

The Medicine Wheel and Resilience within an Indigenous Community in Northern Ontario

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Abstract

This article addresses Indigenous mental health in a particular Indigenous community by using a strength-based, medicine wheel model in an attempt to organize and interpret participant narratives through a culturally sensitive approach. Some Indigenous communities in northern Ontario struggle with a host of mental health issues including high rates of suicide, substance abuse and depression. We avoid mentioning any communities by name, to protect the confidentiality of participants. A challenge for this study, as for the bulk of research within Indigenous communities, was the “outsider” status of the researchers themselves. The medicine wheel identifies four central themes: Physical health, intellectual health, spiritual health and emotional health. By organizing our qualitative analysis along these lines, we sought to frame the results in culturally appropriate terms, and thereby set the stage for community conversations regarding mental health.

Keywords: Indigenous; Aboriginal; Mental health; Colonization; Decolonizing Research; Psychology; Qualitative

Introduction

In northern Ontario, surrounding James Bay and Hudson Bay lie six remote First Nations communities. They range in size from several hundred members to several thousand. They have no road access linking them to other communities in the region, and with varying degrees of ease, they can be reached by rail, air, boat or winter ice road. Many of these communities struggle with a host of mental health issues including high rates of suicide, substance abuse and depression [1].

One community stands out, by virtue of its low rates of suicide and mental health services utilization. This community shares a history of oppression, victimization and suffering with its sister communities. It also endured the relatively recent trauma of a natural disaster.

How is it that this one community has produced what appear to be more positive mental health outcomes?

To investigate this question, I developed a research project in collaboration with Dr. Russ Walsh of Duquesne University [2]. We interviewed community leaders and resident mental health service providers about the strengths of their community with respect to mental health. As non-Indigenous psychologists, we used a culturally sensitive method that focused upon listening and that privileged the perspectives of participants.

We avoid mentioning any communities by name, to protect the confidentiality of participants. There are relatively few communities in the James and Hudson Bay region and populations are relatively small. Our research participants included community leaders and elders. Even limited information about these communities would risk identifying individuals.

The Medicine Wheel

A challenge for this study, as for the bulk of research within Indigenous communities, was the “outsider” status of the researchers themselves. Despite our interest in, and concern for, the well-being of Indigenous communities, we remain unavoidably non-Indigenous Western psychologists. This “from the outside in” orientation runs the risk of further oppression and colonization in the name of scientific truth. Qualitative methodology, despite its focus on the experiences of

participants in their own words, still undertakes the task of organizing and interpreting participants’ accounts, and hence also entails the risk of colonizing participants’ experiences.

To minimize this risk, we decided to organize and interpret participant narratives using the medicine wheel of traditional healing. The medicine wheel is a symbol with relevance to the participants in this study. Rod McCormick, the B.C. Regional Innovation Chair in Aboriginal Health at Thompson Rivers University and a member of the Mohawk (Kahnienkehake) nation, provides the following overview of the medicine wheel: “The Aboriginal medicine wheel is perhaps the best representation of an Aboriginal world view related to healing. The medicine wheel describes the separate dimensions of the self -mental, physical, emotional and spiritual — as equal and as parts of a larger whole. The medicine wheel represents the balance that exists between all things. Traditional Aboriginal healing incorporates the physical, social, psychological and spiritual being [3].”

The medicine wheel identifies four central themes: Physical health, intellectual health, spiritual health and emotional health. An individual’s health and wellness result when these realms are balanced and integrated [4]. By organizing our qualitative analysis along these lines, we sought to frame the results in culturally appropriate terms, and thereby set the stage for community conversations regarding mental health.

Through my work in Northern Ontario, we have developed connections with mental health workers in the region. Over several months, Dr. Walsh and I had a series of conversations with community members regarding their interest in community-oriented and strength-

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based research to inform their mental health interventions. The proposed study was supported by the community's leadership.

Connection to the Land

To our eyes, the most notable finding was the way in which connection to the land was interwoven throughout all aspects of the medicine wheel. Participants' comments regarding physical, spiritual, mental and emotional health often referred to attitudes and practices that affirmed a fundamental connection to their land:

"To know the land... you know you're capable of things other kids aren't; knowing where I came from, what I'm capable of."

"Go out in the bush, refresh my memories; when I come back everything is clear."

"Back to the land: when you're there, it's like your spirit, your mind, and your physical well-being – everything improves when you're out there; it's like you rejuvenate while you're out there."

This connection informed individual and community efforts to maintain well-being and also seemed to provide a bridge between different spiritual beliefs. That is, community members of divergent spiritual orientations shared a belief in the land as foundational to their faith. This cohesion was evident in community activities and programs, as well as in acknowledgement of shared culture and history [5].

It may well be the case that members' shared connection to the land and ready access to the land was sufficiently strong to tolerate differences that might otherwise polarize a community. From this shared sense of connection may follow the sense of hope expressed by most of the participants:

"We have a belief. Like I'm not going to give it a word of religion or culture. No, it's a way of life, you know. It always was in the beginning, and it is today."

"Everybody, even if they disagree... when it comes to a crisis and someone needs help... that's where your strength is: The whole community comes together."

This may hold implications for health and healing initiatives both within and beyond this community. If a sense of connection to the land is a central feature of well-being, then it may need to be a central feature of mental health interventions.

Discussion and Conclusion

Identity, community and acceptance

Several other themes emerged. One was the community's relative distance from "outside influence," facilitating greater identity and autonomy. Another was the rather recent shared trauma of natural

disaster and relocation, which required a pulling together of community resources and members in a way that more diffuse challenges and traumas may not.

To the degree that these factors are foundational to the strengths of this community, there may be implications for more general intervention and prevention programs. Specifically, these findings suggest that when communities can unite to face a set of problems, and have a fair degree of autonomy (or freedom from outsider influence) in responding to those problems, they may be best able to draw upon their shared resilience and communal spirit. Strong family bonds and community member support for one another were repeatedly expressed by participants.

"The family roots are so powerful here, it's unbelievable."

"Something happens with another family, we help them out; we support people."

Similarly, a focus on the future, including the well-being of future generations and acceptance of "the natural cycle of things" were themes that emerged from our interviews. For example, one participant reported: "The strength, I guess, would be hope, the hope for tomorrow." For those wishing to facilitate this resilience and spirit, the challenge is to do so in a way that affirms rather than usurps the community's independence.

Dr. Walsh and I are continuing our investigation of these issues with a follow up study addressing the role of land-based interventions and inter-generational knowledge transfer in promoting resilience and mental health within a Cree community in Northern Ontario.

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