and teachers. It is clear that the high school system did not expect

Mi'kmaq boys to do well in school, a form of systemic racism creating educational

inequality for Mi'kmaq boys (Closson, 2010).

Those boys who did well in school or in sports, in spite of the racism experienced,

earned a kind of tolerance from other teens and the teachers in the school. Alvin

discovered that he could excel in baseball, not only making the school baseball team but

becoming a star. He described the euphoria and sense of belonging during the times when

his performance was celebrated at the team parties following the games. Having a sense

of belonging and trust in the good will of teammates has been identified as an important

factor in the performance of Aboriginal athletes on teams off reserve (Schinke et al.,

2010). Doing well in sports like baseball is an important masculinities practice that

mattered to Alvin as a Mi'kmaq boy because it demonstrated how his strength and skills

measured up to western hegemonic masculinity ideals (Connell, 1995; Drummond, 2001,

2003; Knight & Giuliano, 2001; Messner, 1992, 2003). In fact, it carried an affirmative

message, supporting his sense of worth and manliness. In an effort to belong, Alvin drank heavily at these parties, beginning a lifelong trajectory as an alcoholic. He remembered thinking that he was "one of the boys!" Later, he heard some of his team-mates making derogatory racist comments about other Mi'kmaq boys and recognized that underneath the veneer of their acceptance of himself, these team-mates held deep-seated racist perceptions of his people. He felt conflicted about wanting to be accepted as a member of the team while also feeling responsible to stand up for his people. His loss of trust in his western classmates' integrity and acceptance of him as a Mi'kmaq boy tarnished his joy in belonging to this team and his relationships with team-mates (Schinke et al., 2010).

While all of the participants in this study, except for a few of the younger men, endured racist taunts, bullying threats, physical aggression, and social exclusion, some were able to bracket or set aside these racist episodes and do well in school. Others were more vulnerable to the social inequity of the school system. A younger man, Billy's memories of school and the other students were vivid painful recollections, "When we went off reserve I mostly stuck with Natives anyway. Every now and then I talked to them [white students] but there are racists…" Billy's feeling that you could never tell which white person was racist prevented him from developing a relationship with any white students because he was afraid to trust enough to share his life experiences with them.

Philip, an older man, described his dilemma of wanting a higher education than was available in his home area while enduring homesickness, racism, and the clash of different worldviews. In the midst of having his dream for higher education fulfilled, and suffering from overwhelming homesickness, he described dealing with the racism of

other boys, "I do remember three, four, and five, quite a few incidents where I got into fights. I was able to defend myself quite well." He recalled that these episodes had mostly occurred when the teachers were not around, remembering:

> There was a Brother (monk) there who knew what was going on and he tried…well, let's put it this way, when I defended myself and beat up the other guy I was never reprimanded. He was very silently in my court. As a matter of fact, one time we were having supper and people got into a fight, a food fight, and that was way beyond anything that I could comprehend, people throwing food around, I mean I, this is life, pieces of your life, and you are throwing it around. I kept on eating and they were making a racket and throwing things around and one of them grabbed a cake off my tray and put it down on my soup and before that cake hit my soup, I hit him and he went flat on. When I hit him I looked and there was a priest and he looked the other way rapidly so he let on he didn't see.

Philip's perception of food as important for life demonstrates his understanding of this teaching in his culture (Getty et al., 2001). It was beyond his ability to understand how some people could waste food. While this monk did not punish Philip for his angry response to the aggression of other boys, he also did not intervene or prevent any of the racist taunting or actions.

Community sites of racist trauma

Brent was in his early teens when he was placed in a group home after engaging in some delinquent activities. He remembered the racist epithets that were hurled at him from other residents of this home:

> I had to protect myself because there were Skinheads. I was living with Skinheads! Every day, they called me spear chucker and all these things. I just ignored them. It hurt me for a bit and then I blocked it. I was born with a gift, I could see auras. My grandmother passed that on…she passed away and she had that gift and she gave it to me. They were kind of dark. Yeah, they needed help. They had a lot of anger and violence.

While Brent was hurt by the other boys' racist behavior, he understood that these boys

had also been through difficult experiences and were externalizing their anger, trying to

reduce their stress through anger directed toward a safe target. His description of seeing

auras is an example of the spiritual practices of some Mi'kmaq people and his ability to

see beyond the racist actions of these boys to their overwhelming pain.

While Philip had been able to earn a scholarship to attend a boarding high school,

Sam, who was older than Philip, was thwarted in his desire for an education. He knew

that his mother's goal had been for him to get an education. Unfortunately, she died while

he was still in grade school. He remembered his efforts to be allowed to go to high school

off reserve:

> After mom died I was lost, but I continued school. We were only allowed to go to
> grade eight that's all. We were not allowed to educate ourselves beyond that. The
> government would say 'It's wide open you can go to high school if you have the
> money,' but who had money amongst the Native people? I talked with my school
> teacher and she understood my ambition and she said an Indian Agent will come
> around this Wednesday and you should try this, this way for your tuition and your
> clothing and so on. Approach it this way, but do not mention myself - I will get
> fired right on the spot.
>   So when the Indian agent drove in, in the big government car, I stopped him
> and I gave him the line that my teacher had taught me for what I wanted to do,
> how I'm going to be able to enter high school, because I had already repeated
> grade eight. He looked at me in the face and he laughed at me and said 'Who the
> hell ever told you what you're talking about? Who guided you in all that? Tell
> me!' I said 'Nobody; this is what I feel I need. I need you to help me'. He said
> 'You are old enough to work for a living! Get the hell out and work for a living
> like the rest of us'… But I said to myself, 'I'm getting out of here. So my brother
> and I went to town and…buck sawing and axed for four dollars and something a
> cord, but that wasn't very much money.

Ordering a 14 year old to get a job at a time when obtaining work off reserve was almost

impossible in New Brunswick was cruel. The basic value of working hard to earn a living

was part of the masculinity practices of Mi'kmaq men. To treat a 14 year old as if he was

lazy, rather than wanting to get an education, was an affront to his masculinity and to the

Mi'kmaq culture. When the Indian agent, a federal civil servant, used the inaccurate

stereotype of a 'lazy Indian' he demonstrated the hegemonic masculinity practices of

abusing his governmental power to suppress the success of others in order to shore up his

own sense of superiority. This Indian Agent's job was to represent the Government of

Canada with Elsipogtog First Nation and to hear the requests of band members and

decide whether they had merit and should be funded. His dismissive manner with this

teenager was typical of the way that some Indian Agents were known to regard First

Nations children and youth (J. Miller, 2000). In the book, *Enough is enough! Aboriginal*

women speak out, one participant, Lilly recalled:

> I went to school till about fourth grade, but couldn't go to school in winter time –
> no shoes…One day my girlfriend's father left the mother and the children. The
> mother got some help from the Indian Agent, so that my little friend got a pair of
> rubber boots. She told me to go down and ask the Indian Agent; she said, 'He
> gave me a pair so I can go to school. You go down and ask him.'
>   I went down early in the morning and sat there. Somebody asked me what I
> wanted and I said I wanted to see the Indian Agent. I sat there all day while he
> was seeing everybody else. I was only about eight years old and already nervous
> when I went in. I was really nervous now; I had to get back before dark. So I was
> the last one sitting there and he said, 'Do you want to see me?' I was mad inside
> but nervous too. I asked him, 'I can't go to school. I need a pair of rubbers', and
> he said, 'You've got a father. Let him buy you shoes.' But my father was always
> in the woods in the winter…So after all that, the Indian Agent wouldn't give me
> shoes. He could have told me when I first went in, 'You're not going to get
> anything'…(Stillman, 1987, p.8).

The racist attitudes of these Indian Agents and their abuse of power were evident in their

disregard for the education of children as young as 8 and 14 years of age. These men,

wielding their power from the state in a manner congruent with western hegemonic

masculinity, dismissed the rights and aspirations of these Aboriginal children as

nuisances. He did not respect the treaties that had been signed with the British Crown promising to provide educational opportunities for Mi'kmaq and other First Nation children (J. Miller, 2000). The denial of these children's basic rights to an education was consistent with the hierarchical social order vigorously maintained by the western cultural hegemony, serving to suppress the abilities of First Nations children to attain an education equal to that of their own children.

Racist experiences continued after these Mi'kmaq teens had left school. Sam, an older man, remembered:

> I met a girl up there, a very, very nice girl. First time in my life I fell in love and knew what love was. We were very, very close. She was a French girl and I met the parents and the parents thought I was an Italian. They didn't think that I was a Native. So she and I would have a good time and walk around and the only entertainment in them days was to go to a movie, but we walked all the time there was no such thing as transportation. We started to plan our future but then we both had a lack of education and we said that once we got married one would work and one would go to school. Oh it was a good plan.
>
> And then somehow the parents discovered I was an Indian. One Sunday I went up there and met her father; they were both drinkers. My girlfriend was always a very pale, sickish looking, but a very, very nice girl. I don't think I've ever met anyone in this world that nice since. He met me at the entrance to the sun porch and said, 'You're an Indian, I understand.' I said, 'Yeah, so what?' He said, 'I don't ever want you to see my daughter, ever again!'
>
> But I told my girlfriend and we decided that we were going to continue seeing each other anyway. And one Sunday we met down to her girlfriend's place and we walked around and we said oh we will go to a movie, but she said that I would like to go home and freshen up and I will meet you there in a little bit. I walked her part ways up the railroad tracks and I turned around and the RCMP pulled up with one of those great big cars and antennae. Here I was, 16 years old, underweight and very nervous and the big son-of-a-gun, big tall guy he drew out his big 38 revolver and he stuck it under my nose and said 'Where are you from?' I said 'from Big Cove First Nation.' He said, 'Where is your ID?' I gave him my ID and he said 'Why the hell aren't you back there? Here you are riling up white people, you should be back there!' The last thing I will never forget, he said 'The only good Indian is a dead Indian!' and bang he hit me on the side of my head with the gun. Everything went black on me. I remember I was still standing on my

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> feet. I didn't know enough to throw myself to the ground, but he knocked me down with the second blow. He hit me about five times and put the boots to me and left me laying on the railroad tracks. But I was lucky some old people found me and took me to the hospital. There wasn't anything they could do for me but I was transferred to Moncton. He had cracked my skull in three places.

This example of systemic racism within the RCMP illustrates the findings of many studies that have identified that the police and others in the justice system are more likely to arrest, charge, find guilty, and incarcerate for longer sentences, members of visible minorities, including Aboriginal boys and men (Hernandez-Murillo & Knowles, 2004; Hoskin, 2011; Kort-Butler, 2010; Lynch, Patterson, & Childs, 2008; Plant & Peruche, 2005; S. Walker, Spohn, & DeLone, 2006). Sam was unconscious for more than four days and hospitalized for several weeks. When he woke up he saw that

> My dad was there and my older brother was there and that's when the doctor asked me, Do you remember what kind of car hit you? I said 'No, I don't remember'… it was another two days before I could recall what happened and I told the doctor and the doctor was mad! I told him I was only 17 years old. He said I will save the medical evidence and when you are released you go down here… Anyway I went to the RCMP down there and told them the story and they said 'Are you sure it wasn't somebody else?' He didn't like the idea of me accusing the RCMP see. He left me there a half an hour on my own and he came back. He told me, he said 'Don't forget it's going to be your word against his.' That floored me right there.

The collusion evident between officers who protected one another from a criminal charge of physically assaulting an 17-year-old Mi'kmaq boy was an enactment of personal and systemic racism. The fact that these parents rejected the same boy they had formerly welcomed into their home and permitted to date their daughter speaks to the visceral level of racism in this family. Moreover, the aggressive racist behavior of this father did not stop at shutting Sam out and forbidding his daughter to date him but went on to instigate severe physical harm to this boy, a criminal action.

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The RCMP member's assault would have been treated as a serious criminal charge resulting in a significant sentence to prison had the perpetrator who beat Sam been another man of color or a youth, rather than a police officer. Indeed, this beating could have met the criteria for attempted murder. Instead, it was covered up by another RCMP officer and trivialized. The RCMP officer who beat Sam, the one who covered for his colleague, and the father who colluded to 'teach this kid a lesson' all demonstrated the western hegemonic masculine practice of protecting white women from non-white men and treating white women as incapable of making their own decisions, demonstrating their deeply seated misogyny. These men took charge, imposing their own solutions no matter the consequences for the human being who was targeted (Brittan, 1989; Cheng, 1996; Connell, 1987, 2000; N. W. Edley, M., 1996; Martino, 1999).

The racism of Susan's father and the RCMP and Sam's subsequent hospitalization exerted a heavy price: Susan's death. She had been deeply upset by her father's edict about Sam and Sam's subsequent disappearance. Whether she knew about her father's collusion to harm Sam or not, her mental distress led to a broken heart – in metaphor and in reality. Her predisposition to heart problems due to having developed rheumatic heart disease led her to be at risk when enduring stress and it led to her death at 16 years of age. After failing to get redress from the RCMP, Sam attempted to contact his girlfriend through her best friend:

> But my concern was Susan. She never showed up for two days, no one called, and I was informed not to go to Miramichi. But I hitchhiked to Miramichi anyway. I went straight to her girlfriend's. When she saw me she started to cry. She said Susan died last night. She had a heart attack. When she was little she had scarlet fever, there was no follow through. Her parents drank a lot and were very negligent. She was only 18 years old when she had that heart attack. That was

my...I think next to Mom she was my biggest loss in this world. I went back in the woods later and didn't know what to do.

Sam had not only received serious physical injuries – he also suffered the loss of his beloved girlfriend. He was not even able to attend her funeral and subsequently he retreated to the woods for solace, a traditional place of spirituality for Mi'kmaq people (J. Lewis & Sheppard, 2005; Portman & Garrett, 2006). This experience demonstrates the harm that racism does, not only to the target of discrimination but also to the perpetrators. The process of stigmatizing individuals based on stereotypes related to ethnicity, culture, or another social category, prevents the racist from learning about other ways of being. It also increases the stress experienced by the racist and others in his/her life, causing him/her to lose time, energy, opportunities, and even relationships. In this case, the racism of this father cost him and his wife their 18-year-old daughter.

Dealing with loss; working hard

Sam described his serendipitous career choice. After losing his girlfriend Susan, along with their dreams of going to school and supporting one another through school:

> That's when the war broke out and I met a friend of mine in Miramichi and I had a couple of dollars in my pocket and I went and bought him a coffee in a restaurant. And he said, 'There's a recruiting office across the street.' and I said 'Let's go and try 'em out.' My God they were glad to see us! And uh…yeah…he said, 'You're going to sign this... an acceptance.' They said, 'We are going to send you to Moncton. The bus is leaving at 3:00 this afternoon'. Okay. I was all for it. I said to myself, 'I'm a poor man, no education, I'm going to use the army for a meal ticket.'

> We got to Moncton and the jeep was waiting for us there. We got another voucher for a hotel and we stayed there. The next morning we went back for what they call the EP test. We passed the EP test and they said, 'Now we are going to send you to Fredericton.' My friend, he said 'I think I will go home, call me if you need me', but I said 'No I'm going to stick with it.' So I climbed on the army truck and they

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drove us to Fredericton, took us most of the day to get there. We got paid the next day. Boy I have never been paid like that before!

We were sent to what they call the Number 7 District Depot on the other side of the old hospital on the Woodstock Road. We went through medical and I got swore in right away. I think the next day we got paid again - two weeks' pay, oh my God I was very proud! I went from there…I went to uh…Camp Borden. I decided I wanted to become a pilot. I went to Petawawa and became a pilot that same year; I was qualified 22 of December, as a matter of fact, 1950. I was still with…I wanted to get in to Special force that goes overseas, but no I was put in 2nd Battalion RCR, or 1st Battalion RCR. But anyway I got to go and complete my pilot training and I hurt myself in January 1951 and I was in hospital in January, February, March.

My sister died, my oldest sister died in March, and they wouldn't even tell me! They were afraid something would bother me. Anyway I went home in April on sick leave for 60 days. In the meantime I met a girl here and knowing I was going overseas I got married right away. But I stuck with it [the Army] for 15 years.

In the midst of his grief over the loss of his girlfriend, Sam signed up for the Army, amazed to find that he was welcome. At the time he enlisted, First Nations people were not able to vote in federal elections, not being considered persons according to the Indian Act (J. Miller, 2000; Perley-Dutcher & Dutcher, 2010; Rice & Snyder, 2008). However, the government had no compunction about enlisting Aboriginal men and sending them to war.

The hypocrisy of the Canadian government was evident in the disparity of the regulations for the same First Nations man before and after he joined the Canadian Armed Forces (CAF). As a registered Indian he was considered to be a dependent individual, according to the Indian Act (Rice & Snyder, 2008) and was forbidden by law to buy liquor or go into bars until 1971 (J. Miller, 2000; "The Queen vs Drybones," 1970). When adult men are treated as children and discriminated against by a government, some might feel like their masculinity was diminished. However, when

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Mi'kmaq men were able to recognize that their treatment by the western hegemonic culture was external to their beings as Mi'kmaq men, they were able to hone their masculinity practices based on their own culture and values. For example, while the western hegemonic culture treated them as dependents unable to make their own decisions and to make a living for their families, they persisted in finding work and working hard to provide for their family, a Mi'kmaq masculinity practice. However, when they did not know their own culture and values, it was easier for them to feel emasculated by the way in which they were treated by the western hegemonic culture. Internalizing the cause of having difficulty finding employment, they might give up looking for work and adjust to living off social assistance rather than persevering to find work.

When Sam became a member of the CAF, he was given the same rights as every other Canadian; by joining the CAF, he automatically lost his Indian status. It is unlikely that Sam was aware of this when he signed up. This situation was described in the report, *Surviving the system: Regaining resilience. The experience of Tobique First Nation with Tuberculosis*:

> Although stigmatization was evident in all aspects of Aboriginal peoples' lives, those who joined the Canadian Armed Forces (CAF) experienced brief moments of acceptance, as if the uniform masked the stigma. As one participant recalls, "When we joined the army we were getting like white men. You go right in there and get your liquor." However, such acceptance was short-lived, "When you take the uniform off, you better not go in there at all!" (Getty et al., 2001, p.38).

Before Sam joined the army in 1950 he was forbidden to drink alcohol under Section 94b of the Indian Act of Canada, which decreed that:

An Indian who

(a) has intoxicants in his possession,
(b) is intoxicated
(c) makes or manufactures intoxicants off a reserve, is guilty of an offence and is liable on summary conviction to a fine of not less than ten dollars and not more than fifty dollars or to imprisonment for a term not exceeding three months or to both fine and imprisonment (P. B. S. Canada) p.1).

The day that Sam became a member of the Canadian Armed Forces, the discriminatory law no longer applied to him. However, it did apply for all First Nations peoples who were not in the CAF for the next 21 years. It was only repealed after the Supreme Court of Canada found that it was in contravention of the Canadian Bill of Rights ("The Queen vs Drybones," 1970).

Sam's excitement about being paid regularly by the army as well as being housed in hotels demonstrates the poverty in which he had been living and the lack of opportunities for employment in the community of Elsipogtog First Nation. Even the pay of a private in the army seemed luxurious to him at that time. Sam had the work ethic common to Mi'kmaq men and desperately wanted to work. He was willing to take the risks of being a pilot as part of his work. The risks inherent in this job were realized in his serious injuries, requiring three months in hospital followed by two months recuperation leave. While this injury delayed his being deployed to the War, he was posted overseas as soon as he had recovered. In this way, Sam became an adult man, his masculinity practices congruent with those of Mi'kmaq and western men in earning a living through hard work, courageously taking chances in a risky job, and having a purpose in life, fighting for Canada.

Systemic and interpersonal racism have shaped the lives of many Mi'kmaq youth as they have been confronted by racism. Most have found ways to overcome the effects

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of unjust negative actions but the strain is evident for many. Those who were knowledgeable about their Mi'kmaq culture were able to recognize the poverty of spirit of those whose words and conduct were racist. However, the racist acts of other boys and adults such as teachers who worked with Mi'kmaq boys and teens were hurtful to the spirits of many Mi'kmaq boys and an assault to their sense of masculinity. Some Mi'kmaq boys have reported going through periods in which they "hate" white people because they can only see the harm that has been done, not only to them and their friends and family but to generations before them. Their recovery from this negative state has often come through the guidance of their Elders as well as from finding friends among and/or falling in love with a white acquaintance. One First Nations man, Ben, pointed to an Elder from whom he had learned about his culture, saying, "She taught me to not hate white people!"

SUFFERING ASSAULTS TO MASCULINITY AND IDENTITY

Sexual assault, substance abuse, and suicidal behaviors

Five of the thirty men who participated in this study reported having been sexually assaulted multiple times during their early adolescence or preteen periods. Two of the participants had been sexually abused while in Shubie Indian Residential School by the priests. In another case, the perpetrator was a stranger from another Maritime First Nation. The other two were assaulted by extended family members. Four of the five men who disclosed that they had been sexually assaulted as children or young teens were married men with children.

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While the term sexual abuse is often found in the literature, especially in relation to childhood sexual abuse, it covers a range of acts from touching a child sexually to rape. Perpetrators of child sexual abuse are referred to as child molesters (Lev-Wiesel & Witztum, 2006). In some ways, I believe this use of language blurs or softens the actions of the perpetrators. Several articles have focused on issues related to the rape of adult males, clearly conveying the act of forcible penetration of a man's anus without that man's permission, situating the act as sexual assault (Doherty & Anderson, 2004; Yuan, Koss, Polacca, & Goldman, 2006). Adult "male rape survivors describe their experience of rape as life-threatening, de-humanizing and humiliating" (Doherty & Anderson, 2004, p.86). They often fail to report this crime due to the fear of public emasculation, of having their masculinity challenged, or being labeled by other men as weak or inadequate (Doherty & Anderson, 2004). How could this experience be any less for boys whose sense of their own masculinity is in the process of being shaped by their life experiences, self-image, and social milieu (Endinbugh, Saewyc, & Levitt, 2006; Ghetti, Goodman, Eisen, Qin, & Davis, 2002)? Anal intercourse that is done to a boy against his will is the crime of rape, or, as it is currently known in criminal law, sexual assault. Not only has the personhood of a boy who is anally raped been violated and his masculinity attacked, but his physical health is jeopardized as the fragile anal tissue is torn by the brutality of the act, leaving the child or teen exposed to the risk of sexually transmitted diseases from the adult perpetrator(s) (Endinbugh et al., 2006; Jenness et al., 2011; Kendall-Tackett, 2002; Welles et al., 2009).

Brandon, an older man, remembered after he was taken by his grandparents, that

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Every Sunday afternoon they used to have these places where they [his grandmother and others] went and played cards, Auction 45 - old people would go there and play cards. On Sunday afternoon the grandfather didn't go anywhere, so he stayed. He was doing something… he called me over. So I went over and my other two uncles were sitting around the table talking Mi'kmaq and I understood a few words of what they were saying. My grandfather said, 'Come here' so I went and he dropped my pants, you know and I said okay, now what…and I can't…. at 12 - I didn't know. I had the feelings, but when he told me to drop my pants, I thought he's my grandfather, I have to do it, so I did it. Next thing I know the old man he is sitting there [pointing in a direction] he pops me on the table, did his number and the other one did his number and the other one. It was every Sunday afternoon. The thing is, that room was half the size of this table…they took turns…they took turns…and I was like wetting my pants and everything else and they were just fooling around and doing whatever. I hung on to the edge of the table and I was crying and I was crying inside. What I did - there was a nail sticking out and I focused on that nail…I focused so much on that nail, so much, that I didn't feel the pain. I didn't feel nothing!

Brandon's agony was still raw as he described his multiple rapes. His description of the room and the table was vivid more than 40 years later. The image of emotional dissonance between these three older men, joking and socializing while raping this desperate, weeping boy was vivid. Brandon was in such pain and terror that his mind could not absorb the horror; he distanced himself from what was happening to his body, a common survivor response called dissociation (Aydin, Altindag, & Ozkan, 2009; Gault-Sherman, Silver, & Sigfusdottir, 2009; Klanecky, Harrington, & McChargue, 2008; Klanecky, McChargue, & Bruggerman, 2012). Dissociation, a coping mechanism in the face of great trauma, has been defined as the lack of integration of sensory and emotional stimuli; the person perceives himself to be outside of his body as if the traumatic event is not happening to him. Brandon felt disconnected from what was happening; that it could not be real (Aydin et al., 2009; Klanecky et al., 2012). This dissociative experience indicates the intensity of the trauma he was experiencing (Aydin et al., 2009; Gold,

Ketchman, Zucker, Cott, & Sellers, 2008; Klanecky et al., 2012). It is important to remember that this was not an isolated traumatic event but predictable, weekly, multiple rapes. The dread of this weekly torture with feelings of powerlessness from multiple episodes of rape meant that Brandon's life would be consumed by his vulnerability and the trauma of this social pattern for three years. Indeed, his sense of being emasculated by this violation of his body would be a constant state during this period in his life.

One study, in which cases of multiple rape in the UK were examined to identify their characteristics, found that " multiple perpetrator rapes often take place without excessive use of violence" (Horvath & Kelly, 2009, p.90). While this statement was referring to other physical violence, like beating the victim, it is offensive in relation to Brandon's situation where the rapes in and of themselves were violent and created the injury that resulted in an infection which required Brandon to be hospitalized for three months.

The social party atmosphere in which these multiple rapes occurred illustrates the camaraderie, social bonding, and the lack of subjective responsibility between Brandon's grandfather and his great-uncles (Hauffe & Porter, 2009; Horvath & Kelly, 2009). The adults having fun at the expense of this helpless boy added to Brandon's sense of being used and violated and the injustice that was added to all of the other injustices that he had endured. The behavior of these men is diametrically opposite to the behavior expected of Elders in the Mi'kmaq culture. Sexual assaults and childhood sexual abuse, along with other forms of family violence among First Nations families, were the legacies of Indian Residential Schools (L. Archibald, 2006a; Brave Heart et al., 2011; E. Duran, Duran, & Brave Heart, 1998; Dussault et al., 1996; Getty, Bartibogue, et al., 2010; Haig-Brown,

1988; Ing, 1991, 2006; Libby, Orton, Beals, Buchwald, & Manson, 2008; Stout &

Kipling, 2003).

While the Residential School system influenced many families and the community

as a whole, other Aboriginal communities suffered from physical and sexual abuse at the

hands of Roman Catholic priests and teachers in day schools located on the reserve.

While children attending day school had the comfort of returning to their family after

school, many still suffered physical and sexual abuse as a consequence of receiving

western education. Samson (2003) examined the experiences of the Innu of Labrador

with education within their community school in the late 1950s and 60s. This education

was delivered by the Oblates, a congregation of Roman Catholic priest and monks. These

men disciplined the children using physical beatings for behavior that deviated from

western norms. The study findings included a record of children refusing to go to school

due to being physically beaten and, in some cases, sexually assaulted. In some families,

several children had been sexually assaulted by the priests and other teachers. The

researchers wrote, "While it is impossible to say exactly how widespread sexual abuse

against the Innu was, almost every Innu family has been involved in chains of events

triggered by Roman Catholic priests and teachers" (Samson, 2003, p.49). In the Innu

community, several of the children who had been sexually abused by the priests and other

teachers in turn sexually abused children in their own family.

Elsipogtog, along with many other Mi'kmaq communities ,has a Roman Catholic

Church within the reserve and nuns who taught in the community school. While the

experiences of children within these schools or extracurricular activities at the priests'

houses have not been examined, the record of sexual abuse of children by priests within

New Brunswick indicates the potential risks for children in the Roman Catholic organization. Regardless of the source of the problem of sexual abuse of children in the community of Elsipogtog, the harm it has created for the children and the culture has created a continuing legacy among the boys and girls who endured as well as their children and grandchildren. Brandon went on to say:

> Until they tell me to drop my pants and stuff like that…respect I heard before…respect my grandparents. I have to listen because he is my grandfather, but I thought I was going to die. I literally thought I was going to die. It was every Sunday afternoon. So when I know it's going to happen and back then the stoves had the long legs like this, what I did - I piled wood all the way around the stove in the bottom and when the old woman leaves I take my brother and hide him underneath the stove and I tell him 'You stay in there no matter what don't you come out.' It went on for about three years… There was a nail sticking out…right through here. I managed to get my breath back and crawl off my back but then there was nothing…no help there, nobody to go talk to. The next morning I was all puffed up like this…so there was a guy who walked down the road and I managed to walk to the road and I spoke to him and I said, 'Can you help me? Can you help me?' He looked at me and he said 'Yes I will help you.' So he took me to the health center in Rexton the old building…there was a nurse there, Miss T. …a big nurse. She looked at me and she was swearing up and down, up and down. She called somebody from Rexton and they transported me to hospital, now it's George Dumont, but at that time it was Hotel Dieu. I was in there for three months. And I came back and there was no place to go other than to go back home so we stayed. But I managed to have my brother taken and he moved into another house so he wouldn't have to be there. So he was okay, I made sure he was safe. So my life was like that until I got to be older.

While Brandon had been taught the Mi'kmaq value of respecting adults, he recognized the travesty of respecting seniors who raped you. While feeling angry and emasculated by the multiple rapes, Brandon carefully protected his little brother from harm, a practice of Mi'kmaq masculinity. However, his sense of being alone, with no one who would help and no place to go to escape, contributed to the trauma he endured. Social support, especially emotional support, has been found to support the resilience of children and

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teens that have been sexually abused (Gault-Sherman et al., 2009; Libby et al., 2008; Whisman, 2006). The lack of access to social support added to the trauma Brandon experienced as a result of being sexually assaulted, neglected, and physically and emotionally assaulted by his grandparents and other extended family.

When Brandon got up his courage to tell his grandmother what was happening to him, she beat him, castigating and blaming him for the sexual abuse he had endured. This response is common in families where sexual assault occurs and homophobia underlies reactions to male rape (Martsolf & Draucker, 2008; McGuffey, 2005; Wright et al., 2007). In particular, when boys are sexually abused by men, their sexual orientation may be questioned, even by their parents who assign some responsibility to their sons for being sexually assaulted (McGuffey, 2008), causing boys to question their own sexual orientation and affirm their heterosexuality (Endinbugh et al., 2006; McGuffey, 2008).

Even after Brandon was hospitalized for three months with the infection, where evidence of his being anally raped would have been apparent, he was returned to his grandparents. This occurred before the law was established in Canada that requires health care professionals and teachers to report suspected child abuse. If there ever was a time when a child should have been taken into care, this was such a time, in view of the fact that Social service agencies were clearly aware of what these children had suffered, having placed Brandon's brother in care. At this time, the Child and Family Services that worked with neglected and abused children were part of the provincial system, having not yet been taken over by the band.

Sexual abuse is often accompanied by or occurs to youth who are neglected or abused in their home situation (Finkelhor, Ormrod, & Turner, 2007; Martsolf &

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Draucker, 2008; Yen et al., 2008). As a result, its effects are compounded by neglect and other abuse (Cook et al., 2005; Finkelhor, Ormrod, H., & Hamby, 2005; Turner et al., 2012). In Brandon's case, he and his brother were in the abusive, neglectful custody of their grandparents. However, Brandon had two assets that sustained him throughout this terrible time. First, he was a young teen when his father died and he was sent to live with his grandparents. His childhood with his parents and siblings was a happy time of growth and family life, so his earliest experiences provided the opportunity to develop his masculinity in a normal, loving setting. He also had a positive male role model in his older brother whom he idolized and with whom he corresponded until his brother's death. When a family environment provides a child with a safe, stable, and nurturing environment, that child has an opportunity to develop a healthy self-concept and to be resilient to stressors that occur during their period of family life as well as in the future (Mercy & Saul, 2009; Turner et al., 2012).

Brandon's second asset was his love for his younger brother who was sent with him to the community of Elsipogtog First Nation. He tried his best to protect him and look out for his welfare. Even when he was dreading weekly multiple rapes, his priority was to find a way to protect his brother, who gave him a reason to go on living; to not succumbing to the numbing effects of alcohol and drugs or to consider ending his life. His life was given meaning by his affection for his brother and the need to safeguard and care for him as his only protector. This sense of having a mission, a kind of cognitive restructuring, enabled Brandon to survive the rapes and find a way to recover after his many losses (Wright et al., 2007). His trust in his brother's love enabled him to cope with the adversities of his life and contributed to his resilience and survival (Gilgun, 2002; J.

Williams & Nelson-Gardell, 2012). He was able to externalize or target his anger at his

grandfather and uncles (Gault-Sherman et al., 2009; Kia-Keating, Sorsoli, & Grossman,

2010).

Nick, a younger man,who had referred to his father as his superhero when he was

a child, remembered:

> I was sexually abused by my uncle. I tried to tell them [his parents] what had
> happened to me – I was 14 and beginning puberty – but then my Dad got sick!
> Things were great until my Dad got sick when I was 14. When my mother and
> brother cried on me – I was totally overwhelmed! I thought of myself as the black
> sheep in the family before this – my brother and sister were always doing well and
> getting praised. My parents praised me too but I never felt like I had enough
> praise. I guess I didn't believe it.

Nick's father had responded to his disclosure with anger, followed later by a

chronic illness, beginning with several days of unconsciousness. The temporal

relationship between Nick's disclosure and his father's illness reinforced Nick's

perception of himself as the family's disappointment or "black sheep." However,

he surprised himself by stepping up to support his mother and older brother

during the critical period of his father's illness, an unexpected strength in enacting

this masculinity practice. When his father regained consciousness and learned that

he had been disabled and he was unable to speak intelligibly, his anger was

expressed as bitterness. He became an abusive alcoholic. Nick spoke about this

period in his life, remembering:

> After he'd beaten my mother, he'd come after us kids - he'd break our
> toys and beat us – I tried my best to protect my sister, but it was hard. My
> Dad quit drinking almost twenty years ago but I don't have much of a
> relationship with him – he's here on the reserve and I haven't seen him for
> over 3 months. My mother could have left anytime, but she stuck with him
> and cared for him ever since his stroke. She's a wonderful woman.

Nick expressed his feelings of shame at not being able to protect his mother and sister from the violence perpetrated by his father. Shame has been identified as an emotional reaction of many children who witness domestic violence and are powerless to stop it (Kernsmith, 2006). After Nick's father stopped drinking and being violent, he never repaired the damaged relationship with his son. He was never able to speak to his son about the sexual abuse or to provide any comfort to Nick or reassure him that he was loved. Not receiving the social and emotional support he desperately needed from his father, and being forced to deal with the trauma created by the sexual abuse and his father's illness and subsequent physical and emotional abuse of his family, Nick began to drink alcohol and smoke marijuana. He was attempting to numb the pain and anger that arose from his accumulation of losses, beginning with his sexual abuse, the loss of his 'superhero' father and the safety of his home (Asgeirsdottir, Sigfusdottir, Gudjonsson, & Sigurdsson, 2011; Cleary, 2012; Kernsmith, 2006).

Blaming himself for his disclosure and his family's dissolution, and realizing the futility of his drug use, Nick was unable to find a sense of meaning for his life (Whisman, 2006). Enduring unbearable pain, he attempted suicide several times, once slashing his wrists from which he bears the scars today. He remembered his final attempt to end his life: "I woke up to find myself on my knees in the woods, with the rope around my neck. I thought, 'I can't even kill myself properly!' " Nick's response to being alive speaks to the social construction of suicide, in which a successful outcome is that the person dies and

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therefore has acted in a decisive masculine manner, while survival of a suicide

event is a failed effort and perceived to be less manly (Moller-Leimkuhler, 2003;

Scourfield, Fincham, Langer, & Shiner, 2010).

When Owen was returned to his mother in Elsipogtog after being in foster homes

due to her alcoholism and neglect, he continued to be neglected and lacked supervision,

drinking alcohol to numb his emotional pain. He disclosed: "I was sexually molested.

Here in Big Cove, by a guy - a guy from Labrador… when I was 11 or 12." In Owen's

life, this sexual assault was one of many abuses he had experienced. He took some solace

when this child molester was charged for sexually assaulting other children in the

community. However, he did not pursue laying charges for his own assault for fear of

being publically shamed by having his identity as a man who had been sexually abused

disclosed. He remembered the tumultuous times of his adolescence:

> I was always in foster homes …then I started going to group homes because I
> joined the wrong crowd, wrong friends, so called friends. Broke the law, ended up
> in a group home…so I went to this group home in Eel Ground, I tried to hang
> myself. I was in my room, in isolation. I said I'm sick of life, my parents don't
> love me, they don't tell me they love me, they don't get me nothing for Christmas,
> I quit. They just caught me in time. I tried to hang myself so they took me to jail,
> to Kingsclear [Youth Detention Center]. I did my time, I came back and I broke
> the law again. I hung around with the same crowd and then I ended up in a
> Moncton group home.

Belonging to a group was important for Owen who felt he had never belonged anywhere

in spite of being a member of a collectivist community (Gilgun, 2002). Having little

adult supervision, and finding a group with some propensity for delinquency, left him

vulnerable to participating in delinquent activities in an effort to consolidate his position

as one of the group (Finkelhor, Ormod, & Turner, 2008; Gault-Sherman et al., 2009),

taking on a 'bad boy' persona. His punishment for his delinquent behavior was to be sent to a group home in the Mi'kmaq community of Eel Ground First Nation. He was so unhappy in this strange location and feeling unloved he attempted suicide by hanging himself. When asked what led to his attempt to end his life, Owen replied, "Just life."

The seriousness of Owen's desire to end his pain was evident in his use of strangulation through hanging, the leading method of completed suicide among youth between 10 and 19 years of age in Canada (Skinner & McFaull, 2012). Hanging has been evaluated as a lethal method of suicide more likely to be used by boys and men (Scourfield et al., 2010). Nevertheless, his suicide effort was treated as misbehavior rather than a serious effort to end his life. The model of masculinity that is dominant in western culture focuses on success in strength and endeavors (Scourfield et al., 2010). When western professionals turn their gaze on a Mi'kmaq boy's failed efforts to end his life, it may be interpreted as a less than authentic suicide attempt, in spite of the research that has demonstrated that completed suicide can be predicted by prior suicidal attempts (Kokkevi et al., 2012; Petit et al., 2011).

Owen's suicide attempt was a cry for help that needed to be heard, not dismissed. However, such a cry for help is deemed weak and feminine and, therefore, less important by health care professionals from a western hegemonic culture (Scourfield et al., 2010). These western health care professionals make judgments about the motivation of males from a Mi'kmaq culture where women are to be respected and treated as equals (Ing, 2006; Lavell-Harvard & Lavell, 2006). The resulting dissonance between the two worldviews leads to dismissal of a failed but serious suicide attempt without any intervention to address the emotional pain the suicide attempt discloses. The surviving

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teen is left to feel devalued and abandoned, reinforcing the perception that he is simply

unworthy and of no consequence.

Instead of being hospitalized or given counseling to address his feelings of despair

and his coping behaviors, Owen was incarcerated in Kingsclear Youth Detention Center

as punishment for trying to end his life and for the crimes he had committed. Kingsclear

was used to punish criminal behavior as well as control the actions of youth whose

behavior had been intransigent or unmanageable in the community. Upon release from

Kingsclear Youth Detention center he was placed in another group home. At age 14, he

remembered:

> I was going out with this girl, she passed away now...God bless her soul, she
> passed away. She hung herself. She was my puppy love you know at 14. So she
> cheated on me one night so I drank. I drank and my friend said 'Do you want to
> die?' I said 'okay'. I was drunk. So I broke into this house. I took a whole bunch
> of pills and I…the place where I broke in I used the phone. I made my last phone
> call to my mother. I said 'Good-bye mom, I'm going to heaven.' She traced the
> call and the RCMP came over… Yeah, so I was on the street, no heartbeat. The
> RCMP did CPR. They took me to Saint Anne, my heart stopped again, so they
> brought me back again. They rushed me to Moncton, half-way to Moncton my
> heart stopped again, they brought me back again. So for three days I was in a
> coma and they told me they gave me my last rites. 'If he's not going to wake up
> he will pass away tonight'… Yeah it changed my life. I was in a psychiatric unit
> for a month.

The context for this suicide attempt of this 14 year old boy was his drunkenness (Cleary,

2012; Esposito-Smythers, Kahler, Spirito, Hunt, & Monti, 2011; Kokkevi et al., 2012;

Moller-Leimkuhler, 2003; Skinner & McFaull, 2012) precipitated by a crisis in his

relationship with a romantic partner, against the backdrop of his general sense of being

alone and unloved. Owen felt disconnected from the people who mattered in his life.

Although this suicide attempt was an impulsive reaction to another loss and occurred

after a peer raised the topic, his decision to end his life had a serious intent and indeed almost resulted in his death (Petit et al., 2011; Scourfield et al., 2010).

In spite of a childhood of neglect and frequently being taken from his mother and placed in a variety of foster and group homes, Owen had enough attachment to and respect for his mother that he wanted to say good bye to her before dying. In this one instance, in spite of her addiction to narcotics, his mother recognized his despair, kept her focus, and found a way to trace his location and obtain help to save his life.

Finally, after several suicide attempts and surviving cardiac arrest, the health care professionals believed that Owen wanted to die and he was sent to a psychiatric unit where he could receive treatment and counseling. After being discharged from the psychiatric unit, Owen was sent to a treatment center for Aboriginal youth:

> I went to rehab…I spent one year there and I came back to Big Cove, Elsipogtog. My mother let me drop out of school. I was in grade eight when I dropped out of school. I just didn't want to go. My mom said quit, so I just quit. I started working for Alcohol and Drug Prevention at the age of 15…I had my own office. I was travelling and I was 15. I was travelling everywhere.

The decision to send Owen to the Addiction Treatment Center that was built on First Nations' cultural principles and provided access to cultural teachings and values was a positive intervention. Being with other adolescents who had been addicted, had few social supports, and who needed intensive support provided Owen with the social support he so desperately needed, as well as addiction treatment and support to work through his grief and emotional needs.

Upon returning to Elsipogtog, Owen was sent back to his mother's custody. As before her neglect continued; she allowed him to stop attending school at 15 years of age (Finkelhor et al., 2007; Fluke et al., 2010; Harden & Whittaker, 2011; Kahn & Schwalbe,

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2010). Having attended many schools for short periods of time as he was moved from one foster home to another and back to his mother, Owen's education had been fractured and lacked continuity. School was difficult for him, so he chose to quit, leaving him with empty time and easy access to other disenfranchised youth.

The Director of the Drug and Alcohol program at Elsipogtog realized the danger for Owen of being home but not in school. In planning anti-drug programming for children and teens, he was aware of the importance of peers (Butters, 2004; M. Dunn, Kitts, Lewis, Goodrow, & Scherzer, 2011; C. Jackson, Geddes, Haw, & Frank, 2011; Parsai et al., 2008) and peer education (Kernsmith & Hernandez-Jozefowicz, 2011; Planken & Boer, 2010) in prevention programs. Recognizing Owen's ability to talk persuasively about his drug and alcohol problems and his delinquent behavior and subsequent imprisonment, this Director engaged Owen to tell his story to groups of adolescents. This helping activity provided meaning for Owen's life experiences and contributed to his self-esteem and confidence in his own masculinity (Kia-Keating et al., 2010; Landstedt et al., 2009). Mi'kmaq men have traditionally taken leadership roles that contributed to their community and required strength of spirit and humility (V. Miller, 1995; Mussell, 2005; Wallis & Wallis, 1955). Sharing his personal story also enabled Owen to enact generosity, an important value for Mi'kmaq and other First Nations people. Generously giving to his community is also an important component of Mi'kmaq masculinity and contributed to Owen's self-esteem (Gilgun, 2002).

One of the benefits Owen acquired from his imprisonment at the Youth Detention Center was learning to use physical exercise as a coping strategy. When he was placed in the next group home, Owen remembered,

> This was in Miramichi, [the group home], I had just come out of youth jail, I was working out. I was just a young kid. I had muscles, a six-pack! One day in Queen Elizabeth School in Miramichi I took my shirt off to get ready for gym…[the other kids commented, 'Hold on a sec, bring a camera'… because I had a nice body. They said 'Flex, show me your muscles!' They were 'Wow!'

For Owen, the experience of being admired because of his physical appearance was novel and embodied his masculinity as fit and 'looking good!' He asserted his skill in hockey, remembering:

> Yes, I won hockey scholarships, but I couldn't…I was playing ball hockey then I went to Big Cove, I won a couple of thousand dollar scholarship, but one thing I never had was the equipment; mom could not afford that so I had to step out of that scholarship, so it went to waste. But I was always good at sports.

Even though the poverty of Owen's family prevented him from taking the scholarship, having earned it affirmed his abilities, self-esteem, and sense of masculine identity. Sporting ability and physical fitness affirm masculinity in many cultures (Connell, 2000; B. Frank, 1999; Knight & Giuliano, 2001; McNeill, 2008; Swain, 2000). Self-esteem is an important protective factor in preventing youth who have many other risk factors for suicide from ending their lives (Sharaf, Thompson, & Walsh, 2009). Owen carries himself with confidence. During his interview he maintained eye contact in a manner congruent with western culture. This also demonstrated his increased self-esteem and sense of worthiness as a man. His manner of interacting with me also indicates his acculturation through being placed in many white foster and group homes, as well as exposure to western culture through mass media while growing up. In traditional Mi'kmaq culture looking directly into your companion's eyes is considered to be rude and intrusive (Wallis & Wallis, 1955). This raises the question of the extent to which

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Owen's pattern of masculinity practices has been influenced by the hegemonic

masculinity ideal of the west through his many foster and group home placements

(Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2006).

Aaron, an older man who has taken an interest in several young people, such as his

girl-friend's son, reflected on the loss of his brother and the pressures many adolescents

experience saying:

> When it comes to a relationship, romance for instance, I'll give you an example. I had a brother; he was a young man, 24. What happened in his case, he ends up suicided, killing himself because he was rejected by a broken love affair. He couldn't live with the rejection, so he ended his own life because of that. Now I see that other teenagers, and young men and young women, they are on that same brink of 'should I jump or walk away'. They are faced with that. A lot of them that I spoke to I told them walk away from that, don't do anything stupid. It might not hurt you, but it is going to hurt your family and it is also going to put a blemish on our community. We are known as suicide capital of Canada and that's something hard for us to live down. As we struggle with our teenagers and our children, they are the ones that are on that list, that death list you know.

Aaron's discussion of the "death list" seems at first to be extreme, until you recall that in

the 1990s there was an epidemic of suicides in Elsipogtog First Nation, where several

youth and adults committed suicide and many others attempted or threatened to end their

lives. Several families had suicide watches in which family members took turns staying

with or observing someone who had attempted suicide.

A crisis telephone line was established and the community was encouraged to call

for help. During that desperate time, those who worked in the mental health section of the

health center took turns carrying the pager so they could rush to the site where someone

was threatening to end his/her life. Some have described how emotionally painful it was

when they were unable to save his/her life. The community at large was in crisis and

mourning the loss of young people who had given away their whole lives in order to end

their emotional pain. This was a sensitive subject for Aaron, having lost a brother to suicide. Several Elders in Elsipogtog spend time with distraught youth, listening to their stories and counseling them, trying to help them endure the moment and find hope for a better time. They use their traditional spiritual practices to help these young people find meaning in their lives and a reason to go on living.

During their adolescent years of the younger participants it was common to be immersed in a drinking culture, drinking daily and surrounding themselves with others who were also focused on partying. Others, however, chose to not spend their time drinking alcohol and partying. Terry identified why he had chosen to not smoke or drink alcohol or do drugs:

> I didn't drink at all or smoke. I hate smokin'. My parents broke up a lot of times and everything because of drinkin'! That pissed me off so I never tried it at all. It's a waste of money! Yeah and then trying to go to school, try to ignore it. Yeah, trying to protect him [his father] trying to get them back together. Eventually it worked… they got back together. Yeah that's why I never…well it's not even on my mind now. People are surprised because my parents were alcoholics and whatnot. Yeah it wasn't really easy though. You have a lot of your friends try to get you to do it and I'd be like no. It's stupid! There is no reason for doing all that. I started working when I was like 18 after I graduated and I love money now and I'll take any job and everything.

Terry was determined to try to influence his parents' choices, recognizing that they needed to stop drinking in order to rebuild their marriage. Expressing satisfaction that his parents were reunited, he described his determination to never drink alcohol himself. Having lived the consequences of alcoholism in his family, he rejected the efforts of his friends to persuade him to have a drink. He recognized the benefits of focusing on working instead of partying, demonstrating his strong work ethic.

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Several of the participants and some of their wives expressed a deep concern for current adolescents in Elsipogtog. For example, Aaron contends that:

> The teenagers are at risk, especially when you are in your teens. As you go in to your early twenties, there are so many traps that are hidden; the booze, the drugs, the type of diseases that are going around. All of these things are confronted as teenagers. At the same time, this mentality that they have is that in order for me to become a man I have to go through this: I have to be able to drink this whisky. I have to be able to smoke this cigar. It's all in the head! That's not what makes a man a man in that sense, but it's a struggle from 15 to 20! That's the hardest age that I find that teenagers are facing.

Aaron recognized the pressures and stresses that teenagers, particularly boys, confront, and he expressed empathy for their efforts to survive and grow up. In the absence of well-paying work and academic success, young men demonstrate their masculinity through risk-taking practices such as excessive drinking of alcohol, smoking cigarettes, and experimenting with drugs. His genuine concern for them was evident in the way he worked with some youth. His girlfriend described how her older adolescent son had been experimenting with drugs and had gotten himself into a group of troubled friends. She commented that Aaron had "listened to him and helped him think about things in a different way! He's doing much better now!"

Albert's wife, Betty, explained that they do not allow their eight year old to ride his bicycle on the streets in Elsipogtog, saying: "There are too many cars being driven by people drugged out on narcotics and other stuff. It's not safe for them to ride on these roads!" Several of the Elders who had Sweat lodges in their yards described having young people wake them up in the night, desperate, talking about ending their lives. Betty described the situation:

Two or three times a week sometimes, there's a knock on the door in the night-time. There will be an upset kid and his or her friends –they're feeling like they want to die… wanting to talk!" [She gestured to her husband] He'll be up for two or three hours, just talking with them- helping them hold on…

Betty recognized the despair of these youth and their desire to find some peace while feeling in turmoil about their lives.

Summary

For the participants in this study, adolescence was a time of increasing independence as they engaged in obtaining an education, contributing to their families, and working to achieve goals they had set for themselves. For the majority of participants, adolescence was fraught with several stressors that included leaving this community to attend school and secure employment and dealing with racism. A few dealt with multiple adversities and were victimized by individuals, groups and institutions. Many have consolidated their understanding of Mi'kmaq values, and masculinity practices, and learned to work hard, stand up for themselves and their family and friends, respect women, Elders, and themselves, and contribute to their community.

Some have endured unbearable pain in being neglected by their families, being sexually abused by family members and strangers, and becoming addicted to alcohol and other drugs. Two tried to commit suicide several times over the course of adolescence. Those who were fortunate to have two loving stable parents thrived. Understanding their culture and tradition helped them to put racism and other aggressive actions by others in perspective. The resilience of these boys is a testament to the support of extended families and the collective Mi'kmaq culture and their practices of masculinity.

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CHAPTER 8   MI'KMAQ MEN'S MASCULINITIES

THE RODDY SONG

When he was just three, he was told to go away
When he was of age, to Shubie to stay.
Then came the day, he was a man
I'll serve my King and my Queen and fight for my land.

The life that he lived, was for no one but him
Existing on dreams, that someday will turn.
To the better of life for the natives and him
The brother I love, the nearest of kin.

Then came the day he was ill for so long
Couldn't remember the words he wanted to say.
The fighting was on to the land over there
I'll have to go back and help all I can.

Wherever he went nobody can say
Whatever he did there is no record.
But inside his heart was the one thought in mind
To fight for his land like it was at one time.

The loss of this man affected many people
He was an uncle, a brother, a friend
One day he was around – we never noticed
Other days he was around – he bothered us.
But the one thing that will hang in the air
As long as the memory of him lingers
There was no help when he called.
He did not scream
He did not swear.
He never pestered anybody.
Gentle was his quest for help
To heal the sickness that ailed him.
Now he is gone, nobody knows where
My brother
Who took a part of me with him (R. Joe, 1988, p.29).

Rita Joe, the acclaimed Mi'kmaq poet and scholar wrote this poem to

express her grief over the disappearance of her brother, Roddy, who had

returned from the Vietnam war with what would now be termed post-traumatic stress disorder. Unable to find the psychiatric help he needed to address his suffering, her brother disappeared. Despite much searching, he was not found for several years, until his body was located on a hill in the countryside of Cape Breton. Her poem depicts the importance of a man in the lives of his family and the many people whose lives were forever changed by his loss and the interconnectedness of the community of Mi'kmaq people.

Her poem outlines the losses her brother endured: being sent to Shubie Indian Residential School at the age of three (following the death of his mother), volunteering to go to war and returning with post-traumatic stress disorder, and finding no help for his pain. Only in the past few years have the Armed Forces acknowledged post-traumatic stress disorder among veterans who have returned from war. Prior to this, veterans either suffered in silence and often alone or accessed psychiatric services that were limited and often unavailable for Aboriginal people.

Rita Joe's poem documented Roddy's construction of the role of a warrior and his desire to do a noble thing for his people and his land by going to war. Her poem conveys the importance of this humble Mi'kmaq man in the lives of his family and the many people whose lives were forever changed by his loss. This poem serves as a metaphor for the discussion of the importance of Mi'kmaq men in the lives of their families and community and their social and cultural constructions of manhood. Hopkins and Noble (2009) wrote about categories of masculinities as defined by Connell (1985):

The typological model of hegemonic, subordinate, complicit and marginalized masculinities is also limited by the priority it gives to the question of power: these categories foreground the nature of the relationship between masculinities as structured in dominance…These are largely *sociological* concepts of gender in which relations of power and their resistance – are the framing concerns. There has been a shift from a sociological emphasis in masculinities studies to an increasingly *cultural* one, which focuses on questions of subjectivity, the discursive construction of masculinity, and its intersections with other vectors of identity, like class, sexuality, race, and ethnicity (p. 813).

In this chapter, I will examine the social and cultural construction of everyday masculinities practices of Mi'kmaq men. The dynamic nature of their gender performances and identities as Mi'kmaq men, husbands and sexual partners, fathers, and providers for their families will be an underlying theme in this discussion (Frideres, 2008). In particular, Mi'kmaq men's practices of masculinity, including respect for women, self, and others, earning a living, fathering, caring for the environment, and respecting diversity in sexuality will be explored. The intersections of their individual and collective identities, histories of colonialism, poverty, addiction, and racism as well as sexuality with their social and cultural construction of masculinities will be interrogated.

RESPECTING WOMEN

Marriage challenges

The importance of the value of respect for women was evident in the traditional Mi'kmaq approach to their wives. Liz and George, an older couple in their forties, both practice traditional spiritual ceremonies and are leaders in the Sundance ceremony. Liz described George's caring for her:

George wants me to take it easy and rest while I'm in my time [menstruation]– the rest of the month, I cook and do the work, but he believes that I need to rest – he cooks and does the dishes and cleans at this time of the month – he really looks after me.

Prior to European arrival in Eastern Canada, Mi'kmaq women moved to a separate wigwam during menstruation, eating apart from their families and resting (Wallis & Wallis, 1955). While this may have been interpreted by some western observers as a subordination of women as unclean when menstruating, this interpretation was diametrically opposite to its meaning to Mi'kmaq women and men, who saw this period as a time of increased power among women and evidence of their ability to bear a child. It provided a time when women were cared for by others and expected to rest from their usual physically demanding responsibilities (Ing, 1991).

When I requested that the Mi'kmaq artist, Edward Augustine, paint a picture of the ideal Mi'kmaq man from his perspective for use in this research study he produced the following picture:

Figure 3: Mi'kmaq village pre-colonization

In this picture, the egalitarian nature of the relationship between men and women or husband and wife is evident as men and women work together around the fire, preparing the food that was obtained for their family. Their homes are gathered into small communities or family groups, centered within nature's bounty with firewood close by and shelter from the winds provided by the forest and the waters bringing life and food and avenues for transportation. The community is watched over by the eagle, the sacred bird that conveys the ability to cope with whatever life has brought to families and communities (Layng, 2010; Safarik, 1997; Studies, 2013). The eagle is traditionally

believed by Mi'kmaq people to be the only being that has "touched the face of the Great Spirit" (Studies, 2013, p.2).

Brent, a young man, whose life had been chaotic, going from his mother's care to many foster homes from an early age, was a nurturing man. For example, he took care to ensure that I was comfortable during our interview. When I started the interview as soon as the tape recorder was turned on, keeping his identity confidential, he became concerned that later I would not know who he was. He insisted that we begin the interview again with an introduction of him including his name at the beginning of the interview. When I later asked him how he had learned to be so nurturing after having had so many difficult life experiences, he credited his grandmother, saying "She was an angel!"

Brent's nurturing nature and belief in the equality of men and women was evident when he described his efforts to sooth his girlfriend while she was dealing with the withdrawal symptoms experienced while stopping the use of narcotics on her own without medical interventions, i.e., 'cold-turkey':

> Well, withdrawal now she's grouchy, so for me as a man to do my part, I rub her back, I make her feel comfortable. I rub her feet….There's no difference. A man and a girl, or a woman, they are both the same. Yes, 50-50. Like down here a woman can vote, a guy can vote …That`s the thing…I'm institutionalized, I cook, I clean, I do the laundry. My girlfriend just sits there and does nothing, I don't mind. That's just how I am. I cook, I clean. I make sure the kids get ready for school.

At this time, Brent himself was dealing with discomfort as his dosage of methadone was still being calibrated. His girlfriend, who had been using a lower dose of narcotics than Brent, had chosen to not use Methadone to decrease her withdrawal symptoms but instead to endure the pain of withdrawal. Brent supported this decision and was willing to

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take on more of the household chores to help her through this time. Although this period

of life required stamina and determination, Brent was proud of his abilities to nurture and

support his spouse even when he had his own challenges. This strength of purpose and

feeling responsible to care for others even when facing personal challenges, contributes to

the social construction of Brent's masculinity (K. Anderson, Innes, & Swift, 2012).

For participants who had been sexually abused during their youth, developing

loving relationships with their wives or partners was more difficult. They had all been

married or in long-term relationships several times. Difficulty developing and

maintaining a sense of trust in intimate relationships has been identified as a consequence

of childhood sexual abuse (Fiske, 2009; Kia-Keating et al., 2010; Libby et al., 2008;

Welles et al., 2009; Whisman, 2006). Brandon, who had been raped over several years as

a young adolescent ,was married three times. He remembered his first wife:

> I was 17, she was 16. By the time I was 19, I was divorced. Second time I got married I was 21 and she was 31. She already had 6 kids and she had four by me. We lived together for 24 and a half years. Yeah. That came to an end because she…what she did to me was… …seeing is believing… She was a president for the ---- organization and they had this big meeting going on. She went there and of course it was on a weekend…She called me and asked, 'Are you coming up?' and I said 'I have no vehicle to get up there'. My friend came over and said, 'What are you doing home alone? Get in.' We went up there…I went to the front desk and asked the clerk to give me a key for my wife's room, he gave it to me. I opened the door and… went in. The music was full blast and …I looked over and this guy jumped out of the bed, who do you think was underneath? …To me it was just like taking a knife and just stabbing me right in the heart. I was so devastated…I told my second wife the minute our baby turns 13…I made a big cake about six feet long, and it's a train set, birthday cake, when he turns 13 I'm going to make a cake for him and when the party is over I'm going to put my boots on and walk out. Because I know our baby is old enough to look after himself - after that I'm out of there.

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Brandon's life is a testament to his resilience. After two marriages, such a painful

betrayal, a period of loss and addiction, followed by a healing journey, he remarried; this

time to an old girlfriend to whom he was happily married for more than 20 years.

Nick, in his thirties, had been sexually abused by an uncle, becoming addicted to

drugs and alcohol and attempting suicide several times during his youth. He recalled how

his addictions fed his jealousy and poisoned his second marriage:

> We were drinking all the time and smoking up and doing drugs… acid...
> marihuana… My second partner and I would be drinking and I'd say things to hurt
> her – on purpose! I was so jealous! I would accuse her of being with other guys,
> and wanting to … I just killed that relationship! At the end her eyes showed how
> she hated me! Now I know that jealousy has no place in a relationship – you need
> to think love before you do anything, then you will feel love and then you will act
> in a loving way.

Nick's new philosophy of life demonstrated his perception of his own agency to actively

find a way to change his pattern of social discourse (Bainbridge, 2011) and he

subsequently sought counseling after this second marriage broke up. As a result of this

counseling, he was able to affirm "that little child inside me wasn't to blame for being

abused." During the counseling he learned to take responsibility for his relationships and

developed the following approach to relationships:

> I've learned to think, feel and act – if you think love then you will feel it and act
> in a loving way. Everything in my life has been like that – I think first, then I feel
> and then I act... and hurt one another. I've learned to think, feel and act – if you
> think love then you will feel it and act in a loving way. Everything in my life has
> been like that – I think first, then I feel, and then I act.

He described how this philosophy had made a difference in his current marriage:

> Now, I have a beautiful relationship-my wife and I love one another
> unconditionally and I know she loves me from the look in her eyes. I try to think
> about things and then feel and act – like we have arguments - all couples do, but
> when we disagree, I think about the matter, and how she must be feeling, I love

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her and then I listen to her and if I am wrong I say I'm sorry that I hurt you. She was abused before and didn't have any home support so she is really taken by me apologizing when I am wrong.

Nick's capacity to take control and change his pattern of interacting by taking responsibility for his own thoughts, feelings, and actions were important assets in maintaining his sense of his own agency to determine his future. This sense of agency and autonomy became important tools in constructing the practices of masculinity in his everyday life (Bainbridge, 2011; J. Miller, Das, & Chakravarthy, 2011). Moreover, Nick's love for his wife and his ability to express his loving emotions openly in an authentic manner is interpreted as a strength of Mi'kmaq men's masculinity performance rather than a weakness as is evident in the expectations of western hegemonic masculinity (Askew & Ross, 1988; Connell, 1995; Kivel, 2003; Robinson, 2005; Vogel et al., 2011).

Nick's choices to get help and learn new skills were similar to the actions of some descendants of Residential School Survivors. One descendant described her family's experience:

> If I look at my brothers and sisters, we are all a strong network of support. We all support each other and I can almost look at my family and think, you've dealt with it and you're dealing with it….like…with sober eyes and dead on. And so the family has grown but I… would say there was a lot of dysfunction. You could see the alcoholism…. my younger brothers. They've all grown too (Getty, Bartibogue, et al., 2010, p.63)!

This descendant's appraisal of her siblings' responses to their upbringing by Residential School Survivor parents identified the initial use of alcohol to numb the pain followed later by the deliberate decision to deal with the painful experiences. The siblings, both brothers and sisters, supported one another to stop the cycle of violence and despair they had endured as a result of childhood experiences. The resilience of these descendants and

their families, as with those of Nick, was evident in their efforts to understand their own behaviors and make healthy choices.

When Ted, a man in his twenties, was asked about his relationship with his girlfriend and how decisions were made in their home, he replied: "I try to make it as equal as possible but if she tries to go overboard I step in...Yeah, I'm the limit setter." When asked about their division of housework, he clarified: "You mean like she has to clean up and I have to go out and work?" He responded with a chuckle: "I'd say they [housework] have to be even - like we both work. Yeah it's so damn hard!" While traditionally men and women's roles were different but equal, sharing the load of maintaining a living and a home, as outdoor chores have decreased Mi'kmaq men have taken on more of the household chores. Both of the Mi'kmaq mothers who were interviewed in this study spoke about how they had expected their sons to share the housework, cooking meals, cleaning the house, and even doing the laundry. They saw it as only fair that their sons did as much housework as their daughters were expected to do. Both of these mothers expressed pride in their sons' sharing the work of maintaining a home with their wives.

Family violence

Alvin had been an alcoholic from his high school years, often being picked up by the police for public drunkenness and spending the night in the drunk tank. His house bore the signs of violent parties, with broken doors and holes where someone had punched in the wall. After several months of sobriety, he telephoned and volunteered to be interviewed. I was warned that he had been aggressive in past meetings with

community staff. However, he received me respectfully; his house was immaculate and he left the front door open for my comfort. He admitted to having abused his ex-wife when he was drinking. He expressed remorse for having abused her: "I did that to my ex-wife, which I don't want to talk about, but I will. I abused her physically, emotionally, and mentally as well. And today I'm very disappointed that I did that!" He described his desire to apologize to his ex-wife for this abuse, but recognized this was not possible since she had moved to another town and refused to speak with him. He proceeded to expand his ideas about relationships with women and others:

> It's important to sit down and talk. What's wrong? What did I do wrong and she will say it. And I will say sorry if I did something wrong to you. I said something wrong to you I'm very sorry. It's an everyday life; everybody has arguments, if you are married, if you are gay, if you are a single person. When I was single I was even arguing in my head. F this, F that, I'm going to kill somebody out there. I'm going to have a quick drink and go out and raise hell. Not anymore. Not today, anyway.

Alvin's externalizing response to his anger led him to drink alcohol when angry and then "raise hell" (Kerby, Brand, & John, 2003). His affiliation of anger with violence (A. Day et al., 2006), from the time of his adolescence progressed from fighting and other aggressive actions as a youth to his wife abuse in adulthood. He recognized that the anger that fueled his abuse of his wife was also aimed at himself and was the root of his alcoholism (J. Cheadle & Whitbeck, 2011).

Domestic violence was seldom found among Mi'kmaq families prior to colonization (Wallis & Wallis, 1955). The breakdown of families followed the many losses imposed by colonialism and in concert with colonial constructions of hegemonic masculinity in a patriarchal society, where women were not considered to be persons but

rather the possessions of men and domestic violence was blamed on women's behaviors rather than male violence. Domestic violence became a common problem among First Nations families (Hamby, 2000; Stout & Kipling, 2003; Wahab & Olson, 2004) to the extent that it has been identified as a community problem (Mussell, 2005). While Hamby (2000) wrote that domestic violence is related to power and control issues rather than anger, in families of participants where domestic violence had occurred, the presence of alcohol and anger were also inherent precedents of the violent behaviors. The impotence felt by some Mi'kmaq people, particularly men, emerging from the loss of their primary roles as protector and provider for their families and their cultural and spiritual knowledge, in combination with abuse of alcohol, has resulted in expressing their rage or explosive anger at those more vulnerable: their wives and children (Hamby, 2000; Mussell, 2005). It is important to note that the violence described by participants was not limited to men, but was also evident in the alcoholism and partying behaviors of women toward their current partners.

Once sober, Alvin was working hard to change his ways in his relationship with his girlfriend. He stated emphatically:

> I'm trying to do the best for her [his girlfriend]. If we argue, we sit down and discuss what we were arguing about. I can't go on hitting somebody, hitting her face, on her head, saying shut up! I'm right. What about her, what about her, say, what about her feelings? I have to respect her too. I'm not the only one trying to be macho here. I'm trying to equalize my relationship with my girlfriend, with others too. My girlfriend comes first, and her family comes first too, and my family too.

When Alvin says "I can't go on hitting somebody," he is describing the violence he perpetrated against his wife. His commitment to respect his current girlfriend and to show empathy for her feelings was verified by his girlfriend when she joined us and talked

about how he had helped her son and how good he was to her. Alvin was enacting the Mi'kmaq masculinity practice of respecting women and providing for his family.

While Alvin had been sober for several months at the time of the interview, he demonstrated the philosophy of Alcoholics Anonymous in recognizing that he is an alcoholic and for today has been able to remain sober. Alcoholics' Anonymous groups have been a part of movements to heal addictions in Elsipogtog First Nation for many years. The philosophy of Alcoholics Anonymous, a community of peers who support alcoholics to abstain from drinking one day at a time, is congruent with the collective world view of Mi'kmaq people and their reliance on spirituality in healing. Alcoholics Anonymous is one of the most successful approaches to recovery from addiction to alcohol and drugs ("Alcoholics Anonymous," 2013; A. Evans, Achara-Abraham, Lamb, & White, 2012; Goebert & Nishimura, 2011; W. White, 2009)

Fathering

Fatherhood is a socially constructed performance that is developed over time in interaction with children and a spouse (D'Enbeau et al., 2010). It is founded on a man's masculinity practices as well as his socioeconomic status, ethnic classification, family and community history, and access to role models (Appl et al., 2008; Aydt & Corsaro, 2003; Ball, 2010; Bottoroff et al., 2009; Connell, 1995; D'Enbeau et al., 2010; Heward, 1996; Javo, Ronning, & Heyerdahl, 2004; Jeffries, 2004; Johansson, 2011; A. Jordan, 2009; J. Jordan, 2009; L. May & Strikwerda, 1996; Mormon & Floyd, 2006). D'Enbeau, Buzzanell, and Duckworth (2010) wrote that: "Fatherhood is performance. These performances rely on gendered processes and offer children as the outcome; children's

demeanor, appearance, and achievements are directly linked to parents' subjectivities and presentations of self" (p. 709).

Those men who chose to participate in this study described an active, involved style of fathering. The role of being a father was perceived by those participants with children to be a sacred responsibility that was founded on self-respect. About 20% of the sample of participants had grown up without a father, which is consistent with research on absent fathers of Aboriginal children (Ball, 2005, 2009, 2010; Getty, Bartibogue, et al., 2010; Ing, 1991, 2006). In this study, participants who were fathers described engaged, warm, and loving relationships with their children, consistent with the traditional Mi'kmaq ideals of fathering, even when their own fathers had been absent from or were negative forces in their own upbringing. Even when their children lived with an ex-spouse off reserve, two fathers regularly spent time with their boys, teaching them how to become men of integrity and strength. Allan, a professional man in his 60s, spoke about his fathering:

> For me anyway, and I've learnt this, I really, really do love my family. I especially love my sons. They are very, very important. To me there is nothing else. I would give my left hand and my right hand for them. They are useless to be able to give the same thing to their families if they are not healthy themselves. That's what I say to everybody, look after yourself, make sure you are okay and then you can look after everybody else.

Allen had three sons and no daughters, so his statement does not exclude girls – it is focused on expressing his love for his sons and teaching them to respect themselves and to take responsibility for their actions. He is justifiably proud of his sons who have up to

be responsible men who care for their families and their own health grown.

Figure 4: Father teaching son about his masculinity practice of caring for the land

The sense of the importance of a father's relationship with his sons is echoed in the second painting by Edward Augustine, which alsodepict his perception of "an ideal Mi'kmaq man." In the preceding painting, a Mi'kmaq man can be seen with his son, teaching him about his world and the work of a man. The canoe depicts them travelling by canoe with a load of furs or other material they had gathered. Traditionally, Mi'kmaq men were responsible for the education of their sons and spent much time teaching them the masculinity practices that were expected of men within their families and communities (Wallis & Wallis, 1955). Canoes were used by Mi'kmaq men to fish in rivers and the ocean and to hunt and transport game and other products to their camp.

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Lessons on how to gather the necessities of life while caring for the environment were important for the maintenance of the Mi'kmaq as well as other First Nations cultures (K. Anderson et al., 2012).

Nick, whose relationship with his own father had been damaged by his father's illness and subsequent alcoholism and who had suffered from alcohol and drug addiction in his youth, described his parenting practices with his daughter:

> I tell her that I know she will drink alcohol but that I hope she won't get drunk. If she does, then she can always tell Daddy what she has done and what has happened. I don't want her to get into the car with a drunk driver – I've told her to call me any time of the day or night and I will come and pick her up and I won't be angry with her! I am going to be her friend and make a safe place for her to be.

Research focused on adolescents' alcohol and drug use has identified that a strong, positive bond between parents and their adolescent daughters was related to decreased use of substances (Becerra & Castillo, 2011; Branstetter, Low, & Furman, 2011). Moreover, when parents monitor their children's friends, locations, and use of substances, their adolescent children are less likely to use alcohol and other drugs and to use smaller amounts if they do decide to experiment (Becerra & Castillo, 2011; Branstetter et al., 2011). Nick's interaction with his daughter is likely to prevent early and heavy alcohol and drug use and to limit consequences, such as injury due to accidents caused by drunk drivers. His goal of providing a safe place for his daughter speaks to his own agency: that is prioritizing of his time and interactions with his daughter as a deliberate effort to be a good parent (Appl et al., 2008; Aydt & Corsaro, 2003; Bottoroff et al., 2009; Connell, 1995; D'Enbeau et al., 2010; Heward, 1996; Javo et al., 2004; Jeffries, 2004; Johansson,

2011; A. Jordan, 2009; J. Jordan, 2009; L. May & Strikwerda, 1996; Mormon & Floyd, 2006).

Even the decision to have children is influenced by a man's lived experiences growing up. Wally, a Residential School Survivor in his late 50s who had been taken to Shubie Indian Residential School when he was 4 years old, lived alone in a small house surrounded by his siblings and their families. When he was asked about whether he had children, he responded emphatically: "Oh, No! I could never have children. I didn't want to do to them what happened to me - you know - in Shubie". Wally's choice of voluntary childlessness based on his experience at Shubie Residential School was related to his "early socialization experiences and doubts about parenting abilities" (Park, 2005, p.379).

Many of the participants in this study were not only able to express their emotions but were comfortable doing so, as demonstrated when Nick described his reaction when his daughter

> asked me whether after I die I will be her guardian angel – I promised her that I would do anything I can to be on earth to watch over her and if something happened and I died then I would always be with her. When I got home, I went into my bedroom and cried my eyes out.

While Nick did not want his daughter to know he had cried after this talk, going to a private place to cry, he was comfortable sharing this information with his wife and later with me. This ability to openly express his emotions demonstrates a difference in the accepted performance of masculinity in Mi'kmaq culture as compared to western hegemonic culture, where the only expression of emotion considered to be manly and acceptable is the expression of anger (Askew & Ross, 1988; Connell, 1995; Dixon & Grimes, 2004; B. Frank, 1993b). Nick's love for his daughter and his desire to be

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involved in her life were important assets for her well-being (D'Enbeau et al., 2010).

Literature has demonstrated that girls' educational attainment and emotional well-being, as well as participation in cultural ceremonies is facilitated by engagement with their families and in particular their fathers (Reinhardt, Evenstad, & Faircloth, 2012).

Alvin described his renewed relationship with his daughter, following many years of his alcoholism:

> I thank God, I have to say God, my first daughter, my own daughter; she's been sober for going on 8 years now. She's a spiritualist and I respect that. I'm glad she's doing it for herself and for her children. Maybe she's doing it for me and she hasn't told me yet. She's not living on this reserve. I don't blame her for that. She talked to me on the phone on Father's Day, which I was glad, that's the first time she said that to me Happy Father's Day, in so many years. When someone says that - 'Happy Father's Day!"… I never heard that in 30 years! [Ian had tears rolling down his cheeks while a big smile lit his face - an example of crying happy tears]! Everybody has the right to cry. She made my day. My girlfriend's son told me 'Happy Father's Day' too. [He pointed out a picture of this boy on his refrigerator door.] They made my day! If I was drinking she wouldn't have told me 'Happy Father's Day!' And that person I just mentioned, he wouldn't have come here and said 'Happy Father's Day'!

The ability to express emotion is evident in Alvin's tears and smile as well as his words. His reconnection with his daughter and relationship with the young teenaged son of his girlfriend were important affirmations of his worth and the benefits of life without drinking and provided sources of healing for him.

While there is research that has identified that pedophilia can emerge from being sexually abused as a child (Lev-Wiesel & Witztum, 2006; Strassberg, Eastvold, Kenney, & Suchy, 2012), this was not apparent with any of the five participants who had been sexually abused as young adolescents. William's life attests to the fact that men can heal from sexual abuse, even as horrific as the weekly rapes he suffered during his

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adolescence, and can become whole adults, capable of developing and maintaining loving, responsible relationships with their children and grandchildren. In fact, most people who are sexually abused as children do not abuse their own children (Kia-Keating et al., 2010; Libby et al., 2008). This was evident in Brent's life. In spite of his chaotic childhood and many foster home placements, as well as sexual abuse, he lit up with a huge smile when we spoke about his children. He described an average morning:

> I sleep. I get up at 5:30 am and I thank God, the Creator for giving me another day. Then my daughter wakes up and it's daddy, daddy, daddy… She's 17 months and she's jumping out of her crib. [His 5 year old son] comes and joins us from time to time.

Brent also had three step-sons. As part of his morning ritual, he prepared their breakfast and got them dressed and ready for the day. This allowed his wife, who was suffering through withdrawal from narcotic addiction, to sleep longer. This practical caregiving of children by Aboriginal fathers was evident among several participants, and was reported in a study of Navaho fathers, who spent 60% as much time as mothers in direct childcare (Hossain, 2001). Brent also spent time playing with and supervising his children's play. He described the lack of playground equipment in the community:

> We can't have a playground…like my three kids and I've got two step kids so I've got five kids…I've got a five year old son, and I've got a two year old girl, and also I have a seventeen month old girl. I have to take them to Rexton, that's fifteen minutes away just to play in a playground. We had one [a playground]; a beautiful one but they burnt it, they urinated all over it! That was anger…showing off…anger…Yeah, teenagers…We should put a punching bag outside and maybe they will release their anger on that.

When Brent was asked what he thought the source of these adolescents' anger was, he replied:

All of this is the parents - because the people in Elsipogtog they don't give a damn…sorry about my language but they don't give enough attention to their kids. They'd rather drink their money and rely on the food bank. Yes, they'd rather rely on the food bank they'd rather spend their money - buy alcohol and prescription drugs.

While these comments appear to be judgmental, grouping all community members as addicts and neglectful parents, Brent's rationale for the teens' behavior echoed his own experience, both as an adolescent and later as an addicted parent. He described his shame when he confessed that:

Honest to God when I was on the pills when Daddy didn't get his drugs, Daddy had to sell their Play Stations whatever, TVs so that I could get my fix… I said I would never be like my father but I started selling my stepson's stuff so I could get my fix…for five years when we got our family allowance…we got our family allowance once a month we got a check and we would just blow it all on Oxycontin, Percocets. Yeah, I would never feel no pain. I was always okay, but when Daddy never had his fix, Daddy was grouchy so umm…
I told them… I sat them down and said Daddy used to pawn all of your things. I told them Daddy was sick, I was taking the drugs, I was blunt with them. I'm done with that now this is what you are getting, you are getting it all back and then some. The 20th of May, I took $600 and I blew it all on my kids.

Brent remembered the desperation he felt as an addict to prevent the sickness of withdrawal and the overwhelming preoccupation with getting the next 'fix' (Kris-Matthews, 2010; Mirlashari, Demirkol, Salsali, Rafiey, & Jahanbani, 2012). From the time of his adolescence he had used alcohol and later drugs to numb the emotional pain he experienced. In spite of his anger at his father for bringing him toys and then taking them back to buy the alcohol he craved, Brent had reproduced this behavior with his own children. After beginning the methadone program, he felt shame for this behavior in particular. Brent wanted to develop a secure attachment with his children; to be the father he had wished for in his own childhood and youth (Ball, 2010). He saw his role as a

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father to be a provider in terms of preparing meals and taking care of his children but also

as a loving father who was a companion to and available for his children (K. Anderson et

al., 2012; Appl et al., 2008; Bronte-Tinkew, Moore, Capps, & Zaff, 2006).

Owen did his best to teach his children the lessons that he felt would keep them

safe:

> I'm teaching them…like, with my stepsons I'm teaching them what their father
> should have taught them about life, the birds and the bees, what's good touching,
> what's bad touching. I'm teaching them boundaries, manners, that's how I'm
> teaching them… Good touching and bad touching. Since I've got molested by a
> guy it's hard for me to trust…like I don't get a babysitter only…it's hard for me
> to trust for babysitting.

Owen's stepsons were a few years older than his biological children, so he focused his

teaching on risks he saw at their stage in life, in particular the risk of sexual abuse at the

hands of strangers since this had been his experience.

Brent was also concerned about protecting his children from the risks of drugs and

alcohol. His mother, who was addicted to drugs, lived close to Brent's family and since

she was the person who first gave him alcohol at age nine and later drugs to numb his

pain, he perceived her to be a risk to his children in the same way. As a result, he was

vigilant when she came to visit, watching to be sure that she did not offer drugs to his

children. He loved and respected his mother, denying that he would ever prevent her from

visiting her grandchildren, but he clearly did his best to be present when his mother came

to visit.

Andrew, an Elder, spoke of how he and his wife had parented their children:

> We taught them all the things that they should be doing today but we would never
> force it on them. We didn't force the traditional ways, we didn't force them to go to
> sweats or anything like that; it was up to them to do… I would want them to be

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respectful, I would want them to be drug free and maybe even alcohol free. I would like that. I tried to teach them that. I tried to teach them about drinking. If they marry they respect their role as a man. I tried to teach them that. And they are doing a good job! I'm proud of them.

This way of teaching children about traditional cultural and spiritual practices through modeling rather than coercion is consistent with traditional ways of teaching children and demonstrates the success of this cultural approach to parenting (Appl et al., 2008; Ball, 2009). Andrew and his wife led a traditional life, practicing their spiritual beliefs in traditional ways such as the Sweat Lodge. They also embraced the value of non-interference with their children, teaching by example rather than by rhetoric (K. Anderson et al., 2012; Ball, 2009; Haig-Brown, 1988; Knockwood, 1997).

The importance of fathers engaging with their children, spending time, playing with, caring for, and teaching them, has been found to be related to increased health and educational attainment, as a result of increased persistence, decreased impulsivity, the attainment of better social skills, and the ability to focus (Appl et al., 2008; Ball, 2005, 2010; Bronte-Tinkew et al., 2006; Scharf et al., 2011). As well, Bronte-Tinkew and associates (2006) found that adolescent children were less likely to engage in risky behavior such as drug use or delinquency when their fathers were involved with them, even when the mother's involvement and family characteristics, such as socioeconomic status were controlled.

During adolescence, fathers' warm affiliative relationships with their children are important assets for their children, decreasing their sense of loneliness in this period of rapid change (LeRoux, 2009; Scharf et al., 2011; ...with Dad:Strengthening the Circle of Care, 2011) and helping them to navigate the turbulent experience of the collective

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pressures of other teens to experiment and take risks (Scharf et al., 2011). As fathers are able to maintain warm relationships while mentoring by example, their sons are able to construct their own masculinity practices and patterns based on a sound example of fatherhood and masculine behaviors (Finn & Henwood, 2009; Scharf et al., 2011).

PROVIDING FOR THEIR FAMILIES: EARNING A LIVING

All of the participants in this study had a strong work ethic and worked hard to contribute to their families and community. For some, their educational attainment and skills enabled them to have well-paying steady jobs. Those who had been less successful in school worked at a variety of jobs, usually lower wage work with heavy physical components. A number of participants were students working to achieve their goals through university or a trade-school. A few worked off reserve, travelling daily up to an hour each way to work. Several were engaged in businesses that were either owned by their families or had been started by themselves. Even those who were seniors and no longer worked for wages continued to contribute to the community either on committees or by participating in activities. As a whole, this sample of men worked hard to provide for their families and contribute to their community, fulfilling this traditional role of Mi'kmaq men (K. Anderson et al., 2012).

This pattern of workers is consistent with the picture of employment and business development and maintenance among Aboriginal people in Canada. In 1996, the percentage of labor force participation in New Brunswick for Aboriginals (66%) was higher than for non-Aboriginal workers (62%). However, the unemployment rate for Aboriginal workers in New Brunswick (26%) was almost twice that of non-Aboriginal

workers (15%) (Voyageur, 2006, p.75). The number of businesses that have been started and maintained by Aboriginal entrepreneurs has increased remarkably with fewer than 15% of them receiving any government economic support (Voyageur, 2006).

While colonialism has stripped many Mi'kmaq men of their traditional ways of earning a living (K. Anderson et al., 2012; Mussell, 2005) and unemployment remains at high levels for Mi'kmaq men living in Elsipogtog, the participants in this study worked hard to earn a living for their families. Philip described his successful career in the army beginning as a pilot in the Korean War. Recognizing his ambition to achieve his best, he continued to learn, completing his high school equivalency and working toward promotion. He succeeded in being promoted to have a high level of security clearance in his work after returning to Canada. He described his professional career:

> Oh yes, I went to ____ war. I went pretty well all over Canada and the United States and I went to Europe in 55. Back here in 57. I completed my equivalency to grade 12 in Germany and I went to London for the test. I came back and went…I've forgotten now where I went. Oh yeah,… I was in Communication and then I obtained top secret clearance... But then ambition had driven me farther I'd say. But why did I get out of the army? I don't know. I wanted to go to university you see. All my tuition would be paid for by Veteran's Affairs. Why did I pick this field? It's beyond me, because once I got into it I discovered it was too personal, you got into personal lives. But I stuck with it for fifteen years. I worked for Government I traveled pretty well all over you know, homes, places like that. That was all right, I liked that part. The part that I did not like is when I started to get myself involved in personal lives.

Philip was clear about his strengths and recognized that he did not feel prepared to do counseling with individuals and families with his personality and education.

Those participants whose mothers had been alcoholics experienced more difficulty with school and had numerous jobs throughout their adulthood. Brent shared his efforts to make a living for his family:

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I've never gone back. I'm trying to do my GED. So I did…I was working far away and then I wanted to do something different so I joined carpentry and labor, so I was a carpenter and a laborer and then I wanted to do something different….because my grandfather…he said when I die you help other people, so I decided to become a fireman, but because of my education I wasn't qualified to become a fireman, but first aid I had top level first aid…I had top level…so I was in uniform and I loved it. I was helping people and that stressed me right out, burned me right out… So my mom introduced me to Percocet's first and then it kept on going to oxycontin and then to dilaudid, morphine, hydromorphine…anything! The withdrawal is terrible, terrible.

Brent's efforts to work were concurrent with his narcotics addiction, which had increased in severity as the stresses of his work escalated. His mother, who had a life-time history of addiction to alcohol and later drugs, offered him narcotics to numb his distress. This began his trajectory as a drug addict, which took over his life and health. While Brent's addictions required that he put his efforts into acquiring the substance he was abusing before any other obligation, he continued to try to do his best in his different work placements.

Other men who had not become addicted, such as Pat, had more than one job, doing their best to provide for their families even when they would not have chosen to do a particular job. Pat, a man in his thirties, recalled that he was taught to

Look after women; you provide the roof, you provide the food on the table, you provide the clothes on the backs yeah. I've never liked fishing. I did it because was an income for me and my wife and I had to put some food on the table. After my business fell apart we just closed it down.

Pat was running a food related business and fishing for a living. He had worked since he was a young teenager, helping in the family business and eventually he and his wife ran the business together. Later, Pat fished on one of the large Elsipogtog boats. He was a good example of the other men in this study, all of whom had a strong work ethic.

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Victor, a young man, recalled his desire to work despite the high level of

unemployment in this community:

> It was not me – I went to the chief and a counselor and told them that I want to work – I don't want welfare but I need them to help me get a job. They didn't do anything for over 3 weeks! I knew it would be so easy to get mad, but they have to look after 2800 people, so to expect that they would help me right away was not fair. They came to see me and said that there was a job with youth. I just love it!

Victor's desire to work and his appeal to the Band Council for employment is a common

practice among many First Nations people who expect their political leadership to

provide work. While there is an economic development department in the band

administrative structure that works hard to find employment and job training

opportunities for Band members, this resource is limited by the financial resources

available to support its work. For several years, the money allocated to this department

was used before the end of the fiscal year and employees were placed on unpaid leave

until the next year's money arrived. During this period, there were no employment

services available for community members. Program underfunding by the federal

government as a discriminatory process is evident in the chronic underfunding of

education and child and family service programs for First Nation communities. Such

programs receive 20% less funding than such programs off reserve for the general

Canadian population (Belone, Gonzalez-Santin, Gustavsson, MacEachron, & Perry,

2002; Blackstock, 2011).

Few, if any First Nations men are able to find work off reserve while living on

reserve. I would conjecture that this is related to the level of racism in the surrounding

communities (Juntunen et al., 2001) and the lack of employment opportunities for all

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New Brunswickers in rural areas. Many First Nations men move to urban settings in search of paid employment to sustain their families.

One of the major employers in Elsipogtog is the fisheries department, in which several hundred people (mostly men) work on boats, fishing for lobster, crab, and other seasonal catches. Philip, an Elder, described the fishing boats owned by Elsipogtog, "They share that with the community, it's mostly business but we have certain boats that their purpose is to do the community whereas the other ones is business, it's a living." Some of the fish that were caught by these fisher persons were given to single mothers, Elders, seniors, and others who were unable to provide for themselves. The catch of a number of other boats brought income into the community.

For these men, independence was an important part of being a man. Chuck, a young participant, stated, "Yeah, if you can stand up on your own and take care of yourself then women will look up to you and people will look up to you and say yeah that man is strong." Noah, an older man, supported this perspective:

> I know some people here, a young man, well I wouldn't call him a young man, he's 52 years old and he's never left home, he's still being taken care of by his mom and dad! His mom does his laundry, cooks his meals, takes care of him, cleans up his room. Man oh man, if that was my dad that guy would have been out the door at 15 for sure, he would be working, you know, he wouldn't have been….

Noah's disdain for a man who could not look after himself echoes the general sense that men need to work hard and contribute to their families and community.

Jason, an older man who was married and had three teenaged children, had a full-time job and ran two other successful businesses, working before and after work on his businesses. While this description appears consistent with the work ethic of men who

subscribe to the ideals of western hegemonic masculinity, Jason engaged his older sons in his own businesses, working with them. As a result, he knew his children and could describe their successes and challenges in depth.

Jason's sense of industry and self-efficacy, i.e., his belief that he could be successful at anything he chose to do, was evident in his sons' self-confidence and enthusiasm regarding their successes in business. This same kind of 'take charge' attitude fueled his decision to lose 40 pounds. Based on research on the internet, he organized a diet and exercise plan and systematically carried out his plan: "Yeah I go about six months straight lose about 30, 40 pounds and then I stop again and that's where I'm at now I stopped, trying to go back, but waiting for hunting season to be over."

One could expect that Jason would have a sense of superiority about his own performance that is stereotypical of western hegemonic men (Beauboeuf-Lafontant, 2007; Brittan, 1989; Connell, 1987, 1995; B. Frank, 1993b, 1999; Probyn-Rapsey, 2009; Seidler, 1988). However, while he was confident, there was no sense of bravado or bragging evident in his presentation. Instead, he was enthusiastic about life, celebrating his children's performances, sharing family experiences while being grounded in humility and thankfulness. He credited his wife for her work in the business and her parenting skills, his children for their contributions, and the Creator for enabling him to have these opportunities. His performance of masculinity demonstrates Anderson and associates' (2012) contention that among Aboriginal men "balance and respect for the different roles people played was key to fostering the health and well-being of family and community" (p. 269). Jason's views of the shared responsibilities and contributions of his family demonstrates the perception of Mi'kmaq people of the interconnectedness of life and the

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importance of working together toward a common goal rather than individual accumulation of wealth. This differs significantly from the masculinity practice of working independently to gain wealth and power.

Aaron, an older man, described the importance of being independent, and his work at home as an artist,

> making money at home…they think I'm wasting time, but I'm not wasting time. I'm making a living just like the man next door, but he has to wake up at 8:00 and go and leave until five, but I don't. I wake up and I sit down and I start thinking what am I going to do? Am I going to write today? Am I going to paint today? Am I going to carve today? Am I going to write a song today?

After Aaron's marriage ended, he returned to Elsipogtog to live in close proximity to his siblings and extended family. His work ethic was evident in the art work that he sent to be sold in a near-by city. He lived simply, doing his best to sustain himself and his girlfriend without wasting resources.

Albert, an Elder, perceived that his work was to learn about Mi'kmaq traditional spiritual practices and counsel others who sought his support. He had a Sweat Lodge in his yard and did regular sweats with community members. He and his wife described being awakened several nights a week by youth and others in crisis. His pattern was to remain with whoever had come to him in crisis until he/she/they had stabilized, listening to what they were able to articulate about their situation and the emotions that had overtaken them, helping them to "get through the night". Subsequently he made himself available to them whenever they wished, helping them sort out their feelings and find hope for the future. His role in supporting youth and others in the midst of their despair was considered to be a gift he was given (Safarik, 1997).

Albert believed that the Creator would provide for his own and his family's needs. He described feeling lonely having been by himself for several years after the loss of his first wife and asking "the Creator" to find him a life-partner, saying, "and Lucy, here I met her at ___ Pow Wow and we've been together now for over 16 years!" He then pointed to his driveway, saying, "See that car – I asked the Creator for a car because I didn't have any way of getting around and ___ just gave that car to me!" In spite of having three dependent children, he was certain that his family's needs would be met so that he could continue to do his important work. Albert's family's priorities were on meeting their basic needs, rather than accumulation of goods.

To understand the work of Elders, one needs to be aware of the preparation they need to be recognized as an Elder. Most Mi'kmaq people who are identified as Elders have studied with a respected Elder for many years. Their lifestyles and ways of being in the world have been judged to be culturally and spiritually congruent with the traditional values and worldviews of Mi'kmaq people. They must demonstrate a certain level of knowledge and wisdom before being allowed to build a sweat lodge and to lead sweat ceremonies (Garrett, 1999; Garrett et al., 2011; Garrett & Wilbur, 1999; Mehl-Madrona, 2010; K. Wilson, 2005). They serve as spiritual and health resources for the community and its members, often living in poverty. They stand in stark contrast to the healers in the western hegemonic culture, in which high income and accumulation of wealth is the reward for many years of study and practice.

I first met Paul, a man in his late twenties, in the community gym where he was working out, preparing himself to meet the standards required to be admitted into a police training program. His dream was to return to Elsipogtog to help the youth and prevent

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drug addiction and crime. In this way, he was seeking a vocation or career in which he could engage in Aboriginal ways of healing the "Soul Wounds" experienced by Mi'kmaq and other First Nations as a result of generations of loss from colonialism (Arndt & Davis, 2011; E. Duran, Duran, & Yellow Horse Brave Heart, 1998; Whitbeck, Adams, et al., 2004). By preparing to become a member of a police force, Paul was taking his place in addressing the continuing trauma of his people, taking up the role of a warrior that is a protector of the people, a role model, and mentor to young people (Arndt & Davis, 2011).

Paul recognized that one barrier he would face in completing police training was dealing with open racism. He commented, "Like I go on the Internet for the police website and it will be saying stuff like: 'another night of putting drunken Indians in [jail].' They have a real bad attitude towards Native people." When asked how he would deal with this racism, he smiled and shrugged his shoulders. It was clear that he was applying to this program knowing full well that he would confront racism. He appeared to be preparing himself to purposefully ignore racism in order to attain his goal of becoming a police officer and contributing to his community. He recognized that the racist attitudes he expected to face did not reflect on him as a person, but were the responsibility and choices of the white people who were the teachers, students, and officers with whom he would interact in his training (Griffiths & Pedersen, 2009; Hoskin, 2011; Kort-Butler, 2010; Marchetti, 2008). Racism was an additional challenge he needed to endure, like the physical training required in this program. Racism is a constraining factor faced by a sample of American Indians in law enforcement, who see the stereotyping of their identity as Indigenous people as a negative part of their work, but counterbalanced by

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positive opportunities to contribute to the healing journey of Aboriginal people (Arndt & Davis, 2011).

In summarizing the values and goals of the participants in this study, what emerges is the importance of working hard to earn a living and provide for their families and contribute to their community. This is a traditional value of Mi'kmaq people that has continued to shape the construction of masculinities among these Mi'kmaq men. While being able to earn a regular and decent income was a part of the dignity of these Mi'kmaq men's presentation of themselves, it was not something that elicited statements of pride or self-aggrandizement. Men whose education and opportunities had been limited also worked hard, often going from one job to another, eager to work whenever possible. Only those men who had been caught in the web of addiction had difficulty holding a job. However, they too expressed the desire to work and made many efforts to find work or get help to access a job.

THE RELEVANCE OF PLACE TO THE GENDERED PERFORMANCE OF MI'KMAQ MEN

Caring for the Environment

Like other Indigenous peoples, Mi'kmaq people's traditional spirituality and culture is built upon a local place or area of land and resources (R. Bowers, 2010; Knockwood, 1997) and their interactions with this environment, often referred to as 'Mother Earth' (K. Sherman et al., 2010; K. Wilson, 2005). The concept of 'place' has been studied in the following ways: (a) as a geographic location in the world; (b) as the subjective responses of people toward a place, as well as the relationship between 'place' and their identities;

and, (c) as a location for people's and communities' lived experiences (Agnew, 2005; Murton, 2012).

Traditional beliefs of Indigenous peoples include the perception that all of creation is related (Absolon, 2010; Aftandilian, 2011; Cajete, 2000; Murton, 2012; Portman & Garrett, 2006) and that other life forms also have spirits and deserve to be loved and respected (Aftandilian, 2011; Gone, 2008). Their knowledge of the environment is built on their experience of being in a place, observing and interacting with the living ecological system of their local land (Aftandilian, 2011; Cajete, 2000). They believe that their culture, identity, and way of being in the world is shaped by their lived experiences in the place or location of their lives (Cajete, 2000; Gone, 2008; D. Hodge et al., 2009; House, Stiffman, & Brown, 2006; Juntunen et al., 2001; Murton, 2012; Portman & Garrett, 2006). For example, the Mi'kmaq believe that their language has emerged from the location on which they live (Knockwood, 1997) and that they are required by the Creator to care for the sacred place in which they live, work, and playand to strive for harmony in all of their relations (Absolon, 2010; Aftandilian, 2011; House et al., 2006; J. Lewis & Sheppard, 2005; Murton, 2012; Portman & Garrett, 2006; K. Sherman et al., 2010). This understanding of the importance of place as a sacred place from which the culture, language, and the identity of the Mi'kmaq people has emerged has shaped the social and cultural construction of masculinity among Mi'kmaq men (Hopkins & Noble, 2009).

In this study, the importance of stewarding the environment was so important to the participants' perceptions of their roles as men, that they each independently raised the issue of caring for the environment. Brent commented:

That's [looking after the earth] everybody's responsibility. Like with this global warming everybody's got to take part. They have a cleanup crew and they get paid for it. I do my part, I go around and clean up all my family's yards and all of that.

Brent's understanding of caring for the environment was to clean up garbage and refuse lying in yards and on roadways on the reserve. He perceived this as a sign of respect for the land on which he lived. The value of this practice was evident to Brent and it was also prioritized as a program by the Band administration.

Avery, an older man, lived in an old log house that had been his uncle's home, carefully conserving resources: "I have to make sure that every cup of water is used wisely because I'm not the type to run…sometime when I see people that are sprinkling their lawns all day and all night it's just a waste of water and money." As a result, he was careful with the use of water and other resources. He spoke about the need to conserve resources and care for the land:

Oh yeah, like a two-by-four for instance, that little two-by-four well at one time I used to throw those away. If you go to town to buy that that's $11 a piece so it costs $30 to build that little stairs there - see while other people are actually throwing that stuff away or burning it. You'll notice that some of the houses that are abandoned here and are gutted out or burned - the lumber is still there; if I had the time, the truck, and the people, what I would do is tear that house down and reuse the lumber again to build another. Reuse your resources, that's what I would do and then the others that are not quite up to par I would burn them or destroy them they are a blemish to the community. It's not good to have an abandoned house; it's not safe for the children…not safe for anyone at all.

Avery's concern for the environment included not only saving money in building new homes but conserving resources by reusing wherever possible and ensuring that the environment was safe for children who might play in abandoned houses. The importance

of conserving resources is a key value among Indigenous peoples (Aftandilian, 2011; C. Bowers, 2008).

Joseph's home is in the midst of woods. His bird feeders were on the front porch and while I was interviewing him and his wife several species of birds, including cardinals and blue-jays, fed on the other side of the window about two feet from where we were sitting. He had moved to Elsipogtog First Nation to live near his family when his own children were young. They lived off the electricity grid, heating their house with wood he and his sons had cut and using lamps and a generator for light and power. His family only allowed electricity to be brought into their home after the children had left and Joseph had developed several health problems. He stated that:

> The role [of a man] mostly was to respect themselves, their environment… I wanted to help save the environment. I wanted to save everything else like fish. I don't fish, I don't hunt. Conservation… I've got that humanity feeling with nature. I can't kill, I don't want to kill. I would do it if I had to if it came right down to it but as long as I can go down and buy hamburger and stuff like that I'm satisfied with that.

Joseph's efforts to remain in harmony with nature are congruent with traditional values of Mi'kmaq people (R. Bowers, 2010; V. Miller, 1995; Wallis & Wallis, 1955). His attitudes toward hunting differ from those of many of the participants in this study. Art described going hunting:

> You only take what you need. None of this hunting three or four moose, just for the sport of it! When I kill an animal, I thank the animal for giving up its life so that my family can have meat to eat. They [the animals] have feelings and spirits too, you know.

Art's respect for other living things and his recognition that all are related is inherent in his respectful gratitude toward the animal he has shot. He takes care to use as much of the

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animal's body as possible and not to waste the sacrifice the animal has made for his

family. Barry, an Elder, remembered that although his family was poor when he was

growing up, he was still taught to only hunt what you needed and to use all parts of the

animal you had killed:

> I was taught that you have to be… not greedy…you have to share the nature what
> we have out there…you have to understand what nature put in this world, like a
> rabbit is there, a rabbit has life…a rabbit has short life…a moose the same thing.
> As a native person I was taught to respect every animal. If we have to kill an
> animal we kill only what we need. We only kill one, we never kill two. My people
> used to use the meat out of there, the bones, every little bones, everything. People
> used to be poor, but they would save a soup bone. For example, I recall my
> mother boiling a knee joint to make a family soup. She would take a fork and
> bring the bone out of the pot and give it to a neighbor. This is why we used every
> part of an animal.

This practice sharing of what little they had and using everything possible from an animal

(hunted or purchased) enabled First Nations families to survive. The strategies of

conservation of resources and sharing food, rather than wasting it, were important to

survival of Mi'kmaq people in the past. They continued to be useful lessons to address

issues of poverty for contemporary times.

Tony, a man in his thirties, noted that it was important for him:

> To be very respectful to others, to other men, to the Elders and I would say to the
> environment as well, because the environment is crucial at the moment, global
> warming you know. Just to be a very respectful man really.

Tony's perspective demonstrates the essence of Mi'kmaq masculinity, which is to be

respectful to the Creator, Elders, women, others and himself, his family, community, and

the environment, or Mother Earth as some refer to it. In this way, men who participated in

this study strove to achieve balance or harmony with all of creation (J. Lewis &

Sheppard, 2005; Portman & Garrett, 2006; K. Sherman et al., 2010; M. Sherman et al.,

2012). In the minds of the participants in this study, being respectful includes taking action to protect others and the environment.

It is important to recognize that many Mi'kmaq First Nation people, as with other Indigenous peoples may not cognitively know these beliefs. The effects of colonialism have removed these teachings from many families. Others have rejected these ideas as a consequence of adopting the beliefs of Roman Catholicism or other western systems of belief. The Mi'kmaq people were among the first Indigenous peoples in Canada to interact with European colonists and Roman Catholic missionaries with their cultural hegemonic perspectives. As a result, some Mi'kmaq people have been separated from their beliefs and ceremonies for more than 300 years. Other Mi'kmaq people have intermarried with those from a Euro-Canadian worldview. However, Sherman, and associates (2010) wrote, "It is a situation in which long-term *knowing, learning, and remembering* produces continual intergenerational transmission of ecological knowledge" (p. 508).

RESPECTING SELF AND OTHERS

Respect is a value and principle upon which Indigenous people build their lives (Absolon, 2010; House et al., 2006; Portman & Garrett, 2006; Safarik, 1997). Respect for self was a common theme expressed by participants, who clearly understood that self-respect was an important foundation in order to be able to respect others. Dick, an older man, who had been neglected by an alcoholic mother during his childhood, remarked how important it was that: "whatever you do respect your body, respect yourself and

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others… don't be ashamed of who you are even if some of them go this way and that way [act differently], don't be ashamed." Brent explained:

> I'm not angry at my mother. I'm happy that my mother brought me into this world. There must be a purpose that I was here on earth… to help people. Me, I'm …that word respectful, violence doesn't solve nothing, respect…if you want respect, you have to give respect… Respect myself, respect my children. Grow your children up right.

Bob, an Elder, stated that: "The role [of a man] mostly was to respect themselves, their environment." This pairing of self-respect with respect for their mothers, wives, children, and the environment was consistently expressed by the participants in this study. For those whose lives had been supported by a healthy family and network and who had been able to achieve their goals, this sense of self-respect was evident in their posture and portrayal of comfort with themselves. For others, it was an affirmation of their own worth, a kind of self-soothing. The imperative to be respectful was not limited to heterosexuals but extended to family and community members who are emotionally and sexually attracted to others of their own gender, i.e., those who were gay, lesbian, bisexual, transgendered or two-spirited.

RESPECTING SEXUALLY DIVERSE FAMILY, FRIENDS, AND SELF

One of the hallmarks of hegemonic and complicit masculinities in western culture has been that of heterosexism: the dichotomous view of sexuality as either heterosexual or not (Garrett & Barret, 2003). This has led to homophobia being displayed and used as a weapon against those men who broke the heterosexist rule and loved other men or were perceived to do so (Boler, 2005; Connell, 1992, 1995, 2003; Davison, 2000; Getty, Allen, Arnold, Ploeme, et al., 1999; Getty & Stern, 1994; Heasely, 2005). While there is

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evidence in contemporary western society of a decrease in homophobia among young

heterosexual men, including athletes (E. Anderson, 2011), homophobia among

heterosexual men and internalized homophobia among sexual minorities, including gay

men, lesbians, bisexuals, transgendered persons, and two-spirited persons (GLBTT),

continues to be fueled by religious groups and others (H. Adams & Phillips, 2006; D.

Barnes & Meyer, 2012; Newcomb & Mustanski, 2010; Theodore et al., 2013). With this

being the case in the western culture that surrounds Elsipogtog First Nation, the extent of

acceptance of GLBTT persons without judgment among the participants in this study is

even more exemplary.

All of the participants in this study, except for two, spoke clearly about their

acceptance of those whose sexual orientation was not heterosexual. This was especially

true for those with gay men or lesbians in their family. When asked about his feeling

toward gay men, Aaron replied: "I've got cousins who are gay. That's okay with

me…that's their business. They love each other, they hug each other. Everybody needs

love. There are people out there who call them faggots and all of that but…". His

understanding of his cousins' love for their partners rather than only sexualizing their

relationships, as may often be found among western men who aspire to hegemonic

masculinity practices, speaks to his level of comfort with his cousins' sexual orientation.

Bowers, a Mi'kmaq scholar, wrote about his own experience as a gay man:

> as a Two Spirited being, who in this skin-time lives in a male body, my Elders
> have acknowledged in cultural and spiritual ways the beauty and Power of my
> identity within the cultural traditions of our People…This experience of honour
> and respect stands in contrast to what the mainstream society tends to label as
> difference within materialistic constructs of gender and sexuality that have no
> inherent cultural or spiritual meaning beyond who one has sex with, and how one

behaves within limited notions of masculinity and femininity (R. Bowers, 2010, p.115-116) .

Bowers' reference to being a "Two-spirited being" as a beautiful, powerful identity, which has traditionally been respected within the Mi'kmaq culture, is set in stark contrast to the homophobic discourses around homosexuality that focus on sex and myths that associate homosexuality with femaleness and deviance (Connell, 1992, 1995; Davison, 2000; D. Epstein, 1995; B. Frank, 1993b; Getty & Stern, 1994; Kimmel, 1994; Kimmel, 2002; LaSala & Frierson, 2012; Tharinger, 2008).

The traditional worldview of First Nations cultures is dynamic and circular with all beings related. This perspective has led to viewing sexual orientations, not in a dichotomous manner, as in the hegemonic western worldview, but in a circular manner. In this way, the GLBTT members of the community had a place within the circle and were not excluded from the life of the community. Instead, Aboriginal people honoured GLBTT people as being given the gift of two spirits, the masculine and feminine spirits (H. Adams & Phillips, 2006; Balestrery, 2012; Evans-Campbell, Fredriksen-Goldsen, Walters, & Stately, 2007; Garrett & Barret, 2003). Most of the North American Indian tribes had words denoting this special status, which in English has been translated as 'Two-Spirited' (Balestrery, 2012; Evans-Campbell et al., 2007). Two-spirited people were believed to carry unique insights into human and spiritual matters and had unique roles in their communities, some being spiritual leadership roles and in most cases caregiving roles, both for the sick and for orphaned children (H. Adams & Phillips, 2006; Balestrery, 2012; Evans-Campbell et al., 2007).

Homophobia and the exclusion of First Nations GLBTT persons was generated by the Roman Catholic Church in Mi'kmaq communities. Since most of the participants in this study were taught by priests and nuns, either in Shubie Residential School or in the community school, the residue of homophobic attitudes is apparent from time to time. It is counteracted by the value of respect for "all my relations" and of non-interference in the lives and choices of other community members. This was evident when Joe, a young man, was asked whether he would feel comfortable attending a party with some gay men, he responded:

> yeah actually because there was a rally party actually about a month ago it was fine, it's always family right.. So I don't mind, there's usually one person in a family that is to me gay really but then there's people that are open about themselves too.

Joe understood that homosexuality is a normal part of many families in Elsipogtog First Nation, some being able to be open about their sexual orientation while others remain closeted. When Bill was asked about how he would feel if one of his children was gay, he responded:

> I would still love them. Still love them as who they are. My youngest I always questioned the way he is so feminine and he's staying with this guy, he tells me that he has a girlfriend. I think he is but I don't want to judge him. I just said you do whatever you want to do, I'm still going to love you for who you are.

Bill's level of comfort with the possibility that his son might be gay was consistent with the experience of some other parents of GLBTT youth who suspected their children's sexual orientation before their children were able to disclose this sexual orientation (Garrett & Barret, 2003).

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Gene, a man in his twenties, spoke about his initial reaction to his gay cousins'

playful interactions and his increasing level of comfort with them after he had dealt with

his own feelings of safety and comfort in his own identity. This issue of feeling

personally vulnerable when observing family or friends who are more demonstrative of

their affectionate feelings, recedes as men become more confident in their own identity

(Garrett & Barret, 2003). His questioning of his own sexual orientation and fear that a

cousin might "hit on me" are common experiences among young men enacting western

hegemonic masculinity. The value of respect, so important for First Nations men,

however, enabled him to become more accepting of their differences:

> Yeah, I have a couple of cousins that are gay, well I don't know if they are
> admitting it, but they act it. Umm, I don't really…sometimes I would think am I
> like that? Because it's another male right… Or is everyone like that? But as I grew
> at first I didn't really, at first I was pushing them away from me but now with me -
> I accept them, just don't do anything with me. I have that same respect…I have
> nothing against them and they are very respectful too and they aren't any different
> than anyone else in the community.

When asked about any discomfort when he was with a gay man, Andy, a man in his late

twenties denied any discomfort, saying, "No, because I actually lived with three gay

people, they are my cousins." Pete explained, "I grew up with my aunt always having her

girlfriend so…" When he was asked about how he would feel if his sons were accepting

of gay men and lesbians, he replied, "Yeah, I would love it if they would do that."

Brandon, who had been group raped for several years as a young adolescent, remembered

his fear when first meeting gay men:

> At first it scared the hell out of me. It scared the hell out of me. The minute there
> was somebody coming towards me who was gay I would take off the other way.
> To me I was, as I said earlier, when [his grandfather and rapist] he told me it's
> your fault, it's your fault, it's your fault. Automatically I had this thought I'm gay,

> I'm gay. I accepted it because as I said… but Edward [an Elder and Addiction worker] taught me to live my life not to judge other people. Love thy neighbour as thyself as the saying goes. I open my heart to everybody but I'm very careful with it. But I will help anybody.
> I don't have anything against the people. I treat everybody the same because they are all human, but they have different habits. I have gay people, I have lesbians. I have friends. That's okay with me, but I usually tell them…when we get together there will be a whole bunch of us and I will say okay, I'm here, but don't you slap my ass because if you do I will hit you.

By clearly stating his limits about what he can tolerate in touch and interaction, he was able to maintain friendships and be respectful to GLBTT persons in his social network. His warning that he would protect himself from unwanted touches stands in contrast with his inability to protect himself as a child against his grandfather and two uncles when they raped him every week. Brandon's ability to accept gay men, realizing that they had not harmed him, were components of his healing process from his childhood sexual abuse, marriage heartaches, and addiction experience.

Only two participants expressed homophobic sentiments. When Barry, a young man, was asked about whether he knew any gay men or lesbians, he admitted: "There was one in Big Cove School… He was treated pretty bad! He was always different from all of us and everything. [He was more effeminate?] Yeah big time! I kind of teased him too (chuckling)." Aaron, commented when asked about how he felt about gay men and lesbians:

> I disagree with that situation. They've got their own lives to live. But I do believe God made Adam and Eve, a man and a woman, to have children and that's what I believe. That's what I had and I have.

These two men's attitudes toward GLBTT persons were consistent with the proscriptions proclaimed from the pulpit by the priests in the Catholic Church, which sits in the middle

of the reserve, on land that has been deeded to the Roman Catholic Church (D. Barnes & Meyer, 2012). One of the true ironies of this world is the Roman Catholic Church's continued protection of priests who sexually abused children, both in Shubie Residential School and in communities, while condemning love between same sex adult partners. The fact that these two men expressed homophobic attitudes demonstrates the influence of more than 500 years of interaction with Roman Catholic missionaries and with western hegemonic masculinity practices among the western men with whom they went to school and worked.

Some of the respectful attitudes toward the GLBTT community that were a part of the Aboriginal worldview have been influenced by the hegemonic culture of western religions (D. Barnes & Meyer, 2012). However, the majority of men in this study denied feeling negatively about members of the GLBTT community and supported those within their own families and community. This was so pronounced that we theoretically sampled three gay men to learn about their experiences of acceptance or rejection in the community of Elsipogtog First Nation.

All three of the gay men interviewed were under 30 years of age. Each of them denied being excluded or taunted in the community. Tony described attending a family party, saying, "I was just one other family member there. After all, everyone there was family." To him, family supported one another and included each person. Billy, a gay man who had gone west to live his life openly. described his experience of coming out as gay:

> I came out to my Mom when I was still in school [high school]. She told me that she had been pretty sure I was gay for a while! I used to bring my boyfriend home to hang out with me – she was OK with that, but she got pretty worked up when I

tried to spend the night with him at home. That's where she drew the line! So I knew she wasn't as OK with it as she said she was…

Billy interpreted his mother's reaction as revealing that, while she conveyed an accepting attitude to him and others, she was really homophobic. When it was suggested to Billy that perhaps his mother just did not want to think about her son being sexually active, just as many of us do not like to think about our parents as sexual beings, he seemed more reflective.

Pat, an openly gay man in his twenties, described his sense of being accepted within his own family, even by his father who had separated from his mother when Pat was young:

> there was a lot of things I dealt with when I was younger already like the breakup of the marriage…Yeah I was pretty young dealing with all of that and them separating but it wasn't too bad because I didn't have a problem with it because I would see my dad in the summer and sometimes at Christmas. Yeah and I talked to him the night before I moved to BC.

Pat interpreted his father's continued contact with him as an affirmation of his identity, of his acceptance of Pat as a whole person. Pat's experience echoes that of the other two gay men and of 25 out of 27 men who self-identified as heterosexual in this study. GLBTT persons were perceived to be and were treated as members of the community who belong to the circle and have a reported place in the community. Only when homophobia is inculcated through sources, such as western ideals of hegemonic masculinity and religious groups such as the Roman Catholic faith, is this circle broken and GLBTT persons excluded and tormented in their own home.

Summary

In this chapter, I have described Mi'kmaq men's practices of masculinity, their perceptions and worldviews and factors that together interact to create these practices. It is clear that Mi'kmaq masculinities differ significantly from the western ideal that has been labeled as hegemonic by theorists from the west (Connell, 1994b, 1995; Connell & Messerschmidt, 2005; N. W. Edley, M., 1996; R. Gray et al., 2002; Moynihan, 1998; Payne, Swami, & Stanistreet, 2008). Using the terms 'hegemonic' or 'dominant' in relation to the traditional and sometimes concurrent masculinities practices of Mi'kmaq is like an oxymoron; it has no place in a worldview that is not linear but instead relational and embedded in community and environment. In the following chapter, the meaning of these masculinity practices for Mi'kmaq men will be discussed in relation to their health perceptions, practices, and health status, management of illnesses, and healing factors.

CHAPTER 9   THE LIVED EXPERIENCE OF RESILIENCE

For Aboriginal Peoples in Canada, ideas of resilience are grounded in cultural values that have persisted despite historical adversity or have emerged out of the renewal of Indigenous identities. These include culturally distinct concepts of the person, the importance of collective history, the richness of the Aboriginal languages and traditions, and the importance of individual and collective agency and activism (L. Kirmayer et al., 2011, p.88).

INTRODUCTION

The preceding paragraph identifies the importance of cultural values to the identity of Aboriginal persons, both those values founded on traditional Mi'kmaq ontological approaches to life and those values that have evolved over time as the epistemological approaches have adapted to new information and situations. In this study, the resilience evident in Mi'kmaq men's cultural identity has emerged as an important component of their everyday social construction of masculinity and health practices. In this chapter, I will focus on the relationship between the masculinity practices of Mi'kmaq men and their health practices. In particular, I will examine the resilience of the participants' health, in light of the balance between (a) the stressors that impact the physical, intellectual, emotional, social, spiritual, and environmental health dimensions and (b) the resiliency factors of masculinity and health practices, spirituality, and culture.

When reflecting on the data regarding the health of Mi'kmaq men, the concept of resilience emerged to describe their "capacity to be bent without breaking, and the capacity, once bent, to spring back" (Stout & Kipling, 2003, p.5; Vaillant, 1993, p.284). This metaphor depicts the condition of men who have been bent to the ground by enormous, long-standing pressures, to the point where it is difficult for them to straighten

when the pressure is decreased; such was the lot of participants who were neglected and abused during childhood.

The lived experience of other participants who grew up in loving families was tempered by being able to grow deep roots within the protection of their families and community where they could overcome negative experiences. These men have been able to grow into strong, deeply rooted adults who have learned about their culture, obtained employment, and had healthy families. When some of their supports are lost, they survive the pressures of life and regain their balance of health.

In this study, I have defined resilience as the ability to regain balance and wholeness when internal and external stressors have shaken or destabilized the man as a whole. Regaining balance is facilitated by the person's assets such as his (a) culture and spirituality, (b) body and sense of identity as a Mi'kmaq man, (c) agency and self-esteem, and (d) sense of belonging to family and community support networks (Lafrance, Bodor, & Bastien, 2008; Pike, Cohen, & Pooley, 2008; Tousignant & Sioui, 2009; Ungar, 2008).

The study of resilience began with attempts to understand why some children who lived in tumultuous and dangerous situations were able to overcome their negative environments and grow into productive healthy individuals (McGuire, 2010; Ungar, 2008). However, the concept of resilience has subsequently been applied to the healing and recovery of adults, families, and communities (Lafrance et al., 2008; McGuire, 2010; Tousignant & Sioui, 2009).

From the data in this study, it is evident that the health of Mi'kmaq men is composed of a balance of physical, emotional, intellectual, social, spiritual and environmental dimensions. (See Figure 1). Those living, dynamic or ever changing, and interacting dimensions of health contribute to the overall well-being or illness of the individual, family, and community (Coyhis & Simoneli, 2008; King, Smith, & Gracey, 2009; Rybak & Decker-Fitts, 2009; Twigg & Hengen, 2009; Yurkovich & Lattergrass, 2008).

Mi'kmaq people, as with many Indigenous peoples, perceive health to be a state of holistic balance and harmony within their own subjectivities and in interaction with their families, community, environment, and Creator (King et al., 2009; Portman & Garrett, 2006; Twigg & Hengen, 2009; Yurkovich & Lattergrass, 2008). All of creation is viewed as related and interconnected (Absolon, 2010; Aftandilian, 2011; Gone, 2011; Portman & Garrett, 2006; Yurkovich & Lattergrass, 2008). In this way, health is a socially constructed process of working to achieve well-being within a geographic space. It varies according to historical and contextual factors from within and exterior to the person, family, or community (Rybak & Decker-Fitts, 2009; Yurkovich & Lattergrass, 2008). Illness is defined as an imbalance that can be initiated by stressors in any dimension but will resonate within the whole (McGuire, 2010; Yurkovich & Lattergrass, 2008).

A Mi'kmaq man's health and well-being is founded on the land upon which he grows and lives (Getty, Perley, et al., 2010; McGuire, 2010; Portman & Garrett, 2006; Richmond & Ross, 2009). The health of the land on which the Mi'kmaq have lived and

developed their culture, language, and ways of viewing the world is constantly

changing and interacting with men's internal dimensions of physical, emotional,

intellectual, social, and spiritual health (Absolon, 2010; Aftandilian, 2011; Gone, 2011;

McGuire, 2010; Portman & Garrett, 2006; Richmond, Elliott, Matthews, & Elliott,

2005; Richmond & Ross, 2009; Twigg & Hengen, 2009). The dimension of spiritual

health interacts with each man's physical, mental, emotional, intellectual, and

environmental health dimensions, providing balance when internal and external

stressors challenge the stability of his wellbeing. At the very core of the individual,

family, and community, spirituality pulls all other dimensions of health together,

serving as a fulcrum to balance other health dimensions. Spiritual health is a resiliency

factor, acting as a warm, comforting blanket to stabilize the person's health, providing a

safe place to grow as a person and achieve his goals and wellbeing. (See Figure 1 for

the model of this relationship.)

For example, when a Mi'kmaq man is diagnosed with diabetes type 2, his insulin

production has decreased and his cells are likely not to be fully receptive to the insulin

that is secreted. As a result, his body is unable to titrate or balance the amount of

glucose in his blood. This imbalance in physical health leads to many systemic changes

in his body, including atherosclerosis, cardiovascular disease, and other complications.

Initially on diagnosis he may experience a sense of loss of the integrity of his body, and

grieve what he has lost, including free choice about the foods he should eat. He may

feel angry at the limitations imposed by diabetes. These emotions may make it difficult

for him to learn about diabetes and how to manage it.

If his intellectual dimension is limited by neurological changes or social disadvantages, it may be harder for him to understand what has happened to him and to learn to manage his diabetes. If he has strong social support networks and aligns himself with the Canadian Diabetes Association, he may be able to access other diabetics who can share their experiences and knowledge with him and support his efforts to understand and deal with diabetes.

Learning that he had developed diabetes raises the issues of mortality and the vulnerability he may feel. Among First Nations people, many know others who have died prematurely from a diabetes related complications. As he is able to participate in spiritual ceremonies and talk with Elders, he will be able to heal his body, not to overcome but to manage the diabetes so as to focus on other intellectual, emotional, social, physical, environmental, and spiritual issues that arise.

Health of Mi'kmaq Men: Balance and Harmony
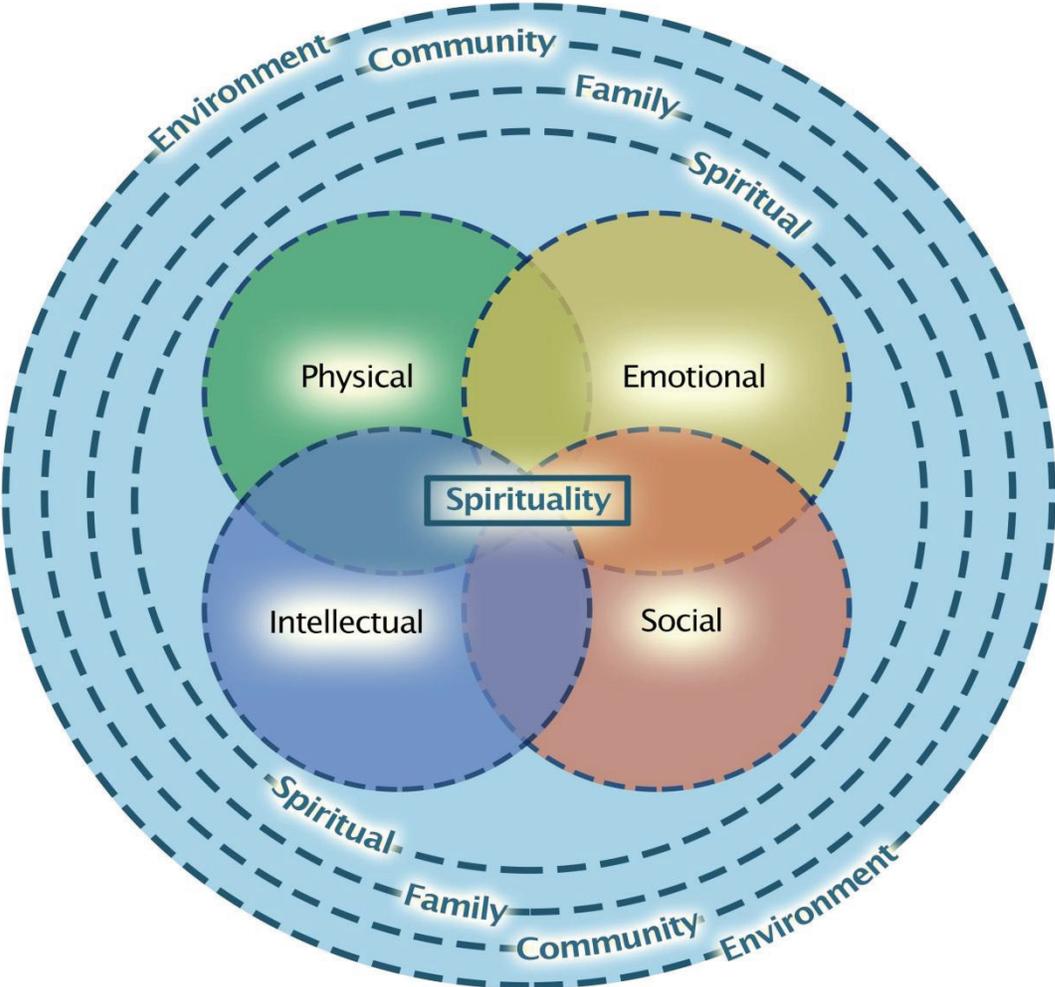
Figure 5: Health of Mi'kmaq man

M I'KMAQ CULTURE

In this chapter, I have focused on the wellness of men as individuals within a unique culture, recognizing the importance of each man's interaction with his family, community, and society (C. L. Reading & Wien, 2009; Rybak & Decker-Fitts, 2009; K. Tsey, Whiteside, M., Deemal, A., & Gibson, T., 2003). In the collective society of Mi'kmaq people, each person is held accountable for his/her own behavior and enacting his/her responsibilities to contribute to the well-being of his/her family and community (Brokenleg, 2010, 2012; Rybak & Decker-Fitts, 2009; Wallis & Wallis, 1955).

Culture is defined as a dynamic, historically shaped, and socially constructed and transmitted way of being in the world that includes patterns of interaction and activities, values, language, and ceremonies or other events that celebrate the spiritual beliefs and identities of people within that culture. The concept of culture also includes practices or ways of viewing an issue that influence the meaning of events, as well as other forms of lived knowledge, to create common ways of understanding and interpreting experiences by members of the cultural group (Gone, 2011; Herman-Stahl, Spencer, & Duncan, 2003; House et al., 2006).

Mi'kmaq culture has been evolving over thousands of years prior to the discovery of North America by Europeans and subsequently in resistance to the western hegemonic culture. In spite of more than 400 years of subjugation by western authorities and the harms perpetrated by the attempts to assimilate the Mi'kmaq and destroy their culture, they resist colonial domination and continue to construct their Mi'kmaq culture and traditional ways of being in the world. It is important to note that when the term 'traditional' is used, it refers to practices, ceremonies, and ways of viewing issues that are

founded on ancient practices but that continue to evolve over time in a way that is

consistent with the core values of the cultural and spiritual practices of Mi'kmaq people

(House et al., 2006).

The core values of the Mi'kmaq culture, including respect, authenticity or honesty,

working hard to provide for family and community, humility, non-interference and

acceptance of diversity without judgment, respect for and of caring for the environment,

and the centrality of spirituality (K. Anderson et al., 2012; House et al., 2006; Rybak &

Decker-Fitts, 2009), have been the standard by which the majority of Mi'kmaq men in

this study have measured their manhood and constructed their gender practices. Their

socially constructed dynamic performance of masculinity intersects with their balance of

health and the healing strategies they employ to work toward well-being within the space

of their land and community at a particular period in time.

HEALTH AND HEALTH PRACTICES

It is important to begin the discourse about the gendered experiences of a Mi'kmaq

man with an examination of the role of his body on his performance of masculinity; its

shape, weight, and height, the color of his skin, his coordination and ability to use his

body, as well as his mind and spirit, contribute to the social construction of masculinity.

His body is the material object upon which a man builds his identity, shapes his

personality (Connell, 1995; A. Hall et al., 2007; O'Donoghue, 2005; Swain, 2003), and

constructs his configuration of masculinity practices (Connell, 1995). The body is also an

active agent contributing to his social construction of masculinity (Connell, 1995;

Motschenbacher, 2009; O'Donoghue, 2005; Schrock & Schwalbe, 2009; Schyfter, 2008;

Swain, 2003). Connell (1995) identified the "body-reflexive process," which she defined as the process in which bodies are both the 'objects and agents of practice, with the practice itself forming the structures within which bodies are appropriated and defined" (p. 61). In this current study, men are conceptualized as "embodied social agents" (Swain, 2003, p.300), who construct their practices of masculinity on their bodies with their bodies in turn contributing to their daily performance of masculinity.

While we focus on the social construction of gender and health practices and their influence on a man's health, it is important to remember that these practices are constructed on and with the contribution of his corporeal body (O'Donoghue, 2005; Swain, 2003). His bodily functions and sensations, influenced by health factors, injuries, illnesses, and health practices, are important components of his sense of wellbeing and manhood (Ahlsen et al., 2012; Bourke, 1996; Cecil et al., 2009; Chapple & Ziebland, 2002). We need to be careful not to take for granted a man's physical body, its functions and meaning, for the wellbeing of the person and his family.

As a nurse, I am often focused on a man's bodily function as well as his other health dimensions. In my practice working with healthy male youth and men, it has been clear that the body of a man has a strong influence on how he is perceived by others and himself. This is evident during adolescence when boys' bodies change dramatically within a few months. The social reaction of others and their feelings about themselves change drastically as they try to adapt to a body that has grown 12 or more inches. The task of learning to manage this different body, with its big feet and hands and different function along with the hormonal surges that accompany this sudden growth, influences

the teen's self-esteem and self-confidence. In this way, the body itself influences the social construction of these boys' practices of masculinity on a daily basis.

Among Mi'kmaq men, the color of their skin makes a difference in the degree of racism they face. Those with lighter skin have denied experiencing much exclusion or racism when they enter consolidated middle schools, whereas those with darker skin have often described the cruelty of overt racism from other students and community members. As well, the experiences of their bodies, including being neglected and hungry, punished for speaking the only language they knew, or physically and sexually assaulted, have influenced their embodied masculinity or the role that their body plays in the social construction of their masculinities (Swain, 2003).

In an effort to understand the influences of the body on the social construction of masculinity and health, I was drawn to the literature on embodiment and found the system of categorizing 'male body schema' that was articulated by Watson (2000). He identified four categories of 'male body schema' in this classification system:

1.   **Visceral embodiment**: the physiological body processes that determine the body's functionality. This category is often the basis for health interventions with Mi'kmaq men when illness or injury occurs and underlies the health practices which Mi'kmaq men employ to maintain their health.

2.   **Pragmatic embodiment**: the ability to use the body to perform daily functions, such as work, fathering, and other social roles.

3.   **Experiential embodiment**: the ability to feel well/ good about the body and to feel a sense of emotional wellbeing. This category provides the site of interaction

between the social and the physical dimensions. As well, the data for this study provides a rationale for the inclusion of spiritual dimensions.

4. **Normative embodiment**: the idealized image of a healthy man's body (R. Meadows, Arber, Venn, & Hislop, 2008; Robertson, 2006a; Robertson et al., 2010; J. Watson, 2000). This category implies a universal ideal body image; nevertheless, the ideal is culturally determined. Among Mi'kmaq men, a muscular, fit brown body with a hawk shaped nose, and long black hair has often been the traditional image of the idealized body (Wallis & Wallis, 1955).

This categorization of the ways in which the body is implicated in the social construction of masculinity and health has been utilized by researchers investigating the relationship between masculinities and health (Robertson, 2006a, 2006b; Robertson & Monaghan, 2012) and the impact of illness on the masculinity performances of men (J. Oliffe, 2006; Robertson et al., 2010). All four of the categories of embodiment (J. Oliffe, 2006; Robertson, 2006b; Robertson & Monaghan, 2012; Robertson et al., 2010; J. Watson, 2000) were evident among the practices of masculinity and health of participants in this study and contributed to their perceived wellbeing. While the term 'masculinity health practice' may be interpreted by some as an oxymoron, it is the term that comes to mind when thinking of a health practice that is also a masculinity practice of Mi'kmaq men. This term will be used in several health challenges that will be discussed in this chapter, including choosing to eat a nutritionally healthy diet, maintaining physical fitness, and others.

Many of the men in this study equated health with a pragmatic embodiment in which their bodies were able to function and perform the masculinity practices expected

of them, including working hard and earning a living for their families (K. Anderson et al., 2012). Others perceived health to be a state of balance and well-being (Coyhis & Simoneli, 2008; Garroutte et al., 2005; Gone, 2011; King et al., 2009; Portman & Garrett, 2006; Robertson, 2006b; Twigg & Hengen, 2009; Yurkovich & Lattergrass, 2008), an experiential embodiment (Robertson et al., 2010). For example, Dave, an older man, defined health as follows:

> To me anyways healthy would be have a good…have your life in order, enjoy your life, enjoy everything that is given to you in life and go out more often, enjoy the fresh air, eat good, um and take care of your body and plus uh I always tell my boys whoever you are going to go out with make sure they are clean. You can't really tell women if they are if you are going to insult them have you ever got tested for AIDS, HIV so many here in Big Cove, not so many, but somewhat, I always tell them make sure you wear protection. To me that's how I look at it. Yeah eat well and make sure you don't eat in a way stuff that's going to kill you.

Dave's definition of health focused on positive health practices that men can exercise to maintain their health, such as eating well, practicing safer sex, and enjoying the environment. His words carry a sense of the individual's responsibility to take actions to attain health (R. Meadows et al., 2008; Robertson, 2006a), a value in the Mi'kmaq culture. He also demonstrated the value of a positive approach to life, teaching his sons about caring for their health through safer sex practices. Their father's open discussion of the importance of preventing disease, infertility, and death legitimized their careful use of safer sex practices (R. Meadows et al., 2008).

His discourse regarding male sexual behavior reveals a perception of the embodiment of masculinity in the sexualized male body as an assumed facet of youth. The gendered expectation that young men will be driven by the need to have genital

focused sexual activity as a part of their expression of masculinity is often identified as

a core practice of masculinity within a western hegemonic masculinity pattern (K.

Plummer, 2005). Mi'kmaq youth are exposed to this expectation through mass media

and the lives of their peers. While Dave's expectation that his sons would engage in

sexual interactions was a normative concept for him, his tolerance was accompanied by

a realistic concern that they protect themselves from sexually transmitted infections

(Gravel, Young, Olavarria-Turner, & Lee, 2011).

This tolerant attitude toward sexual activities, along with the knowledge of the

risks inherent in unsafe sex, is reflective of the approach of Elsipogtog and other First

Nations communities where condoms have been freely available in the health centers

for more than twenty years. As far back as 1990, Elsipogtog First Nation organized a

week-long workshop for the Chief and Council and other community leaders on HIV

and its meanings for their community. This was long before surrounding communities

were even willing to acknowledge the potential for HIV to touch them.

The awareness and inclusion of safer sex practices was also evident for Bobby, who

described himself as, "a single man. I don't really worry about my sexual health… I'm

always protected. I do my best to protect myself [using safer sex]… Always, always!" All

three gay men who participated in this study were clear that they felt accepted within

their families and the Elsipogtog First Nation community. They affirmed that they are

careful to use safer sex practices, including using condoms for sexual interactions. This

differs from the findings of other studies where GLBTT persons felt excluded and

rejected in their American Indian communities and took risks with their health by finding

partners in bars, baths, and cruising areas (Gilley, 2010; Gilley & Co-Cke, 2005).

Such discussions of health practices for participants point to a difference in the practices of Mi'kmaq masculinity as compared to those of the western hegemonic model, where health risk behaviors have been construed to be more manly and health promoting practices more feminine (Connell, 1995; Courtenay, 2000b; Mahalik, Burns, & Syzdek, 2007; Mahalik, Good, & Englar-Carlson, 2003; J. Oliffe, Grewal, et al., 2009).

Mi'kmaq men in this study employed a variety of learned health practices that they employed to prevent illness and maintain their health. This interest in their health runs counter to research that has focused on western hegemonic masculinity practices (Connell, 1995; Courtenay, 2000a, 2000b; Courtenay, McCreary, & Merighi, 2002; Creighton & Oliffe, 2010; Seymour-Smith, Wetherell, & Phoenix, 2002). However, it is congruent with the findings of Robertson (2006) and Sloan and associates (2010). The cultural influences of the Mi'kmaq tribe is implemented by the "communities of practice" or local communities that provide a social structure and cultural beliefs that influence the meaning of a man's masculinity practices and identity (Connell, 2005a; Creighton & Oliffe, 2010, p.413; J. Oliffe et al., 2010).

The participants in this study also engaged in risk behaviors such as smoking, eating poorly, and not exercising. For some participants, this created a never-ending cycle in which they engaged in health practices to decrease their weight and/or become more fit and then lapsed into times of decreased activity and poorer nutritional practices. This cyclical process of taking control of activities like dieting and then letting go, as a desire for relief from the control and the tensions imposed, has been related to the gendered practice of risk taking that is evident, particularly among young men (Robertson, 2006b).

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Risk taking is often rationalized by men as serving a stress reduction function and therefore improving health (Robertson, 2006b). The taking control part of this cycle was also a gendered practice that reflected values of respect in the self and working hard to maintain health in the interests of providing for the family. The decision to diet was usually made by the man himself, based on information he found in internet searches, and monitored independently by regular weight measurements, all components of taking responsible for his own choices, a practice of masculinity among Mi'kmaq men (R. Meadows et al., 2008; Robertson, 2006a, 2006b).

For some of the participants, the cyclical process of taking control of diet and then letting go took into account seasonal variations such as times of increased hunting when men would be in the woods for long periods whenever possible. This was demonstrated when Paul, a young man, described his pattern of practices that were intended to increase his health,

> I was thinking of going back [to the gym on the reserve] Monday… I go about six months straight lose about 30, 40 pounds and then I stop again and that's where I'm at now I stopped, trying to go back, but waiting for hunting season to be over. [I go hunting] whenever I can. It's hard to go now because I get up at 4:30 [to go to work.]. I try to go for evening hunts and I go every weekend.

Paul was willing to endure the discomfort and pain associated with beginning to exercise again in order to achieve hisideal masculine body shape, size, and function (Seidler, 2006). He felt unable to fish due to his current weight, a sense of deficit of ability to do what he needed to do (pragmatic embodiment), when he said, "I'm too heavy for the boat now." While he chuckled about his current size, this comment highlights his perception of the difference between his body and the idealized Mi'kmaq male body (normative

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embodiment) (Robertson, 2006a). Physical limitations created by this less functional

body led to a decreased perception of his ability to fulfill the masculinity practice of

working hard to provide for his family and fueled decreased self-esteem. He compensated

by engaging in the masculinity practice of working hard at hunting to provide for his

family. He admitted to snacking on chips and commented,

> I quit pop for a while … I do pop once in a while now… if there is a salad there I will eat it. If you put it in front of me I'll eat it whatever it is… but if I'm on the run I'll just go to the store real quick and I'm off. Just grab a sub or something.

Paul's knowledge that salads provide more nutrition than other food choices and that pop

was not a good choice shows his understanding of some fundamental principles of

adequate nutrition, even though he did not always make good food choices. However,

the fact that he regularly lost over 30 pounds is evidence that he is able to make better

choices when weight loss is his health goal. The relationship between the intent to eat a

nutritious diet and actually eating one has been supported by other research (Gittelsohn et

al., 2006; Stang, 2009).

Bobby, a young man, spoke of his beliefs about the preparation of food and his

nutritional practices:

> I worry about my aunt's health, oh you are having high blood pressure problems, well you are cooking your eyes in a friggin' puddle of grease. That's not how [you stay healthy]! Yeah, I do the best that I can to eat healthy. There's times that I'm stressed with clients that I have to meet. It's like give me a pizza. I think that's normal. It's something I kind of learned in university. When you are in university you are not a rich person so the only thing that's cheap over there is pizza, fries, nuggets, whatnot. Anything organic is up there [costs more].

Bobby recognized the health risks posed by eating foods that were high in fats (Conti,

2008; O'Connell, Buchwald, & Duncan, 2011; Ruthig, Hanson, Ludtke, & McDonald,

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2009; Stang, 2009; Stang et al., 2005). He also acknowledged eating lower cost comfort foods to assuage stress, especially when his income was limited. However, his deliberate attempts to eat in a healthy manner demonstrated his own sense of agency, or control, in being able to make good choices about his food intake, contributing to his masculinity health practices.

Dave, an older man, who had been neglected and abused during his childhood, described his conflicted feelings about food as well as successful fasts that are a part of the Sundance program:

> Now I'm going on eight years now as the Sundance, the first year when I done my fast I never ate for four days and drink but to me I'm used to that like going in the woods - I never ate. I can go, like three four days, not eating just sipping the water and when I eat I was always scared to eat. When I was growing up I was scared people tell me eat, eat…no, no…really eat. I was shy about it I don't want to eat too much because I'm scared somebody is going to holler at me. I don't know - it was like putting a switch on automatically everything shuts down…

Food carries emotional memories; Dave attributed his ability to fast for four days to his pattern of doing without much food as a child. His memories of being punished for eating 'too much' were vivid and painful. Money to purchase food was limited because drugs and alcohol were his mother's first priorities. He remembered being afraid to draw attention to himself and become a target of the violence that imbued his home. These childhood memories were imprinted on his sense of safety and his choices around food. As a child he went to the woods for safety. This practice continued in adulthood, as hunting and being in the woods provided a safe place in which to renew his spirit. Dave remembered,

> Since I was 16 I always have this. I exercise, I did sit ups, push ups and still I couldn't lose weight I'm always at 200 to 230 back and forth since I was 16 and now I'm 41 and still can't lose it.

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Dave's unsuccessful efforts to lose weight despite his practice of doing without much food and relying on sips of water while in the woods and engaging in sustained systematic exercise regimes, raises the issue of whether other factors are influencing his persistent weight challenges. In the study *Mapping of the Contaminants Affecting the Health of First Nations in New Brunswick,* Mi'kmaq people living in northern reserves were significantly more obese (more than 50% were obese) despite being significantly more physically active more frequently for longer periods of time than First Nations participants from southern New Brunswick (Getty, Perley, et al., 2010).

The traditional diet of First Nations peoples on the East Coast of Canada was a healthy one filled with vegetables, fish, and meats and low in fat and simple carbohydrates. In order to examine the healthfulness of such a diet in current times, participants donated traditional food samples from their freezers to be tested for contaminants such as metals and other substances like BPA and dioxins. The foods that were donated included fiddleheads, berries, moose meat, salmon, lobster, and trout. Levels of substances such as cadmium, zinc aluminum, copper, nickel, and Zinc were elevated in most of these traditional foods (Getty, Perley, et al., 2010).

Cadmium is a good example of the risks of these traditional foods for the health of First Nations people in New Brunswick. It has been found to be an endocrine disruptor and to stimulate the development and size of more adipose cells, leading to increased obesity in those persons who take in more cadmium in their foods (Henley & Korach, 2006; O. Martin, Lester, Voulvoulis, & Boobis, 2007). Additional health consequences include increased numbers of people with diabetes type 2, kidney failure, cardiovascular

illnesses, and cancer. In turn, the increased number and size of adipocytes means that more metals such as cadmium will be retained in the body over the person's lifetime (Arsenescu, Arsenescu, King, Swanson, & Cassis, 2008; D. Lee, Lee, Porta, Steffes, & Jacobs, 2007; Mullerova & Kopecky, 2006).

One of the systemic barriers to members of the Elsipogtog First Nation being able to access nutritional foods is the lack of a grocery store within 30 kilometers, which adds transportation time and expenses to the costs of food. This is a common problem for American Indians living on reserve (Conti, 2008; Stang, 2009). One way of addressing this issue is to continue the practice of gathering food from nature whenever possible. At least half of the participants in this study performed the masculinity practice of providing for their families through hunting and fishing for food. Albert, an older man, believed in the nutritional value of fish:

> Three times a week no matter where you go to eat... If we go downtown for dinner I'm going to have a mess of fish. One day I saw a television news reporter point out that in Greece or someplace overseas you can see fishermen pulling in those old box traps by hand. They are heavy - about 80 or 90 pounds. When he was asked his age, the fisherman replied, '96 years old' and 'I never had a sick [day]!'

As an older Mi'kmaq man, Albert contended that eating fish and doing the hard work to land the fish were healthy practices of manhood that enabled men to live long, physically fit lives. Eating fish several times a week is a healthy nutritional choice according to Canada's Food Guide. However, for First Nations people living in New Brunswick communities this may not be the case. Getty and associates (2010) reported that trout, salmon, and smelts from northern New Brunswick First Nation people's freezers contained elevated levels of cadmium, zinc, chromium, and copper.

Joe, an older man, remembered, "as soon as I finished supper and went in to watch television I would go and munch on whatever I could get my hands on… now I don't do that. I feel full." This consumption of snack food that is high in fat and calories leads to increased obesity, diabetes, and cardiovascular diseases among Aboriginal people (Gittelsohn et al., 2006; Stang et al., 2005). In the Regional Health Survey of New Brunswick First Nations adults, 36% rated themselves as overweight and another 33% as obese (Getty et al., 2006). When nurse researchers measured the BMIs of First Nations people living on four reserves in New Brunswick, more than 50% of those from participating northern New Brunswick Mi'kmaq communities were obese and 26.7% had been diagnosed with diabetes type 2 (Getty, Perley, et al., 2010).

In the Strong Heart Dietary Study, in which more than 3000 American Indian adults who have diabetes type 2 are being followed over time, the diets of men have been found to exceed the required amounts of fat and sodium, but to be low in vitamins A, C, and E (Conti, 2008; Jernigan, Duran, Ahn, & Winleby, 2010). Changes in diet are important practices to address the increasing morbidity and mortality of American Indians related to cardiovascular disease and diabetes (Ide, Dahlen, Gragert, & Eagleshield, 2006; Jernigan et al., 2010).

Joe and several other participants in this study recognized the danger of poor diet to health and made changes to their dietary intake. This is important evidence that they cared about their health and were making informed choices to maintain it (J. Oliffe, Grewal, et al., 2009; Robertson, 2006a), taking control of this health practice. This is also a masculinity practice of Mi'kmaq men that is in contrast to the stereotype of western hegemonic masculinity practice of disregarding health (Connell, 1995;

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Courtenay, 2000a, 2000b; Courtenay & Keeling, 2000). However, this stereotypical practice of masculinity has been challenged in more contemporary research (J. Evans et al., 2011; Kahn, Holmes, & Brett, 2011; Kierans, Robertson, & Mair, 2007; Lohan, 2007; Lu et al., 2009; Meryn & Shabsigh, 2009; J. Oliffe, Grewal, et al., 2009; Robertson, 2006b; Robertson et al., 2010).

The most prevalent health practice among this sample of men, as in men in the general population, was to engage in planned exercise to increase their physical fitness and enhance their perspective of their embodied masculinity (C. Sloan, HGough, & Conner, 2010). They perceived that being fit was important to maintaining health balance and overall wellness. This belief is supported by research that has found that physical activity is directly related to an increased level of high density lipoproteins and inversely related to Aboriginals' fasting blood glucose levels, thus decreasing the risk of developing diabetes type 2 and cardiovascular diseases (Coble & Rhodes, 2006).

In spite of the benefits of exercise, many studies have found that American Indians are more likely to live sedentary lives with little exercise (Acton & Bullock, 2009; Coble & Rhodes, 2006; Jernigan et al., 2010; Ruthig et al., 2009). However, much of the research that has been done on physical activity among Aboriginals in North America has been quantitative and cross-sectional (Coble & Rhodes, 2006; Jernigan et al., 2010). Among the participants in this study, there were periods of increased physical activity interspersed with times of a more sedentary life-style. If the participants in this study had been surveyed in a cross-sectional design during one of their periods of decreased exercise, whether this was due to the time of year or other factors, the conclusion to be drawn would suggest that fewer men are physically active. This

decontextualization of the findings would lead to a misleading picture of the health practices of these First Nations men.

One asset that contributes to men's health in Elsipogtog is the gym, a separate building filled with the machinery of serious fitness training. This place is a bastion of masculinity; when I have visited it, there were always several men straining at machines with sweat pouring off their bodies. This physical space provides a place where Mi'kmaq men can choose to move in ways that shape their bodies, increasing muscularity, and the function of the body's parts and its whole (McKinley, 2006; Robertson, 2006a). Men's increased physical capacity and strength enables them to utilize their bodies more effectively, to move heavy objects or participate in the whole four day Sundance ceremony. In this way, their choice of 'working out' regularly contributes to their ability to function and accomplish the masculinity practices of their daily life (sense of pragmatic embodiment) (R. Meadows et al., 2008; Robertson, 2006a). As well, they derive an increased sense of pleasure from the release of endorphins after a work-out, increasing their feelings of wellbeing (experiential embodiment) (Robertson, 2006a, 2006b; Robertson et al., 2010). The muscular strength and shape of their bodies contributes to their bodily development aligned with the cultural image of the ideal body (normative embodiment). In this way, the gym provides an important asset to the embodied health of Mi'kmaq men living in Elsipogtog First Nation and to their perceived masculinity.

The gym is also a place where men can bond socially, expressing their biological masculinity freely, including grunting, sweating, and using profane language, all behaviors that they would be less likely to express in the company of women (Atherton,

2009). The physicality of the experience of working out at the gym in the company of other men contributes to their social and cultural connections (Robertson, 2006a; Robertson et al., 2010). The importance of this channel of social support for men, both for the camaraderie of straining side by side and the example of others engaging in exercise in the gym are important motivating factors to support men's continuing engagement in the masculinity health practice of working out (Mahalik et al., 2007; Mahalik et al., 2003; J. Oliffe, Grewal, et al., 2009).

The practice of working out and physically exercising alongside other men, as well as independently performing against their own records, rather than competing with other men, is an example of a masculinity health practice of Mi'kmaq men. Being an athlete and physically fit is a masculinity health practice subscribed to by a wide spectrum of men (S. Alexander, 2003; E. Anderson, 2011; Bereska, 2003; Connell, 1989, 1990; Kehily, 2001; Kidd, 1987; Messner, 2003). This demonstration of masculinity was consistent with the Mi'kmaq masculinity practice of respecting oneself by taking responsible for one's own actions. Several of the younger men also described participating in team sports. For example, Nick was a member of two off reserve baseball teams, travelling about two hundred kilometers to play on one of these teams. He played baseball several nights a week during the summer and fall. Achieving the challenge of earning a place on a provincial baseball team and performing well in each game contributed to Nick's continuing construction of masculinity. The physical demands of muscularity, coordination, and skills as well as the social processes of playing a team sport contribute to Nick's sense of wellbeing (experiential embodiment) as well as to his identity as a fit young man (normative embodiment) (Hannon, Soohoo,

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Reel, & Ratliffe, 2009), and ultimately to his embodied subjectivity of manhood (Atencio & Wright, 2008; Drummond, 2011).

Sports, and in particular team sports, have been identified as sites of western hegemonic masculinity (Hannon et al., 2009; J. Oliffe, Grewal, et al., 2009; Robertson, 2006a). Nick's participation in baseball to the exclusion of many other activities demonstrates his enjoyment of the physicality of the game. The resource of his physical fitness and skills in baseball, a kind of physical capital, was the currency that enabled him to be accepted into the teams of white men (Bourdieu, 1985; O'Donoghue, 2005; Swain, 2003). This affirmed his capacity to overcome the limitations of racism that were so common when he was an adolescent and to enjoy camaraderie with other players. This also reinforced his perception of his own self-efficacy, or certainty, of success in tasks he chose to accomplish, contributing to his perception of himself as a masculine man (Goff, DiLeone, & Kahn, 2012).

Bobby, a young man, described his exercise patterns: "I play a lot of sports, exercise. I'm more into exercising." While Bobby enjoys sports, he spends most of his time in physical exercise, an individual activity, even when performed alongside others in a gym or other group setting. This embodied practice of exercising to improve his own stamina, strength, and muscularity plays an important role in his social construction of masculinity as a strong, heterosexually desirable man (Drummond, 2011).

As Mi'kmaq men age, some adapt their masculinity health practice of physical exercise from working out to regular walking patterns. These increase their cardiovascular fitness and control disease processes like that of elevated blood sugar (visceral embodiment) and contribute to their stamina and ability to accomplish more

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(pragmatic embodiment) (J. Oliffe, 2006; Robertson, 2006b; Robertson et al., 2010). This walking pattern may lead them to rest in a coffee shop or other meeting place, connecting with other men. The opportunity to socialize and discuss current events with their peers addresses men's need for social support, improving their balance of health and reinforcing their masculine identity as Mi'kmaq men (Mahalik et al., 2007; McKinley, 2006; J. Oliffe, Grewal, et al., 2009).

Several research studies have identified the importance of exercise to the prevention of chronic illness and improved quality of life (Acton & Bullock, 2009; Acton et al., 2002; Coble & Rhodes, 2006; Fila & Smith, 2006; Ruthig et al., 2009). Don, an older man, proudly described how he prevented the development of diabetes type 2 through diet and a walking routine. He was diagnosed with 'metabolic syndrome,' a precursor to diabetes type 2, in which his fasting blood glucose level was elevated but not yet at the level required for the diagnosis of diabetes. He designed his own diet eating "lots of cabbage and carrots and stuff" and walked after supper every night, gradually increasing the distance he walked. He proudly stated, "I did it! I prevented getting diabetes!" This success was a tangible reward that demonstrated his ability to take action against a health threat and be successful when doing so. He thus contributed to his sense of self-efficacy (Fila & Smith, 2006) and embodied masculinity(J. Oliffe, 2005, 2006; J. Oliffe, Grewal, et al., 2009).

The participants in this study understood that fitness was important to enable them to have the stamina to participate in events and activities (pragmatic embodiment). For example, Dave, an older man, explained his need to be fit:

Exercise; that's one thing [health practice]… Sundance, when you think about it Sundance in the morning around six or seven the leaders we have to like dance and really when you think about it for the whole day you ran like almost like two hundred miles, like one hundred miles. You have to focus your mind and if you don't exercise or if you don't walk you will know that's going to take you down. You have to be physical to do this, strong legs…, plus like dancing because I used to walk all the time before going to the Sundance. Walk, walk, walk…

Dave's focus on being physically fit to be able to take part in the Sundance ceremony and fasts demonstrates the importance of the Sundance program in his life and to his health, particularly his fitness level and pragmatic embodiment of masculinity (J. Oliffe, 2006; Robertson, 2006a; Robertson et al., 2010). Participation in the spiritual ceremony of the Sundance, with its four day fast and the four day period of dancing and fasting, also nurtured his need for spiritual health (Collection, 2006; Crystal, 2006) and required a level of fitness that would enable him to endure days of dancing from sun-up till sunset with only short rest periods. In this way, his spiritual and physical dimensions were interdependent and contributed to Dave's embodied subjectivity of manhood.

For the majority of the participants in this study, eating nutritiously and exercising or being physically active were goals to which they aspired, sometimes accomplishing them better than at other times. Their success was determined by their incomes, their skills in hunting and fishing, their access to good food, the time of the year, and their self-efficacy, or belief that they could be successful in eating well and keeping fit if they chose to do so.

Most of the participants described times of increased stress in their lives, sometimes created by other members of their family and community, others being related to internal

issues such as the stress of going to university or work. When Pat, a young gay man, was asked about how he copes with stress, he responded,

> If I get too stressed out it's like just to calm myself down like I have a coloring book that sometimes I just start coloring and if I get angry type of thing there is a punching bag at my house. I haven't used it in about a month, but since I got it I've been using it quite a lot.

Pat's discussion of stress was unique in this study as he did not connect the experience of stress with the use of cigarettes or alcohol or of spiritual health practices. He utilized coping strategies such as the repetitive task of colouring in his book to help calm himself and he expressed his anger in a socially safe, more congruent manner. This behavior speaks to his masculinity practice of not expressing his anger to others and finding a way to cope with these feelings independently. The use of the punching bag brings to mind the macho environment of a gym and fighting. In western hegemonic masculinity practice, anger is the one emotion that men are entitled to express openly (E. Anderson, 2011; Askew & Ross, 1988; Beckley, 2008; Brubaker & Johnson, 2008; Cleary, 2012; Connell, 1995; Lusher & Robins, 2009). Among the Mi'kmaq men in this study, the expression of love, fear, and anxiety was acceptable with anger more likely to be controlled. This is in stark contrast to the western hegemonic model of masculinity.

Only one of the participants named the practice of getting a good night's sleep as important to his health. Bobby said,

> I do my best to sleep, to get 8 hours. Last night I went to bed at 12:30 and woke up at 8:30. I do my best, but there are times, like when the weekend comes along, but I would say that 90% of the time I try to get at least 8 hours.

The importance of this health practice has been demonstrated by studies that examined

the relationship between obesity and sleep complaints, such as insomnia, sleep apnea, and

restless leg syndrome, all of which have been found to be associated with depression,

diabetes type 2, and cardiovascular diseases (Froese et al., 2008; Ide et al., 2006). Getting

adequate sleep is important to the ability of the man to work hard the next day, a practice

of masculinity among Mi'kmaq men, enabling him to function more effectively

(pragmatic embodiment) (R. Meadows et al., 2008; Robertson, 2006a, 2006b).

Smoking and social drinking of alcohol

More than half of this sample of men smoked cigarettes and another quarter had

smoked earlier in life. Smoking among Indigenous people in North America has

continued to increase in prevalence over the past three decades to almost double the rate

found in the rest of North American society (P. Henderson et al., 2009; Jernigan et al.,

2010). One of the Elders who participated in this study chain smoked throughout the

interview, lighting the next cigarette from the one before. Having formerly been an

alcoholic, he viewed smoking as a comfort and tobacco as sacred. Some of the men

attributed their smoking to a coping style, especially in stressful times (Bond, Brough,

Spurling, & Hayman, 2012; Burgess et al., 2007). Wayne, who had been diagnosed

with cancer and treated with chemotherapy and radiation, declared,

> I'm going to fight this [the cancer] to the end. And the doctor came up and said
> "Listen - how long have you been smoking this?' I said, 'I've been smoking this
> for 42 years.' He said, 'Don't you know this stuff is killing you?' I said, 'Listen
> doctor I'm a Native - this is my medicine.' 'Oh it's going to kill you!' I said,
> 'Listen doc what are you doing?' He said, 'I'm trying to help you!' I said, 'Like
> hell you are! Every three weeks you are giving me so much radiation!' I said,
> 'You are killing me! You are putting poison in my system here and you are

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telling me that you are fixing me. No, no, no you are killing me!' He just shook his head.

Wayne's distrust of his doctor's motivation echoes the barrier to smoking cessation identified by Burgess and associates (2007) as a distrust of or sense of cynicism toward physicians. His declaration that tobacco was a sacred medicine is an affirmation of a very ancient Aboriginal belief (Burgess et al., 2007; Godlaski, 2013; Wallis & Wallis, 1955). His resistance to his doctor's authoritative statement rings of resistance to the western hegemonic culture with its certainty about the legitimacy of science (Bond et al., 2012; Burgess et al., 2007) and its assumption of patriarchal superiority, revealed in its hegemonic prioritization of the culture of western medical practices (Abell & Dauphin, 2009; Kaiser, 2002).

There is evidence that almost all North American Indian tribes from across Turtle Island (the name used for North America) smoked tobacco in pipes during ceremonies (Burgess et al., 2007; Godlaski, 2013; P. Henderson et al., 2009). To this day, tobacco is smoked in pipes as a part of sacred ceremonies such as during Sweats. The right to carry a pipe and to care for a pipe are separate earned rights given to people who have qualified as knowledgeable and are perceived to be living a spiritual life (Godlaski, 2013). In a Sweat Lodge ceremony, tobacco is among other substances, such as sage and cedar ,that are thrown onto the red hot rocks named the "Grandfathers" by Mi'kmaq people (Garrett et al., 2011; Garrett & Wilbur, 1999; Godlaski, 2013; F. Kelly, 2008; McCabe, 2008; Mehl-Madrona, 2010). As a result, the meaning of smoking is culturally congruent among First Nations people (Burgess et al., 2007; P. Henderson et al., 2009; Poltavski et al., 2010).

While the participants in this study understood the dangers of smoking tobacco, for many, their perception of smoking was influenced by the sacred meaning ascribed to tobacco by traditional Mi'kmaq spirituality. Smoking also contributed to men's mental health by enhancing feelings of well-being and relaxation. These benefits are particularly important to men whose lives have been painful with few others sources of comfort and affirmation.

Tony, a young man, was eating well and working out in preparing to go qualify for police academy, acknowledged that his smoking habit was related to stress:

> Yes the only problem I have right now is the cigarette smoking. I smoke a lot, way too much because I've got too many things to worry about. Yeah and I've…sometimes I get sick from worrying too much. Yeah what's going to happen…of course my fishing business puts a lot of stress on me because when you are dealing with a lot of money it's a lot of stress.

Tony relied on the income from his fishing business to support his family. He had a big boat and went onto the ocean to deep sea fish with a crew of several men. This is a large investment for a young family, with the potential to do well if the catch is good. However, if the catch is not adequate or the price of lobster and other seafood is low, he is still responsible for the payments for his boat, staff, and personal expenses. Tony's business acumen was shared with his ancestors who were known to be business men, who traded their furs and other goods, first with other First Nations men and later with European colonists (V. Miller, 1995; Ray, 2005; Wallis & Wallis, 1955). Tony's business was a legitimate way to provide for his family, a practice of Mi'kmaq men's masculinity. However the stress of this unpredictable business created anxiety, which he managed by smoking (Bond et al., 2012; Burgess et al., 2007). While other men would have chosen to

engage in a Sweat or prayer to cope with this tension, Tony expressed disinterest in either traditional spirituality or Christianity.

Tony's comments about his frequent smoking to calm himself and decrease his feelings of anxiety raise the issue of the pleasant feelings that smoking engenders. Some smokers identify feelings of relaxation, wellbeing, and pleasure (Bunton & Coveney, 2011; K. Lindsey et al., 2013; Zabor et al., 2013). While nicotine stimulates the nervous system to produce feelings of wellbeing, the smell and taste of smoke and the familiarity of the actions involved in lighting a cigarette creates an expectation and sensation of pleasure that continues long after some people have ceased smoking (Dennis, 2011; F. Hodge & Struthers, 2006; K. Lindsey et al., 2013).These habitual actions and feelings of pleasure and relaxation contribute to Tony's sense of experiential embodiment (J. Oliffe, 2006; Robertson, 2006a; Robertson et al., 2010).

For others, smoking conveys a sense of being able to control life experiences (Bond et al., 2012). The inspiration of smoke and expiration back into the atmosphere in controlled breaths connect the embodied person with his surroundings and provide a sense of connectedness to the environment and others with whom one is smoking, contributing to experiential embodiment of masculinity (Dennis, 2011; McNaughton, Carro-Ripalda, & Russell, 2012). In addition, the influence of smoking on social bonding has been important to adolescents and adults (Burgess et al., 2007; P. Henderson et al., 2009; F. Hodge & Struthers, 2006; Poltavski et al., 2010). Bunton and Coveney (2011) wrote,

> The self-policing or self-management of health involves the fashioning and rationing of pleasure in ways that are highly socially situated. Pleasure is often experienced simultaneously with risk taking and both are socially distributed.

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Risk exposure and risk-taking behaviours have a recognizable social gradient, with lower socio-economic groups being exposed to and taking the brunt of available risk (p. 18).

In this statement, Bunton and Coveney (2011) delineate the scale in which pleasure from smoking is weighed against the risks inherent in smoking. The contention that the dearth of pleasure for people living in poverty increases the risk that poor people will smoke more is verified by statistics that show that the highest levels of smoking occur among the most impoverished citizens, including Indigenous peoples of North America and Australia (Bond et al., 2012; P. Henderson et al., 2009).

Joe, an ex-smoker, described his discomfort in social situations when people were smoking, "I've tried taking care of… I've taken Cyban I've been a non-smoker so yeah… a lot of people smoke and I'm a non-smoker." Rather than request that others not smoke near him, he chose to withdraw from social events where smoking would occur. This practice is consistent with the Mi'kmaq value of non-interference (F. Hodge & Struthers, 2006). Pat related smoking and drinking to practices of masculinity:

We don't drink, well some smoke, but I myself don't smoke. There are some that go beyond but for most of us we don't use language and stuff like that respect not being able to show that macho type thing. You're not a bully type guy. You weren't persuasive to take charge of your fellow man. That's where I'm at I'm not speaking for all men how they feel.

Pat's affirmation that he and his friends had chosen not to drink alcohol, even socially, and that he chose not to smoke is a rejection of machismo, or a hegemonic version of masculinity associated with unacceptable practices such as bullying. Once again, the principle of non-interference in what other men choose to do was an important way of being for both Pat and Joe, who believed that another person's choice to smoke was that

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person's own responsibility. It would not be appropriate to intervene. This approach can be contrasted to the gender policing that young heterosexual boys use to regulate other boy's practices of masculinity (Connell, 1995, 2003; Davison, 2000; B. Frank, 1999; Glover et al., 2000; Thorne, 2003).

The principle of non-interference was also apparent among the younger participants who saw drinking alcohol as a choice people had the right to make. They rejected the idea that drinking alcohol for Mi'kmaq people was any different than for anyone – i.e., they believed that they were not genetically programmed to become alcoholics. This belief can be conceptualized as these participants owning their own identities and pushing back against the stereotypes of Aboriginal people that were so rampant the government of Canada legislated against Aboriginal people having access to alcohol (J. Frank et al., 2000; J. Miller, 2000).

The pervasiveness of this stereotype, based on a racist assumption about Aboriginal people and alcohol, was imprinted on my mind as a young child when I remember walking past bars where large signs read, "Indians not welcome!" This left an indelible image. my parents tried to explain that it was "for their own good! Alcohol is like a poison to Indians – they can't stop drinking if they start!" My parents had worked with many Aboriginal people in their careers and had Aboriginal friends; however, they truly believed this myth. This memory was engraved on my young mind and it is still vivid 50 years later. Aboriginal men could go to war in World War II, but it was illegal for them to enter a bar or be found drinking when out of uniform (Getty et al., 2001).

While alcoholism has continued to be a problem for some Aboriginal people, there is more understanding now that it is a symptom of the trauma Aboriginal people have

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endured rather than the source of the problem (Rice & Snyder, 2008; Stout & Kipling, 2003). Bobby remembered,

> I know for one of my friends…she just started drinking again but before she was really traditional and she kind of quit for something like fifteen years. She wanted to have a little freedom for now. She's not a heavy drinker.

Bobby's reference to the rigor of a traditional way of life acknowledges that it is not an easy life; it requires that a person participate in fasts, Sweats, daily prayers, and living life in a moral and compassionate manner. This discipline requires denial of self and self-interest. His friend wanted some 'time-out' or freedom to make her own choices and try some things like having a social drink as a recreational option. Bobby described his own use of alcohol, recognizing that in former times he had used alcohol to numb the pain of loss. He now uses it occasionally as a social lubricant:

> To this day, when I drink alcohol, I don't drink it to a point where I'm hiding something, like for instance I would hide my grief right when my friend committed suicide to numb it. Now when I drink, it's just to have a good time, to relax and like just have a little beer and then back to work but I've noticed that my consumption has died down and I like that. The more I enjoy it the more I'm kind of moving away from it you know what I mean.

Bobby's ability to enjoy the taste of alcohol and the pleasant sensations he experiences after having a drink have paradoxically led him to use less alcohol, drinking only occasionally and in smaller quantities. This sense of being in control of his drinking is an important component of Bobby's sense of agency as a man, the masculinity practice of determining his own activities and choices.

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Help-seeking

Practices related to seeking health care are socially constructed practices that had been learned from lessons given by parents, schools, and other men's practices (Addis & Mahalik, 2003; Aoun, Donovan, Johnson, & Egger, 2002; Courtenay et al., 2002; DeVisser, WSmith, & McDonnell, 2009; Mendoza & Cummings, 2001; Meryn & Shabsigh, 2009; Sabo, 2000, 2005; Seymour-Smith et al., 2002; C. Sloan et al., 2010). Among all but the older participants, the internet was also widely used to access information about particular health concerns and choices. Several men designed their own diets based on the data they found on the internet. Some had obtained health information from friends and relatives who were in health professions or who worked at the Health Center. Only a few sought information or care from health professionals directly, i.e., as clients. None sought information from physicians who were perceived to be focused on diagnosis and treatment rather than on empowering participants to care for themselves.

The question posed by the staff at the Elsipogtog First Nation Health and Wellness Center for this study, "Why don't men use our health center more?" was framed in the theoretical understandings of the masculinity practices of Mi'kmaq men and how these related to their health practices. Overall, when participants were asked about their utilization of the health center services, they looked puzzled as if its services were irrelevant to them. Only a few had sought services at the center. For many, their last visit to the center had been as preschool children when they received immunizations. Their lingering childhood memory was therefore imbued by the pain of the injection. A small number had attended the annual Men's Health Fair and had positive responses regarding

that experience, especially when screening for blood pressure and blood glucose was provided. Bobby, a young man, described his practices related to accessing health care:

> There are times I would love to go and see the doctor, but I'm scared. I know they are there to help and I know it's good to go sooner, but…I always ask myself 'why are we scared?' The majority of time, it's good news. It's good to get checked out to see to get the results so that they can treat it before it's too late. The thing with me is going to see doctors, not just regular doctors, but with dentists and the eye doctor as well, I get nervous. The fear of the unknown I don't want to be told oh you have cancer or you have diabetes. It's a matter of really how am I going to handle it? Am I going to get the proper support? It's something kind of genetic. I remember my mom saying oh you boys are all the same.
> I do go for blood pressure check-ups and blood sugar but I don't really go for blood work which...If it comes back you're good… you're fine. It will probably be a big relief, but it's going to be pretty stressful at first I guess. You're your own worst enemy for sure.
> I've checked my blood sugar. I have anxiety eh so sometimes I get nervous and its always about my health, how would I say this….like uh, if I feel sore after drinking I think oh I'm going to have a seizure, or if my heart beats too fast I think oh I'm going to have a heart attack and it's all just symptoms of anxiety. I'm sitting there thinking my God, thinking about having anxiety about my own health just think what my anxiety would be if…I'm just so scared, what if I fall into a depression if someone tells me oh you only have six months to live.

Bobby has confidence in the Health Center and had been screened for signs of hypertension and diabetes. Because his results were negative he felt positively about the experience.

Bobby expressed his fear of learning the results of blood tests as a result of visiting his doctor. As a young man, this level of anxiety has prevented him from seeking help from a physician. While his worries appear to be extreme, they are not necessarily groundless. The mortality rate of Aboriginal people is much higher than the rest of the population and death occurs earlier in life for men. Each of the participants had endured the loss of several family members. One of Bobby's strengths was his ability to express his feelings of anxiety and fear of receiving bad news, a masculinity practice among

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Mi'kmaq men. This capacity to admit to anxiety or fear of the unknown is very different

from the practices of hegemonic masculinity in western cultures where men work hard to

hide and deny weakness, vulnerability, and feelings of anxiety and fear (Seidler, 2006).

Having expressed his feelings, Bobby was able to analyze his situation and address his

fears, increasing the likelihood that he would seek regular preventative medical care in

the future. He went on to describe his use of traditional medicines and muskrat root:

> From what I was told to use that [traditional medicine] when I have headache or
> sinus or cold. Try to boil it, grind it and boil it and drink from that. That's another
> one too. I think maybe I'm confusing them both…I'm not sure how to pronounce
> it. It's warm, when you put it in your mouth it burns.

Bobby's use of muskrat root, a traditional medicine, both affirms his cultural identity and

is a familiar action that he can perform independently to protect himself from illness. It is

an ancient medicinal treatment that has been used for hundreds of years, and it continues

to be used among Mi'kmaq and other Eastern First Nations tribes (Denny, 2005; M.

Gray, 2012). The federal Medicine Chest clause of the 1876 Indian Act provided that

there would be a medicine chest of western medications available in the Indian Agent's

house. This has been interpreted by First Nations people to mean that health care would

be made freely available for all First Nations peoples in exchange for their land and

rights. However, for many years, the government of Canada used this clause to prohibit

Aboriginal people from using their traditional medicines to treat illness (J. Miller, 2000;

Rice & Snyder, 2008). Aboriginal people resisted this 'white man's law' and continued to

use their medicines in secret to treat themselves and their families.

I have been offered muskrat root, as a treatment for a cold, several times over the

years I have worked in health care with Aboriginal colleagues. I interpreted this as a sign

of generosity in helping me recover quickly and trust that I would be respectful of their offering. This root is bitter, but in each case when I chewed on a small piece of it, I recovered from the cold by the following day. Pat described his process of deciding whether to visit his physician:

> I go umm…when I'm sick and I'm not feeling really good. Yeah when I'm really sick I'll go. Because my dad would be like…he tried to tough it out too I never seen him go to the doctor's either. He's given me that lesson to tough it out.

Pat's pattern of putting off help seeking from a physician until he was sicker, as modeled by his father, is consistent with the masculinity practices of many men (Beauboeuf-Lafontant, 2007; Boyster et al., 2006; Brooks, 2003; Connell, 1995; Courtenay, 2000a; Cronholm et al., 2009; Mahalik et al., 2007; Noone & Stephens, 2008; J. Oliffe & Phillips, 2008; Ridge et al., 2011).

Albert, an Elder and traditional healer, explained that "Sometimes I don't go [to the doctor] I just take my feather… just rub that feather and my pain is gone. I work it out. Next morning I can work." While Albert believed in the power of prayer to heal the body, he had a knee replacement with a good recovery, continuing to need "pain killers" for his other joint pain. He accepted western medicine by taking a prescribed non-steroidal anti-inflammatory medication. His wife described his overall good health, reminding him that he did get a physical check-up from his physician once a year. He responded to his wife and myself declaring, "Nothing the matter, the doctor told me, 'Nothing the matter - you don't need a doctor!' [He is] always teasing me all the time."

Barry, a young man, described a frightening episode the week before our interview:

> the other day I thought my chest was caving in ...or pressure and they tested my blood and it was alright. No not blood, blood pressure. [I was] laying down

sleeping… Last week it went for three or four days like that. It scared me so I
went to go check my blood pressure and it was alright.

Barry knew the symptoms of a heart attack and attributed his symptoms to his heart. His

anxiety was still evident as he caught himself and clarified that his blood pressure had

been checked, not his blood. The fact that this pain awakened him from sleep several

nights in a row should have required follow-up to discover its cause. However, he waited

it out and when the pain passed, returned to sleep. While he did go to the clinic to have

his blood pressure measured the day after the pain first occurred, he did not make an

appointment with his physician. His behavior is reminiscent of the masculinity behavior

of men who do not seek health care even when they are experiencing a major health crisis

such as a heart attack (Addis & Mahalik, 2003; Ashton, 1999; Connell, 1995; Courtenay,

2000b; C. Elmslie, 2005; C. Elmslie et al., 2006; J. Evans et al., 2011; Galdas et al.,

2005; Meryn & Shabsigh, 2009; Sabo, 2000; C. Sloan et al., 2010). Several days after

experiencing the pain, Barry continued to worry about these episodes but remained

reluctant to seek medical help.

Billy, a young man, described his reluctance to visit his physician for regular

check-ups as well as his efforts to attend screening clinics at the health center:

Sometimes I would go for regular checkups but I haven't gone for blood work for
a while… for any testing or anything. I do my best to go [to the health center for
health screening]. When my grandmother was around she would check for me and
she would say you're okay. She was borderline [Metabolic syndrome]; she just
had to watch what she ate. It [diabetes] doesn't necessarily run in our family.

Billy denied having a family propensity for diabetes, but knowing the prevalence of

diabetes among Aboriginal people in his community, he made a point of having his blood

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glucose levels checked periodically at the health center. He saw the health center as a resource that enabled him to put his mind at ease regarding diabetes (Acton et al., 2002; Gracey & King, 2009; H. Graham & Stamler, 2010; Iwasaki & Bartlett, 2006; Lorig et al., 2010; Rock, 2003).

Only two participants expressed distrust of the health center or stated categorically that they would not go there. Darryl, an older man, explained that he did not go to the health center because he was afraid about his "private information getting out." He affirmed that he trusted the professional staff in the health center but expressed concern about other staff knowing about him. He denied knowing that this had ever occurred but clearly had some distrust that the system in the health center could protect his privacy. The other participant, Ian, an older man, who had been an alcoholic most of his adult life, expressed stronger feelings about the health center saying,

> Their attitude towards people at First Nation to anybody, men and women and teenagers, young people have addictions… They can't look down on them. They are looking down on them! What choice do they [addicted people] have? They don't want to help me… I don't care if they don't respect me, I don't care …If they are mad at me because I was judgmental myself. I wanted to do it my way and it doesn't work that way.

Ian had an altercation with staff in the health center when he was drunk and looking for services he was not entitled to receive. His feelings of anxiety and embarrassment were expressed as anger, which is a socially acceptable emotional expression among men in western hegemonic culture (Seidler, 2006). Ian admitted that he was not happy with how he had acted, but expected health care providers would understand his state of inebriation and "not judge" him. While he remembered their reactions to his behavior, Ian did not understand how threatened the staff had felt when he became loud and belligerent.

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In contrast to Ian's experience, Brent was currently on the Methadone program at the health center and viewed the health center as an advocate that supported his recovery from a narcotics addiction and spoke about how it "has saved me!" This participant also had several young children who received immunizations and health screening at the health center. His personal experience with several services in the clinic had been consistently positive.

A few of the participants had sought counseling in the mental health and addictions programs at the health center. The participants viewed these programs as distinct from the rest of the health center, even accessing them through a separate door. They focused their description of the services they received in terms of the worker with whom they had been in counseling. They thus personalized their experience and expressed appreciation for the support they received from that worker. There is a weekly Sweat held in the Sweat Lodge built on the health center property, which several participants saw as an asset for their health. This Sweat Lodge speaks to the importance of spirituality in the health of Mi'kmaq people. As well, meetings held in the Health Center are opened by prayer and smudging by an Elder. One part of the health center is also built like a teepee, conveying the importance of culture to the work done in the center.

For some of the participants in this study who had seldom visited a doctor and never for a physical check-up or preventative care, their first real encounter with a physician was when they became acutely ill and were taken to a hospital. The experience of being taken seriously and receiving needed life-saving care enabled these men to develop trust and an appreciation of health care services. They subsequently made regular

appointments for follow-up or prevention care from then on. David explained why he has

his blood work done every six months, followed by a visit to his doctor:

> Yes, every six months. I went to Dr. McCauly, I go to him and he does physical, blood tests, blood work… the first thing I asked [was about] diabetes, cholesterol and he tells me no.[The blood test results are normal.]… Because I got stabbed eh. yeah, they hit my heart right in the…just tipped little bit so I don't know what they did, but they had to open me. I woke up in the surgery seen myself with that big little… and they had the big light on the side and I saw the clamps and inside of me. Ed told me you didn't wake up - your spirit woke up. But really, I remember my whole body was numb. No, I was like, 'Holy! No pain!' Yeah, but that nurse seen me. 'Oh he's awake!' I remember two doctors looking at something like this [expression of shock] but it was on the wall and the nurse saw me and put that mask on my face and two days later I woke up. I was all hooked up in big machines.

David's memories of waking up during surgery were recalled in a calm manner. This

was very different from other clients who have described similar experiences to me.

Their memories were filled with enormous pain and fear, often trembling while telling

their stories even years after the event. In these other cases, the patient awakened during

surgery with enormous pain but was paralyzed and not able to inform the surgical team.

David does not remember physical pain or anxiety during this awakened state, just the

imprint of the room and his operative site open with the clamps and other equipment in

the site. Thankfully, he was able to open his eyes so that the nurse could detect his state

of wakefulness and ensure he was anesthetized again.

David's experience did not lead him to distrust the medical system; instead, he

expressed gratitude for their care, which began when the paramedics took care of him

immediately after he was stabbed. He remembers several health care professionals

working hard to save his life and feels a sense of awe that he survived. His memory of

being stabbed was very clear and detailed as he described this situation:

I was walking down the street and I looked over and I saw two guys had a trunk open and…they were doing something. One guy looked at me - I just kept on walking and that guy ran across on the other side of the street. I didn't know - I thought it was just a jogger! He hit me twice and I said 'Holy God!' and I felt something sting. I said 'I got stabbed!' I walked up and I saw an ambulance - maybe two blocks away. Then they were taking somebody out and I was standing there breathing real hard. The woman said, 'Are you all right?' and I lifted up my shirt and the blood was going out like….then whoever was on there, they took that person out and put me on and started cutting my shirt. I passed out.

Then I woke up again, they had those what do you call it - to get my heart started. I heard the siren and then I was talking to her. Then I just blacked out again. I woke up again and my side was sore. Then she said 'Tell me, who's the president of the United States?' I said, 'I don't know.' She said, 'He's in shock.' I said 'No ma'am - I don't know who he is'. Then they started asking a whole bunch of questions. Then I remember going into an elevator and then I blacked out again. Then when I woke up the doctors were cutting me on the side here putting pipes [drains] on both side and then they cut up my shirt, my shoes everything. I remember they were running around. I remember when they were cutting my side it hurt. The doctor said 'You shouldn't even feel that you're in so much pain!' I said I could feel that anyway. Then they put me asleep - that's when I woke up in surgery again. Two days later I woke up and the doctor said 'I'm surprised you are waking up that early because some people like that…', he called even me 'superman, because some people are in a coma six or seven months… but I'm surprised at you.' But I even got up then the doctors came and gave me morphine. They put me to sleep again and when I woke up I was hooked up and my throat for a couple of months.

David recognized that he had survived a crisis and that his surgeons and other health care providers had credited his recovery to his own recuperative powers as opposed to their own efforts to save him. He consequently developed a sense of trust in the health care system and paid attention to his body and health by getting regular check-ups. The sense that he had a strong constitution increased his confidence in his visceral embodiment and belief in his body's capacity to overcome life-threatening injuries (J. Oliffe, 2006; Robertson et al., 2010).

The respect that men show to the women in their lives, a masculinity practice of

Mi'kmaq men, was apparent in the perspectives of several wives and partners who

participated in the interviews. They took responsibility for making appointments for men,

ensured that they attended these appointments, and followed up on the doctors'

prescriptions for treatment of chronic illnesses. Creighton and Oliffe (2010) identified

this process as women serving as "the private caretakers of health for the men and

children in their lives" (p. 411). While being able to make independent decisions and

choices is a masculinity practice among Mi'kmaq men, their respect for women enables

them to trust that their spouses will take care of their needs for health care (Addis &

Mahalik, 2003; Aoun et al., 2002; Bottoroff et al., 2010; Boyster et al., 2006; Creighton

& Oliffe, 2010).

One of the mothers who participated in this study explained how she had taken

responsibility to get her sons and husband to regular or needed appointments with their

doctor:

> Oh…for a healthy man…I think a woman needs to take the initiative. I think to
> make an appointment…just go ahead and make an appointment and just tell them
> this is your appointment you have to keep it. You have to go and have your check-
> up. Encourage them to attend these meetings – like - get togethers… like men's
> wellness. I like to attend women's wellness - I enjoy them! I learn lots each time I
> go… and me, I've learned a lot from taking training and attending workshops and
> stuff like that.

This mother's recommendations were echoed by the practices of several older

participants. The phenomenon of women convincing men to seek medical care has been

supported by other studies and theoretical papers (Creighton & Oliffe, 2010; Seymour-

Smith et al., 2002; C. Sloan et al., 2010).

Brandon's rage after being raped for more than three years was overwhelming by the time he was a young man. Recognizing this, the nurse who worked in the health center in Elsipogtog referred him to a counselor for help in dealing with his anger. He remembered his rage,

> There was a nurse here part-time in this community… she sent me to Buctouche. There was a hospital there... a psychologist or a psychiatrist there... And there was this room it was about this size from here to here, only a desk and a chair and another chair and a light switch like that and a door. He put me in that chair and said 'I want you to sit here and think real hard because it was all your fault.' He went out the door and he shut the light and I sat in that chair in the dark. I was sitting there thinking and I said 'Okay, what am I supposed to do? He says it's my fault. Am I supposed to believe that it's my fault?' And actually I almost started to think it must be my fault because he told me. He said it…so I said it must have been my fault.

> He came back …I know I was in there for a long time. I was in there at 1:30 and I know when I left it was after 5:00. He came in there and said 'Did you think about what I told you to think about?' This time… he was standing there looking at me and I said I thought about it real hard. He said 'Now I want to know what happened. I want every detail.' I said 'Yeah I'm going to give it to you!' I turned around and made a fist and I hit him. I said 'There *that* was my fault!' and I walked out. He charged me.

It is likely that this therapist was using Glaser's Reality Therapy approach to his work with Brandon (Mottern, 2003; Walle, 2004). While this counseling approach has some utility in academic work with students, I would challenge its appropriateness in this context. The therapist needed to learn about Brandon's situation and perspective before jumping to conclusions. Even Reality Therapy requires the counselor to learn about the client's situation before placing responsibility for addressing the issues on the client. Rather than help him to express his anger and intervene on his behalf, this counselor chose to blame him for his suffering. This is a common response that Mi'kmaq people

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face when seeking health care from medical specialists and institutions (Garroutte et al., 2005; Garroutte et al., 2008).

Racism among white professionals prevents them from listening to the Aboriginal person who has sought help, causing the professional to jump to conclusions that fit with his/her racist assumptions. In this way, even when Aboriginal men seek medical help, they face racism that increases barriers to getting the help they need (Garroutte et al., 2005; Garroutte et al., 2008; Isaacs et al., 2010; Van Herk et al., 2011).

When Brandon struck this counselor in response to this psychological abuse, it was interpreted as unprovoked violence and the counselor laid a complaint against Brandon with the police. Rather than seeking to understand the source of Brandon's rage, his action was viewed as criminal behavior rather than a sign of rebellion against unjust treatment. This counselor used a double standard by holding Brandon accountable for his actions while taking no responsibility for his own misuse of power.

It is germane to this analysis to remember that Brandon had been hospitalized for three months for an infection that resulted from injuries accrued during his rapes. The health care system would have a record that he had been raped multiple times over a long period. Despite this, the health care and social services systems discharged him back to his abuser's home. For a mental health specialist to blame him for his own response was, in my mind, unconscionable. The demeaning of his personhood was surely one of the most painful kinds of abuse he suffered, an attempt to emasculate this young man. Brandon's reaction can be understood as a testament to his resilience; he was able to place the blame for his rapes and other physical and emotional abuses on the abusers, and to recognize this counselor's conduct as also abusive.

Racism has been identified as a factor in some cases in which the client and counselor are from different cultural backgrounds. Therapists may not understand the meaning of the client's experience or way of communicating and may be less engaged with the client and may make judgments about the client based on assumptions that are founded on racist stereotypes (Garroutte et al., 2005; Garroutte et al., 2008; Vukic et al., 2009).

Trust needed to be developed between the participants and their doctors before these men felt comfortable seeking health care. No one in this sample mentioned learning about how to manage health from their physicians. For those who were taken to a hospital when acutely ill or injured, the relationship of trust that was built with their doctor and the hospital enabled them to continue with ongoing preventive care. This trust was less clear when the participant had developed chronic illnesses.

Coping with chronic illness

Those men who were older were often coping with chronic illnesses, especially diabetes type 2, hypertension, heart disease, cancer, and addictions. For some, evidence of the onset of chronic illness came early in life. For example, Joseph remembered:

> Yeah, we all have the same problem. My whole family had high blood pressure…
> I have had the high blood pressure kind of inherited. That's what all my
> brothers…my older sister went for an operation for varicose veins on her legs, she
> had the operation and was improving and was ready to go home. The day before
> she was to go home, she went into a coma. I don't know what happened whether
> she got blood clots or what, but she went into a coma and they called us all in so
> we went down. We were living in Canada so we went down when we got word
> that she was in a coma. So shortly after we got down there she didn't last long.
> Well I never really had knowledge of it [hypertension]; I knew it was in the
> family. I knew my father had it. I knew my brother had it. [His wife added,
> "Headaches, [he] had a lot of headaches."] But I didn't really think about it or

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acknowledge it until after I went in the service. I went in the service when I was 18 and that's when it was acknowledged to me that I had high blood pressure…

While Joseph had been diagnosed with hypertension as an 18 year old and had been treated for it with medication for many years, his blood pressure was not adequately managed prior to him experiencing a stroke.

> I had the stroke here on the reserve. It was a mild stroke, but it was a wake-up call. I did have slight paralysis in the left arm. I still have slight numbness in these two fingers. It's more or less on my left side.

Joseph experienced some deficits after his stroke. His wife also took control over his health and ensured that he went to the doctor on schedule and followed his prescribed medication regime. He was subsequently diagnosed with diabetes type 2 and cardiovascular disease and needed a special diet, exercises, and treatments like foot care. He stated, "I have hearing problems. That's in the family too. The whole family was kind of hard of hearing." This was evident in his difficulty hearing low tones and my need to speak more loudly to him. His wife participated in our interview, interpreting when he was not sure of what had been said to him.

> Joseph commented that at this stage in life,

> I take quite a bit of medication. Yeah, we all have the same problem. My whole family had high blood pressure. [The symptoms I had were] headaches – I had a lot of headaches. I was in my 20s. Well it went through my whole family that way. Yeah, my father had it but my mother didn't have it. Both my brothers had bypasses. I've got aneurysms in my neck. Î have to get stress tests once a year and blood tests every two weeks… I had more problems with my toenails, especially my big toes. I go now. In fact I have an appointment tomorrow. They trim toenails for me, because like I say, in my left side I don't have strength in my hand. I can trim these nails but when it comes to this side I take the clipper and I have to click them with my chin because I don't have the strength.

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With his wife's support, Joseph was attending regular appointments with his physician and other health care professionals such as the VON nurse who did his foot care regularly. In spite of his increasingly severe health problems, he seemed to be serene, still doing some yard work and walking every day.

Mi'kmaq men who had experienced major illnesses or injuries, such as David who had been stabbed and William who had developed cancer following the death of his wife, shared their "illness stories" (Ahlsen et al., 2012, p.1765). They found meaning in what had occurred and saw their abilities to recover or overcome the threat to their health (A. W. Frank, 1995) as evidence of their bodily strength and embodied masculinity. For example, William described his treatments:

> Radiation and a whole bunch of pills. Oh, oh, oh! It's for pain and a couple of pills for chemo. They are strong, oh my god they are strong! They make your bones ache… especially when I came through radiation. I was in pain. I threw up, I threw up. I took these pills. I was at it for six months - radiation treatment and all these pills. Two weeks ago I went for a CAT scan from here up [pointing to his shoulder level] to here [pointing to his upper abdomen] there is a discolourment. My chest is all burned whatever it is. There are spots across my lungs, like polka dots, there is not even a dark one they are all white.

Radiation and chemotherapy consumed William's time and energy; he worked hard to endure the treatments, constructing his identity as a masculine man through these efforts. This left little energy for other masculinity health practices (Cecil et al., 2009).

William's description of the extent of the radiation damage to his skin emphasized the danger he had overcome. It was a bodily sign of his fight against cancer and a tribute to his embodied masculinity. Despite the misery he suffered during that period of time and his grief for the loss of his wife, William persevered and demonstrated his will to survive. A few weeks later, his hard work was rewarded when he was informed that there

was no more sign of his cancer and he would not need more treatment. William's experience of cancer is one of the more positive trajectories for Mi'kmaq people who are diagnosed with cancer. Several participants described the deaths of their extended family members, like uncles in their forties.

Summary

In summary, the practices of masculinity of the Mi'kmaq men who participated in this study contributed to several health practices they demonstrated. Their embodied masculinities contributed to and benefitted from health practices that included nutritional efforts, exercise and sports efforts, stress reduction, and others, engendering the term masculinity health practices to denote those health practices that overlap with practices of masculinity. The participants in this study cared about their health, taking action to improve their nutritional intake and fitness levels as masculinity health practices. They were particularly engaged in exercise and other activities to increase their physical fitness and embody masculinity. Their masculinity practice of making decisions independently led some to use the internet to find health related information to help them create a diet to achieve weight loss. Many of the participants maintained a cycle of taking hold and dieting or taking care of their nutritional intake and exercising for a period of time followed by relaxing their vigilance and allowing themselves to eat more for pleasure and satiety and be more sedentary for a while.

Smoking had cultural meanings related to tobacco as a sacred substance in traditional spiritual practices, such as in the pipe ceremony or in a Sweat Lodge. It was valued by some participants for the pleasure it provided. It also provided relaxation and

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stress relief. For younger participants, social drinking of alcohol also provided a place of resistance against the stereotypes of Aboriginal people.

While several participants valued the health center, attended clinics, and received counseling in the mental health and addictions programs, the majority had not used the health center since childhood. A few participants visited the Elsipogtog Health and Wellness Center when they had symptoms such as pain. They did not see the health center as a source of health information except for the three or four participants who had attended the Men's Wellness Days. Several men delayed seeking medical help until they were sure they would not recover on their own. Several had regular medical appointments because their spouses made the appointments and managed the health regimes prescribed by their physicians, especially when they had chronic illnesses. When the participants developed a sense of trust in medical professionals after having a health crisis, they would seek preventive health care on a regular basis from the physician. In all, it was apparent that these men had a sense of agency, or their ability to make informed decisions and carry through on the actions they had decided would best work for them.

CHAPTER 10 RESILIENCE AND HEALING

RESILIENCE/HEALING RESOURCES FOR MI'KMAQ MEN

We are not so much humans on a spiritual journey as spirits on a human journey – a journey in which our spirits will continue to exist in the hereafter (D. Hodge et al., 2009, p.213-214).

The preceding quotation identifies the centrality of spirituality for Mi'kmaq people's health, wellbeing, and healing as well as their belief in the continuity of life after death. In this chapter, I will focus on healing or resilience among the Mi'kmaq men who participated in this study. In particular, I will address the influence of the resilience factor of spirituality in the healing of health challenges including grief and loss and addiction and the benefits of forgiveness and enculturation or affiliation with the Mi'kmaq culture, worldviews, and values. In the literature, the process of resilience has been equated with the healing process (Brokenleg, 2012; Clinton, 2008; S. Dunn, 2004; Getty et al., 2001; Grandbois & Sanders, 2009; Rybak & Decker-Fitts, 2009; Stout & Kipling, 2003). Resilience is a dynamic process in which individuals and communities grieve their losses and rebuild their own sense of competency and skills, to not only survive, but to thrive in the midst of ongoing systemic oppression (Grandbois & Sanders, 2009, 2012; Stout & Kipling, 2003).

Indigenous people across the globe whose native lands were colonized by Europeans, now referred to as western cultures, have similar historical experiences of loss of their culture and way of being, referred to as 'soul wounds' (E. Duran, Duran, & Yellow Horse Brave Heart, 1998; Grandbois & Sanders, 2012; Rock, 2003). Scholars have examined the effects of this trauma on the health and wellbeing of Indigenous

peoples and identified resilience as the process by which these cultures have endured and

recovered (Brave Heart et al., 2011; Brokenleg, 2010, 2012; Evans-Campbell, 2008; Fast

& Collin-Vezina, 2010; Feinstein, Driving-Hawk, & Baartman, 2009; Getty et al., 2001;

Gilgun, 2002; Gorman et al., 2005; Grandbois & Sanders, 2009, 2012; Ladd-Telk, 2001;

LaFramboise et al., 2006; Stout & Kipling, 2003). Martin Brokenleg, a Lakota scholar

who has worked to teach Aboriginal people about resilience, wrote:

> Traumatic experiences are cumulative. If one generation does not heal, problems
> are transmitted to subsequent generations. In some form, this cultural trauma
> affects every Native person. It sculpts how we think, how we respond
> emotionally. It affects our social dynamics and at the deepest level, impacts our
> spirituality. Intergenerational trauma has wounded us deeply (Brokenleg, 2012,
> p.10).

Throughout the past 400 years, Mi'kmaq people have suffered trauma as their culture,

identities, and values have been demeaned and destroyed and their grief transmitted from

one generation to the next, creating intergenerational post-traumatic stress disorder

among many (Arndt & Davis, 2011; Castellano et al., 2008; Clinton, 2008; B. Duran &

Duran, 2000; E. Duran, Duran, & Yellow Horse Brave Heart, 1998; Evans-Campbell,

2008; Fast & Collin-Vezina, 2010; Iwasaki & Bartlett, 2006; Lowery, 1998; Rock, 2003;

Stout & Kipling, 2003; Tousignant & Sioui, 2009; Warr, 2004). Whitbeck and associates

(2004) wrote:

> The ethnic cleansing did not end with military defeat and occupation of territory.
> Rather, it persisted for generations. This meant that American Indian people are
> faced with daily reminders of loss: reservation living, encroachment of Europeans
> on even their reservation lands, loss of language, loss and confusion regarding
> traditional religious practices, loss of traditional family systems, and loss of
> traditional healing practices. We believe that these daily reminders of ethnic
> cleansing coupled with persistent discrimination are the keys to understanding
> historical trauma among American Indian people. The losses are not "historical"
> in the sense that they are in the past and a new life has begun in a new land.

Rather the losses are ever present, represented by the economic conditions of reservation life, discrimination, and a sense of cultural loss (p.121).

'Historical Trauma' is directly experienced by Mi'kmaq people as interpersonal violence, loss, addiction, depression, illness, and premature mortality (L. Archibald, 2006a; Castellano et al., 2008; Chansonneuve, 2007; Coyhis & Simoneli, 2008; Dion, 2008; Gone, 2008, 2009). Emotional reactions to the losses that have been identified in some Native American tribes include sadness, depression, anger, shame, distrust of white people, and fear (Whitbeck, Adams, et al., 2004; Whitbeck, Chen, et al., 2004; Whitbeck, Hoyt, Johnson, & Chen, 2006; Whitbeck, Walls, Johnson, Morrisseau, & McDougall, 2009).

The colonial perspective of bureaucrats that has perpetuated strategies of the Canadian government and institutions to assimilate Mi'kmaq people have struck at the manhood of Mi'kmaq men, creating loss, grief, anger, and shame that have been directed inward toward their embodied personhood and in some instances outward toward the very people they feel responsible to protect: their families. For Mi'kmaq men, whose configuration of masculinity practices include providing for and protecting their family, this historical loss is more likely to stimulate feelings of shame and impotence in being unable to change the lots of their families.

One approach to healing the 'soul wounds' of Aboriginal peoples has been the "Circle of Courage" philosophy (Brokenleg, 2010, p.8). It is a model of resilience in which the following dimensions become both characteristics and goals to which to aspire including (a) a sense of belonging, (b) mastery over one's own capacities, (c) independence or capacity to take charge of one's own emotions and set goals for oneself,

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and (d) generosity or the capacity for empathy or contributions to the wellbeing of others (Brokenleg, 2012).

SPIRITUAL HEALTH

Among Mi'kmaq people, spirituality is perceived to be at the core of a person's being and an essential component of wellness (D. Hodge et al., 2009). The spirituality of First Nations people is based on the belief that all creatures and things on the earth have a spirit and are interconnected and formed by the Creator (Rybak & Decker-Fitts, 2009). They believe in the seen world, the physical part of the world, as well as the unseen world, which is the spiritual part (Coyhis & Simoneli, 2008). Both are required to achieve balance or wellbeing (Coyhis & Simoneli, 2008; D. Hodge et al., 2009; Portman & Garrett, 2006; Walls & Whitbeck, 2011; Whitbeck, Adams, et al., 2004; Whitbeck, Chen, et al., 2004; Whitbeck et al., 2009; Yurkovich & Lattergrass, 2008). In this study, spiritual health practices enabled a person, family, or community to regain stability or balance when spiritual, physical, mental, social, and intellectual dimensions of health had been stressed by internal or external stressors. For example, when men were immersed in alcoholism, so that their physical bodies were ill, their social networks destroyed, and their mind and emotions limited by the effects of alcohol, it was spiritual renewal that stabilized their health and enabled them to move from their addiction to regain the balance in their lives.

Different spiritual health practices develop in relation to the family, community, and environment but are ultimately the responsibility of the men themselves. Such practices as prayer, smudging, drumming, Sweats, and Sun dancing are practiced

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intentionally in an effort to regain and maintain health (Coyhis & Simoneli, 2008; Fowler, 2005; Rybak & Decker-Fitts, 2009). Men are often, although not exclusively, the spiritual leaders and healers. Congruent with the masculinity practice of respecting women, female Elders also serve in leadership positions related to traditional spiritual practices.

SPIRITUAL HEALTH PRACTICES

Smudging

Smudging is a spiritual health practice in which small amounts of sacred herbs, such as sage, cedar, and sweet-grass are burned, liberating smoke (Rybak & Decker-Fitts, 2009). An Elder uses this smoke to purify the location in which a meeting is to be held and goes from one person to the other to offer a smudge. The person who chooses to participate cups the smoke in his/her hands and pulls it over his/her body paying attention to his/her head or mind, eyes, ears, and mouth to purify what is seen, heard, or spoken. As the smoke is pulled over the body it cleanses his/her heart or emotional center. The individual turns his body so that the Elder can cleanse the back as well. After the smudging ceremony, the Elder prays in his/her own language to the four directions in a systematic manner. This spiritual ceremony begins each day's activities with prayers and purification ritual, and sets the tone for how people will work together that day.

Drumming

The drum, an important part of both Sweat Lodge and Sundance ceremonies (Eagle, 2005; Low, 1960; Schweigman, Soto, Wright, & Unger, 2011), represents Mother

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Earth, its sound mimicking the heart beat (Rybak & Decker-Fitts, 2009). Drumming accompanies songs sung by an Elder and others as a part of every Mi'kmaq ceremony. Many of the songs have been passed down through the generations, while others were 'gifted' to Elders during dreams or visions (Rybak & Decker-Fitts, 2009).

Sweat Lodge ceremony

The following description of the Sweat Lodge ceremony has come from my lived experience of a Sweat with a friend and colleague who invited me to experience it in person. Mi'kmaq people do not try to proselytize as do some people of other faiths. They are, however, open to sharing their beliefs and practices with those who express an interest. A Sweat Lodge is a metaphor for a mother's womb and represents the womb from which all life emanates (Garrett et al., 2011). It is made from bent willow poles covered in skins, blankets, and tarps (Garrett et al., 2011; Livingston, 2010; Rybak & Decker-Fitts, 2009). In the center of the Sweat Lodge is a pit, which will hold the red hot rocks during the ceremony. Those who participate in the Sweat and who have earned the right to carry a pipe, will place their pipes in a holder outside the Sweat Lodge for later use in the ceremony.

This ceremony is a physically demanding experience. The well-being and safety of participants is carefully safeguarded by the Sweat Lodge leader (Livingston, 2010; Mehl-Madrona, 2010). Women wear a long skirt prior to entering the Sweat Lodge and all participants remove jewelry, glasses, watches, and shoes to prevent being burned in the Sweat. People sit on the ground around the hot coals, women on one side and men on the other. The door to the Sweat Lodge is low to the ground, so each participant humbly

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enters and leaves on his/her knees (Garrett et al., 2011). Once all of the participants are in place, the door is closed holding in the hot moisture.

The large hot rocks, called the Grandfathers, which have been heated in the Sacred Fire by the fire-keeper, are brought into the Lodge and water is sprayed on them by the leader. This results in thick, hot steam that envelops the participants (Garrett et al., 2011; Mehl-Madrona, 2010). The Sweat Lodge leader opens the ceremony and guides the group through the four different levels of prayer (Livingston, 2010; Mehl-Madrona, 2010), beginning with one focused on the women in the community, in particular those women with special challenges at this time. The participants quietly speak the names of those women for whom they feel gratitude or concern. Participants bring their drums and sing after each level of prayer is finished.

During the Sweat, I found myself taking shallow breaths to limit the depth of the hot moist air in my lungs. When I leaned over, I felt my own perspiration as hot water drops falling on my hand. At the end of each round of prayer, the door to the lodge is opened and cool air allowed in. By the end of the first round, I felt desperate to go out into the winter day to cool down and catch my breath. When I returned to the Sweat Lodge, I was counseled to ground myself in Mother Earth, placing my hands on the ground. This practice, highly symbolic for Mi'kmaq people, enabled me to continue through the rest of the Sweat and to be able to focus on the spiritual meaning of the experience.

The second round of prayer is for the sick, those facing life challenges and journeys of illness and recovery. Again the participants speak the names of people for whom they are praying, songs are sung and drummed and herbs like sage and tobacco are thrown on

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the 'Grandfathers' so that the hot humid air is rich with herbal odors. The third round is focused on the earth and community. Some participants in the Sweat share personal stories at this time. The final round of prayer is for forgiveness and personal assistance to help us to become more moral, loving, kind, and responsible people. After this round, the pipes are brought into the Lodge, lit and passed around the circle.

When the ceremony ended, participants backed out of the Sweat Lodge and greeted each other with a hug. They then went into the house for a meal to socialize and relax together. Each participant brought a contribution for this meal. Upon reflection, I had expected to feel drained and exhausted following the Sweat. Instead, I was relaxed and energized, as has been described by several participants in this study and others (Schiff & Moore, 2006; Schiff & Pelech, 2007). One of the participants in the study explained that, "We feel so good after a Sweat – it cleanses us…"

The purpose of the Sweat ceremony is to be physically and spiritually cleansed and to offer prayers for others and self (McCabe, 2008; Mehl-Madrona, 2010; Schiff & Moore, 2006; Schiff & Pelech, 2007; Schweigman et al., 2011). A deeply spiritual healing experience (McCabe, 2008; Mehl-Madrona, 2010), a Sweat has been found to support healing in all of the health dimensions of a person (Schiff & Moore, 2006; Schiff & Pelech, 2007).

Sweat Lodges are built on federal penitentiary land to provide Aboriginal inmates with access to weekly Sweats to enhance their spiritual, mental, and cultural health (Garrett et al., 2011; Garrett & Wilbur, 1999; Schiff & Moore, 2006; Schiff & Pelech, 2007). George, a participant in this study, described an Aboriginal inmate who attended Sweats for almost a year before beginning to disclose his crime of child sexual abuse. By

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raising this issue, he began to examine his own background and motivations and to accept responsibility for the harm he had done. In view of the difficulty in treating pedophiles or having much effect in preventing future child abuse (Beech & Harkins, 2012; R. Hall & Hall, 2007; Kear-Colwell & Boer, 2000; W. Marshall, Marshall, & Serran, 2006), this was a major breakthrough for this prisoner.

Sundance

The Sundance was imported to Elsipogtog First Nation from the Blood First Nations people in southern Alberta as a strategy for cultural and spiritual renewal (Low, 1960; P. White, 2009) at a time of a community-wide suicide epidemic. Many families were maintaining suicide watches of high-risk family members. This was a grueling experience, creating family tensions and feelings of hopelessness. The community and culture seemed to be devolving, losing direction and cultural practices.

Several Elders have described how many years ago, Elders feared that their spiritual practices would be lost in the face of government laws forbidding Native spiritual practices (J. Miller, 2000; Ray, 2005; Rice & Snyder, 2008), leading them to give their traditional practices and ceremonies to First Nations peoples in Western Canada to be preserved. They described a prophecy in which the Mi'kmaq and Malecite First Nations people went to the west to relearn their traditions. While there is no record of the Sundance ceremony being practiced in Eastern Canada prior to its being imported, many East Coast Indigenous peoples view it as a way of revitalizing their cultural and spiritual practices.

The Sundance was perceived by spiritual Elders and others in this community to be congruent with Mi'kmaq values and worldviews. Initially, some of the leaders in the Sundance from the Blood Tribe in southern Alberta came to Elsipogtog First Nation to teach the community members how to set up and perform this ceremony. At the time of this research study, the Mi'kmaq Sundance leaders were independently running the program and were helping a Mi'kmaq community in Quebec begin the program there.

Preparation for a Sundance is rigorous with several dancers performing a number of tasks: they spend four to five days or more getting the wood ready for the Sacred Fire, which will burn throughout the four day ceremony. They select and erect a huge tree tying many tobacco ties to it; they prepare the Sundance site by laying fresh boughs around the dancing field and over the shelter to protect observers from the Sun. They then get the field ready for the campers and install portable toilets and other things necessary to sustain a large number of people during the four day ceremony. The people doing this preparation fast during the day, go for a Sweat in the evening, and then have a meal before they go to bed.

To become a dancer, a person must pledge to not drink alcohol or use street drugs for the following four years, to do two four day fasts, and to devote four days to the Sundance with no other commitments during this period. During the Sundance, drumming, singing, and dancing occur from sun-up to sundown with rest periods. Dancers are pierced with a sharp piece of wood that is attached to the tree by a long string; the men are pierced on their backs and chests and women on their upper arms. During the dancing, they tear away from the wood, causing blood to run down their bodies. George, a participant in this study who was a leader in the Sundance, explained

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that "the only thing we really own that we could sacrifice is ourselves, our own bodies".

This piercing and tearing practice is a symbolic way of sacrificing themselves and

suffering for their people (Crystal, 2006; Low, 1960; Rybak & Decker-Fitts, 2009; P.

White, 2009).

On one occasion when I attended the Sundance, I observed a grandmother dancing,

attached to the tree by her piercing. After some time, she danced to her granddaughter

who was watching and asked her to tear the wooden piece from her arm. The symbolism

of this grandmother giving this sacrifice for a beloved granddaughter was powerful. This

granddaughter had struggled with addiction and was working hard to stay clean.

Powwows

The Powwow is a social and cultural gathering in which people dance around an inner

circle where drummers are performing (Andrews & Olney, 2007; C. Ellis, 2005; Fowler,

2005; Schweigman et al., 2011). A Sacred Fire is lit and maintained throughout the

Powwow. Some of the participants will wear traditional regalia, usually handmade by a

member of the family based on traditional practices (Andrews & Olney, 2007; Fowler,

2005; Schweigman et al., 2011). These regalia are smudged prior to being worn to dance

in Powwows, demonstrating their spiritual meaning for First Nations people (Andrews &

Olney, 2007; Fowler, 2005).

Some Aboriginal people travel to various communities to participate in Powwows

(J. Walton, 2007). These are times of gathering and renewing relationships and

reaffirming cultural identity as Native (Andrews & Olney, 2007; Schweigman et al.,

2011). The host First Nation community prepares meals and feeds the participants,

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beginning with the Elders (Andrews & Olney, 2007). Tradespeople, such as Aboriginal people who make crafts, also display their goods for sale (Andrews & Olney, 2007).

Participation in Powwows has been related to increased cultural identity and self-esteem (Andrews & Olney, 2007; Schweigman et al., 2011) and thus has cultural, spiritual, and emotional health benefits. The physical exertion of dancing in summer weather also has benefits for physical health (Andrews & Olney, 2007). In one Powwow I attended, the master of ceremonies drew attention to the drumming groups of young men in the center of the Powwow field. He noted that when he was a youth, many young men were in jail, but now these young men were learning about and participating in their culture and sharing their talents as they sang and drummed together. This speaks to the cultural renewal that is occurring throughout Mi'kmaq territory.

Spiritual health practices of Mi'kmaq people are not only traditional but can be found in other belief systems such as Roman Catholicism. For example, the levels of prayer in the Sweat Lodges are similar to those found in Roman Catholic prayer groups in Elsipogtog. Traditional practices and beliefs can co-exist with other religious belief systems. The following picture was contributed by one of the research team members for this study. It shows his cross from his Roman Catholic faith placed on top of the medallion from the Sundance ceremony. Other stones and natural objects that are important mementoes to him symbolize the importance of the environment and other special spiritual occasions. This research team member had been a leader in the Sundance and is a faithful Roman Catholic.

Figure 6: Spiritual systems co-existing

The ability to integrate the two systems of spirituality was apparent among several

of the participants in this study. William explained about his spiritual beliefs and

practices:

> I think it is more…a feeling. To me - being a man before…like men don't feel
> nothing. Men don't feel nothing. No they won't. They aren't supposed to cry in
> front of anybody. And if you are sick you deal with it until you are in so much
> pain and then you try to get help from somebody. But with me when there is
> something wrong with me I say, 'Okay it's in the Creator's hands.' For me my
> strength is in the Creator. My belief is He is there to help me, He helps everybody
> I know. He is going to help me. That's a big part of that for me in this.
> Every morning when I get up, after I shower, before I come to work here, I pray. I
> pray for my children. I pray for my neighbours. I pray for them people. I pray to
> God that I'm going to have a good day. I pray for everybody that needs to be
> healed. I pray. I use this to pray for everybody. Not me, but I pray… I ask for him

to help somebody, but I will not hold this bowl and say God help me. I'm sick, cure me… He's protecting me. I know that He's looking after me. I don't have to beg Him.

William's commitment to regular prayer focused on other people's needs is an example of the "prayer warriors" (J. Walton, 2007, p.380), American Indians who were steadfast in doing the daily work of prayer. William spent his early childhood in the New England states. As a child, his model of masculinity was based on western culture as performed in schools, playgrounds, and in his home with his father. His ideal of masculinity reflected hegemonic practices of affirming strength as depicted by not expressing emotion or admitting to pain, as opposed to perceptions of weakness or femininity as apparent in crying, showing sadness, or pain (Ashley, 2011; Askew & Ross, 1988; Connell, 1995, 2000; Davison, 2000).

William learned Mi'kmaq spirituality practices in residential treatment for his addictions and integrated his traditional spiritual practices with Roman Catholic practices. His belief in the Creator and the power of prayer supported him through many life challenges (J. Walton, 2007). He described his experience of attending the Roman Catholic Church in the community of Elsipogtog First Nation:

> Well, there's nothing…everything with the traditional and the church to me it's the same. There's only one God. There's only one God. There's only one God no matter what your beliefs are there's only one God. But your ways of doing it can still be different. I went to church. I went to St. Anne in my second marriage. I went to St. Anne I don't know how many times every year, prayed and prayed and prayed and when I walked out of that marriage I gave up hope. I said, 'Maybe God doesn't want me.' Whatever! But I was blaming her and God… but then when I went through this program here [in Lone Eagle Treatment Center] and they taught me the traditions of life, the humbleness of everything. Now when I go to church - the minute I go into church, the people that are sitting in there - they all turn and watch me go by the church and I sit down. To me it makes no difference what they want to see, they check you out to see what you are wearing.

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> And when I walk out someone will tap me on the shoulder and say, 'what in hell were you doing in there?' I say 'I went in there to pray. What did you do?'

William attended the local Roman Catholic Church during his second marriage, praying faithfully for help as he dealt with his life sorrows. When his second marriage failed, his anger was focused on his unfaithful wife and on the God they had worshipped together. After recovering from his alcohol addiction and learning about the traditions and worldviews of his culture, William returned to worshipping God, who he understood was the Creator. While his spiritual practices also emanated from his traditional beliefs, he was able to integrate these with his Christian beliefs and to find comfort and sustenance while worshipping in the Roman Catholic Church as well as during Sweats and other traditional spiritual ceremonies.

William's ability to integrate his spiritual practices enabled him to ignore the criticism of other worshippers who believed that a person should either choose to follow Roman Catholicism or traditional spiritual practices. Having learned to be accepting of others and loving toward mankind, he recognized the hypocrisy of other worshippers in the Catholic Church who judged his motivation. In William's experience, the two faith systems worked in harmony with one another and he could obtain balance by engaging in both systems of worship.

William's experience is endorsed in many Catholic Churches located in or close to First Nation communities. In Catholic Churches that serve First Nations communities, images of First Nations people and drums and other meaningful objects are interwoven into the church's vestments. As well, Christian ceremonies for Aboriginal people, such as weddings and funerals, include Aboriginal ceremonies like smudging, drumming, and

singing traditional songs. While for hundreds of years the priests and nuns of the Catholic

Church worked to convert Mi'kmaq people to Catholicism and to abandon their

traditional beliefs, they have now come to see the benefit of using Mi'kmaq cultural

images and practices as a means of maintaining their congregations.

In attempting to understand the motivation for such inclusionary practices by the

Roman Catholic Church, it is important to remember that the land upon which a Roman

Catholic Church is built on a reserve is deeded to the industry of the Roman Catholic

Church and headed by the Pope in the Vatican.

More than half of the participants in this study were clear that they saw the Roman

Catholic Church as an instrument in their cultural loss and pain. Those who were

Residential School Survivors saw the church as an evil force. As Dan exclaimed: "those

men in black – they were the devil!" Their memories of suffering while in

Shubiecontinued to resonate for them and they expressed their contempt for how the

priests had treated little children. One participant who was a Residential School Survivor

recalled the Priest and principal at Shubie striking children on their faces with a closed

fist when he was angered at something that child had done. This has been validated by

Isobel Knockwood, who wrote about the punishment of a girl in Grade five, [about 10

years of age] who had muttered the term, 'sow' under her breath as an expletive when her

dust rag fell. The following day, in front of the class and the nun who was teaching,

> He [Father Mackey] hauled off and smashed her in the face, not with an open hand but with a fist. She fell down and he told her to get up. She got up again and he smashed her again with both fists this time. She went down again and he ordered her up again. He even pushed some of the desks back to get at her. I think she tried to crawl away, but her nose and mouth were bleeding and he smashed her again and she went down but didn't get up again (Knockwood, 1992, p.92).

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Father Mackey, as principal of Shubie, used the power inherent in his dominant position to enable him to physically abuse the children in his care, a form of domestic violence. It is little wonder that the participants in this study who were Residential School Survivors saw him and others in Shubie as devils rather than men of God.

Other participants like William were able to focus on the spiritual practices of the Church and find comfort and transcendence through worshipping in the Church. Even though some continued to attend Church and found services to be comforting, the practice did not fulfill their spiritual needs and they also participated in traditional spiritual practices such as Sweats. I wonder whether they were uncomfortable with the patriarchy of the Roman Catholic Church, which was very different from their own cultural views of respecting women. Maselko and Kubzansky (2006) found that western American men who regularly worshipped in the Roman Catholic Church had lower levels of psychological distress. In other words they were at home in a patriarchal environment that is congruent with western hegemonic ways of being. However, for Mi'kmaq men there was a dichotomy between gender roles practiced by the Roman Catholic Church and traditional Mi`kmaq gender roles because women are respected and treated as equals. The practices of the Roman Catholic Church meet the definition of religion as "an extrinsic organized faith system grounded in institutional standards, practices, and core beliefs," whereas Native spirituality is more congruent with the definition of "intrinsic personal beliefs and practices that can be experienced within or without formal religion" (Glover-Graf, Marini, Baker, & Buck, 2007; Penman, Oliver, & Harrington; Phillips, 2003, p.249; Reimer-Kirkham, 2009).

Another issue that has created dissonance for many Mi`kmaq people is the

difference between the quality of life of the Roman Catholic priests and nuns who lived on the reserve as compared to that available to them. In the New Brunswick qualitative study *Surviving the System: Regaining Resilience: The Experience of Tobique First Nation with Tuberculosis,* many survivors of Tuberculosis described their daily hunger and struggle to feed their families. This was compared to the quality of life enjoyed by the priest living on the reserve, who often supplemented his income and diet simultaneously through a large garden and milking a cow that was pastured in land adjacent to the priest's house. The participants in the Tobique study remembered how the priests sold vegetables and milk to them, giving away only that which was not considered to be of good quality. Many participants recalled their experiences going to the Priest for food:

> They always had something in a great big garden. Right in front of the old priest's house, they used to have a great big garden. They grew everything. And I used to go over there and after they milked the cow and separated the milk and the cream. They gave away, skim milk they called it. They sold real milk if you wanted any. But I used to go there and get skim milk. (Getty et al., 2001, p.40)

This business enabled the priest to sell his produce to those Natives who could afford to buy it. The Tobique research team in this study wrote:

> After persuading the people of Tobique to dispense with their traditional beliefs and to adopt Christianity, the church took on hierarchical power, as representatives of the church. They endowed the priesthood with mystical powers of being the conduit from God to the people. Accordingly, the priests began to be seen as healers of the sick and were sought out to offer prayers and to administer communion. Even within illness, the church expected to be paid to offer prayers and blessings, including healing. Jack recalled when a member of his family had asked for prayers for a brother: "That's how we knew he was better and that there wasn't any more spots in his lungs… even made Novena [a special financial offering for a prayer] for him." (Getty et al., 2001, p.41)

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In this way, the priests required payment for their work of prayer from some of the poorest people in this area, benefitting personally from the faith of these people. The experience of ongoing poverty created a feeling of shame amongst many Aboriginal people about their identity. One participant in the Tobique study summed up these feelings when he said: "I hated to be an Indian in those days, because I didn't have any food" (Getty et al., 2001, p.47).

In many ways, the priests enacted hegemonic masculinity practices by being successful business men who enjoyed an enhanced quality of life, even at the expense of their congregants who lived in poverty. Their practices of masculinity took precedence over vows of poverty, enabled through theirunconscious assumptions of white privilege (Blackmore, 2010). The masculinity practice of being a 'Father' to the congregation of Native people also allowed the priests to justify their privilege and practice of selling their prayers for blessings to impoverished people. Such processes also reflect a process of marginalizing or 'othering' Native people (Canales, 2010).

Mi'kmaq people are deeply spiritual and some of those who practice Catholicism are faithful and deeply supportive of their Church and its priests and nuns. One of the mothers who participated in this study was a devoutly religious person who had a room in her house devoted to prayer. It had a bulletin board filled with notices of services, ceremonies, funeral notices, and other memorabilia from her prayer work. She maintained a pattern of life in which she prayed certain times of every day, following topics in a similar pattern to that used in Sweat Lodges. She had an ever-evolving list of people for whom she prayed. Some were suffering from illness or other life crises and others were grieving the death of loved ones. They included older people, her friends and

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family, leaders of her community, and others. This was her work: an unpaid labour of love, a form of being a "prayer warrior" (J. Walton, 2007, p.380). She visited the sick, praying with them and providing supports such as running errands for them.

Her face beamed while explaining her prayer practice, identifying many instances when she believed God had answered her prayers and people had been healed. She also named people who had died despite her prayers, but she was able to identify their deaths as 'good ones,', in which the dying person had been able to resolve issues and reconnect with the people he/she had loved but from whom he/she been separated through disagreements. She described her annual pilgrimage to Ste. Anne de Beaupre ("Basilica of Sainte-Anne-de-Beaupré," 2013) in which she observed healing and was energized in her faith. She took pride when her sons attended the services of the local Roman Catholic Church, believing this helped them to be "good men."

Spiritual ceremonies

Among Mi'kmaq people, spiritual ceremonies have been important for healing from specific losses and painful psychological and emotional injuries. Mi'kmaq men have been primarily, although not exclusively, the leaders of such ceremonies, teaching people the meaning of and leading in the ceremonies. One of the major roles of Elders has been to support community members to heal. Albert, an Elder who has a Sweat Lodge in his backyard, spoke about his use of ceremonies such as a Sweat:

> Yeah, I go to Sweat Lodges… marry people. Oh yeah, I do everything (all ceremonies). Me, when I hunt I can get an animal anywhere I go. I talk to animals they talk to me too. Yeah, and I tell them what I am going to do. Same as to the fish, I talk to fish and I put some offering, tobacco, my offering. Everybody got spirits even the flowers. When you see the flower, don't go out there and break it off. When you got back there you are going to see it bleeding that flower. That

same thing, you cut your finger it's going to bleed eh. That same thing with trees, everything…everything lives, even mother earth. If you kick that you have to say something or put some offering. If I take a knife or something and dig you with it say you are a mother eh, I start digging and I didn't offer you anything you are going to holler '[You] hurt me eh, same thing. Mother Earth [is] hurt when you dig. If I make a fire I told her -Mother I'm going to make a fire up here, excuse me, excuse me…same thing with Mother Moon and the Creator Sun.

Albert's spiritual beliefs in the relatedness of all of creation and the need to be respectful of the spirits of all things, including Mother Earth, are evident in the forgoing explanation. Spirituality permeates his daily life and specifies how he is to interact with other living things, including communicating with them and thanking them for their sacrifice so that his family can have food (Rybak & Decker-Fitts, 2009). This practice was echoed by several of the participants, even though their role as men is to hunt and fish and acquire what is necessary to provide for his family. Albert's worldview requires that he only kill enough animals and fish to meet the needs of his family, not take all that he can get. This fundamental approach to conservation of the earth's resources and living things is an important approach to caring for the earth and a masculinity practice of Mi'kmaq men.

Albert continued to explain his beliefs about how the Creator fulfills his needs:

Even when I lost my wife and I was lonesome and I asked him, 'Creator', I talked to Him and I tell him 'I need a wife I'm lonesome' and I know that man should not be alone on this earth. I want a woman [who] never had a drink, no dope nothing, clean. So I told my daughter, 'Let's go find a woman' so I went to Moncton. I see a white eagle pure white, big white, and I look around. Okay I went down East and I followed him and that's when I found that woman. We stayed together about two months, three months. I asked her, 'Have you ever taken a drink? You ever taken dope?' She said, 'I never took anything in my life.' I just said, 'Thank you Creator'!

Albert's approach to finding a wife demonstrated his deeply seated lived experience of spirituality. He began by praying for help in finding a wife. By including his daughter in his search, she became a part of the process rather than opposing her father's search for a new wife to replace her mother. The image of the Eagle highlights the importance of spirituality and the blessing of the Creator in meeting his new life partner. The wife he found by following the Eagle was from a Mi'kmaq community in another province. Although younger than Albert, she shares his spiritual beliefs and practices. She supported his descriptions of being awakened by people in crisis looking for help to hold on when they felt like life was too painful to continue. Their desperation led them to seek help from Albert. He explained:

> I teach a lot of people, we work together, spiritual leaders and I help anybody who wants to stop drinking. If they don't listen to us – if they know better than us [shrugging his shoulders]… we know anybody who comes up here when they start walking in my driveway out there - I know what they want. They need the help but they have to listen to me. If they start talking… they know better than me, I'm not going to tell anything to them… They have to listen to me…

Albert understood the desperation and rationalization that accompanies addiction from his own lived experience. He insisted that those who want help need to be open to change, as evidenced by their willingness to listen to him and to stop drinking and using other substances.

Albert has chosen to practice the traditional Mi'kmaq approach to spirituality. He explained: 'If you go out there and fast you have to stop something forever. You ask the Creator… you say I'm going to quit this.' Albert recognizes the importance of a person's commitment to stop using the substance to which he/she is addicted, rather than

expecting that it will happen to them – i.e., he/she will be cured through the healer by the Creator without any personal price to be paid.

Albert and his wife have rejected the use of the Sundance ceremony which has been imported to Elsipogtog from First Nations tribes in the prairies (Low, 1960). He explained his perception of the differences between the traditional Mi'kmaq ceremonies and those of the Sundance ceremony:

> Oh yeah…Spiritual ways both of those. Not the Sundancers. [They are from a] different tribe. I do the Mi'kmaq way…I don't give them any pipe until three fasts, that's twelve days. Yeah, second time you get a pipe you are not a pipe bearer just a pipe holder. Third fast, that's the time you go out there and get the directions and everything - third fast.

Albert believed that there are unique traditions in Mi`kmaq spirituality which require patterns of accomplishments, such as being required to complete three four day fasts before becoming a pipe carrier.

While Albert expressed his distrust of the Sundance because it was a ceremony used by the Plains Aboriginal communities, and some of the customs are different from the traditional Mi'kmaq ceremonies, the Sundance shares the ritual of the four day fast and other Elders believe that its practices are congruent with those of Mi'kmaq traditional beliefs. Both use Sweats as ceremony and offerings of prayers and cleansing (Collection, 2006; Crystal, 2006; S. Dunn, 2004; Garrett & Wilbur, 1999; Mehl-Madrona, 2010; Schiff & Moore, 2006; Schiff & Pelech, 2007). Albert spoke about: "Yeah, I do a medicine Sweat. I have all different Sweats. I do medicine Sweats once in a while… [That is] when you go out there...to get cured." Albert`s practice as a medicine man involves the use of Sweats with particular medicine such as sage or sweet-grass which is

scattered on the `Grandfathers' so that their essence is carried on the clouds of humidity

to be breathed in by the participants.

Some of the younger men denied having any interest in spiritual practices;

however, they did want to know more about their culture. Their families were important

to them and they wanted to know about their family's history and the history of Mi'kmaq

people. In these cases, the value of independence and being responsible for your own life

were guiding principles that shaped some of their masculinity practices. Jeremy said:

> Where we are sitting now used to be a garden, it's all bush now. You probably heard of Dr. Mildred…Minnie. She was one of my teachers, a Mi'kmaq. She's a very good person, very religious. I have nothing against anybody believing what they want to believe, but you've got to believe in yourself first. Think things for yourself, it's your choice… it comes back to your choice. Have a choice of going to Sweats, it's not my choice, I don't want to do it. I went there and I didn't feel anything. I'm not against it, you've got that right [to choose] how to live your life. I'm choosing to have a good life, to live a normal life, which I never had. I want to live longer. I want to see my grandchildren graduate, that's all I want in this world is for them to be happy.

While Jeremy had tried the traditional practice of participating in a Sweat and had learned

about his Mi'kmaq culture through a respected Elder, he did not find meaning in the

Sweat Lodge and instead chose to focus his energies on his own family's happiness and

living a "good life." He described his feelings of being connected to his family and

culture and having a sound understanding of his own responses, both of which have been

identified as a characteristic of being a spiritual person (J. Graham, Brush, & Andrew,

2003; Penman et al.).

In the preceding discussion, I have focused on the description of spirituality and

spiritual health practices in the form of spiritual ceremonies for Mi'kmaq people. The

majority of participants in this study had lived challenging lives in which they obtained

education, some university degrees, and were employed in work that provided for their families and contributed to their communities. Their lives had focused on continuing practices of masculinity and living their lives in responsible caring ways. Several of these men had continued to learn about the Mi'kmaq culture and had worked hard to shape their families and communities in culturally congruent manners. In the ensuing discussion, I will focus on three life challenges faced by many Mi'kmaq men in this study and the role of spirituality in their recovery. In particular, I will discuss the processes of grieving the losses of loved ones, recovering from addiction, and the challenge of forgiveness.

GRIEVING THE LOSSES

Among the participants in this study, several had endured a series of deaths of family members, one after another and occasionally more than one at a time in the case of an automobile accident. Aboriginal people have been found to experience a higher proportion of traumatic events over their life-times than other North Americans (M. Anderson et al., 2012; Ehlers, Gizer, Gilder, & Yehuda, 2013; Walls & Whitbeck, 2011). Mi'kmaq people suffer from the effects of colonialism with its repercussions of (a) addiction of their parents and extended family members, (b) family dysfunction, (c) poverty, (d) loss of cultural identity and practices, and (e) feelings of shame related to the tarnished identity they perceive as a result of systemic and individual racism and oppression (Coyhis & Simoneli, 2008; Evans-Campbell, 2008; L. Kirmayer et al., 2000; L. Kirmayer, Tait, & Gracey, 2009; Pachter & Coll, 2009; Palacios & Portillo, 2009;

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Paradies, 2006; Stout & Kipling, 2003; Walls & Whitbeck, 2011; Whitbeck, Adams, et al., 2004; Whitbeck, Chen, et al., 2004; Whitbeck et al., 2009).

Traumatic events that occur during childhood and adolescence, including experiences of racism, continue to influence the identity and emotional wellbeing of adult Mi'kmaq men (Libby et al., 2008; Lonczak et al., 2007; Morgan & Freeman, 2009; Pachter & Coll, 2009; Paradies, 2005, 2006; Richmond & Ross, 2009; Rock, 2003; Walls & Whitbeck, 2011). Indeed, the daily racist experiences during childhood and adolescence demeaned the identities of Mi'kmaq youth at schools and other sites of interaction with western children and adolescents. These hurtful experiences were particularly damaging to Mi'kmaq boys when aimed at their younger brothers, sisters, and cousins because they were raised to care for one another and to protect those more vulnerable. Such racist experiences either resulted in the Mi'kmaq boys (a) being labeled by others as a problem when they responded to verbal abuse with physical reprisals as a way of protecting their family members or (b) labeling themselves as weak and unable to protect their families, an important Mi'kmaq masculinity practice. Such discrimination serves to marginalize Mi'kmaq children, preventing them from feelings of belonging in schools and other institutional settings in the western culture. Painful memories of discrimination continue to be stressful and to instill perceptions of the need for vigilance among Mi'kmaq and other Aboriginals (Pachter & Coll, 2009; Paradies, 2005, 2006; Walls & Whitbeck, 2011; Wells et al., 2009; Wesley-Esquimaux, 2007; Whitbeck, Chen, et al., 2004; Whitbeck et al., 2006).

The combination of unresolved historical loss and trauma, continuing family stressors, and childhood and adolescent stressors lead many Mi'kmaq men to enter

adulthood with overlapping, deeply seated vulnerabilities (L. Archibald, 2006a, 2006b; Dutta-Bergman, 2004; D. Hodge et al., 2009; Pachter & Coll, 2009; Petit et al., 2011; Portman & Garrett, 2006; Rybak & Decker-Fitts, 2009; Stout & Kipling, 2003; Walls & Whitbeck, 2011; Whisman, 2006; Whitbeck, Chen, et al., 2004; Whitbeck et al., 2009). What is seldom acknowledged in the literature, however, is the strength of their personal and cultural resources that enable them to be resilient and withstand the accumulated stressors that occur at a higher level than among many other Canadian men (K. Anderson et al., 2012; Ehlers et al., 2013; L. Kirmayer et al., 2000; L. Kirmayer, Sehdev, Whitley, Dandeneau, & Isaac, 2009; L. Kirmayer, Tait, et al., 2009; Portman & Garrett, 2006; Walls & Whitbeck, 2011; Yurkovich & Lattergrass, 2008). One of the strengths of Mi'kmaq men that has emerged in this study is the masculinity health practices that are shaped by their culture and spiritual health practices.

Pat, a young gay man who had been working in western Canada, occasionally returned home to Elsipogtog in order to "recharge" his energy. While he was in the west several family members died, leading him to return home to stay a year ago. He recalled:

> in a while … I have to come back [to Elsipogtog] and recharge. I've gone through a lot over the last two years…there were very many struggles. Last year [there] has been a lot to deal with. I've gone through death like you wouldn't believe. Lots of deaths! (sighs)…You know these people that you loved and cared about [had died] while you were away. You know for me - I had dreams of them and then coming back; it was like my dreams were preparing me already. But now… looking back at it… it's like, wow! Okay I've dealt with this, I dealt with that … loss but I just try to stay positive…In the last year that I've been home, I've been going through a lot of people with death. You know, it does bring a person down after going through a lot …because its family and not only that you see them every day…and then a certain person dies and it brings a person down.

While in the west, he dreamt about some of these loved ones, interpreting his dreams as a preparation for what he would experience when he returned home to find them gone. In

the Mi'kmaq worldview, the interpretation of dreams is an important source of knowledge (R. Bowers, 2010; Cardinal, 2001; J. S. Y. Henderson, 2000b; Marsden, 2004; S. Wilson, 2008).

Pat discussed the challenge of coping with repeated loss of family members and others close to him, never being able to fully grieve for one before the next death occurred. He remembered:

> It started in August until December; it was like I was losing somebody, another person was [dying]…three weeks again you know. Well on my father's side I just lost three… cancer, car accident; so that was two in one. And then that was two in my mother's family and then a few months later another…it's all cancer.

Pat returned home to grieve with his extended family, providing and receiving comfort from the family collective in a reciprocal support system, which is a strength in many Mi'kmaq and other First Nation families (K. Anderson et al., 2012; Moules, Soimonson, Fleiszer, Prins, & Glasgow, 2007; Schrader, Nelson, & Eidsness, 2009; Teufel-Shone et al., 2005; A. Walker, 2009). As several Mi'kmaq members of the research team for this study agreed, "Even when you have a healthy family, you always have to face another loss. You never resolve one loss before another hits you!" This state of prolonged grief takes energy and some of the joy of life from families living in First Nations communities (Moules et al., 2007).

The support available from the collective was an important asset in helping Pat to cope with so many losses of people he loved (K. Anderson et al., 2012; Moules et al., 2007; Schrader et al., 2009; A. Walker, 2009). This sense of urgency, of needing to be with family and community, is an important component of the process of grief and acceptance in many Mi'kmaq families (M. Anderson et al., 2012; J. Walton, 2007).

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People are expected to attend the wake, which is often held in the deceased person's home or that of a close relative, with someone maintaining a 24 hour vigil with the deceased person's body each day before the funeral. Food is prepared by many in the community to help the grieving family offer food to those who attend the wake to pay their respects (Schrader et al., 2009). As well, attendance at the funeral is expected and in some instances the community band hall and other services are closed so that people can attend (M. Anderson et al., 2012).

> Pat described his grief response and the comfort he found within his family:
>
> Death does bring a person down…coping is tough but I just try to stay positive. My cousin…my cousin is about the same age as me…he is 29…30ish and there's people like my friends that are working so their positivity is reflecting on me too you know. I'm working on a lot of things too - like dealing with those deaths and trying to figure out my life now that things have calmed down for five months so I'm… fairly good…and like I said…every day is a new day and I'm trying to stay focused and reconcile… right now we are going through the Church Easter season …My mom's a very church goer so I'm doing that too like getting my sins…I've done bad…like if I did bad, I'm doing that too you know.

The anticipation of Easter services with their message of hope was helpful for Pat. These deaths had raised thoughts of his ultimate death, causing him to reflect on and transform his life to be ready for death whenever it arrived (Gone, 2009). His spiritual understandings were founded on his Roman Catholic religion's teachings about life after death with the quality of this spirit life being determined by the person's behaviors and thoughts in life on earth and repentance for sins. Mi'kmaq spiritual beliefs are reflected in the cultural understanding that life after death continues in the spirit world, which is congruent with the Catholic teachings about death. His inclusion in the extended family's death practices and mutual supports provides further evidence of his acceptance by

family and community as an important and welcome member. As an openly gay man, this inclusion also attests to the acceptance of diversity that has been identified as a practice of masculinity among Mi'kmaq men.

The close relationship between grandparents and grandchildren in Mi'kmaq families means that the loss of a grandparent is especially meaningful for Mi'kmaq youth. Gerry, a young man, recalled returning home after quitting university:

> Then I started working for Elsipogtog… then I decided there was a piece of the puzzle missing, I started something and I wanted to finish it. So I went back and I finished and here I am. I was even on the verge of quitting again and what really sealed it, what sealed the envelope for me to withdraw from university again was finding out that my grandmother - that the cancer had come back and she wasn't going to make it. She only had two months. So that really did a number on me! I didn't know how to take it. I was in denial. It affected my work. I was in university and I was working with the youth again. I've been working with the youth throughout my life. I was in city and I was working with the youth there and it just affected my work. I would just lash out at the staff, not during work hours, but after work hours. Finally they asked me 'what's wrong' and I told them, 'my grandmother is dying, I apologize.' Then they said 'Do you want to go home - there's only two weeks left of camp you could go home and see your grandmother.' I said at first… I had to work, as an excuse not to face the reality of my grandmother passing. Finally I said 'okay.' I was kind of scared. I got home. I had already talked to my grandmother one on one already and then finally there was one point I finally told her and we talked. She kicked everyone out of the house and we talked. She asked me, 'What did you want to tell me?' I had a hard time saying it. I said, 'I just wanted to ask you if you would be my guardian angel when you pass?' She broke down too and she said, 'You don't have to worry about that.' Then I just started reminiscing about the past and I just told her, 'I just want to get you out of your wheelchair and dance how we used to dance - how you used to embarrass me in front of my friends!' So we talked and she told me, 'You started university - don't quit. You are almost there.' That was one of her last things for me to do. I noticed that my marks weren't very good but after she passed [died] I was getting straight As and B+s and you name it.

In the milieu of the university and summer work, Gerry recognized the expectations of the western culture regarding the masculinity practice of being stoic in the face of emotionally painful experiences (Connell, 1995; Creighton, Oliffe, Butterwick, &

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Saewyc, 2013; Rosenberg, 2009; Truong, 2006; C. Walton et al., 2004). Rather than cry and express his emotions in an authentic manner as would be expected in the masculinity practice of Mi'kmaq men, he remained stoic, channeling his emotional reactions into the anger that was acceptable to express among western men. In this way, he defended himself against the judgments of western peers (Creighton et al., 2013; Rosenberg, 2009). However, the constraints of repressing his emotions can take a toll on a Mi'kmaq man's mental and spiritual health and may weaken his identity as a Mi'kmaq man (Creighton et al., 2013; Hoffman & Cleare-Hoffman, 2011; Truong, 2006).

Gerry's performance at his summer job suffered while he struggled to come to terms with his grandmother's dying. Unlike some of the other participants in this study, Gerry did not look to the rest of his family for comfort or support. He focused on his relationship with his grandmother who had nurtured and helped to raise him. His request that she be his guardian angel was a way of holding onto her – to know she would always be with him. Moules and associates (2007 wrote:

> Grief does not result in a "resolution", as seen as a return to the familiar, but in an incorporation of the loss into living forward and an ongoing connection with the deceased that allows one to continue to move ahead in life (p.119).

This desire for a continuing relationship with his dying grandmother (J. O'Brien, Forrest, & Austin, 2002) was a sign of hope in the midst of grief and evidence of his spiritual belief in the continuing presence of the spirits of his ancestors as loving, helpful influences (Cacciatore, 2009). Penman, Oliver, and Harrington (2009) found that both palliative care clients and their families associated spirituality with love and the practice of maintaining relationships with others.

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The process Gerry used in recounting memories with his grandmother would have been helpful and comforting for her. Life review with loved ones is an important task of preparing to die (Schrader et al., 2009), enabling a dying person to reflect on the meanings of his/her life (Penman et al.). In this way, the knowledge of impending death can draw a family closer together and enable them to make the dying experience more meaningful. It allows the family to engage in the grief work following a death with fewer regrets and unresolved issues (Moules et al., 2007).

Dick, a young man, remembered a friend who committed suicide, "Because she couldn't deal with the grief she was overcome by that she ended her life so now I've lost two. But that makes me stronger." Bobby also remembered his response to a friend's suicide:

> I know that my grandmother always wanted me to stop drinking and it's something that I did for fun and I noticed that after my friend committed suicide that's when I went to the bottle to numb the pain. I didn't want to feel the grief… he told me [about his suicidal thoughts] but that was the first time that I was approached. He just said that he's been thinking about it and that was it. We broke down together and he promised that he won't and he told me not to say anything. Me at the time, I believed him…and then it happened. I was devastated. I was heart-broken.

Bobby recognized that his grandmother had been concerned that he was drinking socially. Being at university, Bobby was immersed in a culture in which heavy drinking was socially acceptable (Currie et al., 2011) as students adapt to being independent. This culture of drinking is gendered with male students bonding through drinking games and other excessive drinking patterns. Such practices are consistent with the hegemonic practice of risk taking among western men (Connell, 1995; Connell & Messerschmidt,

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2005; Courtenay, 2000a, 2000b; Mahalik et al., 2007; Meryn & Shabsigh, 2009; Sabo, 2005).

Female students may also drink heavily during their university education; however, their behavior is less endorsed by other students and themselves (Abby, 2011; Carter, 1997; Kauffman, Silver, & Poulin, 1997) and is complicated by issues of sexual coercion (Abby, 2011). Gender issues in relation to the use of alcohol and other addictions have been poorly addressed in the literature, which has focused on the differences in prevalence rates of alcohol use and abuse between men and women. Even articles that use the term 'gender' may not address issues of gender but instead compare alcohol behaviors and issues of men and women (Ehlers et al., 2010).

The practice of drinking excessively is not only risky but it provides experience with alcohol that enables men to numb the unbearable emotional pain of grief, rather than express their feelings and fail to measure up to the hegemonic standard of stoicism. In this way, men aspiring to demonstrate their compliance with hegemonic approaches to coping with pain self-medicate with alcohol rather than express their grief in tears and words (Hoffman & Cleare-Hoffman, 2011). If necessary, emotional pain and sadness can be projected as anger, an acceptable emotion to express according to the standards set by hegemonic masculinity configurations (Creighton et al., 2013; Rosenberg, 2009; C. Walton et al., 2004).

Although as a Mi'kmaq man Bobby was encouraged to openly express his feelings, in the environment of the university this behavior would earn him scorn from his friends and classmates who were working hard to maintain hegemonic masculinity practices (Creighton et al., 2013; J. O'Brien et al., 2002; Truong, 2006; C. Walton et al., 2004). As

a result, rather than express his emotions freely, he used alcohol to help him numb his painful feelings of grief for the loss of his friend, guilt for believing him and not seeking help, and anger at the friend who lied to him and committed suicide (Moules et al., 2007):

> It all began really when I started drinking. It was pretty much being on my own, being an adult really. The transition I guess. After my friend committed suicide you know I just had it rough. I lashed out to the world. I drank heavily. One day I just woke up and realized I have to stop. So I stopped drinking for a year, recovered, well not recovered. At the same time there was a lot, my sister passed away from a lung disease and my uncles were passing away. I was like oh my god when will this ever end! Yeah. I started drinking again. I still had a lot of issues, my trust issues and it didn't work out with my girlfriend at the time. I didn't trust her and she didn't trust me. We were just always competitive with each other. It was a long overdue separation. I'm glad it happened because it gave me a chance to really figure myself out. Find myself again. After the suicide it resulted in me quitting university.

Enduring an avalanche of sorrow, as he lost his friend, his sister and several uncles, Bobby immersed himself in alcohol and broke off his romantic relationship. After leaving university he sorted himself out, grieved the many losses he had experienced, and sought spiritual guidance to cope with his pain:

> There was one time when I was sad which was after…when I stopped drinking for that one year after my friend committed suicide. It just felt like I always thought about him and sometimes I would cry and I would just feel numb and I talked to the medicine man, my uncle, and he would tell me write down all of your feelings. That's one thing that I really love about my family - especially the guys. My uncle there, he taught me a lot as well. A lot of it is from the teachings of being in the Sweat. I never knew how…I was always scared to go in the Sweat, it's a fear of the unknown. I remember going in a Sweat as a kid but the teachings that was introduced there I don't remember but now that I'm older when I'm in a Sweat oh God it feels so relaxing in there and there's four rounds and in the first round they pray for the women that are sick and the ones that are doing well to continue doing well and an appreciation for everything. It's like Mother Earth and that round is for the women. There's another round for the sick that would be the third round I'm trying to remember what the… I know it has to do with something like an offering you know how people give something up for you like how some trees gave up their lives, bend their backs for the Sweat, and you pray for the things that you are receiving? I think that's what the second round is about and the third round is for the sick…we are praying for the sick and that is the hottest

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round. From what I understand, we are taking a little bit of their pain and that's why we are suffering, really for the people that are sick. For the last one is just asking for forgiveness. No one's perfect in life and there are times when I wish I could do a lot more for my Mom and I know there's times when I disappoint her. I dwell on a lot of things… It's weekly [the Sweats]. It's so relaxing in there. The thing is even in the states, I have cousins there, [who are] very spiritual and each round that I came out it felt like everything was moving and I was like 'wow!' Yeah, a little dizzy and they were telling me 'that's how much you need to let go, that's the stress that you have and you need to let that go.' I noticed now when I go to the sweats it's not that bad... I come out of there feeling refreshed. It's like a cleansing. I love it. I love it. A Sweat Lodge is like a mother's womb. That's why you feel so comfortable in there. They bring you back into… as if you are in your mother's womb. On one side is [where] the women sit and on the other side is the men. I pray. I have an eagle feather. I have sage and sweet grass…

Bobby's return to Elsipogtog enabled him to enact the masculinity practice of expressing his emotions more openly. He was guided to traditional spiritual practices by his uncles, finding comfort and returning to balanced health through participation in the Sweats and prayer (Currie et al., 2011). While he had some difficulty remembering the focus of the different levels of prayer, he had identified the specific topics of prayer that occur in the Sweat. Over time, his resilience increased as he recovered with the spiritual support of the Elders and the Sweats (Currie et al., 2011; McCabe, 2008; Mehl-Madrona, 2010; Schiff & Moore, 2006; Schiff & Pelech, 2007; Schrader et al., 2009). The Sweat Lodge is a place where individuals are encouraged to think about their own issues and challenges and find a way to resolve their problems (McCabe, 2008). As he rebuilt his resilience he thought through what he wanted in life and returned to university to complete his Bachelor of Arts degree.

One of Bobby's strengths was his ability to express his feelings, an acceptable masculinity practice among Mi'kmaq men. His uncles and cousin demonstrated a respected masculinity practice of leading in spiritual practices, such as the Sweat Lodge,

and helping him develop strategies to cope with the loss of his friend and his painful

emotions. Unlike many young men from the western hegemonic culture, Bobby had a

sound social support network and was encouraged to express his feelings within a cultural

context that did not judge him as weak or effeminate for this expression (Creighton et al.,

2013).

Through his suffering, Bobby learned an important lesson – to intervene and get

help when another friend contemplated suicide:

> I noticed ever since then like when people tell me that I remember I had a friend
> of mine, it's a girl and at one point she was thinking about it as well. I talked to
> her for a while. I got her to talk to me and stuff and then I had enough of it. I said
> 'look' and after I finished talking to her about it she broke down. Right away, I
> called and it was her mom that answered. I told her mom about it. I told her that
> I'm a friend of hers and I told her that I was from Elsipogtog First Nation…she
> [his friend] had told me that her family doesn't like people from First Nations, but
> I said, 'Look I'm a friend of hers and I'm from Elsipogtog First Nation. I'm
> talking to your daughter and this is what she's telling me'... and then she [her
> mother] talked to her. She [his friend] kind of got mad at me a little bit but we are
> good friends to this day and we talk to this day and that's the good part about it.
> She's in school now and she's going to become an RCMP officer.

Knowing that he had helped to save this friend's life, and that she was still his friend even

though he had disclosed her secret, was an important achievement for Bobby. He realized

that he felt called to work with youth:

> Yeah, I care about the youth in the community. It's not easy. I went through a lot.
> I went through hell and back. It's an honor the position where I am today. I did it
> and yet my journey is still not over. I still want to go for my master's. I'm still not
> done with school. Yeah, it's something that is really important to me, education.

Bobby is now clear about his life goals and has been successful in completing his BA and

getting a job in his own community where he can be a positive role model to other youth

and demonstrate what they can aspire to accomplish (Beebe et al., 2008). This is an

important contribution to the youth in Elsipogtog because so many have succumbed to

barriers of racism, poverty, and a lack of resources that have prevented them from achieving their goals.

The anger that can accompany an unexpected, preventable death, especially that of a child or youth (Creighton et al., 2013; Moules et al., 2007) was evident when Albert remembered the death of his toddler:

> Big Cove nurse…they got measles and they give them a needle. They weren't supposed to give them a needle, just put them in the dark! I was out hunting. If I had seen them give that needle I would have killed that nurse! I pretty near killed them! I was in the hospital for a poison ham or something. Holy Gee, but my wife stopped me. I said I'm going to kill them - they killed my son!

Albert's sorrow and the intense pain that accompanies the sudden death of a child were unbearable (Cacciatore, 2009; Girasek, 2003). Such a loss may be unconsciously interpreted by a father as his failure to protect his family. His desire for revenge arising out of his pain and feelings of powerlessness could have led him to commit a serious crime, but his respect for his wife enabled her to prevent him from doing something rash and irretrievable. In this way, the characteristics of Mi'kmaq men's masculinity practice, respect for women and maintaining an egalitarian relationship with their wives, prevented him from acting on his anger and pain.

Brandon's anguish was overwhelming when he remembered the death of his only living sibling, whom he had protected when they were sent to live with their abusive grandparents:

> We went to a birthday party … we weren't drinking that much… because we had to walk down… home. It was about 11:00 that evening and we went home. I don't know if you've ever traveled …that hill goes down… We got down half-way and it was in April… there were cold nights! Her boyfriend and her were play fighting on the side of the road she stepped on a piece of ice and boom a car came in and sliced her head right off, I grabbed the body and said oh my God, oh no! Oh no! My baby sister!! I grabbed the body…hold the body, I yelled; I cried, I yelled, I

cried, I yelled and every time I looked at it there was no head. I looked across the road and her head was lying on the other side of the road. The cops were all over the place… ambulances you name it. I couldn't cry. My arms hurt because I was holding her so tight. All of a sudden one of the cops came over from the other place and he brought a long black bag… and I lost it.

This unbearable shock and loss was compounded by the many other losses in Brandon's life – the loss of his parents, being sent to live with cruel grandparents, losing his innocence when suffering weekly group rapes, and then losing his beloved younger sister in this horrific way. The Brandon's woundedness, suffered through these traumatic losses, affected his spiritual and emotional health and included a range of grief responses such as, "devastation, alienation, all-encompassing sorrow, paranoia, distrust, anger, resentment, guilt, lack of identity" (Moules et al., 2007, p. 128), leaving a rawness to his sorrow.

Sometime later, Brandon discovered that his wife was unfaithful to him. While he moved from the conjugal bed after learning of his wife's affair, Brandon remained in their home until his son was older, fulfilling his role as father. He remembered: "At that time I was drinking real heavy, two quarts a day and working. Two quarts a day! I had a business and everything going." Brandon's cumulative losses had finally dragged him down to a depth of despair and hopelessness in which he saw no way out of his misery. He remembered:

It was hard to deal with that [his rage] because I kept it inside me for 40 years. That was killing me. I was full of anger. I was full of hate. There were times when I wanted to kill somebody.

Brandon's cumulative losses became so overwhelming that he defined himself by his hate. He numbed these painful feelings by immersing himself in alcohol.

Some of the participants, like Bobby, had been able to engage with spiritual health practices with the support of their family and spiritual mentors and did not become mired in addiction for long periods of time after experiencing losses. Their journeys of recovery demonstrated their resilience when supported by family and community. Other participants, who felt more hopeless, tried to numb their pain through alcohol or drugs.

Overcoming addiction

Several of the participants spoke about their past addictions to alcohol, which had increased in severity until their lives were in crisis. The legacy of transgenerational post-traumatic stress disorder, their own lived experiences of racial discrimination, poverty, and childhood abuse and neglect led to alcoholism and other addictions (Coyhis & Simoneli, 2008; Currie et al., 2011). In the New Brunswick Regional Health Survey, conducted by the Assembly of First Nations every five years, 3.1% of adult participants stated that they have more than 5 drinks daily (Getty et al., 2006), qualifying them as alcoholic. While this proportion is a small part of a community like Elsipogtog, alcoholism is a huge problem for the alcoholics and their families. It prevents alcoholic men from enacting their practices of masculinity and health, such as working hard and providing for their families and respecting women, themselves, and others.

Alcoholism has been related to the male gender and practices of masculinities in western culture, particularly in relation to the expected behaviors of remaining stoic in the face of unbearable emotional, mental, and spiritual pain (Canetto, 1997; Iwamoto, Cheng, Lee, Takamatsu, & Gordon, 2011; Moller-Leimkuhler, 2003). However, each man's experience with substance abuse is unique, affecting his mental, emotional, social,

and spiritual dimensions in different ways and arising out of individual experiences in his own life-view. Issues of substance abuse can be partially understood in light of some general historical knowledge, such as the effects of colonialism. However, to truly understand a particular man's situation, his life experiences and perceptions of these need to be examined (Biong & Ravndal, 2007).

As addiction increased among several participants, they described feelings of being deeply ashamed and losing their own identity, which fueled their addiction (Krech, 2002). In the depth of their addictions, feeling hopeless and seeing no way out, several found hope through the outreach of Edward, an Elder who worked in the Lone Eagle Treatment Center. He would visit with them, offering hope through his belief in their capacity to recover from their addictions. Several participants in this study stated emphatically: "Edward, he saved my life!" These participants credited their recovery to Edward's belief in their value and ability to live full lives.

Some participants who were addicted to alcohol returned repeatedly to a Detox program where they were supported by western medical approaches to withdraw from alcohol or drugs (McGowan, 2004). Soon after discharge, however, several returned to drinking alcohol despite being ill and having been warned they risked death if they did not cease drinking.

A few participants who had been alcoholics went from the Detox unit to the Lone Eagle Treatment Center. This residential program uses an Indigenous approach to healing, challenging and supporting clients to deal with the issues that led them to addiction and to find meaning in their lives. Here men learned about their culture and traditional beliefs and practices, including Sweats, smudges, prayer, and the Sundance

commitment as spiritual supports to leave their addictive behaviors behind (Herman-Stahl et al., 2003). This Indigenous approach to recovery focuses on the whole person's balance of health and wellbeing, helping them to find support through their culture and spiritual health practices. This treatment center is an important asset for men who are addicted to substances and who have endured devastation throughout their lives (Coyhis & Simoneli, 2008; Evans-Campbell, 2008; Gone, 2009; McGowan, 2004; Nebelkopf & Wright, 2011). On my first visit to Lone Eagle Treatment Center, there were seven or eight men, ranging in age from late teens to twenties, who were relaxing after their lunch. Each approached me, shook my hand firmly, looked at me directly and welcomed me to their center. When I thought about their past histories of addiction and trouble, their presentation of themselves gave me hope that they would not only overcome their addiction but contribute to their culture and community.

William remained in his home after his second marriage was over in order to father his son, a masculinity practice important to Mi'kmaq men. He remembered leaving, walking away from his family, home and business when his son was old enough to cope on his own:

> When I walked out I said she [his wife] could take everything [including the equipment for the business they ran]. I told her - I don't want anything! I went to a cottage just up the river here. I stayed there all year; all I did was drink, drink, drink. I didn't give a damn. I lost everything so I said I might as well do it this way. What's the use of living? I drank right through. I went through the whole winter months; there was no insulation in this place I was staying at. I had a beard, long hair dirty as hell. There was this guy… he made moonshine. He brought me down a gallon of moonshine for $30 and I bought it. Boy I was in heaven, I drank. I never ate. When spring time came about oh it rained, oh …I take a plastic jug… and let it fill up and boy, did I clean up! [That's when] I start seeing things coming out of the river …

He numbed his pain by immersing himself in alcohol, remaining drunk for several

months. His wake-up call was experiencing frightening hallucinations, leading him to

enter a Detox center where he remained for three months. The length of time it took for

him to regain enough health to be released is evidence of his general state of ill health:

> I ended up in detox for about three months. You could count my ribs, I weighed 123 pounds [He is around six feet tall.] While I was in there they kept me in a small room, IVs and everything else. I was in there for about a month in that room. And then they took me out of there and put me in another room…There was another guy in there, there was two beds. My meal was a little can of milk, Ensure. I lived like that for three weeks, gradually it was a slice of toast and then to general [diet] from there. I gradually worked until I could get my bearings going.

After his physical health had stabilized and his body had adjusted to the lack of alcohol,

he began the process of recovery and finding mental, emotional, social, and spiritual

balance by entering the Lone Eagle Treatment Center. He described:

> I came out and they had an opening here [in Lone Eagle Treatment Center]. I signed myself in here. I said I need help. I have to find myself. I went to this program without knowing what I was expecting; I was looking for a miracle maybe. For me it is a miracle! I needed help. They asked questions and there were times I had to hide the answers, I couldn't tell them the truth. I didn't want them to know where I'd been and what had been happening and everything else. I was kind of… ashamed of what had happened because I blamed myself, all the way through. It was my fault… until I came to the program and this man, Edward, he saved my life! He opened my eyes. He opened my heart. He opened my whole system of trusting people and loving people.

William eventually did share his past with counselors at the center whom he learned to

trust. He remembered:

> It seems that I've been doing that [fighting hard]. But the hardest part of my life was to forgive…Like I said Edward, he saved me, really he did. Back then, we had a Sweat, I went for a fast for four days, to experience I don't know – I was hoping for miracles maybe, I didn't know what to expect but I thought God will help me, God will help me. Sometime on the third night I had a plastic thing covering me and I could even hear the spiders walking. My senses were so good,

my feelings were so good! I was scared. I sweated for four days, no water, I prayed, went for a Sweat and everything for four days. During the night I was so hungry and dry and I said [to myself], 'They won't know the difference – it's only down the hill. I've got a key for the back-door here - I could get in. I could eat all I want and drink all I want and they won't know!' That was on my mind and all of a sudden I was sleeping and it just opened up and this old woman came in all dressed in this costume thing and she brought me this big bowl. There were oranges, apples, and all kinds of things and she just smiled and backed away. Then this old man came in with a big pitcher of water and sat it down. I could see him like you and me right now. He was talking but his mouth wasn't moving. But he was talking to me. He said, 'we brought you food and we brought you water. We are going to be up the hill to protect you.'

The next morning when I woke up my whole body was… it was literally as if I had ate all night long and drank. I wasn't weak. I was as strong as I've ever been. I said, 'Now I'm going to start facing things again.' So I started realizing what he was teaching here like culture wise and I said, 'I'm going to take - I'm going to learn.' And as he said, 'You don't have to take everything - just take what you want and use it. And from then on, I have never looked back.

William's vision was a powerful message to him that the Creator would provide for his needs if he lived a spiritual life (Coyhis & Simoneli, 2008). One of the laws of change that is a part of an Aboriginal movement toward 'wellbriety,' or wellness following addiction recovery, is the need for a person to experience a vision or goal in order to continue the recovery process (Coyhis & Simoneli, 2008). William had been so desperately hungry that he was tempted to break the rules of the fast. Saved through his vision, he recognized his internal strength and set the goal of learning about his culture, spiritual beliefs, and practices.

After William had rebuilt his resilience, learning to forgive himself as he realized that his past traumas had not been his fault, he met a former girlfriend. In the interim, each of them had been married twice and had many painful memories of these

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relationships. However, they were able to build a loving marriage more than twenty years

after their first friendship had ended. He remembered saying to her:

> We are new, you and me, we are new today. We just met six months ago, I'm not
> going to go back on your history and start judging you and you are going to do the
> same to me. We are here and this is where we are going to start' and this is the
> way it went for 22 years. I just lost her last August. Cancer! When she died, I died
> with her because I have never loved someone so much in my life….I'm sorry.
> (Teary eyes) In my lifetime what I have been through! I went through a lot of
> pain, the pain - each were different…I handled them so good! Oh, I didn't handle
> them good…I struggled, I struggled…but when I lost her it just seemed like the
> whole world just came apart. I'm sorry…I'm sorry. Okay, I was lost. I was lost. In
> January, I was diagnosed with cancer so here I am. I have a spot in my lung.

William's resilience was evident in his ability to endure and survive so many losses in his

life. After prior losses he turned to alcohol. However, the loss of this beloved wife was so

profound that his body succumbed to cancer. After he was diagnosed, his will to live

returned and he endured several months of chemotherapy and radiation.

William's open expression of his emotions through his words and tears was

facilitated through his Mi'kmaq culture and masculinity practices of expressing emotions

in an authentic manner. While men in western culture are taught to control their emotions

and remain stoic in the midst of great emotional pain, O'Brien, Forrest, and Austin (2002)

found that in individual interviews, western mens who had lost their spouses cried and

expressed their sorrow freely, identifying the triggers for the waves of grief that

overcome them. In spite of the stereotype of stoic western men and the masculinity

lessons they have been taught by other men in their society, the magnitude of the loss of a

spouse allows some men to express their grief more openly. In public ceremonies

acknowledging the loss of soldiers in war, it is now common to see colleagues wipe away

a tear. Perhaps this public sign of grief will free more western men to express their emotions, at least at the loss of loved ones.

None of the participants who became alcoholic were helped to stop drinking by threats of impending doom in the form of death from their doctors. Even the need for surgery to treat bleeding ulcers and other consequences of alcoholic behaviors did not stop their drinking. This was true for Alfred whose alcoholism got progressively worse until he quit his full-time job and was drinking all day, every day. He remembered:

> I've been in detox a lot of times. I went to see the doctor. He told me - your stomach is all raw [ulcerated] and your liver is gone. He told me if you don't listen to me…if you come back again - your [life] is gone. It was spring out there….I was hung-over and there was a train coming and I wanted to get suicide. I said 'I'm no good anyway…I'm no good anyway' I said to myself.

Even the warning from his doctor had little power to change Alfred's drinking patterns and he could not see a way out of his situation. Feeling ill and in despair, he decided to end his life. Alcohol addiction is the leading risk factor for suicide attempts in Aboriginal people, especially men (Olson & Wahab, 2006) as it is in western society (Biong & Ravndal, 2007; Iwamoto et al., 2011).

Alfred and a friend had planned to end their lives by lying on the railroad track at the time of day when a train came through so they would be hit and killed. The train was late on the designated suicide day:

> And me and another guy - from Red Bank First Nation - we had a bottle on the railroad track. [He told his friend] 'Let's keep on laying on the railroad track we wouldn't take no more.' But I changed my mind; I said 'I'm going to get a drink of water.' You know what I see when I get to the nice clear spring water when I look out there - I see a bad guy with horns on my head - I see myself.
> I told my friend go out there you are going to see something too. He went out there and saw himself too. He said 'I have horns too'. Yeah, you know that man from down below [the devil], we seen him! I said, 'Bill, I'm going to quit.' So I

grabbed my bottle, both of us and dumped that 40 oz whisky… that - that was 27 years ago.

Alfred's account of this spiritual experience is congruent with the Aboriginal view of knowledge being gained from visions (R. Bowers, 2010; Cardinal, 2001; S. Wilson, 2008, 2009). His Aboriginal roots led him to leave the whisky behind for one last look at the beauty of Mother Earth and a drink of fresh water from a spring beside the tracks. In this way, he was led to a place where he could be awakened from his intoxication to the spiritual message he received. Alfred's story of awakening or being empowered to stop drinking is similar to that of some others, such as the men who began the Alcoholics Anonymous movement (Gross, 2010). For many men, not completing a suicide is considered to be unmanly; men are expected to die when they attempt suicide (Canetto, 1997; Jaworski, 2010; Moller-Leimkuhler, 2003), a form of getting the job done. This social attitude toward men committing suicide implicates the man's sense of agency or capacity to perform the act of suicide chosen. The performance of suicide is enacted on the body, and all dimensions of the man, including the mind and spirit as the suicidal man plans the method he will use to end his life, the place this performance will occur, and the information to be given to family and friends about the suicide (Jaworski, 2010). In Albert's case, he even planned to do this with another Mi'kmaq man so that neither would be alone when he died.

Our discourse about suicide illustrates our gendered conception of suicide, where suicidal attempts are perceived to be more feminine and completed suicide more masculine (Jaworski, 2010); language such as 'succeeding in suicide,' 'completing suicide' making an 'unsuccessful attempt at suicide' conveys this attitude. The alliance of

an unsuccessful attempt or a failed attempt to commit suicide with the feminine suggests that men and masculinities are more likely to be successful in ending their lives (Jaworski, 2010). Knowing the implications of this discourse, the question arises as to why health care professionals and society continue to speak about suicide in this manner: Why do we privilege a successful attempt with higher status according to the language used to discuss it?

In Alfred's case, his plan to commit suicide was thwarted by a spiritual image. This prevented a suicide attempt, arresting it before he could take action. Being saved through a spiritual image or vision carries a message of hope and the value of the human life that was saved, giving meaning to the vision and an opportunity for recovery that was particularly important for a First Nations man (Brave Heart & DeBruyn, 1998; Brave Heart et al., 2012; Brokenleg, 2012; Coyhis & Simoneli, 2008; J. Johnson et al., 2010; L. Kirmayer, 1994; L. Kirmayer et al., 2000; L. Kirmayer et al., 2011; Morgan & Freeman, 2009; Struthers, Eschiti, & B., 2008; Studies, 2013; Waldam, 2013; Wesley-Esquimaux, 2007; Wexler et al., 2009; Whitbeck, Adams, et al., 2004; Whitbeck, Chen, et al., 2004).

Alfred returned to see his doctor: "When I went to the doctor I said 'I'm going to quit, I'm going to listen to you.' He told me to go for a check-up in two years."

Alfred's doctor had heard this kind of promise before and did not offer to send Albert to the Detox unit where he had been treated several times before without success. Nor did he offer any medication to soften the misery of withdrawal from alcohol. Instead, he simply told Alfred to return after a couple of years to be reassessed. This physician's cynicism about Alfred's recovery was evident in his cautious response, leaving the

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responsibility for recovery (or not) to Alfred. Alfred looked for help among his own

family and community, an important strategy for his healing. He recalled:

> I knew that my father was a medicine man…I went up to the woods and I talked
> to him. (He died a long time ago.) and I said I'm going to take your medicine.
> Since then I went about a year and a half and then I went to see the doctor.
> Everything was negative - no diabetes, nothing. Even when I went to have an
> operation on my knee, my doctor said 'everything is negative everything is okay.'
> They didn't give me nothing just the pain killer that's all. They said, 'everything
> is normal - you must have taken something'. [To recover from alcoholism.] I said,
> 'my father taught me, I took Indian medicine'.

Gradually Alfred began to practice some of the skills his father taught him, including the

use of traditional medicine and healing practices. He remembered:

> I asked for a job from the Creator so I got that job. I want to keep it. No better man
> to work for than the Creator, you can't find a man like that on this earth! When they
> come and get me - that's the end of time for me. I get my pay up there for
> everything I cured.
> A lot of people call me. I can cure them in the bone too if they listen to me but they
> have to stop drinking…I can't help them if they are taking dope or taking pills.
> They have to be clean of everything…They know me - I can help them but they
> couldn't stop drinking. My daughter, I couldn't help my daughter…my daughter
> wouldn't cure [stop] with liquor.

From his life experience, Alfred understood the need to begin the healing process by

stopping substance use. This became his first condition for those who sought his help.

When his daughter was unable to stop drinking alcohol, Alfred was powerless to help her,

suffering with her as she continued her relationship with alcohol.

The work of healers in North American Aboriginal people has been described with

reference to spiritual approaches and ceremonies utilized in this work by several authors

(Coyhis & Simoneli, 2008; Morgan & Freeman, 2009; Struthers et al., 2008). The work

of women healers (Struthers, 2000) and men healers (Struthers et al., 2008) has been

described but there was no discussion of the role of gender in these papers. Some discussion of overlapping roles and differences in approaches between women and men was discussed but the relationship of this to masculinities and femininities was not addressed (Struthers et al., 2008).

Alvin, who had been a life-long alcoholic, expressed his anger at different groups within the community, including the police, band administration, and other services. He blamed his family members who were alcoholic for not warning him of the dangers of alcohol, yet he admitted,

> It takes only one day of your time to be sober you can't make up dates. I marked it on the calendar, I didn't cut it off - I marked that day of my sobriety and how long I'm going to be sober. The day came to be sober so I went out… A drinking problem is only an excuse. When you drink you will be happy for a while, an hour or so. My father and I used to duke it out…before he left us. He understood. The last drink I had with him he said, 'If you can't handle your booze - don't drink!' I took him at his word. He passed on last November.

Alvin had not stopped drinking despite serious health problems, being incarcerated for drunkenness, or having his wife and children leave. After years of drunkenness, his father's final advice before he died convinced him to stop drinking one day at a time. He found support through the Alcoholics Anonymous group that met on the reserve, saying: "It's like in the AA program you got to earn the respect, not to others only to yourself". The combination of the 12 step program of Alcoholics Anonymous with relearning cultural traditions and spiritual ceremonies worked well for Alvin as it has for many Mi'kmaq and other Aboriginal people (Krech, 2002; Prussing & Gone, 2011).

Dave, an older man who had a chaotic childhood filled with violent parties, remembered:

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I was in rehab [Lone Eagle Treatment Center] because when I came here I was smoking up…but I wasn't it's been 18 years that I never drank and it's been almost like 10 years since I never smoked up. I stopped that and I wasn't really heavy smoking up marijuana at that time I was selling and smoking up. One morning I just got up and said this is not really me. I had enough because I think about my childhood, what I went through, this isn't really me. I'm seeing myself like somebody else, this isn't me. I just got up the girl I was with. I said 'I'm going to quit today' and she just laughed at me. We were both smoking up heavy and I said no, no I'm going to get help today. At that time my brother was a counselor [elected member of the band government] and I went to him and said I need help. He said 'what do you mean?' I said 'I need help - I want to quit everything. I need help.' He said 'Are you sure?' I said 'Yeah, I need help.' So he called up Mike and said 'You have a room in Lone Eagle?' 'I don't know I'll check' and he said 'Yeah, we've got a room'. 'Well my brother wants to go in.' 'Will he be ready Sunday?' 'I'm ready now if I'm going to go in.'

Dave's use of street drugs and dealing drugs to pay for his drug use was not unexpected in view of growing up with an alcoholic mother in a chaotic, dangerous home. He saw things that no little child should ever see, like women being raped. Not only did he decide to stop using and selling drugs, he understood that if he was to achieve his goal of abstaining from drug use, he needed help and asked for it right away. Despite being ridiculed by his girlfriend, he persevered and found the help through his brother. His willingness to enter the Lone Eagle Treatment Center demonstrates his determination to change his life for the better.

Feeling safe with Edward, Dave was able to disclose his childhood experiences of trauma and feelings of desperation and hopelessness. He also described attempts to escape his life through suicide. These disclosures were important components of therapy for him because they allowed him to examine his life and realize that his childhood was not his fault. One of the philosophical beliefs of many First Nations people is that there is a purpose for living and people find themselves is where they

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were meant to be. The fact that he survived many attempts to kill himself meant that there must be a purpose for his life. Edward helped him to begin the healing process through spiritual practices, beginning with recognizing the spirituality of nature and all living things (Absolon, 2010; Aftandilian, 2011; Gone, 2008; Portman & Garrett, 2006) and engaging in Sweats and prayer (Coyhis & Simoneli, 2008; Crystal, 2006; Rybak & Decker-Fitts, 2009; Schiff & Moore, 2006; Schiff & Pelech, 2007; J. Walton, 2007). He explained:

> Edward was a big part of my life, helping me out like in a Sweat. I told him about my childhood, what I seen, what I went through… like I went through hell and back and I'm still here today and really I tried to suicide myself seven times. I took a gun, when I was young I took a gun and I pulled it and what happened it didn't go off.

> That's like when I was seven or eight years old and I saw all that stuff [violent parties, women being raped by objects]. Anyway when I came here, I told Edward I need help and I want to help my mom she has something wrong with her legs. So he tells me, 'See that tree right there - go to that tree.' So I went over there and… I went to that tree and I hugged it, it was like my grandfather and my grandmother hugging them, I was just hugging them and I was praying and I went to each corner, well each tree but each corner I prayed, each direction and I was looking at the tree for a while and I tell myself for the rest of my life I'm going to commit myself to you. I'm going to stop everything. So I walked back.

> Edward, that Tuesday or Thursday he goes, 'you just commit yourself to Sundance you are going to be ready this summer.' Like… what I didn't even know…well I knew a little bit about Sundance well my older brother was going to Sundance in South Dakota. Yeah, but then I went here and I didn't know anything about it. He told me, 'You need stick. You need a kilt. You need an eagle whistle.' So I went in there [Lone Eagle Treatment Center] and then I think when I was dancing the first year.

> I thought about all the people I couldn't help when I was young what happened to them. I prayed for them whether they were living or not, because I don't know them now. I don't know if they are living today, so I prayed for them even if they are on the other side of the spirit world. Then I prayed for myself at the

last, what I accomplished… I just like tapped myself and say I did good in my life.

To me, that Sundance - everything that I did wrong when I was young, I go over there and I pray to that tree to help me, to make me stronger, to realize what I did when I was young, to realize that there is a better thing to do to help other people. I hurt a lot of people when I was young…break and enter, stealing cars and you know to me that's wrong. I kind of help myself now today. When I see other people doing that, I talk to them and say, 'Don't do that - that's the worst thing that you can do! Your freedom is right now you should enjoy it. You shouldn't get drunk. You shouldn't even smoke up or pop pills. Just enjoy your life right now, because if you do all this you are going to wind up in jail and you are going to cry. Even if you think you are tough, you are going to cry. Jail is not fun!' I always tell people that. Even if I see people staggering, I pick them up and [ask] 'where do you live?' I drop them off. Still some people get in trouble.

Dave regretted his behaviors as a young man, taking responsibility for his criminal actions. He worked hard in recovery, praying for others and himself, engaging in Sweats, and entering the Sundance program, becoming a "prayer warrior" (J. Walton, 2007, p.380). His attempts to warn youth of the reality of criminal justice and the harshness of prison were founded on his own lived experience. Dave's resilience is evident in his recovery from criminal activities to be a Sun dancer and a 'prayer warrior.'

Forgiveness

Some of the men who had been hurt "to the core," as William expressed this deep pain, recognized the importance of forgiving those who had hurt them and forgiving themselves for their errors during their life-journeys. For other participants, their sense of guilt for things they had done while addicted was relentless and they felt driven to ask for forgiveness from the persons they had harmed (Van Dyke & Elias, 2007; Worthington &

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Schererm, 2004). Brent described his efforts to make reparations for his actions while addicted to narcotics:

> I ripped off a lot of people. On June we have a book for Elsipogtog; it's called Elsipogtog Way and I wrote an article…It's on recovery and I'm apologizing to the community for all the wrongdoings that I did. Umm…and I'm helping out the youth and the adults and I put my phone number in there for them to call me and I'm not getting paid for this, but I'm getting paid by seeing them drug free. Sometimes you walk around and you find needles, syringes.

Brent was remorseful for the actions that sustained his drug habit prior to entering the Methadone program. He hoped to begin the process of earning forgiveness from others as a part of beginning to forgive himself for his addicted behaviors (Van Dyke & Elias, 2007), like selling his children's toys to buy drugs. Not only did he admit his wrong-doing, but he publicly asked for forgiveness. As well, he worked to earn forgiveness by volunteering to do presentations to youth about the dangers of drugs and by trying to clean up the community by picking up used needles. Brent worked to generate a different narrative through demonstrating his good intentions to earn people's trust (Worthington & Schererm, 2004).

William described being called to the bedside of his dying mother who had sent him away to a life of unbearable pain and abuse after the death of his father. She had not contacted him prior to this request:

> She looked at me and said you are all grown up you are a man, you didn't need me. I broke down and cried…I cried, I cried. I was angry, I was angry! I swore to her. I said where the 'f' were you when I needed you? Now that you are dying you want me to stand here and watch! I can't save you, but at least when I was young I wished you were here to save me!' She started crying and said 'I'm sorry so for what I've done -will you ever forgive me?' My first answer was, 'No; there is no way in hell I will ever forgive you for what you have done to us!' Then my second wife came and said, 'Dear,' she said, 'you know.' She put her hands up and said 'Dear she can't go.' I turned around and went over and hugged her and

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said, 'Okay I accept your apology.' I accepted it. After that I had to walk out. Just talking about it gives me goose-bumps. I walked out and she left me everything…the apartment, the furniture, you name it, everything to me and on her second marriage she has two daughters. On the first marriage there were three of us, on the second there were two and on the third there was another one. So it went on like that but it was my family, my three that showed me the most because she wasn't there at all.

Mi'kmaq culture teaches the need for a dying person to resolve differences with others, make reparation for wrongs the person has done, and seek forgiveness from others who were hurt or harmed by the dying person (R. Bowers, 2010). Having not seen or heard from his mother for more than 20 years, William found it in his heart to forgive her on her death bed.

Forgiveness has been defined as relinquishing negative feelings and desires for retribution toward someone who has harmed you or perpetrated an injustice on you, recognizing that this person is a human being with faults and needs (Freedman & Chang, 2010; Van Dyke & Elias, 2007; Worthington & Schererm, 2004). William's act of forgiveness awarded his mother an unearned privilege. It also released him from the anger and hatred he had felt toward her. Perhaps not surprisingly, the act of forgiveness has been found to be related to decreased feelings of depression and anxiety and increased self-esteem and hope (Freedman & Chang, 2010; Van Dyke & Elias, 2007).

Summary

William described being a man according to traditional Mi'kmaq beliefs as "having a strength of spirit, forgiveness, and ability to love." The centrality of spirituality in the lives of many Mi'kmaq men, whether traditional or Catholic or both spiritual systems of worship or a sense of connectedness to family, community, and culture, are important

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factors in Mi'kmaq men's balance of health and journey toward wellness. The practices of masculinity of Mi'kmaq men, with their respect of women and others, self-respect, authentic expression of emotions, working hard to provide for their family fathering and respecting diversity have contributed to their resilience and ability to regain their balance of health and wholeness. The majority of the participants in this study had loving supportive families and have grown up to take responsibility for their own actions and to contribute to their community and culture.

Several of these men have leadership positions within their community, having obtained post-secondary education and prepared for specialized responsibilities. While they were educated in western institutions and have spent time off reserve, at least while pursuing their education, their embodied masculinity is grounded in Mi'kmaq spirituality and culture and they have chosen to learn about and follow the model of masculinity of Mi'kmaq men. While they were in the institutions and workplaces of the west, some participants adapted to the expectations inherent in hegemonic or complicit western masculinity, such as becoming stoic and not expressing their authentic emotions. During crises however, they were drawn home to Elsipogtog First Nation to the support of family and community where they could practice their masculinity in a culturally congruent manner.

For some of the participants, alcoholism took over their lives, despite illness, loss of family, and incarceration. Through the support of the Lone Eagle Treatment Center and an Elder, Edward, they began to recover, using spiritual ceremonies and teachings to support their journey.

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The capacity of William and so many of the participants in this study to recover is truly remarkable. Their endurance in the face of unspeakable hardships and events was facilitated by their culture and spiritual ceremonies. Their recovery is a testimony to the strength of their culture and spiritual practices as well as to their practices of masculinity as Mi'kmaq men.

Mi'kmaq men's masculinity practices and resilience factors provide important lessons for those of us from the dominant western culture which could enhance our health and enrich our lives. While the picture I have drawn seems to be idyllic, given that many Mi'kmaq men do not overcome their addictions or their anger at the racism they endure, the lessons learned in this study have been drawn from the real lives of participants and their descriptions of complex, difficult lives.

In the following chapter, I will discuss some of the issues that have emerged from the data in this study, focusing on the strengths of the Health Illness, Men and Masculinities framework that were identified in this study with some suggestions for revisions that might be helpful for other researchers planning to use this model. This will be followed by a theoretical discussion of masculinities in relation to the worldview of the society in which the men are immersed. Finally, I will discuss some issues of policy related to educating health care professionals, in relation to practice and research issues.

CHAPTER 11: DISCUSSION

MELKI'TAT: THAT PERSON HAS COURAGE

There is a tale of the men of peace,
The quiet ones.
The wise elders
And modern sons.

Lnu
Left no records,
But his beliefs continue,
And his ceremonial dress remains.

The lore and legends
Are not to be lost.
To say they are vanishing is
Not true.

In accepting new ways
Native life has changed.
Yet, reattracted to the traditions
They are practiced again.

These are still the men of tomorrow.
The proud races,
The men of peace,
The quiet ones (R. Joe, 1978,p.13).

INTRODUCTION

The preceding poem by Rita Joe described Mi'kmaq men are men of peace, not just in their society but their homes and communities. The oral traditions are remembered and ceremonies continued. They balance the traditions with new customs in quiet dignity, being both contemporary and traditional in their beliefs and practices. In common with Rita Joe's vision of Mi'kmaq men, the participants in this study were resilient, working to blend traditions and current life practices into a balanced whole. Their life stories resonated with the cultural strengths of the Mi'kmaq culture and its deeply spiritual

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threads that permeate and are woven through their cultural identities. Their gendered patterns have been formed in the crucible of their own culture and spiritual practices in resistance to the conflagrations of the cultural hegemony of the west as imposed by colonialism that aimed at destroying their very cultural identity.

The research findings have been described in chapters 5 through 10. Chapter 11 is framed by the HIMM Framework, beginning with a brief review of the salient issues that have been identified in the course of this research. This will be followed by a theoretical discussion in which I will review the strengths and limitations of the HIMM framework in light of the findings of this study. I will then turn my gaze to a brief discussion about the implications of the findings of this study for the theoretical analysis of masculinities in view of the wide body of research and theory related to the topic of masculinities from a western perspective.

The knowledge dissemination strategy planned for the findings of this study will also be elucidated. This will be followed by a discussion of the implication of the findings of this study for policy development related to health education and health care delivery for nurses and other health care professionals. Some recommendations for future research will be integrated throughout the discussion of practice and education issues. In my career, my research as well as other research has informed my practice and my experience in nursing education. This integration has been the hallmark of my nursing career. Accordingly, in this chapter, I have chosen to integrate the meaning of the findings of this study for health care delivery, including nursing practice, research, and education together rather than address each separately. Finally, I will present a few

suggestions for health promotion programs to address some of the health issues that have emerged in this study.

Research Issues

It is important not to essentialize the gender practices of Mi'kmaq men or their cultural and spiritual way of being, recognizing that there is a range of gender practices depending on the men's integration with western society, their knowledge about and choices regarding their Mi'kmaq culture and spiritual ways of being, as well as the social support structures available to them within their families and culture. This dissertation has included more of the verbatim voices of the participants because of their eloquence, the richness of their expression, and the profoundness of their meaning, underscored by their cultural nuances and worldviews. The richness of these interviews contributed a dense picture of the lives of Mi'kmaq men, in all of their diversity and similarities.

The interview data were analyzed by the research team which privileged the perspectives of Mi'kmaq members as the experts in their own culture. The discussions of the data among the research team members was a thoughtful process in which the meaning of the data was interrogated through the lens of the Mi'kmaq and I as the outsider was carefully taught about the Mi'kmaq perspective of the issues. These discussions were often profound, consistently focused on the current worldview of Mi'kmaq people and their interpretation of major life events, like death, racism, and addiction. Coding occurred as the team came to consensus about the meaning of the data. This dissertation has been founded on the coded data, based on the research team's knowledge of living in Elsipogtog First Nation, the knowledge imbued in their culture

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and their community, and their own identities as Mi'kmaq persons. It is important to remember that this dissertation has documented the perspective of Mi'kmaq people, or at least what they were able to teach me, a white nurse researcher about their culture and approaches to living life.

The Mi'kmaq First Nation is a collective society with extended family ties, interdependence, strong value structure, and cultural practices that have survived harsh environmental conditions and sociopolitical oppression for more than 400 years. In spite of the many waves of attempts to assimilate the Mi'kmaq and destroy their culture, worldviews, and spiritual practices, the Mi'kmaq culture has survived, weakened but resilient, increasing in strength and endurance over time. This has resulted in a wide spectrum of cultural identities, ranging from those whose lives are similar to those of their neighbours in surrounding communities to those who are working hard to maintain a culturally vibrant lifestyle. When I write about 'traditional' practices, this refers to practices that are founded on ancient ceremonies and cultural worldviews. However, they are not stagnant but continue to adapt to changing circumstances and contexts while remaining focused on the core values and worldviews of the Mi'kmaq culture.

While some of the younger men who participated in this study deny having spiritual beliefs of any kind, all of the participants had strong ties to extended family and considered community members to be like family. They cared about the community and wanted to know more about their culture. Their cultural identity mattered to them. Others lived deeply spiritual lives, participating in or leading spiritual ceremonies and working hard to share their culture with those who wish to know. This range of perspectives is evident among the participants in this study. We have considered the diversity of the

men's experiences and worldviews but have focused on common practices of masculinity that have been demonstrated consistently over the group of men who have participated in this study. Although there may be differences both within this sample of men and in the broader Mi'kmaq First Nation, the practices of masculinity that are documented in this dissertation have emerged consistently across the participants in this study, differing to some degree in intensity and shape according to their age, family and community support systems, education, socioeconomic levels, and cultural identity.

Traditionally, the political leadership of Mi'kmaq society was held in the hands of three levels of hereditary male Chiefs who were advised by councils of male Elders. While the political and economic structures were patriarchal, family life was egalitarian with women and men having different responsibilities but making decisions in an egalitarian manner. Each person demonstrated his/her own sense of agency or ability to make decisions and follow through with actions when necessary while still working in a collaborative fashion. The Mi'kmaq community was a collective society which together determined its immediate future, such as when it was time to move or travel to trade with other First Nation communities. The gender practices of men reflected this reality with men's masculinity practices including the following configurations of practice: (a) respecting women, others, Elders, and themselves; (b) working hard to earn a living for their family and to protect their family from hunger and other harms; (c) accepting diversity and respecting individuals' rights to make their own decisions; (d) fathering, raising their sons to be men by example and mentoring; (e) leading in spiritual ceremonies and celebrations such as Sweats and ceremonies held to celebrate a young

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man's success in hunting; (f) stewarding Mother Earth by respectfully caring for the environment on which they lived, derived sustenance, and developed their culture.

The stories of the lives of the Mi'kmaq men who participated in this study are stories of resilience and strength; masculinity practices combine with health practices to strengthen their ability to live in a collective society that is culturally rich in the midst of poverty. While the lives of many of these Mi'kmaq men were unbearably painful with many losses and much heartache, their masculinity practices supported their ability to forgive those who had wronged them and take their places in cultural and spiritual leadership. In the following section, I will discuss the utility of the HIMM (Health, Illness, Men and Masculinities) framework in this research as it has been used with some suggestions for consideration by its authors (J. Evans et al., 2011).

THEORETICAL ISSUES EMERGING FROM THIS RESEARCH

HIMM Framework as a scholarly tool

The HIMM framework articulated by Evans et. al. (2011) was developed in a western hegemonic cultural milieu to address masculinity issues for men. In this study, it was used as a framework for the analysis of the secondary coded data and has proven to be a valuable tool that provided a way to examine the intersections between culture, masculinities, health and health practices, and several other social determinants of health. It is particularly helpful that the Framework depicts the social construction of men's masculinities practices in a circular model that is congruent with the First Nations philosophical and cultural view of health and wellness. Beginning with the social, political, cultural, and historical contexts in which men are immersed was essential to

understanding the traditional practices of masculinity and health among Mi'kmaq men. These traditional practices are the foundations of their current culture which has continued to evolve over time while remaining grounded to the land on which Mi'kmaq live and to their collective society. The oppression of the Mi'kmaq during their history of colonialism with its intrusions into the masculinity practices of Mi'kmaq men are important determinants of health. The World Health Organization identified Indigeniety as a social determinant of health. Colonialism is inherently a political reality in which power, held in the hands of western hegemonic cultural governments and industries, is used to marginalize other populations, including Indigenous peoples. Continuing colonial actions of the government of Canada are deeply saturated by politics or the use of power over others. The HIMM Framework directed me to also examine the social and cultural tensions between Mi'kmaq men and systems and western men and systems from the hegemonic culture.

Situating masculinities across the lifespan at the center of the social ecological circle so that it intersects with various social determinants of health was important to this current study. The gender practices of the men who participated in this study intersected with and were shaped by their culture, socioeconomic status, employment, race, and social exclusion, among other determinants of health. The HIMM framework in turn directed me to maintain my focus on masculinities and not be completely diverted by other determinants, such as culture and poverty. It would have been easy to focus only on the effects of poverty, racism, and other determinants that caused the participants in this study much grief. However, the stories of the participants were ones of resilience and healing and demonstrated the strength of their culture and spiritual and other health

practices. The HIMM model also includes factors such as community, which intersect with masculinities but are more contextual than determinants of health. In a social ecological model, and in this study, community influenced many of the social determinants of health as well as the embodied health of Mi'kmaq men. It was an important resource for most of the men who participated in this study, providing a place of social support and comfort.

There is no mention of family in the HIMM framework, yet in this study it is evident that the family is an essential component of the health and masculinity practices of Mi'kmaq boys, youth, and men. For those men whose families were healthy, their family was a primary source of social support and cultural identity, enabling them to learn about their culture and develop resilient identities as Mi'kmaq men. For a few of the participants the brokenness of their families imposed neglect and abuse, wounding them so that they turned to alcohol and drugs to numb the pain. For these participants the community was an important location in which to obtain the supports necessary to begin the healing journey.

The HIMM Framework also includes the factors influencing the construction of masculinities across the lifespan of sexuality and abilities. Both of these factors are an important part of a man's embodied subjectivity, influencing which sex he is attracted to and what he is capable of achieving. Abilities could relate to physical abilities, but also mental and social capacities that influence a man's sense of manhood. These categories of distinction and intersection could be grouped under the Canadian Determinant of Health of biological and genetic endowments, although this category includes more of the bodily structure and functions than sexuality and ability. One question that has arisen for

me in using this framework is the question of the role men's bodies play in the construction of gender performances. This important element is represented by the sexuality and abilities factors but the effect of the body and its functions is much greater than these two elements alone. One way of depicting this would be to include the man's body as the foundation upon which the social construction of masculinity and health practices can be built.

The HIMM framework includes the category 'race,' which has been used as a marker of difference between groups of people, even though it has been agreed that there are more issues of difference within a group categorized as a particular 'race' than between such groups (Hier, 2007). It is agreed that this is a socially constructed category and its relevance is related to racism and social exclusion that is perpetrated on the basis of different skin color, body morphology, or other physical differences (Hier, 2007; Hylton, 2010; Kohatsu et al., 2011; Schick, 2011). In the document *Health inequalities and social determinants of Aboriginal peoples' health* by Loppie, Reading and Wiens (2009) this determinant is named 'racism and social exclusion.' This is important because it does not target 'race' as the problem. Instead, it focuses on the problem of prejudice toward a particular race or racism and social exclusion as factors that influence the health of a population. The issue that emerged from the data of this study focused on racism and social exclusion rather than 'race.' Race is a socially constructed identity that is only problematic when used to marginalize and exclude members who have been identified with a particular race (Hier, 2007). In this study, racism was a pervasive oppressive factor in men's sense of identity influencing the health of Mi'kmaq men and boys and their patterns of health practices.

The HIMM Framework includes the category of 'ethnicity,' whereas both the Canadian Social Determinants of Health and the World Health Organization Social Determinants of Health name 'culture' since this is broader than ethnicity and may refer to issues of family culture and combinations of different ethnicities. Within this study, the Mi'kmaq culture was a powerful resource, informing the values and practices constructed by the participants. Culture also enables a researcher to examine family cultural practices as well as blends of culture in which Mi'kmaq men may mesh masculinity practices from the Mi'kmaq culture with some from the western hegemonic culture.

One of the most important social determinants of health that has been identified by all classification systems of the determinants of health is that of social support, sometimes labelled 'social support networks.' This raises the question of whether the characteristics of hegemonic masculinity in which men are competitive and seldom share their problems (Connell, 1995; Ridgeway & Kricheli-Katz, 2013; R. Williams, 2009b) has influenced the way in which social support among men in this framework has been perceived. Social support was an important resilience factor among the Mi'kmaq men in this study, whether this involved children at Shubie Residential School who were missing their families and community, lonely adolescents away at school, children and teens in foster care and group homes, and those suffering loss and addiction among others. I believe this is an important addition to the determinants of health in this model.

The HIMM Framework included the social determinants of employment and education, which are included in every classification of the Determinants of Health and were important factors influencing the quality of life and health status of the Mi'kmaq men in this study. In view of the definition of socioeconomic status as a composite of

education, employment, and income measures against that of others, I would suggest that socioeconomic status be replaced with income. This figure is less important in a society where accumulation of goods is less valued than the hegemonic culture of the west. However, it does make a difference in the comfort that a family is afforded and their ability to feed their family well and provide for the necessities of life. In a collective society, like that of the Mi'kmaq, status or competition for status is a foreign concept.

Geography, one of the determinants in the HIMM Framework, was an important factor in the masculinity practices of Mi'kmaq men who had been taught about the importance of the land on which they lived to their language and culture and their role in caring for 'Mother Earth.' Classifications of the Social Determinants of health include the physical environment demonstrating the importance of this factor for the health of a population as well as its individual members.

In summary, The Health, Illness, Men and Masculinities Framework provided a useful tool that informed the analysis of the data for this study. The conceptualization of this model was helpful in identifying the importance of the social-political-cultural-historical contexts of participants' lives in a circular rather than linear model. Its direction to consider the social determinants of health and their intersections in order to understand the development of masculinities over the lifespan of an individual was helpful. The inclusion of sexuality and abilities directed the analysis to consider the relevance and function of the body in the social construction of masculinities. As a result of this research, I have recommended some changes in the relationships of the framework for further consideration by other researchers and theorists.

Theorization of Masculinities

The majority of research that has focused on masculinities in the western world as well as in other cultures has been focused on Connell's categorization of masculinities: hegemonic, complicit, marginalized, and subordinate masculinities (Connell, 1995; Connell & Messerschmidt, 2005; Greig & Holloway, 2012). In congruence with the cultural hegemony of the west, hegemonic masculinity is the standard against which other masculinity categories are compared. Hegemonic masculinity has been firmly fixed in the center of social gaze through its practices of holding onto and wielding power over women and other men, marginalizing others, policing the gender practices of other men, and demeaning whatever identity is deemed to be feminine and different (Bertone & Camoletto, 2009; Boler, 2005; Bottoroff et al., 2010; Cheng, 1999; Davison & Frank, 2006; K. Elmslie & Hunt, 2008). Emerging from these practices are the masculinity practices of fiercely guarding independence, maintaining emotional stoicism, denying weakness, and providing for family while maintaining mandatory heterosexism and misogyny (Ashley, 2011; Barker, 2005; Barker, Ricardo, MNascimento, & Okikoya, 2010; Connell, 1995; Courtenay et al., 2002).

With the globalization of the English language and western worldviews (Ives, 2009), this system of categorizing masculinities has permeated the literature and cultural expectations of men from around the world (Connell, 2010; Connell & Wood, 2005). The masculinity practices of African American men, Latino American men, and other culturally different communities have been examined in comparison to the hegemonic categorization and have been labeled as marginalized or subordinate masculinities (Elder et al., 2010; R. Gray et al., 2005; Gurm et al., 2008; Kelleher, 2009; Marriott, 1996; Ng,

Tan, & Low, 2008; A. O'Brien, 2008; J. Oliffe et al., 2010; R. Williams, 2009b). They are marginalized due to the dominance of the west and their immersion in the predominantly western hegemonic culture of Canada. However, this approach accepts without argument that the ultimate standard is that of the hegemonic model of the west, a form of mental colonization. The theoretical characteristics of cultural hegemony require that there be social consent from subordinate and other social groups in order for the assumption of power to be successful (Elias & Beasley, 2009; Gramsci, 1971; Mayo, 1999, 2008; McGovern, 1997).

In resistance to the hegemonic standard of masculinity, the practices of masculinity that are evident in Mi'kmaq men have been described within the culture of their own society. The concept of hegemony with its hierarchical structure and competitive nature is the opposite of a collective culture in which men are to respect other men and women and work together with others. I contend that Mi'kmaq men's practices of masculinity have lessons for all Canadian men that could contribute to increased health and wellness of other men and their families. To make this claim in light of the decreased life expectancy of Mi'kmaq men at birth, compared to that of the population of Canadian men in general, seems at the outset to be audacious and perhaps even foolhardy. However, that would be to attribute the shorter life-span of Mi'kmaq men to gender alone, without taking into account other determinants of health. Employment opportunities, income level, the lived experience of oppression created by continuing colonial actions of the government of Canada, and the racism of the population, have led to 'soul wounds' being inflicted over many generations and the loss of their own self-determination.

One of the benefits enjoyed by Mi'kmaq men who grow up and live in Elsipogtog First Nation is their separation from the hegemonic culture of the west and subsequent ability to nurture their children according to their own cultural values. Even when they enter the hegemonic culture of the west to go to school or work, they can return to their families and community to "be recharged" as one of the participants commented. Other cultural groups have not been so privileged. For example, Black Canadians live among other Canadians. The early work on masculinities among Black North Americans focused on their marginalized or subordinate masculinity and their efforts to demonstrate some hegemonic masculinity achievements, such as making rational, solitary decisions and suppressing expression of emotions (R. Gray et al., 2005; Gunn, 2004; McLure, 2006; R. Williams, 2009b). Connell suggests that such attempts to man-up to the hegemonic standard of the west be considered a threat to some men and women from the western culture (Connell, 1995). However, Black feminists like bell hooks have begun to examine Black masculinities from their own cultural perspective which originated in an Indigenous culture in Africa and the Caribbean (Hill Collins, 2006; bell hooks, 2003; Ramaswamy, 2010). McLure (2006) wrote about the "amalgamation identity" in which class was added to the intersection of black and male characteristics (p. 57), which she labelled the Afrocentric model (p. 65). In this model, she documented that black men university students in fraternities had empathy for others, respect for women, expressed emotions in an authentic manner, and collaborated with one another by sharing resources and skills. These practices of masculinity from an Afrocentric model are similar to the masculinity practices identified among Mi'kmaq men in this study. Other studies of the

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masculinity practices of black men have identified their love for their spouses, their need for social support, and their pride in and care for their children (Ramaswamy, 2010).

Even in western culture, the utility of the hegemonic masculinity model needs to be challenged since it is so destructive of the health and happiness of the men who strive to maintain this goal, the women they are purported to love and other men who are friends and family. As the middle class in Canada and other western countries is eroded and the space between the men who achieve and maintain configurations of hegemonic masculinity practices and the rest of the society increases (Connell, 2005a, 2010; Greig & Holloway, 2012), perhaps the majority of men will rethink their goals. The masculinity practice of providing for his family has been a pillar of the configurations of masculinity practices of individual men throughout the world. However, neoliberalism with its focus on international commerce, multinational businesses, migration of labour to cheaper markets, and destruction of social programs and unions has decreased the work available for western men, leaving more job uncertainty and lower wages for many western men (Connell, 2005a, 2010; Connell & Wood, 2005; Greig & Holloway, 2012; Magaraggia, 2012). Multinational firms, governments, and other international and national organizations are gendered and contribute to a world-wide gender order (Connell, 2005a, 2010; Connell & Wood, 2005; Greig & Holloway, 2012) in which pressure is exerted on local men's ability to sustain the masculinity practice of being a good provider for their families (Elias & Beasley, 2009).

The everyday social construction of hegemonic and other masculinity configurations is molded according to the culture and historical context. This means that changes in the political structure and culture of a local social group may occur as the

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assumptions of power are challenged by women and other men whose complicity with the values and behaviors desired to achieve hegemony may decrease. This "cultural turn" (J. Alexander, 2007, p.25) among the cultural hegemonic west has already begun as we see men rethinking their goals and life structures.

Feminism and women's increased success in academia and work have pressured and encouraged men to take more share of the work in families including childcare and housework (Magaraggia, 2012) and to contribute to gender equality on a wider social scale (Connell, 2005a). Canadian men are spending more time with their children in actual childcare (Connell & Messerschmidt, 2005; Magaraggia, 2012; R. Williams, 2009a) and helping more with housework, although their contributions continue to be less than those of women in their homes (Courtney, 2009; Pembroke, 2008; R. Williams, 2009a). Some even become the stay-at-home parent for their young children (Medved, 2011). Furthermore, more men are realizing that fathering is an important responsibility that brings them pleasure and feelings of satisfaction and contributes to their children's development, their families, and even to society (Ball, 2010; D'Enbeau et al., 2010; Magaraggia, 2012; Pembroke, 2008; R. Williams, 2009a). The Mi'kmaq fathers in the current study saw fatherhood as an important role in which they cared for their children. They expressed their love and support in culturally congruent ways that allowed them to be close to children and cuddle and touch them in a fatherly manner. Pembroke (2008) identified the spiritual nature of a father's love for his children evidenced in his readiness to make himself and his resources available to his children. Magaraggia (2013) wrote,

> Becoming a father, then, implies more than having to organize activities and actions, or to change the organization of one's own time: it is also about being open to reconsidering the representation of one's own body and masculinity: to

learn to see myriad different forms of communication of young children and to understand and anticipate their physical demands and needs (p.81).

The need of young children to touch and be touched, to be cuddled, and held close requires fathers to learn to be comfortable with intimate touch that is not sexual in nature and to communicate in physical as well as verbal ways (Magaraggia, 2012). This is a far cry from the hegemonic father's role of disciplining the child and playing games when the child is old enough to engage with the father (Connell, 1995).

The western culture's hegemonic and complicit masculinities practice of being proudly homophobic and gaining patriarchal dividends by shaming and harming gay men has increasingly been labelled for the prejudice it is. In contrast with this marker of hegemonic and complicit masculinities among western men, the majority of Mi'kmaq men in this study (93%) accepted gay men within their families and community as normal members of society, with only two expressing some homophobic responses.

Since the beginning of the AIDS epidemic in the 1980s, when gay men became more visible, the public has increasingly recognized that members of their own family and friends may be gay men, lesbians, bisexuals, and transgendered people (GLBT). Many have realized the injustices perpetrated through homophobic attitudes and actions. In the hegemonic culture of western society, the visibility of GLBT, the public acceptance of gay marriage, the coming out of public and sports figures, and the increased media representation of a range of sexualities have challenged the assumption of heterosexual norms in hegemonic masculinity practices (Connell, 1994b, 1995; Greig & Holloway, 2012; Martino, 2008) and the righteousness of homophobic displays. This cultural shift has even been apparent among elite athletes in team sports, a culture in

which an increased acceptance of and support for gay team members has been documented (E. Anderson, 2011). This change in the cultural practices of homophobia among the general society may influence the hegemonic and other practices of masculinity among western men.

As we acknowledge that the hierarchical model of western masculinities practices is harmful even for the men who are closest to the idealized hegemonic masculinity performance, isolating them from the support of other men and egalitarian relationships with the women they love, and the gift of fathering their children including caring for them. Hegemonic masculinity practices are costly to men's health through preventing them from developing health practices and seeking health care when necessary. It behooves those of us in the health care professions to support men's ability to think about their life goals and find ways to improve their health status and wellbeing.

KNOWLEDGE TRANSLATION OF STUDY

The Canadian Institutes of Health Research has defined knowledge translation as "a dynamic and iterative process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve the health of populations, provide more effective health services and products and strengthen the health care system." (CIHR, 2012, p.1). This study is an example of a Knowledge Translation and Exchange (KTE) process in which I have collaborated with community members from selecting the research question, to planning the study, developing a recruitment strategy, analysing the data, reporting the study findings widely and engaging in discussions of health promotion activities that would address some of the findings (B. Campbell, 2010;

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Kaplan-Myrth & Smylie, 2006; S. Nixon, Casale, Flicker, & Rogan, 2012). While the

study findings will be presented to and discussed by policy makers, like the Health

Director and other leaders in the community, they will also be discussed with the

participants (S. Nixon et al., 2012). Findings have already been discussed with the

Community Advisory Committee.

Once the dissertation has been defended, I will work with the Health Director or her

designate to plan for the knowledge translation process for this study. Together with the

research team, we will invite all participants, the Advisory Committee, and members of

the Elsipogtog community to a presentation of the study findings. All will be invited to

offer any other insights or recommendations about how to address the study findings.

This will ensure that all those from the community who participated in this research will

be aware of the study findings.

In my experience, the presentation of research findings to First Nations

communities needs to be a dialogue with those who attend (S. Nixon et al., 2012) and

follow an interaction model of KTE (Larrivee, Hamelin-Brabant, & Lessard, 2012).

During the Indigenous Knowledge Translation Summit, Willie Ermine presented a paper

about this interaction between researcher and Indigenous communities, saying,

> In order to have ethical and honourable interactions between western and
> Indigenous communities, engaging in dialogue about our common humanity is a
> necessary process. The space of meeting and dialogue, referenced as the ethical
> space, is necessary because two entities with different backgrounds, worldviews,
> and knowledge systems may have different intentions and understandings
> regarding issues of mutual concern. Dialogue in the ethical space will create a
> field of human possibility, a sacred space of knowing where exchange and
> understandings between communities take form. Conceptual and practical
> development of "knowledge translation and transfer" will require voices that
> speak for diverse human communities, particularly as we try to capture and

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incubate notions that will impact the health of Indigenous populations (Ermine, 2006, p.34).

This dialogue provides important information for health professionals attending. For example, in one community, when we reported/discussed the findings of the *Descendants of Residential School Survivors health and social support needs study* a Residential School Survivor who had never before spoken about her experience in Shubie began to offer her own examples of our findings. Not only was this a gift to the research team but to the health and social services staff in attendance who had been unaware of her experiences. The interaction between the study findings report and community members who articulated their own experiences that were congruent with the study findings not only adds credence to the authenticity of the findings, but also contributes to the next step in which the research findings are used to develop health promotion programs and other interventions. As well, this opportunity to talk about her experiences made it easier for this Residential School Survivor when she described her experiences for the Truth and Reconciliation Commission. In this same session, several Residential School Survivors asked me why I had not done this study with them. I explained that I had been asked to do this study as a recommendation from a committee of Residential School Survivors who were concerned about their children and grandchildren. When I followed with a question about whether they would like to participate in doing a community-based study with us, they positively agreed. In fact, some emailed me later to ask when we could get started on the study and they continue to remind me that they want to do this research.

In discussion of the research findings with the community members, it is important to have counsellors present should someone in the discussion become emotionally

stressed. When I reported on the Descendants study, even members of the research team who had discussed the findings and read the report, began to sob and needed to be comforted by an experienced counsellor. When findings relate to topics like sexual abuse or suicide are presented, this may be an emotional discussion. In my experience, emotional responses are not negative nor are they viewed as negative; the audience tends to interpret this as speaking to the authenticity of the report.

In collaboration with the Band councillor whose portfolio is education, I will offer to discuss findings related to racism with children and adolescents who will be bussed to consolidated schools. I will offer to work with Elders and either youth workers or teachers to encourage students to think about issues of racism, their own identities as Mi'kmaq, and strategies to address racist actions they confront.

Findings in relation to the participants' experiences with the health centre and off reserve health care will be disseminated to health care staff in writingh and will be discussed in person with the Health Director and other health centre staff. A number of recommendations will be made and discussed during this session. Both a printed and electronic copy of the dissertation will be given to the Health Director for the Health Centre library.

Articles focused on particular issues from this study will be submitted to the community newsletter for consideration for publication. Summaries of study findings will be made available for individual men, including men who participated through interviews and other men who served on the research team or advisory committee. Finally, a Powerpoint presentation will be developed for use by any member of the research team to report on the study findings at conferences, such as the Aboriginal Health Conference, or

other health conferences. Finally, the study findings will be submitted for review for publication.

IMPLICATIONS OF THE FINDINGS FOR POLICY DEVELOPMENT

The masculinities and health practices of the participants of this study have been shaped by their own culture and by the effects of colonialism historically and currently. Despite the west's continuing limitations on their ability to live their lives in a culturally strong spiritual manner, caring for the land which has shaped their culture and community, the participants were nurturing and resilient. They worked hard to live lives they saw as productive and to achieve a state of wellbeing. They had survived the multifaceted efforts of the hegemonic western culture to destroy their culture and way of being to retain and strengthen their own traditions and practices.

As a whole, the participants in this study had demonstrated their resilience or ability to endure immensely painful life events and to make changes in their lives to be more culturally congruent and to contribute to the wellbeing of their families and community. They portrayed their belief in their own agency or ability to make the changes needed given an opportunity by external forces. However, their efforts were blocked by the continuing colonial actions of the federal and provincial governments, including the health, education, economic, and other systems of government and the hegemonic culture in which their community is seated. In the remainder of this chapter, I will frame the issues that emerged in this study in the context of colonialism and the decolonizing efforts that participants and their community have made, ending with the benefits of self-determination.

Hirch (2011) identified the legacy of colonialism as "discrimination, institutional racism, structural violence, economic and environmental disadvantages, and subjugation (p. 4) and related these to the inadequacies of the health care system in meeting the needs of Indigenous People. For example, despite the fact that the Mi'kmaq lived on and cared for the East Coast of Canada for thousands of years, issues of poverty permeated the findings of this study, beginning in the participants' childhoods and continuing throughout many of their lives. The masculinity practice of working hard to provide for family was a consistent practice throughout all of these men's lives. However, their goal was not to accumulate wealth but to provide adequately for their families so they could have enough to eat and meet their other basic needs. Nevertheless, more than 50% of First Nations children live in poverty, compared to about 12% of Canadian children, excluding Indigenous, immigrant, and racialized children (Macdonald & Wilson, 2013). Twenty-two percent of children who are racialized, such as Black Canadians live in poverty, with 33% of immigrant children and 27% of non-status Indian and Metis children living in poverty. Children living on reserve are also almost twice as likely to live in poverty as are Aboriginal children living off reserve, a situation that points to the systematic underfunding of social services for First Nations families and communities (Macdonald & Wilson, 2013). I would contend that these facts demonstrate the colonial dividend, or the benefit that those of us from the west enjoy as a result of the land of New Brunswick being seized from the Mi'kmaq. The Mi'kmaq did not sign off their land. It was seized without recompense and Mi'kmaq people were confined to small areas of crown land and their way of life destroyed. The poverty they endure is a direct result of this. However, instead of recognizing the systemic discrimination that has contributed to

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this poverty, the government and the hegemonic west have blamed the Mi'kmaq and other First Nations for their poverty and have taken every opportunity to minimize the government's responsibility for the plight of Indigenous people in Canada.

One of the most troubling of our government's continuing colonial actions is it use of the courts. The deep pockets of government have been used to prosecute Mi'kmaq men and women who engage in their traditional practices, such as a fall lobster fishery in Burnt Church First Nation. The power of government using the strong arm of the police and courts has been used consistently to subjugate First Nations peoples. Discrimination against First Nations people (usually men) by government is also evident in the government's use of financial resources to delay legal action on behalf of First Nations. A current example is a complaint before the Canadian Human Rights commission in regards to the amount awarded child and family services on reserves to support the needs of children and their families being 20% less than in the rest of society (Blackstock, 2011). This complaint was lodged in 2007 by the Assembly of First Nations and the First Nations Child and Family Caring Society of Canada against the Government of Canada. It did not reach the phase of hearing until February 25, 2013. In the first session of this hearing, the Human Rights Panel and lawyers for each side complained about privacy issues in recording by the National Film Board (NFB) during breaks and the session was halted. On April 24, 2013, a ruling was given about the limitations of the NFB's right to record during a recess from the hearing (*First Nations Child and Family Caring Society of Canada and Assembly of First Nations and Canadian Human Rights Commission and Attorney General of Canada and Chiefs of Ontario and Amnesty International*, 2013). There was no notice at this time regarding when the hearing would resume. It is hard to

understand why this complaint took six years to get to a hearing stage. It is also hard to understand why rules and regulations were not in place regarding media coverage or why the issue of privacy was not identified at the first recess.

The courts in Canada and elsewhere have established the principle that justice delayed is justice denied (Chadha). This policy does not appear to have been respected by the preceding process. It is inexcusable that vulnerable children and families continue to wait for social justice and more equitable funding that would provide more resources for Indigenous families and communities. A 20% increase would enable an expansion of Head Start programs for children under 5 as the population increases (Jackiewicz, Saggers, & Frances, 2011). Because the birth rate is so much higher among Aboriginal families than in western society, there is a need for increased spaces in Head Start programs (Macdonald & Wilson, 2013). At present, there are waiting lists of Aboriginal children for such spaces.

Head Start programs need to be staffed by Indigenous workers so that they may include language lessons and support small children to learn about their culture and view it in positive ways as well as engage in cultural opportunities, such as drumming and learning Mi'kmaq songs (Jackiewicz et al., 2011). These early lessons about their culture and identity as Mi'kmaq persons are important blocks in the foundation of positive self-identity. This lesson became apparent to me several years ago when my oldest son was invited to attend a local Indigenous Head Start program. He was the only white child in the program. One day the topic was focused on identity. The teachers asked the children, "Who here is an Indian?" The only child to raise his hand was my son. All of the other 3 to 5 year olds denied being Native. The teacher laughingly informed me that afternoon

that I had the "only Indian in the school!" Sadly, by this early age Aboriginal children had learned that to be Native was something shameful. This demonstrates the importance of early educational opportunities for children to find pride in and celebrate their own culture.

Head Start programs also allow preschool children to receive nutritionally sound breakfasts, snacks, and lunches at a time of rapid growth and development. When families are living in poverty, meals are often about providing high satiety foods than nutrient-dense foods (Blackstock, 2011; Blackstock, Trocme, & Bennett, 2004; Jensen, 2013; Stevens & Nelson, 2011).

More equitable funding would also allow for fair compensation for grandparents and other families on reserve who accept the responsibility of fostering children whose mothers are unable to parent them. When grandmothers are willing and able to care for their grandchildren, they need to be given the financial and social support necessary to manage this onerous task. In particular, they need to receive at least what foster parents off reserve would receive if these children were removed and placed in care. Currently, the system pays more to white families who foster Aboriginal children than it does to grandparents, uncles or aunts who take in children from their own extended families.

Grandmothers and parents caring for children also need support in parenting skills to enable them to care for their grandchildren's needs. For example, children born to alcohol addicted mothers may have developed some aspect of Fetal Alcohol Spectrum Disorder and need specialized intervention during preschool period if their developmental potential is to be realized (Aragon et al., 2008; Bjorkquist, Fryer, Reiss, Mattson, &

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Riley, 2010; K. Jones & Streissguth, 2011; Kvigne et al., 2008; Manji, Pei, Loomes, & Rasmussen, 2009; P. May et al., 2011; Whitehurst, 2011).

William's experience of abuse and neglect when in the custody of his grandparents demonstrates that, even in a collective society, children can be abused and neglected. Several of the participants had been sexually abused as young teens. Most of these participants had tried to numb their emotional pain with alcohol and some with other drugs. Some had attempted suicide several times. What these stories of pain and suffering point to is a need to develop community-based strategies to ensure that children are safe and have access to a helping professional who can intervene on the child's behalf. While these services are usually in the venue of social workers, they may not have the relationships with families to be perceived as helpful by some families. In my experience as a community nurse working in First Nations communities, families usually welcome nurses even when they have refused access to social workers without a court order. The school, the community nurse, and child and family services need to work in a coordinated manner to ensure that children can access help when necessary to deal with abuse.

One of the issues that emerged from this study was men's lack of awareness of the Health Centre and health care available in that setting. In many cases, the last memory participants had of the Health Centre was the negative experience of receiving immunization injections as young children. This will have changed to some extent as physicians are now practicing in the Health Centre and medical care is no longer separate from health prevention and promotion. What participants' stories illustrate is the importance of boys having positive experiences with the Health Centre if they are to

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perceive it as a lifelong resource for their health. Programs could be developed within the Health Center by the Elders, parents, older youth, and health staff that would address the social determinants of health. These could focus on (a) helping boys learn about their cultural identity and health practices; (b) having a good time together in positive activities; (c) developing positive caring relationships with adults outside of their own families with whom they can raise problems, such as negative relationships in their family, abuse, or fear while at home; and (d) being supported to learn ways of understanding and addressing racism. Such programs could help boys develop pride in their Mi'kmaq heritage, learn about the history of their people, identify practices that would help them to maintain health, and find ways to address racism when they confront it for the first time.

The participants in this study who became ill or injured and received high quality care in a respectful environment emerged to take more responsibility for their health, making regular medical appointments to address chronic illnesses. Several attended medical clinics as prescribed because their wives took responsibility and ensured that they complied with their doctors' prescriptions. In these cases, the wives became partners in their husband's health care and were included in the medical visits and health teaching. These wives often attended special events such as sessions on diabetes that were held in the Health Centre to increase their own knowledge of health management. These are positive practices that healthcare professionals need to affirm.

One strategy that could be helpful in encouraging Mi'kmaq men in Elsipogtog to seek health care from the health center would be to do outreach to places where groups of men are employed, including the fishery, the economic development offices, and the band

hall. Screening for common health problems found among men would engage the men with nurses so that relationships could be built, allowing men to feel more comfortable attending the Health Centre. In these cases, it is important for nurses to follow up on screening test results to ensure that any men with questionable results develop trust that they will receive the diagnostic care they need. This relationship enables men to feel comfortable when they do have a problem to seek help from the nurses and other staff in the Health Centre.

The issue of racism was a painful reality for almost all of the participants at some time in their lives. Even if they were not personally socially excluded as a result of racism, they suffered when they observed their siblings and other family and friends being excluded. By the time they were adults, the Mi'kmaq men in this study had learned to ignore racism, shrugging their shoulders when the topic arose as if to say, 'What can you do?' They attributed discrimination to the character of those who were racist. However, accounts of their experiences as adolescents going to schools off reserve were brimming with outrage at the pain inflicted on them and their family and friends because of their culture and skin color. Racism threatened the masculinity of Mi'kmaq boys, because it was expressed through social exclusion and racial epitaphs that the racialized individual or group was powerless to stop. The lack of control felt when Mi'kmaq boys encounter racist remarks and exclusionary practices has the potentially emasculating effects by decreasing their sense of self-efficacy or being able to be successful in their chosen activities (Goff et al., 2012).

It is important for people from the dominant culture to understand that these psychological, emotional, and physical racist assaults lead young men to feel distrustful

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and establish barriers to them working with their white classmates and neighbors (Thibodeau & Peigan, 2007). One Elder in another community described how his experiences growing up and going to school in the larger community had led to his "hating white people!" When he began to work with an Elder to learn more about his culture, he recalled, "She taught me to not hate all white people." When there is a layer of distrust that develops in the minds and hearts of First Nation boys and youth, other events trigger a return of these feelings (Thibodeau & Peigan, 2007). This can exacerbate their responses to a future situation in which Native people's rights and dignity are breached.

This distrust has been apparent in the demonstrations in New Brunswick by Elsipogtog community members and other citizens against the explorations related to hydro-fracking for gas and oil. The demonstrators, mostly Mi'kmaq people from Elsipogtog First Nation, were doing what they believed was necessary to protect their land and waters, a central masculinity practice of Mi'kmaq men and a core value of their culture. The provincial government supports the exploratory efforts in spite of vocal opposition from many citizens. When the demonstrators tried to protest peacefully and to interfere with the trucks going to their planned sites, the RCMP were called. However, rather than sending local RCMP officers who had relationships with the Mi'kmaq people, the decision was made to send officers from other areas who did not know the people. These officers intervened and arrested several demonstrators including some Mi'kmaq and Malecite Elders in the midst of prayer and other ceremonies. For example, one Elder who was performing a pipe ceremony had his pipe grasped and thrown away and his folded hands manacled. An Elder, who was a grandmother, praying quietly was hit, thrown to the ground, and arrested. Feathers held in praying hands were discarded as

Mi'kmaq men and women were taken to jail. The harsh treatment of spiritual people as felons outraged the community of Elsipogtog. Not surprisingly, soon after this altercation, when the local RCMP were called to address the rowdiness in a party attended by over a hundred people in Elsipogtog they were attacked and their cruiser damaged.

This destructive behavior has been used by the authorities to show Native people as criminals rather than to understand that this behavior is more likely a response to the triggering of old memories of racist discrimination by the disrespect and harmful actions of the RCMP. While no one is excusing the wild party or attacking authority figures, understanding the source of the emotional responses would allow intervention that could lead to healing the wounds to the culture and spirituality of the Mi'kmaq people and decreasing the civil unrest. It is ironic that the First Nations people in British Columbia obstructed and demonstrated against the forestry practices that were destroying the old growth forests of BC. The general public views this area as pristine but it has only been preserved because of the actions of First Nations people for whom the land and its resources are a sacred trust. Clearly, the government of New Brunswick has not learned the lessons from this other part of Canada.

Repeated loss of loved ones was a common experience among the participants in this study, so that one grief was added to another until the emotional burden was overwhelming. Some were able to access spiritual support from Elders in their community. However, others used alcohol to numb their emotional pain. Several described how an Elder, Edward, reached out to them in the midst of their misery and addiction and helped them to enter the Lone Eagle Treatment Center. The success of this

program in supporting these participants and others to heal and remain sober is a story of resilience and strength when the core issues underlying the addiction are addressed. This program is a success because it is an Indigenous model. Such a model would be helpful for other First Nation communities in its nurturing of the spirituality and the identity of the person as a Mi'kmaq. The staff members in this program have knowledge and skills that would be helpful for other Mi'kmaq people who may not have become addicted to drugs but who are dealing with 'wounded souls.' They are experts in helping hopeless men and women recover, learn about their culture and spiritual practices, and find ways to contribute to their families and community. They also have a great deal to teach other helpers about how to support healing.

I began the data collection for this study by interviewing several Elders and was struck by their cultural and spiritual knowledge, kindness, and wisdom. They have studied for many years, learning from older Elders about the beliefs and ways of Mi'kmaq spiritual practices. However, many live in poverty. I believe that they need to be supported so that they can live a comfortable life and focus on their work of spiritual and cultural leadership.

One issue that emerged in this study is the need for young parents to receive support and education related to parenting, one of the most challenging tasks any of us does in our lifetime. The importance of parenting supports was identified by First Nations peoples in New Brunswick in a consensus building project that a colleague and I coordinated with Aboriginal people in the province in 2006. The goal of this project, funded by the First Nations and Inuit Health (FNIH) Division of Health Canada, was to seek Aboriginal people's priorities for health programs to be developed using additional

health funds promised at the Kelowna Accord. At least 250 people participated in this project with several Native people expressing their cynicism over whether their ideas would be listened to by governments. In response, we assured them that Health Canada was funding this project and wanted to know their ideas.

The recommendations from this consensus project included the suggestion that a peer education model be developed in which nurses worked with successful parents to prepare them to work in new parents' homes on parenting skills and health related issues. This approach has been shown to be an excellent model for supporting high risk new mothers to learn to parent their children effectively (Korfmacher, Green, Staerkel, & Peterson, 2008), as well as to address other health practices, such as smoking cessation and addiction prevention (Audrey, Cordall, & Campbell, 2006; Butters, 2004; M. Dunn et al., 2011; Planken & Boer, 2010; Tobin, Kuramoto, Davey-Rothwell, & Latkin, 2011). Research has shown that this approach has been related to increased parent-child bonding and parents being able to keep their children when they had earlier been identified as being at risk to lose their children due to neglect (Mullany et al., 2012; Walkup et al., 2009). The recommendations of the First Nations people who had participated in this consensus project were reported to the Atlantic Policy Congress of the First Nations Chiefs followed by a positive discussion of the benefits of these recommendations.

Immediately following this discussion, the nurses at the First Nations and Inuit Health division of Health Canada followed with a presentation on their planned activities for the additional funds that were expected. Division representatives were aware of the consensus project with First Nations people in New Brunswick but rather than waiting for the Aboriginal peoples' recommendations they developed their own plans in isolation

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from the consensus project and the perspectives of Aboriginal peoples. My colleagues

from the Union of New Brunswick Indians just shrugged, saying "This happens all the

time!" This experience taught me about the damage that is experienced by the colonized

when their opinions and work are dismissed and ignored by western authorities.

The FNIH nurse representatives prefaced their report by telling the Chiefs that

their plans were based on the "best scientific evidence" available. Their plan included

classes on parenting presented by the community health nurses in each First Nation

community. Having worked in community health on reserve, I knew that such classes

were not the best plan for new mothers needing parenting support because it was so hard

for them to attend such sessions and many had experienced negative interactions in a

class setting previously. In essence, the model advocated by the people was a preferred

and likely more effective approach to the issue of parenting supports for new mothers.

I believe that the nurses from FNIH in the prior example acted in a colonial

paternalistic manner. They were disrespectful of the voice of the First Nations population

and asserted their superior ability to make decisions about the services needed by First

Nations people. The problem was the cultural hegemony of these nurses' worldview in

relation to the health needs and strategies that are best practices for health care in First

Nations communities. They had little experience in Aboriginal communities to inform

their decision-making. Had they spoken to nurses in the community, they would have

learned about the utility of the peer education approach.

One of the issues that this discussion brings to the fore is the need for the civil

servants charged with providing services to First Nation communities to include more

First Nations professional staff (not just at the secretarial and janitorial levels) and to

work with health staff on reserve to learn about what works best in the field. Parenting supports are essential for young mothers to be able to provide a strong beginning for their children. It behooves department employees/nurses whose salaries are paid to serve First Nations people to work with the people and those in health care on reserve rather than to be in offices far from communities where health care and child services are offered. I believe that the money spent on these graduate prepared nurses and other health care workers would be better spent in communities where it could fund programs and initiatives determined to be important to Aboriginal people by engaging with them in ways that are determined to be effective by them.

When the participants were raised in culturally strong families by loving mothers who respected their children and received respect in return, they were able to maintain respectful, loving, egalitarian marriages. Other men in this study, even those whose mothers were unable to parent them effectively, continued to be respectful of their mothers. However, in most cases, they had been married more than once. Some of these marriages occurred when they were adolescents and suffered the fate of many young romances. In these cases, sexual health programs that helped them learn to prevent pregnancy and sexually transmitted diseases and to develop communication skills with their partners, might have prevented early marriage or at least enabled the couple to develop better communications skills.

In other cases, when men had endured neglect and abuse as children, they developed tumultuous relationships where neither partner respected the other. Often a contest for power ruled their interactions. In cases where men were able to get counseling help, they were able to build more healthy, resilient relationships with their partners.

Elsipogtog has a mental health and addiction section in the health center, staffed by a psychologist, social workers and addiction workers. They have the capacity to refer individuals and families for specialized counseling if necessary. The problem with referring Mi'kmaq people to specialist counselors off reserve is the dissonance between the worldview of Mi'kmaq men and those of counselors whose training has occurred within a western paradigm and who may not understand the worldview or lived experiences of Aboriginal people. William's experience with a counselor who was working in a rural hospital in New Brunswick is an example of this phenomenon. The best solution in some cases is to have Aboriginal people obtain education to prepare them to provide marriage counseling and counseling approaches to address the 'soul wounds' of Mi'kmaq people in relation to sexual abuse, tumultuous childhoods, neglect and other major stressors that have limited the ability of Mi'kmaq men to respect themselves and others. This would not only require graduate education in universities but also work with Elders to learn their own culture and ways of being, so as to be able to truly support the healing practices necessary to address the issues arising from the transgenerational post-traumatic stress disorder suffered by many Mi'kmaq men.

In the short-term, it would be helpful for those of us who plan to work with First Nations people to take a cultural awareness program developed and delivered by the First Nation with whom we will work. One of the strengths of the Elsipogtog Health and Wellness Center is the inclusion of an Elder and traditional healer among the health staff. This Elder has his own office where he can meet with community members seeking healing through spiritual means. Another Elder works in the Mental Health and Addictions department of the health center. He leads Sweats at least weekly in his work

with those who are addicted and working to recover. This work in spiritual healing serves as a model for other health centers in First Nations communities. While these Elders' work is vitally important, their time is consumed with healing efforts for the community. In partnership with Aboriginal health and social care professionals, Elders could help to develop cultural awareness sessions and supervise the work of white professionals in relation to cultural sensitivity. There is a need for Elders who are able to focus on healing efforts for children and youth and on prevention of harm for children and youth.

A few of the participants did not want to access health care services due to their past experiences of a racist interaction with health care professionals. In Medicine and Nursing programs there are outcomes or abilities required of our graduates that are related to cultural competency and the ability to establish a culturally safe relationship with a client. In the first year of a student's program, I have been amazed to find openly racist statements and behaviors by western students who deny being racist but assert they are speaking the truth from their experiences. In working with these students, it has been important to challenge these unexamined assumptions and provide accurate information about Aboriginal people and their ways of being. For example, often a student will describe being frightened of Aboriginal students who during high school had banded together and threatened white classmates. This student expresses dismay, denying she/he has ever had any interactions prior to these experiences. When the students are asked whether these Aboriginal students were new to the district or were classmates in earlier grades, the white students often admit the Aboriginal students were in their classes, but acknowledge they "didn't know them." When I ask about the early years in school when children invite many classmates to birthday parties, and whether they ever included the

Aboriginal child who was in their class, they admit that such an invitation had never occurred to them. When we inquire about how it feels to be the student who is excluded from parties the students think more carefully. In this dialogue, students begin to think about the process of "othering" and the underlying causes of the Aboriginals' behavior they have experienced.

Another way to address the issue of racism in health care is to increase the number of Aboriginal students who are successful in the nursing or other health care professional programs. It is anticipated that educating increased numbers of Mi'kmaq nurses will lead to more culturally competent care being delivered in their communities to the benefit of the health of the people in these communities. As well, having Aboriginal students as classmates provides opportunities for other students to find the commonalities between them and their Aboriginal classmates. This may take a toll on Aboriginal students who need a support system to deal with some of the social exclusion they endure at least early in the program.

Another approach has been to address issues of Aboriginal health in the curriculum. We have learned that western students have many misunderstandings about Aboriginal people, including that they get their education for free and pay no taxes. They often have little awareness of the history of First Nations people or their health issues. One option that I have found helpful is to take students for a term of clinical practice to a First Nations Health Centre.

Prior to participating in an educational experience in a First Nations community, students are required to attend a cultural awareness session that is presented by the First Nation people, including an Elder and First Nations faculty member. This immersion in

Aboriginal health helps nursing students learn about the realities of Aboriginal life and see the strengths of this culture. It also allows them to learn about the challenges First Nations people face in obtaining adequate health care off reserve. This practice experience has provided the opportunity to support the learning of nursing students' to enable them to understand (a) the strengths of First Nations people; (b) the impact of colonialism on their wellbeing; (c) the factors that limit their access to safe, respectful health care; and (d) their major health challenges/determinants of health.

Community health practice on reserve has provided important opportunities for me and my students to learn how to partner with First Nations communities to improve their access to sound health care and to critique the health care system and professionals' reactions to Aboriginal clients. I look for opportunities for students to understand Aboriginal clients' experiences with health care. In my nursing practice, I have often found that when an Aboriginal person who is in a health crisis is sent to the Emergency Room in the hospital closest to the reserve that person will be one of the last to receive attention regardless of his/her illness symptoms. Even when a physician phoned the Emergency Room and explained why the client needed to be assessed and treated in hospital, the Aboriginal client waited for several hours to be seen. In order to support the Aboriginal client and to provide an important learning experience for the student, I send a student to accompany the client to the ER. Students have intervened with the triage nurses to obtain pain medication when a client was suffering in the waiting room, have provided nursing care when the client was vomiting, and have reminded the Emergency Room staff of his/her client's condition several times. While waiting times in Emergency Departments in New Brunswick tend to be several hours in length for everyone, our

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experience has been that the waits of Aboriginal clients are often among the longest ("Ignored to Death," 2011).

Every time this has occurred the student has been appalled by the treatment his/her client received. The lived experience of coping with an ill client for hours in an Emergency Room waiting area while other patients around them are being seen and sent away provides a significant learning opportunity for these nursing students. It enables them to recognize systemic issues that allow such unacknowledged racism to persist. I believe that it will make a difference in the future when nurses, having had this opportunity to learn about racism, will intervene to change the practices in health care.

In this study, a small number of participants were boys who were the pawns of social services systems that left them with their biological mothers to endure deprivations and violence unless it was inexorably unsafe to do so. These children lived part of the time with young, addicted, and neglectful mothers who spent their time drinking and partying, with violence being a constant spectre at these gatherings. In spite of this neglect their sons' attachment to them and their love for their children was evident (P. Harrison & Sidebottom, 2009).

A behavior modification approach was used to address these young addicted women's behaviors; they were punished by having their children taken into care until they could stop their addictive behaviors. When they stopped drinking and partying, they were rewarded by having their children returned to them. The evidence of their efforts is apparent in the return of their children. However, finding the strength to stop the addictive behaviors did not address the source of the addiction or the 'soul wound' that created the need to numb their feelings through the use of substances (Brave Heart -

Jordan & DeBruyn, 1995; Brave Heart et al., 2011; Brave Heart & DeBruyn, 1998; Castellano, 2009; Coyhis & Simoneli, 2008; Coyhis & Simonelli, 2005; E. Duran, Duran, & Brave Heart, 1998; Ehlers et al., 2013; Evans-Campbell, 2008; E. Evans et al., 2006; Gone, 2009). Their sons were the currency used to buy their compliance to stop drinking. However, inevitably, as related by participants, they were unable to sustain their abstinence.

When a young woman has deep, festering soul wounds and is unable to care for herself, the question that arises is how is she to care for children (Niccols et al., 2012)? One of the most important implications of the findings of this study is the need to develop programs with young girls to nurture their cultural identities and to address the psychosocial, spiritual wounds they have suffered as a result of abusive interactions with family and friends (Gordon, 2006; Goreng, 2012; Gorman et al., 2005; S. Grace, 2003; Haaken, 2008; Hammarstrom, Lehti, Danielsson, Bengs, & Johansson, 2009; Lavell-Harvard & Lavell, 2006; Millany et al., 2012; Niccols et al., 2012). Many young First Nations girls experience emotional, physical and sexual abuse at the hands of family members (Getty, Bartibogue, et al., 2010; Niccols et al., 2012). Helping them to deal with their abusive experiences, recognize their strengths and identify their own dreams, prior to pregnancy would be important investments in the health of future Mi'kmaq boys and girls (T. Mitchell & Maracle, 2005; Morgan & Freeman, 2009; Niccols et al., 2012).

There are several families in Elsipogtog who have provided foster homes and/or who wish to adopt children. This was evident in the story of one of the participants in this study who has fostered a series of children and adopted one child. As well, one of the mothers who participated in the study was a foster parent to many children, keeping some

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for many years. While one Mi'kmaq foster family was abusive to one participant, most of these Mi'kmaq foster families have much to give young children. They would keep these children within their own culture and whenever possible in contact with their biological family. It is important that those children who have been neglected and abused be given stable homes with loving families as early as possible to prevent the damage inflicted by multiple foster homes. This would increase the capacity of these boys to grow into healthy, balanced men who are loving fathers and partners and able to contribute to their families and community.

In other provinces, such as Manitoba, foster parenting has been acknowledged for the difficult work that it is and foster parents have been adequately compensated for their skills rather than paid at the minimum level to pay for a child's keep. A more stable foster home plan where children can be left for longer periods of time in the same home or where children can be placed for adoption earlier would offer advantages to children and foster families alike. It seems to me that the effect of the system where the child is a pawn in awarding the mother custody if she stops abusing drugs or alcohol at least in the short term and where there are few if any parenting supports for her when she regains custody of her sons, is not serving the best interests of the child or the mother.

This study raises several important research questions to be pursued in the future. First, Residential School Survivors in New Brunswick have expressed their desire to participate in a community based participatory action research study in the near future. I also believe that it would be helpful to examine the experiences of Mi'kmaq boys in their social construction of masculinities and health practices. When programs are developed to address issues like parenting, an evaluation strategy needs to be developed with

rigorous research approaches. Addiction issues are overwhelming in some First Nations communities. Methadone programs, Alcoholics Anonymous, and other approaches to addiction have been in place for several years. The experience of recovery is an important focus for research to examine the effectiveness and acceptability of treatment options available in communities.

A number of seniors participated in this study. However, a study that focused on those Mi'kmaq men who live longer into their senior years would provide more information on what resilience factors supported their healthy aging and what services will be needed as more Mi'kmaq men live longer.

This study focused on the lives of Mi'kmaq men who were living in the community of Elsipogtog First Nation. Some men move to urban areas to seek employment, education, or new experiences. It would be helpful to examine the experiences of moving away from the community and to identify services that would be helpful in urban areas for such Aboriginal people.

It is important to note that many First Nation communities have taken over services, such as child and family services, and have some professional and administrative staff members who are Mi'kmaq. This is an important development as these staff members are more likely to understand issues of Mi'kmaq families and to find ways to support families in the best interests of the children. The benefit of having services provided by Mi'kmaq people for the Mi'kmaq population cannot be overstated. One study has demonstrated that the rate of suicide, a leading cause of premature death of young Aboriginal men, is inversely related to the proportion of people who have a strong

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sense of cultural identity and pride in their culture which is possible in communities in which self-determination is more advanced (Chandler & Lalonde, 1998).

The findings of this study have demonstrated the resilience of Mi'kmaq men and their capacity to adapt and survive oppressive structures and stressors that are intended to break their spirits and assimilate them into the hegemonic culture of the west. Investing in services that would support the health of children and adolescents in a way that is determined by the Mi'kmaq men and their families would be a wise and would benefit both their culture and the country as a whole. Addressing issues of racism and social exclusion, among deprivation and other social determinants of health, would support the health of Mi'kmaq boys and men and their families and would enhance the lives of the communities that surround their reserves.

As communities take on decision-making regarding their major services, such as health, education, social services, and economic affairs without the interference of the Canadian government, their culture can be strengthened and ways of being and choosing their own course of development will be enhanced. This does not mean that the fiduciary responsibility of the government of Canada should be abrogated. There will continue to be a responsibility to compensate First Nations communities for their losses of land and resources. The rest of the country continues to benefit from the colonial dividend, or what was taken from the First Nations of our country. The time is long overdue to question why this colonial dividend should continue to benefit the majority of the citizens of Canada while the First Peoples continue to suffer from the losses they incurred?

Throughout this discussion the thread of continuing limitations imposed by colonialism on the health and wellbeing of Mi'kmaq people has been acknowledged (L.

Graham, 2008; L. T. Smith, 2000, 2012). The recommended design of a parenting support program for new parents and the effective treatment program offered at the Lone Eagle Treatment Center testify to the wisdom of Mi'kmaq approaches to their own health protection and promotion. Continuing colonial approaches from government agencies that impose health programs, in isolation from and having had little consultation with the Aboriginal people they are employed to serve are a waste of resources. The use of the police and courts to impose the will of the western hegemonic government on the First Peoples of this land has been a colonial approach that not only denies the wisdom of the Mi'kmaq and other First Nations peoples but costs the citizens of this nation too much. It would be a better use of tax dollars to use these funds to support the health and economic opportunities of First Nations peoples.

Article 3 of the United Nations Declaration on the Rights of Indigenous Peoples affirms the right of Indigenous peoples across the globe to self-determination of their social, economic and political directions and systems (Barelli, 2011). In a world where disparate European countries can join in the European Union to maximize the economic and other resources available in the larger unit while maintaining their individual national structures, surely in Canada we would be able to work with First Nations peoples in a national structure for the benefit of all (Papillon, 2011).

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APPENDIX A

Business card contact information

Elsipogtog Men's study:

Come and contribute to the study that

explores the relationship between manhood

and health among Mi'kmaq men.

APPENDIX B

Invitation to participate in the Elsipogtog men's community based participatory

action research study

According to Canadian statistics, First Nations men at birth are only expected to live 68 years compared to other men whose expected years of life at birth are 78 years. In this study, we will explore the experience of growing up and living as a Mi'kmaq boy and man and how this affects his health practices, or how he looks after his health. This includes practices, like going to the doctor, exercise, and others.

We are requesting that men participate in this study by contributing their knowledge through a total of two interviews and one group discussion each. In the first individual interview, the participants will explore their life-story and the lessons they have learned. The second interview will focus more on their health practices, or ways they use to stay healthy. Finally, we are asking the participants to take part in one group discussion, in which the study findings will be reviewed and clarification and additional information added and each group will work on problem-solving barriers or challenges to health practices that have been identified by several participants.

Grace Getty is a doctoral student in nursing at Dalhousie University. She will work with _____ and _____, members of the Elsipogtog community on a research team. The findings of this study will be reported in Grace Getty's dissertation and in the newsletter, a summary report that each participant will receive and in a community meeting and at health conferences.

If you are willing to help us in this project, please call 1-800- xxx-xxxx to make an appointment or e-mail Grace Getty at getty@unb.ca. Thank you for considering this request for your help.

Poster

Elsipogtog Men's study

A community-based participatory action research study

Are you a man, who IX

- ✚ **is 19 years or older**
- ✚ **grew up at Elsipogtog and**
- ✚ **currently lives in the community of Elsipogtog?**

We invite you to take part in a study:

- ➢ **that explores your experiences as a Mi'kmaq man and what actions you take to stay healthy and**
- ➢ **in which you will help to identify possible programs and approaches to address the barriers to the health of Mi'kmaq men.**

What is needed?

- ❖ **Participation in two interviews and**
- ❖ **Participation in a group discussion to problem - solve barriers to health of Mi'kmaq men and identify potential solutions.**

For more information about this study, please call the toll-free number,

1-800-xxx-xxxx or email the principal investigator, Grace Getty at

getty@unb.ca . Thank you for considering this request.

APPENDIX D

Memorandum of Understanding between Elsipogtog

First Nation and

Grace Getty, Doctoral student in the PhD program in Nursing,

Dalhousie University, Halifax, Nova Scotia.

PARTIES

This document constitutes an agreement about the Principals for Research Collaboration

(PRC) between Elsipogtog First Nation, and a research team made up of Grace Getty, a

doctoral student in the PHD program in Nursing at Dalhousie University and

_____, _____,and _____, who will be co-investigators on

the research team.

PURPOSE

The purpose of the MOU is to set out the principals that guide the conduct of the

study, *The relationship between the social construction of masculinities and health practices among Mi'kmaq men.* This agreement recognizes the importance of incorporating cultural values and perspectives into the research process.

COMMUNITY INVOLVEMENT AND PARTICIPATION IN THIS RESEARCH

The underlying research question, *Why don't men use our health center more?* was identified by the staff at the Elsipogtog Health and Wellness Center as an important research question that
would inform their work with health promotion and disease prevention among men as well as encourage men to seek health care when they first experience symptoms of illness rather than waiting to seek help until their illness is severe.

In partnership with the other research team members, at least five members of Elsipogtog First Nation will be invited to participate on the Advisory Committee. One member of the Advisory Committee will be a Mi'kmaq speaker who can advise the research team in terms of Mi'kmaq language used in the interviews as well can be trained to conduct an interview in Mi'kmaq if this choice is preferred by a participant. In this case, this Advisory Committee member will serve as a research assistant would and become part of the research team itself, at least for the analysis of the interview(s) that he/she conducted.

This Mi'kmaq speaker will translate the interview(s) that were recorded in Mi'kmaq so that they can be transcribed in English in order to be analyzed by the research team. This Mi'kmaq speaker will sign a confidentiality promise as will the transcriber (See Appendix K) and research team (See Appendix L).

These members will include the following categories:

A male elder; Elders are older members of a community who demonstrate their knowledge of the culture and worldview of Mi'kmaq people, and their wisdom in responding to others in the way they live their lives (Harper, 1996; J. S. Y. Henderson, 2000a).

A traditional healer; an individual who has learned traditional healing methodologies from older healers, and who is respected by those who work in the Community Health Center at Elsipogtog.

A young man who works or volunteers in projects with youth and can speak from his own experience growing up at Elsipogtog as well as what he has learned in his work with youth.

A health care professional from the Elsipogtog Community Health Center, who can bring the perspective of the health Center staff and their experiences providing care to men at the Center.

A member of the staff from the Addictions Treatment Center at Elsipogtog; Addictions has historically been an important health concern that has repercussions, not only for individuals but for families and the community. Men constitute the majority of clients in the Addiction Treatment Center at Elsipogtog

A Mi'kmaq mother with several sons, who has brought up her children in the community of Elsipogtog.

The Advisory Committee will review each stage of the study from the design of the study, to sharing of the Final Report, including implementation of recommendations that arise from the findings.

The members of the Advisory Committee will be nominated by the Health Director or her designate in conjunction with the research team.

Written summaries of the findings will be provided to the Advisory Committee and the health Director of Elsipogtog after every stage of data collection and analysis.

BENEFITS TO THE COMMUNITY

The research team members from Elsipogtog will be trained regarding the method of interpretive analysis, and educational workshops will be offered to the research team and Advisory committee as well as other interested community members on the social determinants of health, including but not limited to the relationship between masculinities and health, health practices and health and other theoretical issues that arise in conducting this research.

Two hard copies of the dissertation will be given to the Elsipogtog Health and wellness center as soon as the dissertation has been accepted by Dalhousie University.

Summaries of the findings of this study will be provided for all participants, the Advisory Committee and the research team within two months of the group discussion data analysis.

Information emerging from this study will inform the Elsipogtog Health and Wellness Center about barriers to men's seeking help for symptoms of illness, and accessing health promotion programs.

Program development will be recommended on the basis of the findings of this study, according to the work in the group discussion component of the study.

CULTURAL RELEVANCE AND SENSITIVITY

This study will use an Indigenist critical theory approach, working to interpret the data from an Indigenous worldview and ways of knowing in combination with the critical gender lens of masculinities theory. We will draw on the knowledge among research team members of the community of Elsipogtog First Nation, and general knowledge of Mi'kmaq culture as guided by the advisory committee to acknowledge in every stage of this study the importance of spiritual beliefs, the sacredness of the information contributed and the cultural ways of respecting the sacred. This will include spiritual practices, such as smudging as advised by the Advisory Committee and especially the elder member of this committee.

ETHICAL CONSIDERATIONS

 The research team will maintain the ethical principals of ownership, control, access and possession. All members of the research team will have access to and possession of the data through having the password for the password protected computer folder which will contain all of the transcripts, coded data, and reports and other research work in progress.

Decisions will be made by consensus, giving control for how the data will be gathered, interpreted and reported to the Aboriginal members of the team. The data will belong to the Aboriginal members of the research team (ownership) as well as to Grace Getty, the principal investigator in this study.

RECORDS

The informed consent forms will be locked in a drawer and only the research team members will have access to them. They will be kept separately from the tapes and transcripts. After the tapes are transcribed and coded, they will be offered to the participants. If a participant does not want to receive his/her tape, the tape will be erased. All identifying information will be removed from the transcripts. The transcripts will be kept in a separate, code protected computer file, to which only the research team will have the confidential code. Any coded, printed transcripts will be saved in a locked drawer, separate from the Informed Consent forms.

Grace Getty will be given the right to use the research findings in her doctoral

dissertation. This work will be reviewed by and input will be sought from the Mi'kmaq

research team members.

Papers, presentations and any other dissemination of the study findings will be reviewed

and agreed upon by all of the research team. All publications and presentations will

include the names of each research team member, with the exemption of Grace Getty's

dissertation where the input of each research team member will be acknowledged.

Signed:_____   _____

     Health Director   Grace Getty

Elsipogtog representative   Student in PhD program in Nursing,

Dalhousie   University

Date:_____
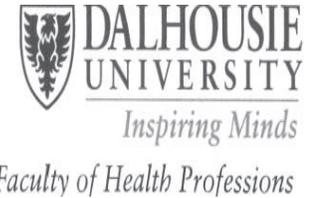
Informed consent form for individual interviews

Elsipogtog Men's study: A community based participatory action research study

Principal investigator: Grace Getty RN MN PhD(c); Student in the PhD in nursing program, School of Nursing, Dalhousie University. Gr824269@dal.ca or getty@unb.ca . Office phone: 506-458-7621; toll-free phone: 1-800-xxx-xxxx

Supervisor: Dr. Joan Evans, Director & Research Chair, Division of Medical Education, Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia Joan.Evans@dal.ca, (p) 902-494-3500.

Contact person: Eva Sock, Elsopogtog Health and Wellness Center, (p)

Participants are encouraged to contact Eva Sock, Grace Getty or Dr. Joan Evans to discuss the study at any time.

We invite you to take part in a research study being conducted by Grace Getty, who is a student in the doctoral program in nursing at Dalhousie University together with

_____, _____ and _____ from the Elsipogtog Health and Wellness Center.

Your participation in this study is voluntary and you may withdraw from this study at any time prior to the tape being transcribed. The tape of your interview will be held for one week before being typed to give you an opportunity to withdraw your interview if you wish.

The quality of your health care will not be influenced by whether or not you participate in this study. The study is described below. This description tells you about the risks, inconveniences, or discomforts which you might experience. Participation in this study may not benefit you directly but we hope to learn things that will benefit others. You should feel free to discuss any questions you have about this study with Grace Getty.

Purpose of the Study

The purpose of this proposed research is to explore what it means to be a man and the practices that Mi'kmaq boys and men use to assert their manhood. This study will also assist Mi'kmaq men, living at Elsipogtog to understand how their health and health practices, such as seeking health care from a Community Health and Wellness Center, are shaped by their masculinity in order to determine potential strategies to address the health issues that arise for men.

Study design

This study will critically examine the factors that influence Mi'kmaq boys and men's experiences, their sense of how they should act as men and their ability to care for themselves. The data will be interpreted through an Aboriginal cultural lens.

This is a community-based participatory action research study, in which the question, "why don't men use the health center services more?" was raised by the staff at the Elsipogtog Health and Wellness Center.

There will be an Advisory Committee of members of Elsipogtog First Nation who will give advice to the research team about all stages of the study, starting with how to recruit participants, how to advertise the study, including giving feedback to the research team on the study findings.

The research team will work together in analyzing the data, working on a consensus basis – i.e. all decisions about the research will be made by consensus among the research team as a whole.

Who can participate in this study?

Any man, 19 years of age and older, who has grown up in Elsipogtog and currently lives in Elsipogtog First Nation is invited to participate in this study. At least five men each from the age ranges 19-29, 30-44, 45-59 and over 60 years of age will be sought as participants in this study.

Who will be conducting the research?

Grace Getty, a doctoral student in nursing at Dalhousie University will be the principal investigator in this study. She is a nurse who teaches at UNB in the Faculty of Nursing and has worked with a team at Tobique First Nation to do the community-based

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participatory action research study, *Surviving the system: Regaining resilence. The experience of Tobique First Nation with Tuberculosis.* She will conduct the interviews and group discussion, unless an individual wishes to be interviewed in Mi'kmaq. In this case, a Mi'kmaq speaker who is a member of the Advisory Committee will do the interview.

What will you be asked to do in this study?

You will be asked to participate in two interviews and one group discussion, each of which will be expected to take about 60 – 90 minutes. We expect that it will be three or four months between the different interviews.

In the first interview, we will invite you to tell us the story of your life as a male growing up and living at Elsipogtog. In the second interview, we will review what we have found in the first round of interviews and will ask for your feedback or additional points you want to add. After this, you will be asked to describe what you do to maintain or improve your health. You will be invited to discuss your health practices or what actions you take to stay healthy, such as your food choices, physical fitness, smoking, and use of alcohol and medications and how these practices relate to your sense of yourself as a man.

Finally, you will be invited to participate in a group discussion with other participants. Prior to participating in a group, you will be asked to sign an informed consent form for the group interview.

Possible risks and discomforts

The main risk that could arise from participating in the individual interviews is that of emotional distress that may arise because of thinking about and describing distressing life

experiences. If you find that you need to seek support, you can call the Crisis line at Elsipogtog at 1-800-442-9799 or contact the Mental Health services at Elsipogtog at 506-523-5999.

Possible Benefits

While the findings that emerge from this study may not personally benefit you, sharing your life-story may enable you to examine some of the factors that have influenced your development as a man and their effect on your health. The strategies to address the barriers to health practices of Mi'kmaq men that are identified by the group discussions may contribute to the health of boys and men at Elsipogtog.

Compensation/reimbursement

You will receive an honorarium of $30.00 to compensate for the time and effort you contribute for each interview. If there are questions you choose to not answer or you decide to not continue the interview you will still receive the honorarium to respect the time and effort that you took to come to be interviewed.

Confidentiality and anonymity

You will be asked to choose a pseudonym that will be used in your interviews in order to protect your confidentiality throughout the study.

The interviews, which may take about an hour, will be audio-taped. After they are transcribed (typed), you will be offered the tapes, or they will be erased.

Your identity will be kept confidential and anything that might identify you on the tapes will be changed to preserve your confidentiality. You may sign the consent form with a code, made up of the first two letters of your mother's maiden name, the day of your birth

and the first letter of your second name. This system will protect your identity so that whatever information you contribute will remain anonymous.

This consent form will be locked in a metal storage container to which only the research team have access. The forms will be kept for a period of five years from the time in which the study findings are published. At that point they will be destroyed by Grace Getty or the other members of the research team. A second key for the container will be held by one of the other research team members so that should illness or accident prevent Grace Getty from destroying them in person, they will be destroyed without delay.

The transcripts of your interviews will be stored in a computer file which is password protected and therefore only accessible by the research team.

You are free to withdraw from this study at any time ***within a month after which point we won't be able to remove your data from our analysis,*** or to refuse to answer any part of the interview without penalty. You will not experience any problems related to your health care or other social services if you choose to withdraw.

The first interview will consist of a discussion of your experiences as a man growing up at Elsipogtog and how that has affected how you care for your health, or your health practices.

You will be invited to a second interview, in which we will discuss the study findings from the first interviews and will be invited to add any other thought or experiences that

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you have had in the meantime. You will be asked about your health practices, or things

you do to stay healthy in this second interview. This interview will also be tape-recorded

and transcribed. The transcriptionist will be a member of the Elsipogtog or another

Mi'kmaq community who works in the Health and Wellness Centre dealing with clients'

charts, which required a standard of confidentiality that is congruent with this study data.

She will sign a Confidentiality Statement.

Only data from the interviews following your signing this informed consent form will be

used in this study. Other incidental meetings with the research team will not be included

in the data for this study.

The findings of this study will be presented to the Advisory Committee, made up of

members of the Elsipogtog community. The findings will be presented in such a way that

no one can be identified.

You may not personally benefit from participation in this study but the findings will

contribute to the development of health programs that will help Mi'kmaq men address

barriers to caring for themselves and will build on the assets evident in this study.

Grace Getty will write the findings of this study in her dissertation for her PhD in

Nursing at Dalhousie University. Two copies of this study will be available at the

Elsipogtog Health Center, as well as at the library at Dalhousie University. It will also be

reported to the Elsipogtog community both through community presentations, reports in

the Community newspaper. The study process and findings will also be written for publication in health care journals and presented at scientific conferences.

Questions

Please feel free to call the principal investigator Grace Getty for further clarification at any time, or to add more information through the toll-free phone number, 1-800-xxx-xxxx.

Summary

This study will examine your experience in growing up and living as a man at Elsipogtog First Nation and how this has influenced your health practices and state of health. You will be interviewed twice individually and later invited to participate in a group discussion that will problem-solve barriers to health of Mi'kmaq men and strategies to increase their resilience and health.

Problems or concerns

In the event that you have any difficulties with or wish to voice concern about any aspect of your participation in this study, you may contact Patricia Lindley, Director of Dalhousie University's Office of Human Research Ethics Administration, for assistance (902)-494-1462, patricia.lindley@dal.ca .

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part

in this study. However, I realize that my participation is voluntary and that I am free to withdraw from the study at any time up until one week after the interview. I understand that I am free to sign this consent form using a code made up of the first two letters of my mother's maiden name, the day of my birth and the first letter of my second name in order to protect my anonymity.


Signed:_____   Date:_____

I, Grace Getty, the principal investigator of this study promise to keep the commitments contained in this Informed Consent form.

 Signed:_____ Date:_____

APPENDIX F

Informed consent form

Interviews with women

Elsipogtog Men's study:
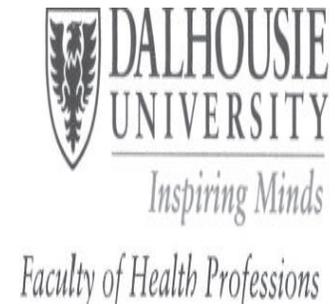
A community based participatory action research study

Principal investigator: Grace Getty RN MN PhD(c); Student in the PhD in

nursing program, School of Nursing, Dalhousie University. **Gr824269@dal.ca** or

getty@unb.ca . Office phone: 506-458-7621; toll-free phone: 1-800-xxx-xxxx

Supervisor: Dr. Joan Evans,Director & Research Chair,Division of Medical

Education,Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia

Joan.Evans@dal.ca, (p) 902-494-3500.

Contact person: Eva Sock, Elsopogtog Health and Wellness Center, (p) 523-8222

Participants are encouraged to contact Eva Sock, Grace Getty or Dr. Joan Evans to

discuss the study at any time.

We invite you to take part in a research study being conducted by Grace Getty, who is a

student in the doctoral program in nursing at Dalhousie University together with

_____, _____ and _____ from the

Elsipogtog Health and Wellness Center.

Your participation in this study is voluntary and you may withdraw from this study at any time. The quality of your health care will not be influenced by whether or not you participate in this study. The study is described below.

This description tells you about the risks, inconveniences, or discomforts which you might experience. Participation in this study may not benefit you directly but we hope to learn things that will benefit others. You should feel free to discuss any questions you have about this study with Grace Getty.

Purpose of the Study

The purpose of this proposed research is to encourage Mi'kmaq men to care for their health by using the Elsipogtog Health and Wellness Center more consistently, as well as to promote the health of Mi'kmaq men living in Elsipogtog First Nation and to decrease the health disparities among Mi'kmaq men and between Mi'kmaq men and the larger Canadian population of men.

Study design

This is a Community-based participatory action research study, in which the question, "*Why don't men use the health center services more?*" was raised by the staff at the Elsipogtog Health and Wellness Center. The study will critically examine the factors that influence Mi'kmaq boys and men's experiences, their sense of how they should act as men and their ability to care for themselves. The data will be interpreted through an Aboriginal cultural lens.

There will be an Advisory Committee of members of Elsipogtog First Nation who will give advice to the research team about all stages of the study, starting with how to recruit

participants, how to advertise the study, including giving feedback to the research team on the study findings. The research team will work together in analyzing the data, working on a consensus basis – i.e. all decisions about the research will be made by consensus among the research team as a whole.

Who can participate in this study?

A Mi'kmaq mother who has experience bringing up boys in the community of Elsipogtog First Nation and a woman elder who can discuss her insights about the social and health practices of Mi'kmaq men.

Any man, 19 years of age and older, who has grown up in Elsipogtog and currently lives in Elsipogtog First Nation is invited to participate in this study. At least five men each from the age ranges 19-29, 30-44, 45-59 and over 60 years of age will be sought as participants in this study.

Who will be conducting the research?

Grace Getty, a doctoral student in nursing at Dalhousie University will be the principal investigator in this study. She is a nurse who teaches at UNB in the Faculty of Nursing and has worked with a team at Tobique First Nation to do the community-based participatory action research study, *Surviving the system: Regaining resilence. The experience of Tobique First Nation with Tuberculosis.* _____, _____, and _____ will also be members of the research team. Grace Getty will conduct the interviews unless an individual wishes to be

interviewed in Mi'kmaq. In this case, a Mi'kmaq speaker who is a member of the Advisory Committee will do the interview.

What will you be asked to do in this study?

You will be asked to participate in an interview in which you will be invited to describe your experiences with Mi'kmaq boys and men and to share your insights about the way that Mi'kmaq men are expected to act as men and care for their health. The interview will likely take about

60 – 90 minutes.

Possible risks and discomforts

The main risk that could arise from participating in the individual interviews is that of emotional distress that may arise because of thinking about and describing distressing life experiences. If you find that you need to seek support, you can call the Crisis line at Elsipogtog at 1-800-442-9799 or contact the Mental Health services at Elsipogtog at 506-523-5999.

Possible Benefits

While the findings that emerge from this study may not personally benefit you, sharing your experiences and knowledge will enable us to examine some of the factors that have influenced men's development and their effect on men's health.

Compensation/reimbursement

You will receive an honorarium of $30.00 to compensate for the time and effort you contribute for each interview. If there are questions you choose to not answer or you decide to not continue the interview you will still receive the honorarium to respect the time and effort that you took to come to be interviewed.

Confidentiality and anonymity

You will be asked to choose a psuedonym that will be used to refer to you in your

interviews in order to protect your confidentiality throughout the study.

The interviews, which may take about an hour, will be audio-taped. After they are

transcribed (typed), you will be offered the tapes, or they will be erased. The

transcriptionist will be a member of the Elsipogtog or another Mi'kmaq community who

works in the Health and Wellness Centre dealing with clients' charts, which required a

standard of confidentiality that is congruent with this study data. She will sign a

Confidentiality Statement.

Only data from the interviews following your signing this informed consent form will be

used in this study. Other incidental meetings with the research team will not be included

in the data for this study.

Your identity will be kept confidential and anything that might identify you on the tapes

will be changed to preserve your confidentiality. You may sign the consent form with a

code, made up of the first two letters of your mother's maiden name, the day of your birth

and the first letter of your second name. This system will protect your identity so that

whatever information you contribute will remain anonymous.

This consent form will be locked in a metal storage container to which only the research

team have access. The forms will be kept for a period of five years from the time in

which the study findings are published. At that point they will be destroyed by Grace

Getty or the other members of the research team. A second key for the container will be

held by one of the other research team members so that should illness or accident prevent

Grace Getty from destroying them in person, they will be destroyed without delay.

The transcripts of your interviews will be stored in a computer file which is password

protected and therefore only accessible by the research team.

You are free to withdraw from this study at any time, within a month following the

interview, after which point we won't be able to remove your data from our analysis or to

refuse to answer any part of the interview without penalty. You will not experience any

problems related to your health care or other social services if you choose to withdraw.

The findings of this study will be presented to the Advisory Committee, made up of

members of the Elsipogtog community. The findings will be presented in such a way that

no one can be identified regarding his/her own story.

You may not personally benefit from participation in this study but that the findings will

contribute to the development of health programs that will help Mi'kmaq men address

barriers to caring for themselves and will build on the assets evident in this study.

Grace Getty will write the findings of this study in her dissertation for her PhD in

Nursing at Dalhousie University. A copy of this study will be available at the Elsipogtog

Health Center, as well as at the library at Dalhousie University. It will also be reported to

the Elsipogtog community both through community presentations, reports in the

Community newspaper and will also be written for publication in health care journals and

presented at scientific conferences.

Questions

Please feel free to call the principal investigator Grace Getty for further clarification at any time, or to add more information through the toll-free phone number, 1-800-xxx-xxxx.

Summary

This study will examine your experience with boys and men and their health practices and state of health.

Problems or concerns

In the event that you have any difficulties with or wish to voice concern about any aspect of your participation in this study, you may contact Patricia Lindley, Director of Dalhousie University's Office of Human Research Ethics Administration, for assistance (902)-494-1462, patricia.lindley@dal.ca .

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. However, I realize that my participation is voluntary and that I am free to withdraw from the study at any time. I understand that I am free to sign this consent form using a code made up of the first two letters of my mother's maiden name, the day of my birth and the first letter of my second name in order to protect my anonymity.

Signed:_____   Date:_____

I, Grace Getty, the principal investigator of this study promise to keep the commitments contained in this Informed Consent form.

Signed:_____ Date:_____

APPENDIX G

Guide for Interview with men

Please tell me the story of your life as a boy, growing up in Elsipogtog and a man living here.
What do you think is expected of you as a man in this community?

The following are not questions to be asked in a question and answer format. Instead, they are cues to help expand the discussion if the participant does not include this information in his life-story. These cues may include:
When do you first remember being aware that boys were expected to behave or do certain things?
When do you first remember understanding that you were Aboriginal and what was that like?
Did you go to school at Elsipogtog?
When did you first go to an off-reserve school and how was that for you?
Did you feel that you were viewed a certain way by other students? What about by teachers?
Do you remember how you were supposed to be as a boy? Did you have role models?
How were you supposed to treat girls and women?
What did you believe about boys or men who were gay?
What was the ideal for how a man was to be? Did you feel like this was like that of non-Aboriginal boys or men or different?
If you could be any kind of man in this world, how would that be?

APPENDIX H

Interview guide for women participants

Please tell me about what is expected from boys in this community? Do you think this makes a difference to how they are taught to care for their own health? How about how they actually do care for their own health?

Can you describe how a Mi'kmaq man is expected to be in this community? What practices do you see among men that express their manliness? How do you think this influences the ways in which they care for their health?