

Indigenous Masculinity, HIV Wellness and Disclosure

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Submitted to the School of Graduate Studies at McMaster University

In partial fulfillment

Of the requirements for the degree of

MASTERS OF SOCIAL WORK

January 2020

Declaration

McMaster University MASTER OF SOCIAL WORK (2020), Hamilton, Ontario (Social Work)

TITLE: Indigenous Masculinity, HIV Wellness and Disclosure

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PAGES: i-99

Dedication

To my mother, Clare Poon

Neither of us believed I would be able to write 50 pages... here we are now

Abstract

Title: Indigenous Masculinity and HIV Disclosure

Aim/Objective: The goal of this this research project is to explore how self-regulation of a masculine identity is impacted by colonization in the context of HIV disclosure for Indigenous men. Specific objectives under this goal include the following: (1) Understanding Indigenous men's ideas about Indigenous masculinity; (2) understanding how Indigenous men come to understand the impact of colonization on their masculine identity; and (3) understanding how colonization affects Indigenous men's experience of HIV disclosure.

Methods: This project adopts an Indigenous directed process consistent with principles of community-based research (CBR) and driven by decolonizing and Indigenous methodologies. Following an examination of relevant literature, six Indigenous men living with HIV were interviewed to discuss the significance of Indigenous masculinity in the context of HIV wellness and HIV disclosure. The findings from the literature review and interviews were coded within NVivo qualitative analysis software to compare emerging themes.

Findings: Following a discussion of the several aspects of Indigenous masculinity, the participants described the hinderances of colonization and stigmatization in disrupting healthy practices and conceptualization of Indigenous masculinity. Throughout the journey of healing, a process of deconstructing western ideals was necessary towards developing a personal sense of Indigenous masculinity which aligned with their Indigenous identity. Upon successful negotiation of the relationship between Indigenous masculinity and HIV status, disclosure was used at various stages of the healing journey to affirm Indigenous masculinity, discover a personal sense of purpose, and to educate others.

Conclusion: The use of disclosure was found to be a vital component towards the development and practice of Indigenous masculinity. The findings of this project will be used to apply for future grants to design a service or intervention which provides Indigenous men living with HIV with a safe and healthy environment to practice Indigenous masculinity.

Acknowledgements

First and foremost, I would like to thank my supervisor Randy Jackson. My supervisor, professor, and mentor throughout my time in university. None of this would have been possible without you. Thank you for opening doors for me, supporting me, and constantly challenging me to strive for greatness and pushing towards a brighter future.

To the research participants, this journey has been amazing. Thank you all for crossing paths with me and sharing your life experiences. This thesis is a promise that the knowledge you have passed onto me will be used to continue working with the community.

To my family who has remained incredibly supportive, this accomplishment would not have been possible without your continued support and encouragement.

And thanks be to God for blessing me and giving me this life. The journey continues.

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Chapter One

Introduction

In my journey through university, as a settler Chinese Canadian and aspiring social worker, the story of Indigenous peoples has often been presented through two tales: the tale of statistics and a story of narratives. Both of which present an image of the existing realities of Indigenous health in Canada. For example, 12.2% of newly diagnosed HIV infections and 8.9% of those living with HIV in Canada are represented by Indigenous peoples (PHAC, 2014, p. 1). The numbers then become more specific and begin painting a picture of the experiences of Indigenous men. Of the 6,380 HIV-positive Indigenous people diagnosed at the end of 2011, slightly more than half occurred among Indigenous men. To further that, Indigenous men represent “12.4% of HIV infections attributed to male-to-male sexual contact, 54.6% to injection drug use, and 21.5% to heterosexual contact” (PHAC, 2014, p. 6). Through HIV epidemiology data we can also measure independent causes that contribute to these overwhelming representations. For example, further evidence also demonstrates that Indigenous peoples diagnose later (Stokes, Pennock, & Archibald, 2006); have reduced healthcare engagement (Wood et al., 2006); and experience delays in antiretroviral therapy (Miller et al., 2006). Yet these numbers can only reach a certain point and are unable to capture the full realities of Indigenous peoples. What remains silent are the skills, strengths, and resiliency that Indigenous peoples mobilize towards actively seeking to become a beacon light for themselves and the rest of their family and community. When stepping away from the pathological examination of Indigenous peoples we can begin to explore the other side of the epidemiological tale where culture and gender can become a protective factor in promoting resilient responses. This thesis project will look deeper into gender and culture by critically examining how Indigenous masculine identity intersects with the experiences of HIV. Additionally, this project will take a deeper inspection into the process of HIV disclosure and

how Indigenous men come to approach the different barriers associated with disclosing one's health status (WHO, 2004). These barriers include navigating the social, cultural, traditional, and health implications rooted in the long-standing processes of colonization and stigmatization of HIV health status within Indigenous communities (Ristock, Zoccole & Passante, 2011).

Goals and Specific Objectives

The goal of this Master of Social Work thesis is to explore how masculine identity is impacted by colonization in the context of HIV and HIV disclosure for Indigenous men. Specific objectives under this goal include understanding the following:

- (1) What are Indigenous men's ideas about Indigenous masculinity?;
- (2) How do Indigenous men understand the impact of colonization on their masculine identity?; and
- (3) How do Indigenous men experience HIV disclosure?

Community Impact and Relevance

This thesis project was developed through dialogue with Professor Randy Jackson at McMaster University. As the nominated principal investigator of another project that examines the ways HIV-positive Indigenous men come to learn and practice a positive masculine identity as they respond to the challenges of living with chronic illness, professor Jackson discovered that Indigenous men express a desire to explore HIV well-being through the lens of culture. The men articulated a need to better understand how colonial processes shape health risk and how Indigenous men come to a lived understanding of their traditional gender identities as a vital source of strength. This Masters thesis project adopts a similar orientation in exploring the harmful effects of colonization on Indigenous men's health; but takes a more focused and closer inspection of the processes of disclosure and self-presentation on masculine identity. In a

preliminary scoping review of Canadian HIV literature conducted by Jackson et al, (2018) the authors discovered that within academic literature Indigenous men were often represented through processes of pathologization such as injection drug use, violence, sexual behavior, street involvement, homelessness. Such a framework leads to the erasure of individual experiences and limits the potential to explore intrinsic healing elements of Indigenous culture for men. This project seeks to centralize the experiences of the individual rather than framing their life narratives within the confines of Western concepts and constructs. As such, this project aligns with the Population Specific HIV/AIDS Status Report (2010) that encourages researchers to consider the negative effects of Western colonization on traditional male gender roles.

My Place in this Research

To situate myself within the research, it is important to acknowledge the ethical dilemmas and care considerations given my social location at the place of this research. My path as a settler doing Indigenous focused research had very simple origins, but the path towards becoming a researcher included many careful considerations and personal applications. Based on my background as a first-generation Chinese immigrant, I was raised with many community-centric values that were ingrained in me by my mother. Therefore, many of the decolonizing approaches and Indigenous methodologies resonated with me on a personal level. As such, it instilled in me a desire to bridge these values as part of the research protocols I adopted with this research. One of the challenges, however, was finding relevant literature that discusses Indigenous allyship outside of a white-scholarship perspective. Throughout my research, I found only one article that references Indigenous-allyship from an Asian-ethnic background. As such, I knew that this would provide a unique path to be carved out. I hyper-focused on knowledge acquisition, developing research and coordinating skills, and building relationships with Indigenous scholars,

knowledge keepers, and allies. This thesis project is the culmination of all these experiences over the past five years in the journey to continue partnering with Indigenous communities.

Summary of Chapters

To better understand how Indigenous masculinity, HIV wellness, and disclosure is already being discussed by others in academia, a brief literature review was conducted using relevant keywords and sets of databases. Chapter two will examine how the articles were selected for this literature review and discuss the overlapping themes amongst the articles. The chapter will close off with a quick discussion about Indigenous masculinity, and how disclosure and HIV wellness has been discussed and how this information will impact the implications of this thesis project.

In preparation for gathering the data, chapter three will explain the methodology and methods used in this thesis project. The chapter will begin by explaining the importance for a researcher conducting research with Indigenous peoples to undergo a process of decolonizing self and decolonizing how they come to understand research processes. This is to ensure that the Indigenous peoples can articulate their own experiences and culturally inculcated goals without the imposition of western terminology and colonial driven terms (Bartlett, 2003; Koster et al. 2012). After discussing the process of decolonizing research, the chapter will focus on explaining how Indigenous ways of being and knowing have been used to ground this thesis project, and how this project utilizes Indigenous methodology. To ensure relevancy to Indigenous peoples and the wider community, this project will also draw upon community-based research (CBR) methodology. The chapter will conclude with an overview of the methods used to gather the data and how the interviews were coded to determine relevant themes.

Chapter four presents the findings from the interviews and presents all the relevant themes from the participants. There was a total of four overarching themes: Participants'

understanding of Indigenous masculinity; the changing focus of masculinity from physical ability to mental dialogue; HIV disclosure and the pathway to healing; and hindrances to healing. Each theme also has its own individual subheads to help present the data in an organized manner.

Chapter five takes the knowledge acquired from all previous sections of the thesis project to develop a stronger understanding of Indigenous masculinity, HIV wellness, and HIV disclosure. The findings from the literature review and the interviews will examine overlapping themes, contradictions, and areas that require further development or research. The chapter will conclude by discussing some of the limitations of the project and considerations for future research after the project.

Chapter Two

To begin this thesis project, a review of the literature was conducted to better understand how Indigenous masculinity, HIV wellness, and disclosure. The purpose of this literature review was to determine specific themes surrounding the research topic that was later used as a point of reference to analyze the data from the interviews of this thesis project. Based on previous research conducted on the topic, through a faculty research project (i.e., described in Chapter One), graduate course and independent research, and my preliminary conceptualization of the topic resulted in a lack of literature that touches on all three topics together. As such, it will be even more difficult to find relevant data that touches on disclosure. I also suspected that I would encounter a lot of overlap with data that examines the experiences of non-heterosexual men. This may present as a challenge moving forward given that the thesis focuses broadly on men rather than sexual orientation. Based on my research experience, there is literature that examines topics of HIV wellness, disclosure, and even masculine gender roles amongst gay men. Although the experiences of gay men are not a direct focus of this project, I believe there is value to examining whether there is an overlap between the experiences of HIV disclosure and disclosure of sexual orientation. The experiences and responses to homophobia could potentially overlap or provide greater insight towards how individuals living with HIV battle stigmatization. Furthermore, it provides further understanding of the experiences of Indigenous, men, living with HIV and identifying as non-heterosexual. Moving forward, the following section will explain how the articles for this literature review were found and selected for the analysis of this thesis.

Literature Review Method

The literature review protocol was developed loosely following the scoping review method proposed by Arksey and O'Malley (2005). Arksey and O'Malley (2005) identify five key steps in their framework of scoping reviews: (1) identify the research questions, (2) identify relevant

studies, (3) select studies, (4) chart the data, and (5) collate, summarize, and report the results. While the method is an efficient and effective way to comprehensively examine the range and nature of research on a given topic, this project will only use the protocol to identify relevant literature and discuss overlapped themes within the topic of Indigenous masculinity, HIV wellness, and disclosure. The purpose of this literature review is to begin understanding how Indigenous masculinity, HIV wellness, and disclosure is studied, but also to serve as a point of analysis to the data that will be collected through this thesis project.

Following the first step, with the research question and its purposes acknowledged, the next step was to identify the relevant studies related to the research question. To identify studies that address this question, a list of search terms was developed to capture, as broadly as possible, any pertinent literature. Four major categories related to the research question were used: people, health condition, health and wellness, and gender identity. Within each category, a list of synonyms was developed to yield the highest possible number of results. For example, under the category of people, terms included: Aboriginal* or Native or "First Nation" or "1st Nation" or First-Nation or 1st-Nation or Inuit or Metis or "American Indian" or "Native American" or "Alaskan Native" or "Native Alaskan" or Indigenous. This list of search terms was used to search through different databases.

Once the searches were complete, the top results were saved and briefly scanned to select the appropriate articles that would be included in the final analysis. As part of the screening, the abstracts of the saved searches were reviewed for relevant or interesting information. A brief inclusion criterion was developed to evaluate for relevant information: (1) Does this article have an exclusive focus on Indigenous Peoples? (2) Does the article have an exclusive focus on

HIV/AIDS? (3) Does the article include a focus on masculine identity? And (4) Does the article include a focus on health or wellness?

To extract the data from the relevant articles, a narrative review was undertaken by charting each article for key issues and themes. Based on a similar framework used when working with the thesis supervisor, articles were charted for general information about the study, this included: the aims, methodologies, and methods of the study; the analysis, findings, and importance of the study. The charting of the literature revealed several key themes within the data set that warranted further analysis.

Using NVivo 10.0™, the articles were uploaded onto the software and coded to identify key findings relevant to the study question. Quotes were assigned with a thematic code to observe the different topics that were discussed within each article. These quotes and excerpts from the articles were then grouped back together based on similar codes to better understand how the topic of Indigenous masculinity, HIV wellness and disclosure was discussed across the literature. The results of this analysis outlined in the next section represent a summary of how the research topic has been discussed in the literature.

Literature Review Findings

Limited Theoretical Framing of Indigenous Masculinity in the Context of HIV

Within the articles employing a narrative-driven approach to understanding the unique experience of Indigenous men experiencing HIV, each article references a void of academic literature exploring Indigenous masculinity (Deveries & Free, 2010; Gilley & Co-Cké, 2005; Nelson, 2011). While Indigenous men have been extensively studied within academic literature, work surrounding masculinity and HIV have often been conceptualized in relation to sexual activity and sexual identity. Across the articles included in this review, there is marginal

consideration of how masculinity materializes and implicates itself within Indigenous men's everyday lives.

Based on this theme—framing of Indigenous masculinity—suggests additional research is needed to better understand Indigenous masculinity in relation to gender roles and expectations, identity formation, and community work. While these areas have already been explored outside the realm of HIV, it is important to capture the unique experiences of Indigenous men who live at the intersectionality of gender, race, and HIV status. To that end, how does the presence of HIV come to affect Indigenous masculinity and how men present themselves? Based on the findings of Sowell and Phillips (2010) and Piot et al (2015), HIV disclosure has the potential to advocate for preventive towards preventing the transmission of the virus, increase access to health care, and facilitate an open dialogue to challenge the stigmatization and social discourse surrounding HIV. Given the lack of existing literature surrounding Indigenous masculinity and HIV wellness, this thesis project will attempt to capture the different ways Indigenous men have come to accept and transform their masculine identity in consideration of HIV status.

Pathologization of Indigenous Identities

Simoni and colleagues (2006) explored whether two-spirit men would “report higher rates of victimization, substance use, and HIV-risk behaviors than would heterosexual men...[and] that victimization would be associated with substance use and sexual risk behaviors in the past 12 months and that both victimization and substance abuse would correlate with lifetime sexual risk behaviors” (p. 2241). Similarly, the study conducted by Nelson and colleagues (2011) found that gay Indigenous two-spirit men undergo a process of cognitive rationalization to justify unhealthy sexual practices despite sexual abuse history, symptoms of depression, and alcohol dependence.

Here we can identify how the identities of two-spirit men are affected by health conditions and lower overall quality of health. As an Indigenous term, two-spirit extends beyond sexuality to also represent an amalgamation of gender, community, culture, and spirituality to create an identity (Wilson, 1996). In contrast to traditional Western binary notions of masculinity and femininity, Indigenous worldviews adhere to a stance of gender fluidity and non-linear nature of identity process (Ristock, Zoccolle & Potskin, 2011). But the impact of health disparities and associated risk behaviours identity of all traditional intrinsic value it once possessed and reduces it to a set of victim-based values and classifications. Additionally, the framing and of Indigenous identities within singular-positionings of vulnerability and victimization further contributes to the pathological view of two-spirit bodies. The strengths and resiliency that may reside within the individual are subsequently left outside of the academic discourse. That being said, the study conducted by Simoni and colleagues (2006) was unable to speak to the root causes of victimization amongst two-spirit men, and the study by Nelson and colleagues (2011) was unable to account for the reasoning behind Indigenous men's active cognisant decision to engage in risk-taking behaviour.

Considering the limitation of the Simoni and the Nelson, where they were unable to account for the reasoning behind Indigenous men's active cognisant decision to engage in risk-taking behaviour, the studies conducted by Gilley & Co-Cké (2005) and Hoffman-Goetz, Friedman and Clarke (2005), expanded on the work listed above by providing insight to the unique decision-making process of gay Indigenous men. Gillet & Co-Cké (2005) and Hoffman-Goetz, Friedman and Clarke (2005) give valuable insight surrounding the inner dialogues of Indigenous men. According to Gilley & Co-Cké (2005), two-spirit men would sometimes conceal their sexual orientation as a response to the prevalence of homophobia within their local

community. However, to find companionship or intimate partners, Indigenous men would then be forced to decide to enter “risky” settings marred by unfavourable power dynamics, racialization, and various exposure to substance use. Hoffman-Goetz, Friedman and Clarke (2005), as one example, spoke to how Indigenous men engaged in risk-taking behaviour because sex work represented a form of survival. The men in their study recognized that their lifestyle and exposure to toxic environments were the primary factors to the transmission of HIV. As a response, the men expressed internalized self-blame for their health status. Despite their differences, both studies were able to provide comprehensive narratives to the internal negotiating process and the nuances when Indigenous men enter or engage in “risk-taking” settings.

This internal dialogue will remain a continuous reoccurrence among two-spirit Indigenous men highlighting several growing issues. Particularly in this section, we can observe how gay Indigenous men must undertake an internal cost-benefit dialogue to find opportunities to practice their sexual identity. Although different from the disclosure of HIV status, the literature reveals how the effects of colonization and homophobia remove opportunities for gay Indigenous men to disclose and practice healthy aspects of their sexual identities. This leads them toward unhealthy spaces and positions. Had there originally been healthy or safer opportunities for gay Indigenous men to discuss the connections between sexual and cultural identities, they have been able to avoid the reported processes of HIV transmission and internalized feelings of self-blame.

Hegemonic Gender Roles

Given the existing focus on homophobia and stigmatization amongst Indigenous men, little emphasis is given to the everyday processes towards seeking healthy expressions of health.

Although HIV illness and its corresponding stigma may have contributed to the social construction of Indigenous male behaviour and cognitions, such an approach ignores the unique intersectionality at which Indigenous men are implicated in—that they must reconcile colonial ideologies, the stigma surrounding HIV, and socialized gender-based roles. Postcolonial theories propose that factors for risky behavior (Duran & Walters, 2004; Simoni et al, 2006), such as alcohol and drug use or risky sex, are the result of multiple generations internalizing colonization. They propose that the traumatic impact of colonization has created self-blaming attitudes among Indigenous men increasing the likelihood of self-destructive behaviors (Duran & Walters 2004). The literature suggests that processes of colonization have manifested itself within Indigenous gender and sexual ideologies through the promotion of dominant American discourses surrounding heterosexuality and normativity (Deveries & Free, 2010; Hoffman, Friedman & Clarke, 2005; Martos, 2016).

These ‘hegemonic’ discourses surrounding appropriate gendered behaviour and ideals require greater attention as this may be one of the hidden avenues in which colonization continues to manifest itself within the lives of Indigenous men. The hegemonic construction of appropriate gender behaviour, which supports the idea of ‘normative masculinity’, presents the possibility of internal dialogue where ideals surrounding Indigenous identity come into conflict with notions of masculinity. This directly references the internal negotiation process Indigenous men must undertake when finding a balance between masculinity and identity. While their sense of identity can be rooted in indigeneity and cultural teachings, the covert ways in which colonial ideologies mask themselves as normative assumptions of masculinity and male presentation present an area of concern especially when there is a misalignment between identity and masculinity. This highlights the great need and emphasis to examine and understand how

Indigenous peoples come to understand healthy masculinity in ways to bolster their Indigenous identity and self-protective behaviours.

Stigmatization and Homophobia from Traditional Indigenous Communities

One of the concerns expressed through the literature is the prevalence of homophobia and stigmatization of gay Indigenous men within their traditional communities. This falls in line with Indigenous determinants of health where healthy lifestyles and perspectives are jeopardized due to socio-cultural exclusion. Homophobic discourse is coupled with messages of victimization to create a unique experience where HIV positive, gay Indigenous men experience barriers and dissonance in reconciling both traditional identity and sexual identity. Within Hoffman, Friedman and Clarke's article (2005), HIV/AIDS was framed as potential risk-factors and harm to others in Canadian Indigenous newsprint.

This framing promoted the idea that HIV infection is highly linked to individual responsibilities and choices. Such discourse was operationalized in multiple ways. First, individual anecdotal stories were assessed based on evidence of blame and responsibility. Second, HIV risk factor emphasized the most in the Aboriginal newspapers was unprotected heterosexual and homosexual intercourse (38% of scientific articles; 22% of anecdotal articles). Third, terms highly associated with choice or personal deficiencies were heavily drawn upon when constructing this public media representation of HIV. Terms such as promiscuity, one-night stand, multiple partners, and sexual partners were coupled with emotionally charged negative terms. In creating and contributing to the misconceptions about HIV in Indigenous communities, individuals and community members face negative consequences. The excessive portrayal of HIV risk in Indigenous media showed that communities still believed that HIV primarily affects men who have sex with men. At the individual level, these ideological

messages contribute to a discourse of self-blame where men feel self-deprecation for their poor lifestyle choices.

In consideration of these feelings, and understanding the political landscape of the community, Gilley and Co-Cké (2005) found that many gay Indigenous men feel that they must seek opportunities for sexual identity disclosure outside of their families, tribes or ceremonial communities for support with health issues because in fear of potential homophobic backlash. As a response to the alienation experienced within their local community, gay men may make the active decision to seek social and intimate fulfillment within urban gay communities. While the intentions are pure, this often comes at the expense of self-exposure to unhealthy practices. Through the literature, we can observe how local Indigenous communities may not be the ideal setting for certain men to disclose sexual identity and practice healthy masculine expression. Disclosure becomes an issue because rather than allowing the individual to solely focus on managing the tricky intricacies of delivering the information to the intended audience, an extra dimension is added where the individual must also consider whether their audience will respond with internalized stigma or homophobia. Rather than fostering open dialogue between men and their local support systems, the prevalence of homophobia creates a difficult atmosphere to practice authentic Indigenous masculinity in alignment with the entirety of their identity. Understanding the roots and maintenance of homophobia within Indigenous communities explains why gay Indigenous men opt to enter social contexts that challenge their ability to remain healthy.

Dehumanization within External Communities

Our attention with the literature is now turned to the alienation that is experienced by gay

Indigenous men within urban gay settings with Martos' (2016) analysis of power, oppression,

and dehumanization. As a space typically characterized as a White, middle to upper-class environment, Indigenous men enter the gay community context from a position of weakness (Barrett & Pollack, 2005; Gilley & Co-Cké, 2005; Martos, 2016). Within these spaces, participants from Gilley & Co-Cké's study expressed that Indigenous peoples were not seen as conventional symbols of attraction. To demand condom-use or healthy HIV preventative actions would jeopardize access to sex (Gilley & Co-Cké, 2005; Martos, 2016). Possessing little social capital within this context, gay Indigenous men face a new form of alienation – a dual consciousness, alienating the self from rational cognitions seeking to avoid risky behaviours and resist positions of powerlessness. While the quantitative studies can speak to the increased rate at which gay Indigenous men engage in “risk-taking” behaviours/activities (Nelson, et al, 2011; Simoni et al, 2006), the qualitative studies can dive deeper into understanding the existing dual conscious process where Indigenous men would actively resist their judgement to avoid these harmful environments to find role models, ideals surrounding gay culture (Gilley & Co-Cké, 2005), comradery, and unity through shared experiences (Martos, 2016).

Discussion

As previously noted, there is currently a void of academic literature exploring Indigenous masculinity (Deveries & Free, 2010; Gilley & Co-Cké, 2005; Nelson, 2011) and limited framing of Indigenous masculinity beyond sexual activity and sexual identity. While Indigenous masculinity is briefly explored in relation to HIV stigmatization and identity formation, very little data is found on defining features of healthy Indigenous masculinity. Additionally, further research is required to clearly understand the connection between Indigenous identity and Indigenous masculinity. As such, the early portions of each interview in this research project will ask participants to explain their perception of healthy Indigenous masculinity and how it relates to their understanding of culture, Indigenous ways of knowing, and Indigenous male identity.

Despite the limited exploration of Indigenous masculinity, Martos (2016) recognizes the significance of drawing upon the communal experiential and localized knowledge that is shared across the gay male community. Despite the focus on the gay male community, and not on Indigenous men more broadly, the work here can be used to connect to the thesis topic given similar experiences of stigmatization and homophobia. The author suggests that components of this shared experiential knowledge, knowledge that derives from homophobia or stigmatization, can further develop: (1) sexual knowledge; (2) passing, evasion of stigma and the control of identity formation; (3) gender roles and expectations; (4) knowledge about identity formation and socialisation; and (5) community ideological work. From Martos' research, uniting men through vernacular knowledge has the potential to create long-lasting change through new ideas, skill-building, and support systems. In a similar sense, the findings from Morgensen (2015) suggests that a similar process can be achieved through Indigenous masculinity, collective experience, and Indigenous criticism. The use of anti-colonial perspectives and Indigenous perspectives can generate new knowledge to undo the dominance of colonial masculinity. As such, for this thesis project, it could be worth exploring how an individual's perception of Indigenous masculinity has been informed by those around them; especially given the added complexities of living with HIV. It could be worthwhile to explore how Indigenous men come to practice their masculinity, who they practice it with, and how others affect their definition of Indigenous masculinity in the context of living with HIV.

Disclosure, like Indigenous masculinity, was often framed within the literature in relation to disclosure of sexual identity and sexual activity. HIV was presented as an outcome of homophobia which limited gay Indigenous men's opportunity to disclose their sexual identity within culturally safe spaces. However, disclosure can come in the form of HIV disclosure.

While the data from the research provides valuable insight regarding the internal dialogue and strategies for sexual identity disclosure for gay Indigenous men, this research project will explore the unique experience of disclosing HIV status. Informed by the literature review, the interviews of this project will explore some of the internal dialogue and considerations that inform HIV disclosure, how the information is received by the audience, and the different spaces disclosure has occurred.

Next, little emphasis is given to the everyday processes where men seek active healthy expression of health. While Martos' suggestion of using localized lived experience of Indigenous men to create a social support system can allow practice and development of Indigenous men's Indigenous identity and masculinity, the constant framing of racialization, homophobia, stigmatization and HIV infection rates leaves little opportunity within the discussion to explore the ways in which Indigenous identity and Indigenous masculinity can become a protective force towards achieving HIV wellness. As such, part of the discussion surrounding Indigenous masculinity within the interviews will include a consideration of the different ways in which Indigenous men have actively chosen healthier lifestyle options and whether Indigenous masculinity has contributed to their decision.

Although different from the experiences from within the reserve, we can see an overlapping trend for gay Indigenous men with regards to disclosure and their Indigenous masculinity. Beginning with disclosure, neither spaces provide the opportunity for the individual to fully express themselves in alignment with their authentic identity; they must compromise a part of their sexual identity on the reserve and understand that their Indigenous identity holds little significant cultural value in white spaces (Barrett & Pollack, 2005; Gilley & Co-Chké, 2005; Hoffman, Friedman & Clarke, 2005; Martos, 2016). Due to the prevalence of forces such as

homophobia or alienation, Indigenous men must always carefully walk the line of disclosure to grasp the underlying assumptions of their audience (i.e. friends, family, community, etc.). This, in turn, comes to jeopardize Indigenous masculinity because the individual cannot put forth an authentic representation of themselves; there is an equal concern in regulating the outcomes and expectations of others. These qualitative measures were able to capture some of the narratives and experiences of Indigenous men living with HIV. While these studies were limited to sexual encounters and sexual identity affirmation, the prevalence of HIV stigmatization within Indigenous communities draws compelling evidence that dual consciousness is not unique to gay, HIV positive Indigenous men, but all HIV positive Indigenous men. Although there are clear differences between health status and sexual identity, it is possible to draw a connection between the experiences of gay Indigenous men found in the literature and Indigenous men living with HIV. Both HIV and non-heterosexual sexual identities carry stigma and assumptions. It would be interesting to further explore this idea to better understand how concepts such as disclosure, passing, and identity formation manifest itself in accordance with HIV health status and Indigenous masculinity.

Synthesizing the concerns shared amongst the literature, that colonization and hegemony situates Indigenous men within positions of powerlessness (Deveries & Free, 2010; Gilley & Co-CKé, 2005; Hoffman, Friedman & Clarke, 2005; Martos, 2016; Simoni et al, 2006), a portion of this project will prevalence of subconscious Western ideals surrounding partner-based power dynamics as it may represent a form of covert colonization within Indigenous relationships. To this end, the interviews will explore how colonial perceptions of normativity and masculinity were promoted to Indigenous peoples and how Indigenous men balance these expectations of Indigenous identity within westerns society.

Lastly, I would argue that future research and academic literature focusing on the experiences of HIV positive Indigenous men should consider the integration of a *strengths-based approach*, thus recognizing and articulating “the positive basis of the person’s resources and strengths that will lay the basis to address the challenges resulting from the problems.” (Hammond & Zimmerman, 2012 p. 4). While most articles included in the literature synthesis began by framing Indigenous men within positions of isolation, alienation, powerlessness, and victimization. Martos (2016) shifted the oppressive views of Indigenous men with HIV to extend beyond the presence of disease and explored the emotional, social, and intellectual components of sexuality in accordance with disease prevention. Building upon a strength-based approach that incorporates the inherent strengths and resilience among Indigenous men will serve as a foundation for Indigenous masculinity.

Implications

While the articles explore different morbid realities surrounding HIV wellness and masculinity, such as statistics surrounding risky behaviour (Nelson, et al, 2011; Simoni et al, 2006), powerlessness and alienation (Gilley & Co-Cké, 2005; Martos, 2016), and homophobia and stigmatization (Hoffman, Friedman & Clarke, 2005; Gilley & Co-Cké, 2005), the articles share a common perspective towards fostering unity and distancing men from harmful environments. Understanding that the men enter harmful contexts to find companionship, community and sexual tolerance (Gilley & Co-Cké, 2005; Martos, 2016), the articles suggest creating opportunities for cultural investment; where Indigenous men would have the opportunity to provide social support for one another. Martos suggests that a member of a community find solidarity in shared experiences. Gilley & Co-Cké (2005) builds on this by arguing that the common knowledge and shared interest in developing their traditional and spiritual identities can create a sense of ownership and mutual investment towards one another. Furthermore, by

communicating and finding opportunities to better understand their various identities, Indigenous men also can practice disclosure and establish their understanding of Indigenous masculinity. Within these spaces, men would be provided with a glimpse of the experience of disclosing personal identities to one other. They can develop communication techniques to bring back to their reserve and disclose to those who are close to them. Additionally, practical experiences strengthen Indigenous masculinity because men can integrate their various identities into their personal expression of Indigenous masculinity and determine the way they wish to present to the external world. Practicing one's masculinity can bolster resiliency and strength to stand firm during turbulent life events.

Overall, these articles recognize that while support groups could never fully replace the original community, support groups for Indigenous men provide the opportunity to practice their traditional identity apart from the harmful effects of stigmatization and express their sexual identity apart from sexually charged atmospheres. Overall, the authors who offered suggestions advocated for the creation of spaces where Indigenous men could come together and support each others' respective goals. Relevant to this thesis, vernacular knowledge could be relevant to Indigenous men living with HIV because of the shared experiences of stigmatization. If provided with a space to discuss the challenges associated with HIV stigmatization, similar to the results from Martos' (2016) research, men could potentially find opportunities for peer support by sharing techniques and strategies to overcome stigmatization.

Chapter Three

With the completion of the literature review, the next step is to begin preparation for collecting data to better understand the connection between Indigenous masculinity, HIV wellness, and disclosure. Before reaching the stages of data collection, careful consideration must be made to determine the most appropriate methodology and methods that are to be used with the research population. The objective of this chapter is to establish a methodological framework that is most suitable to draw out the experience of Indigenous peoples that allows them to control the narrative rather than pathologize their experiences. The following sections will go into greater detail as to how this will be achieved.

Methodology

Ethically sound research involving Indigenous peoples requires an understanding of how Indigenous values and guiding principles can be integrated into research procedures. As Indigenous peoples in Canada have been misrepresented in research (Ball & Janyst, 2008), Indigenous scholars and organizations have laid out different guiding principles to dictate research. A growing body of literature by Indigenous scholars, organizations, and national funding agencies have begun integrating various frameworks of ethical principles and practices to guide research with Indigenous peoples. Such potentially provides researchers with direction towards collaborating with Indigenous communities to better understand the historical and ongoing government policies that have stripped Indigenous communities of self-governance and certain individual human rights.

Castleden and colleagues (2010), for example, found that ethically sound research involves: (1) recognition of shared ownership through co-authoring and collaboration; (2) integrating perspectives of community partners; (3) integration of community voices within decision-making processes and plans for dissemination. Ball and Janyst (2008) argues that

academic initiatives with Indigenous people should be developed with inclusion, reciprocity, and relevance in partnership with Indigenous communities. Jacklin and Kinoshameg (2008) highlighted that the Canadian Institutes of Health Research's Guidelines for Health Research Involving Aboriginal Peoples (CIHR, 2007) was developed in accordance with Indigenous teachings from the Wikwemikong Unceded Indian Reserve. The teachings and principles for ethical and culturally appropriate research include partnership, empowerment, community control, mutual benefit, wholism, action, communication and, respect. Partnership refers to the relationships and involvement with the local community with the planning, designing and implementing the research. Empowerment is supporting the community's self-determination in how research can be done by incorporating local knowledge and experiences. Community control ensures that the community maintains a sense of ownership throughout the research processes and outcomes. Mutual benefit ensures that the community and the researcher mutually beneficial outcomes. Wholism acknowledges the inclusive dimensions of knowledge, such as spiritual, cultural, local, and academic. Action is the mobilization of knowledge learned from the research. Communication ensures that information is assessable and readily available to the community and all stakeholders. Lastly, respect is the foundation of good research, and recognizes the value of local knowledge, culture and relationships as central to research (CIHR, 2007).

CIHR's guiding principles were developed in consultation with Indigenous scholars and activists, the principles serve as an initial point to understanding and applying Indigenous methodologies and methods with research. These guiding principles are woven through the methodology and methods of the project to ensure that the research is conducted in an ethical manner considering the history of research on Indigenous peoples. These principles serve to

prepare the researcher to better collaborate and accurately capture the voices and experiences of Indigenous peoples.

Decolonizing Research

As a non-Indigenous researcher working with Indigenous communities, there is an obligation to develop my research capacity to become more knowledgeable and immersed within an Indigenous paradigm (Bartlett et al. 2007). This process is two-fold requiring a process of learning and un-learning. Before to conducting research, non-Indigenous researchers must educate themselves regarding the history, cultural and social realities, and traditional values of Indigenous communities. The un-learning process refers to a critical self-reflection and challenging the long-held assumptions surrounding Eurocentric research protocols. Part of this process involves the decolonizing of self and understanding how decolonization can be integrated through research methodologies.

The shift towards decolonizing research does not always seek to reject or dismantle existing research practices but illustrate that alternative methodologies and integration of Indigenous ways of knowing that can be used to better represent and capture the narratives of Indigenous communities within the research. Bartlett (2003) describes a decolonizing approach as a “research process [that] creates a space... [where] Indigenous peoples can revalorize or return to their own life perspectives and culturally inculcated goals without the imposition of non-culturally cogent terms, concepts, and paradigms (p. 2376). Therefore, the authentic outcomes and findings in-line with traditional knowledge from Indigenous communities can limit the effects of colonization and rectify the misrepresentation of Indigenous peoples with research (Koster et al. 2012).

Decolonizing strives towards Indigenous peoples returning and practicing traditional life perspectives without the intrusions of non-cultural terminology, concepts, and paradigms (Bartlett et al. 2007). Within the context of research, a decolonizing approach allows researchers to better draw upon Indigenous knowledge serving as a theoretical guide and practice model. More importantly, however, is that the process neutralizes power between researcher and community by appropriately recognizing the significant contributions of the people and their knowledge.

Bartlett and colleagues (2007) explain the framework for decolonizing research. This framework contains six processes: rationalizing, enabling, facilitating, experiencing, accepting, and enacting. Rationalizing refers to the process of understanding why there is an initial need to decolonize research methodologies when conducting research with Indigenous peoples. Unlike Western knowledge development, which places heavy emphasis and analysis with facts, Indigenous perspectives begin with narratives, experiences, and personalized cultural knowledge. Given this difference, research conducted with Indigenous communities requires new methodologies developed by Indigenous researchers for Indigenous communities. Enabling means that all team members would be equitably involved in the research project at various stages and will be valued for their unique expertise in cultural related issues and cultural knowledge. The idea of facilitation refers to connecting and networking with community-based researchers to allow community members to engage in different parts of the research. Experience refers to leaning on Indigenous ways of knowing to increased connectedness to the research and data collection process. This includes drawing upon appropriate language and practices that are congruent with Indigenous values. Accepting means that all investigators involved in the research process would go through a process of self-decolonizing to understand and apply

Indigenous methodologies. This allows for the revalorizing Indigenous ways of knowing and outcomes that would be useful for Indigenous communities. Lastly, enacting refers to appropriately crediting Indigenous knowledge to Indigenous peoples (Bartlett et al. 2007). This is critical since failing to recognize individuals for their knowledge contribution renders them invisible.

When a decolonizing approach is paired with a strengths-based perspective, it further reduces the legacy of colonization embedded within research paradigms and processes. Dominant perspectives surrounding Indigenous research and research conducted on Indigenous peoples has been one of deficit and victim-blaming (Bartlett et al. 2007). A strength-based perspective diverts from the traditional deficiency model that has been used to conceptualize the realities of Indigenous peoples and pushes the narrative towards one with the potential to facilitate positive community transformation and the internal capacity towards social change. Consistent with fundamental social work principles, Branom (2012) outlines that the strengths perspective strives toward justice by recognizing the skills, capacities, and agency of individuals; neutralizing power within traditional helping roles; fostering internal strengths and capabilities within the community to overcome disparities; and respecting cultural differences. Within the context of research, scholars argue that a decolonizing approach and strengths perspective have found success in integrating with a community-based research (CBR) methodology. With emphasis placed on drawing upon localized knowledge and fostering community strengths (Branom, 2012; Minkler & Hancock, 2008), CBR distinguishes itself from traditional research evaluation methods that focus heavily on deficiencies and deficits.

When used in conjunction, the two approaches work towards neutralizing the long-lasting effects of colonization within research methodologies. Rather than salient acceptance of

Eurocentric measures of validity and objectivity, decolonizing methodologies challenges the master-status of Western knowledge in the context of research conducted for Indigenous peoples. Decolonizing methodologies emphasize the negative impacts of colonization and attempt to develop an approach to research that allows the construction of alternative knowledge grounded in Indigenous values. This approach helps neutralize the colonial power dynamics between researcher and participant but allowing traditional value to flow within the dataset; but more importantly, allows the community to use their own set of concepts and worldviews to self-define the issue. A strengths perspective allows researchers and communities to recognize and build around the strengths already found within the community.

In the context of this thesis project, the process of decolonizing self began through learning about Indigenous knowledge and culture. The understanding of Indigenous epistemologies and perspectives towards culture within research was instrumental in integrating such knowledge with the methodology and the methods used. In understanding the importance of culture, life perspectives, and values, the questions used in the methods section were carefully designed to avoid using terms that were heavily driven by Western ideals. For example, the word ‘sharing’ was used more often than disclosure given the terms common usage in legal spaces. As such, the objective was to maximize opportunities to use language that was closest to them and language they deemed most accurate to capture their experiences. A strengths perspective was also instrumental to the objective of this project as it will lead to a deeper discussion of how Masculinity and disclosure can bolster the uptake of healthy practices in living with HIV.

Indigenous Ways of Being and Knowing

Given that non-Indigenous researchers must perform preliminary cultural-sensitivity training to better understand Indigenous history and culture, the reality is that local values and aspirations

vary based on social networks and the socio-political context of the community (Hart, 2011). As such, ethically sound research with Indigenous populations extends beyond integrating a list of principles into the research but understanding the role of relationships with the community, and the work itself. While values may differ, adopting a consistent relational approach is fundamental to working within Indigenous peoples (Hart, 2010; Wilson, 2001). This relationship approach situates the researcher in an accountable relationship with the world around him or her where knowledge is to be shared with the research of creation. As part of this commitment, knowledge becomes relational as researchers are expected to understand that the knowledge they acquire will be practically used to the benefit of Indigenous communities.

While the guiding principles provide researchers with a fundamental understanding of ethical and culturally appropriate research, the next step is to understand Indigenous culture and ways of being and knowing. Hart (2010) presents a comprehensive Indigenizing research paradigm that addresses: ontology, the way we perceive the nature of being, epistemology; epistemology, the study of knowledge; axiology, the study of the nature of value and validation; and methodology, the systems we use to investigate a particular area of study. With a focus on Epistemology, we come to better understand Indigenous ways of knowing and the various aspects as to how knowledge is valued, created, and passed on within Indigenous communities.

The first important aspect to be considered is understanding that knowledge is subjective and unique to the individual. As individuals engage in the journey through life, the subjective experiences they acquire throughout that process is considered a form of experiential knowledge. Second is the interconnectedness between the individual and the world around them. Knowledge is passed down to future generations through storytelling and teachings. There is an inherent connection between the individual storyteller to the community and the spiritual world as they

come to acknowledge how the knowledge was passed onto them from their previous Elders (Hart, 2010; Kovach, 2005). Connecting the first two points, connection with the spiritual realm can occur through rites, ceremonies, visions, meditations, and prayer. Indigenous cultures affirm this connection to the spiritual realm as knowledge. The third aspect to be discussed is the relational perspective of knowledge. Knowledge and experience touch on an internal balance between the balance of the spirit, the mind, the body, and the context (Crofoot Graham, 2002). The spirit includes teaching, dreams, stories, forces, and gifts. Context refers to the social context of the individual as well as their connection with the environment. The mind encompasses knowledge, emotion, experience, and memory. The body includes nutrition, rest, sleep, age, rest, and substance use.

In the past, this relational component towards research has been lacking as purposes and meanings associated with research by academics and government agents were highly incongruent to the target population it was studying. While Indigenous values were used in the beginning to inform research, the final product was usually foreign to the community themselves; and by extension, harmful and misrepresentative (Ball & Janyst, 2008; Castellano Brant, 2004). This thesis project will consider all these different aspects of Indigenous ways of knowing to capture the experiences of the research participants. By understanding how Indigenous communities understand knowledge, we allow participants to define their own experiences and exercise self-determination and construct knowledge in accordance with authentic definitions of reality (Castellano Brant 2004). This approach allows for the integration of localized values but allows for a renewal of Indigenous knowledge from within the literature itself (Simpson, 2004). An objective of this project is to strive towards an authentic

representation of the Indigenous population that is being studied and understand mutual co-ownership of the knowledge.

Indigenous Methodology

Utilizing a decolonizing frame, we now turn our attention to the importance of Indigenous methodologies and its necessity for the implementation of research in Indigenous communities. Appropriate use of Indigenous methodology consists of a paradigm that incorporates Indigenous ontology, epistemology, methodology, and axiology (Evans et al. 2009; Hart, 2010). Scholars support the idea that Indigenous methodologies and paradigms are most suitable for research conducted with Indigenous communities and are most likely to produce outcomes that will be beneficial for the community (Jacklin & Kinoshameg, 2008; Koster et al. 2012; Kovach 2009). Once presented with the knowledge and history of Indigenous peoples, there is an expected internal sense of commitment to use that knowledge for the benefit of the Indigenous peoples. Indigenous methodologies include an assumption that researchers are prepared to use that knowledge for practical applications (Hart, 2010). Indigenous paradigm comes from the fundamental belief that knowledge is relational. It is not just interpersonal relationships, or just with the research subjects, but encompasses a relationship with all of creation. (Hart, 2010). There is an expectation to honor what is shared, which can be translated to fulfilling the responsibility to act with accountability to the relationship and to what has been heard, observed, and learned. This cyclical relationship towards research and developing knowledge remains at the foundation of creating effective solutions; solutions roots from within the community itself and merely aided by external researchers (Jacklin & Kinoshameg, 2008).

Given the diversity of Indigenous groups across Canada, there is no singular Indigenous paradigm or methodology that can be uniformly adopted across all different contexts (Koster et

al. 2012). Depending on the social context, it is important to recognize the cultural and ideological differences in values, attitudes, and lifestyles (Bartlett, 2003; Bartlett et al. 2007). However, scholars have proposed that certain underlying principles are common to all Indigenous methodologies. Research should be conducted in a sympathetic, respectful, humble and ethical manner that allows Indigenous peoples to take control of their cultural identities and raise critical consciousness regarding the realities of their social context (Bartlett et al. 2007). Louis (2007, p. 133) research suggests that there are four concepts “relational accountability, respectful representation, reciprocal appropriation, and rights and regulations” that remain consistent across Indigenous paradigms. Relational accountability acknowledges the interconnectedness of all contributors to the research project. Respectful representation refers to the willingness to integrate community decisions and voices into the research protocol. Respectful appropriation involves producing positive outcomes for all parties involved. Rights and regulations involve ethical co-creation of research processes that will foster collaboration, mutually agreed goals, and perceived outcomes (Koster et al. 2012; Kovach 2009; Louis, 2007). Lastly, Indigenous methodologies are united within a shared history of colonization that has impacted the well-being and social determinants of health among Indigenous communities (Bartlett et al. 2007).

At its core, Indigenous methodologies hold a fundamental approach that knowledge is relational and serves a greater purpose for those who are impacted outside of the research process. It is not simply confined to the research collaborators, but a relationship with all of creation (Hart, 2010). Furthermore, within Indigenous epistemologies and the processes of Indigenous methodologies, collaborations not only engage in the process of knowledge transformation but also undergo a personal transformation. Ethical engagement in and

completion in Indigenous research establishes a new relationship with the people and with the community (Hart, 2010; Wilson, 2001).

For this thesis project, the uptake of Indigenous methodologies and Indigenous ways of knowing were instrumental towards ensuring that the research was conducted and will be delivered in a respectful and meaningful way. Indigenous methodologies were woven into the development of the interview questions by ensuring that the participant had the opportunity to discuss how their personal values and culture (i.e. land, food, community, gender roles) would impact their conceptualization of the research topic. This also prepared the researcher to address topics such as spirituality, cultural determinants of health, and the medicine wheel when brought up by the participants. Additionally, the knowledge created and learned through this thesis project will be carefully considered as to how the knowledge will be delivered back to the greater Indigenous community. Beginning at the individual level, interview participants are offered to have a copy of the final paper sent to them. On a broader level, this project will also be submitted for presentation at various AIDS, gender and Indigenous conferences. Lastly, opportunities for publication will also be explored.

Community Based Research

As knowledge surrounding the relevancy and significance of localized knowledge continue to gain traction amongst research involving Indigenous peoples, many scholars have also documented the success and applicability of community-based research (CBR) methodology as a complementary methodology to Indigenous worldviews (Bartlett et al. 2007; Branom, 2012; Evans et al. 2009; Tobias et al. 2013). According to Evans and colleagues (2009) and Reason (1994), Community Based Research involves three key features: a commitment to social change, a commitment to the experiences and knowledge of the community, and a commitment to

collaboration and neutralization of power in research. Consistent with Indigenous methodology values, CBR challenges the social construction of knowledge and recognizes the importance of alternative and multiple ways of knowing (Evans et al. 2009). Furthermore, it challenges the historical privilege and master status places on Western positivist science that claims neutrality and objectivity. Political in nature, CBR strives towards emancipatory knowledge to promote a commitment to social justice and emancipatory action (Lather, 1991). Consistent with Indigenous methodologies and the ideas of relational accountability and collaboration, CBR is highly concerned with neutralizing power within research processes and reconstructs research-participant dynamics to co-researchers. By equalizing power relations, CBR distinguishes itself from other research processes by attempting to establish egalitarian relationships between researchers and community members (Branom, 2012). Its social justice focus can also be observed within its attempt at empowerment by placing the tools of research in the possession of those who have been traditionally oppressed to allow them to engage in the transformation process (Evans et al. 2009). As such, CBR has the potential to become empowerment research by facilitating self-agency through decision-making and deciding whether a transformative change is needed or tangible at individual and collective levels (Bartlett et al. 2007).

Diving deeper into the specific values of CBR which make it effective in partnership with Indigenous methodologies, Tobias and colleagues (2013) highlight two specific values: relational accountability and mindful reciprocity. Relational accountability acknowledges the importance of relationships, as they exist through all aspects of the research, requiring that special attention be paid to these relationships throughout the entire process (Kovach, 2009). This involves acknowledging the shared ownership of the research project as participants become a key stakeholder to the research's ability to create tangible social change and transformation. This

value is highly consistent with Indigenous principles that highlight the collaborative nature of research and its focus on utilizing knowledge to create positive action. Furthermore, the integration of both CBR values and Indigenous worldviews becomes a dual form of accountability to ensure that the findings will be beneficial for the people and the community (Bartlett et al. 2007). Mindful reciprocity is an internal interpersonal challenge where researchers engage in meaningful relationships with community collaborators. Recognizing the importance of building and maintaining the relationships built within the research process, core Indigenous values such as authenticity, respect and humility become instrumental in achieving and demonstrating this value. Specifically, for non-Indigenous researchers, humility becomes an important value to respectfully communicate and with participants from various cultural groups (Branom, 2012). Humility is instrumental for non-Indigenous researchers as it recognizes researchers' dependence on the community to define their issues and facilitate free-flowing discussion of their perspectives. Additionally, humility prevents researchers from attempting to self-define the community's goals and allow strategies to emerge from the collaborators.

For this thesis project, CBR is drawn up to ensure that the final product will have value to the community being researched. From a CBR framework, objectives also include accurately capturing the voices of the community and taking the knowledge of this research project to further develop new services or initiatives. To do so, part of this project was to engage in a process of trust and accountability by ensuring that the analysis and interpretations are consistent with the community's experiences (Bartlett et al. 2007). In drawing upon all the knowledge outlined in this chapter, the use of Indigenous methodologies and traditional values are prerequisites to the long-term relational success of this thesis research project.

Methods and Data Analysis

Using a community-based research approach (Ball & Janyst, 2008; Cochran, et al., 2008), and influenced by decolonizing and Indigenous methodologies (Smith, 1999), my thesis sought to better understand the skills, resources, knowledges, and practices that contribute to the health and wellbeing of Indigenous men living with HIV. As Brant Castellano (2000) expresses, the usages of Indigenous methodologies when researching with Indigenous peoples should be viewed as both an ethical and moral imperative. Indigenous methodologies and methods provide the researcher with the appropriate cultural lens to ethically frame the unique experiences of Indigenous peoples (McLeod, 2007).

The value of bringing in Indigenous methodologies and allowing for Indigenous values to drive the research process begins with the transformation of Eurocentric ideas and preconceived assumptions surrounding masculinity and health (Bartlett et al., 2007; Wenger-Nabigon, 2010). Bartlett and colleagues (2007) caution future researchers conducting research with Indigenous participants to remain cognizant of the possible consequences of employing western terms as they are more likely to elicit responses in alignment with Western culture. To ensure that Indigenous perspectives were placed at the forefront of the discussion, key questions included: (1) What parts of your understanding of masculinity is based on Indigenous teachings and culture? (2) did your perspective of Indigenous Masculinity change after you were diagnosed with HIV? (3) can you describe to me the process of sharing your HIV status with those who were close to you? (4) did the process of sharing your HIV status come to affect how you perceived yourself and your masculinity? (5) Do you think Indigenous masculinity, HIV wellness, and disclosure needs to be explored in future research? (see Appendix B for Interview Guide) This approach to using broad conversational probes centralized on Indigenous perspectives aligns with the methodology because it incorporates the oral traditions that are

grounded in Indigenous ways of knowing. But structuring the questions as open-ended and narrative-driven probes, it elevates a concern outlined by Battiste and Henderson's (2000) commentary that attempted to define and conceptualize Indigenous knowledge within specific concepts and terms. Rather than directing interviewees towards framing Indigenous knowledge within Western concepts, these questions are facilitated and delivered in a way that allows for the expression of life stories and the process of understanding Indigenous knowledge creation.

With regards to the processes of obtaining ethics approval, given that the author of this master's thesis project is also the research coordinator for a faculty project focused on Indigenous masculinity, both projects utilized a very similar recruitment method (see Appendix A for Email Recruitment Script). Through collaboration in the faculty project, as well as other Indigenous projects in the past, a connection was made between the student and the eventual community partner, the Canadian Aboriginal AIDS Network. Given the similarities between the faculty research and the student's project, participants were simultaneously recruited for both projects through the Canadian Aboriginal AIDS Network's mailing directory. Participants were invited to participate in the master's thesis project if they self-identified as male, Indigenous, older than 18 years of age, of any sexual orientation, and have been diagnosed with HIV.

When contact was made with potential participants, participants were screened for their gender identity, age, Indigenous background, HIV status, and number of years living with HIV (see Appendix D for Participant Screening Script). In total, six interviews were conducted. All participants were asked the same five central questions listed above: (1) What parts of your understanding of masculinity is based on Indigenous teachings and culture? (2) did your perspective of Indigenous Masculinity change after you were diagnosed with HIV? (3) can you describe to me the process of sharing your HIV status with those who were close to you? (4) did

the process of sharing your HIV status come to affect how you perceived yourself and your masculinity? (5) Do you think Indigenous masculinity, HIV wellness, and disclosure needs to be explored in future research? (see Appendix B for Interview Guide) A slight deviation in follow up questioning occurred based on the stories shared by the participants. All interview participants were offered an honorarium to recognize their contribution. All participants provided consent to have the interview audio-recorded and to have the data used in future research. Additionally, upon the request of the participant, a copy of this thesis project, or a summary of the findings, will be sent to the participant. Following the interviews, the audio files were transcribed verbatim (see Appendix C for Letter of Consent).

Under the direction and recommendation of the thesis supervisor, the data was organized using a comprehensive three-step coding process by Strauss and Glazer (1990) to explore identifiable themes. To begin the coding process, all transcriptions were uploaded into NVivo 10.0™ qualitative analysis software. In the first stage, open coding was employed and refers to “the part of analysis that pertains specifically to the naming or categorizing of phenomena through close examination of data” (Strauss & Glazer, 1990, p. 62). In this first step, smaller groups of quotes and stories that expressed similar properties were assigned a code. These early codes included disclosure, stigmatization, familial responses, perceptions of HIV, perceptions of masculinity, definitions of masculinity. In the second stage of coding, axial coding, the codes grouped together to explore meanings across various categories (Strauss & Glazer, 1990). Loosely adopting the process used by Jackson (2008) and Flicker and Nixon (2014), this second state of analysis mapped codes in areas of similar meaning. For example, “living in balance” and “living authentically” were grouped under the broader category of “participant’s understanding of Indigenous masculinity.” In the third and final stage of the coding process, selective coding,

the individual codes are organized into identifiable themes to highlight the content. Selective coding is the process of “selecting the core category, relating it to other categories, validating those relationships, and filling in categories that need further refinement and development” (Strauss & Glazer, 1990, p. 116). Here the four main core categories were established, and validity was established by linking the core categories with direct quotes from the original codes.

While the themes were independently established by the student, the coding framework and ethical considerations surrounding presenting Indigenous knowledge as an outsider was carefully discussed over six months. Beyond simply seeking ethical clearance from the McMaster Research Ethics Board, the student spent a year learning from different Indigenous scholars through a research project, and four months with the supervisor discussing the ethical dilemma associated with leading an independent master’s thesis project as an outsider on Indigenous masculinity. These ethical considerations would be included in the discussions section.

Chapter Four

As previously mentioned, transcripts from the six interviews underwent a three-stage coding framework to explore emerging themes within the intersectionality of masculinity, HIV wellness, and HIV disclosure. From the coding process, four core groups emerged: (1) Key definitions of Indigenous Masculinity; (2) The changing focus of Masculinity from physical identifiers to holistic balance; (3) Disclosure and the pathway to finding healing; (4) Hindrances to healing. At the third and final stage, these four codes were internally organized into identifiable themes to highlight the content.

Results

Participants.

All participants self-identified as having lived with HIV and identified as of First Nation descent. The lack of representation from participants of other cultures (i.e. Inuk or Métis) was not intentional, but coincidental that all participants who responded to the call were of First Nation descent. The average age of the participants was 57 years old. The youngest participant was in their mid-forties and the oldest in their late sixties. The average number of years the participants have spent living with HIV was 22 years. Except for one participant, the other five participants have lived with HIV for 10 or more years.

Participants Understanding of Indigenous Masculinity

The interviews with each participant began with a general discussion of their understanding of Indigenous masculinity. Questions revolved around how culture and teachings inform their understanding of masculinity, how masculinity changed after being diagnosed with HIV, the process of sharing HIV status to those close to them, did the sharing process affect their perception of self and masculinity, and whether Indigenous masculinity, HIV wellness, and disclosure needs to be explored in future research. A common message that should be

highlighted throughout the following section is understanding the relationship between Indigenous identity and Indigenous masculinity. While it was not explicitly stated by the interview participants, Indigenous identity held core beliefs, worldviews, culture, perception of roles and perception of masculinity. While the participants did provide definitions of Indigenous masculinity, many of the stories and descriptions of Indigenous masculinity centered around actions towards achieving their masculinity identity. A good example to highlight this distinction is the role of being a provider. The participants highlighted that Indigenous masculinity relates to providing to those to those around them. Yet they agree that the act of providing is in alignment with their Indigenous identity and not necessarily a masculine exclusive trait. The role or act of providing becomes masculine based on the actions they undertake to achieve such a task. The following section will look deeper into this example to better understand Indigenous masculinity.

Becoming a Provider

The first notable aspect of masculinity that was expressed in some way by every participant was the emphasis on being a provider and caring for those around them. As part of Indigenous masculinity, there is a collective responsibility to take care of one another. For three of the participants living on reserves and small rural communities, there was great emphasis on community survival and collaboration across different family subsystems. One participant captured this distinction of provision and preservation between Indigenous reserves and larger urban cities:

[Indigenous reserves] are different from the larger city because the cities are more focused on individual survival and self preservation. [Indigenous communities] in my experience, have simply been more supportive because of how small the community is and how were raised as kids (CB).

While the act of provision and collective responsibility were not identified by the participants as distinctly masculine features, a demonstration of masculinity was found in the methods of how Indigenous men chose become providers. For men living in the city, their personal perception of masculinity became intertwined with the opportunities that were available in the city.

Masculinity was based on the ability to work and picking up a trade. For one participant, he highlighted that his journey to the city involved adaptation and mastering of new skills to continue providing for their family. For him, his perception of Indigenous masculinity was measured based on a man's ability to hold an occupation and to master a trade.

Outside of reserves. Masculinity was based on ability to work and picking up a trade.

Typing was a new thing that needed to be part of my trade. Masculinity was affected based on the men's ability to hold an occupation and to master a trade. (RD)

The participants living in the city later continued to explain that the immediate family extends beyond to also include their cousins, nieces, and nephews. Furthermore, Indigenous men also explained that providing extends beyond a sense of monetary earning, but also encompasses being a good role model for the younger generation living in the reserve, to teach them responsibility and strong work ethics, and to teach them greater life lessons on what it means to live and an Indigenous man or woman in Canada. Two participants described it in the following ways:

Being masculine has been about being a good role model, a good provider, a good father, [and] a good son. Masculinity has a lot to do with roles and setting a good example for those around you. (TS)

There's more to masculinity than just an individual component. [It needs] to be balanced also [in] knowing that there is a community of support that is able to lift you up or support me [sic] whenever I am feeling triggered or down. This allows me to move forward and keep going without simply looking at my deficiencies and this helps me move forward as a model to help inspire others who maybe also going through a difficult time. (DT)

The opportunities that were described earlier in this paragraph was not simply limited to job opportunities, but also the learning opportunities. With regards to the participants still living on reserve, the methods they chose to become a provider was found in hunting. Beyond the simple act of hunting, hunting also involved a masterful development of strategic planning to coordinate with different communities and tracking the migration patterns of different animals. Similar to the experiences of the men living in the city, there is great emphasis during the hunt to pass down traditional Indigenous lessons to the younger generations. This was done through the connection to the land. Since hunting was tied to the land as well as being a provider, hunting became an inherently spiritual act which allowed the men to practice and develop their Indigenous masculine identity. The participants describe:

There was a spiritual component that is ascribed to the masculine or to male individuals who participated in the hunt. Because Indigenous men were tasked with hunting and bringing resources back from the land there was a sense of respect that existed between the individual and the land. That is a component of the masculine Indigenous identity which differs from colonial masculinity which is a hyper focus control over the land and the resources. Indigenous masculinity encompasses a sense of gratitude to the land and to the creator for the provision of the food. (TS)

Within Indigenous masculinity was very much so connect to the land. It was [sic] basically a Bible. It teaches you how to navigate through the area. Since men are tasked with hunting, masculinity was very much connected to our connection to the land. As part of masculinity, sharing is a key component of it. The animal that you hunted would be used by everyone for various ceremonies. You use the animal for everything. It connects to masculinity and culture. The hide of the animal is used for drums, furs, food. (RD)

Part of their teachings from early young age is to not let the environment around you beat down on you year [sic] to survive regardless of how harsh the environment treated you and that's why connection with the land is so important. (CB)

The quote above clearly demonstrates the interconnectedness of Indigenous worldviews, Indigenous masculinity, and Indigenous values. The land has always been an area of significant importance within Indigenous peoples, but this excerpt clearly shows how the land is connected to healthy practices and the development of Indigenous masculinity. Since Indigenous masculinity is dependent on the individual's ability to hunt, which is the method in which the individual can provide for others, there is a deep reliance on the land for Indigenous men to fulfill that role. With that reliance comes a sense of respect and relationship with the land in knowing that they would not be able to fulfill their tasks and demonstrate their masculine identity without the land. In this example, we can examine why the relationship with the land is described amongst Indigenous communities as a relationship. Rather than mindless extraction for resources and self-preservation, the wellbeing of the land has implications of the individual's personal

sense of self and personal identity. It is a reciprocal relationship that is contingent on mutual wellbeing.

While most of the discussion surrounding provision has been centralized around physical abilities, participants also highlighted that there are also emotional, spiritual, and educational ways for individuals to become providers. This was the experience of some participants who have experienced a significant decrease in their physical abilities since the diagnosis of HIV. While the illness has taken away aspects of physical functioning (i.e. stamina or physical strength), the participants still found that in their later years, they can demonstrate Indigenous masculinity by providing for others in different ways. This was found in the form of education. Some participants were able to demonstrate Indigenous masculinity by sharing their experiences of HIV and disclosing their status in order to educate those around them and how to navigate through the journey in the healing process of HIV wellness. One participant highlights the importance of disclosure by saying:

It triggers some very important questions like: how did he get there? What type of skills does he have? How did he come up to his family? What type of support systems are in place? How did he learn? And When is the best time to tell people things? (DT)

The participants in this study express that while their previous physical indicators of Indigenous masculinity have diminished as a result of the illness, they are still able to provide for others by raising critical consciousness, providing education, and simply being a role model. While the size of the audience may differ whether it be delivering presentations at national level conferences or simply educating their nephews at a family reunion, these men have been able to practice healthy Indigenous masculinity by providing their audience with lessons from their life journey.

Living Authentically and HIV Disclosure

The previous section began exploring how Indigenous masculinity was affected by HIV and how Indigenous men adapted to the presence of the illness to continue practicing Indigenous masculinity. However, it is important to note that this could be especially challenging within different contexts given the prevalence of stigma and discrimination. Especially within tight-knit, small proximity, and low population settings, the community could be a double-edged sword where individuals can access greater support networks from their community members but also suffer from segregation and social exclusion from internal biases surrounding HIV. This is especially important as the participants of this study describe that a key aspect of Indigenous masculinity is to live authentically and being able to be their authentic self.

Masculinity means to me, being able to be my authentic self in my community and being authentic with my identity and my sexual preference. Also, to be authentic with my health status (DT)

I disclose a lot about my age and the status because I use it as an education teaching tool. Disclosure almost always has to come up because without letting the public know or those who I'm speaking to know that I am diagnosed with HIV would be inauthentic or lying to myself. (MP)

I don't think it is possible to be an authentic individual without disclosing HIV status. HIV touches on too many massive chunks of your life for you to try and hide it forever. (MP)

For the men, living authentically encompasses a holistic view of identity where the individual can be authentic with their sexual identity, gender identity, and health status. From the experiences of the participants, even before consideration of the implications of HIV, one of the greatest challenges of finding your identity was successfully reconciling a dual identity. This dual identity encompasses understanding how to reconcile both your Indigenous identity while fitting into mainstream society that promotes colonial masculinity. As such this process involves navigating through those conflicting messages. To demonstrate this, for a long time many of the men described how colonization has interfered with their personal development of masculinity because their understanding of Indigenous masculinity was constantly being challenged or strayed away by outside interference. One of the participants highlights how his unique social location presents different sets of challenges which became an obstacle to finding his identity and Indigenous masculinity:

[It was] a great challenge in not knowing where I fit, who I was, or where I would be accepted. Especially when it comes to the Indigenous perspective when I [would] be shamed for who I am [based on my sexual and gender identity]. I had to go through this entire process of reconstructing myself, I carried a lot of shame from my family because I did not live up to the expectations of my father. He did not accept me for my identity my sexual identity my academic success and other facets of who I was. So, one of the greatest challenges of growing was trying to be my own unique self and breaking apart from the labels. (DT)

The participant from this quote also shared a very common challenge amongst the men of this study. The participants from this study all have experienced various obstacles to developing an authentic sense of Indigenous masculinity. A lot of the men were acting and behaving in ways

more aligned with what others expected. However, because of stigmatization and discrimination, the pursuit of other's acceptance often became a hindrance to their masculinity because they found that they were simply acting to blend in rather than who they were.

[It was a] challenge in not knowing where I fit who I was or where I would be accepted. Especially when it comes to the Indigenous perspective when I be shamed for who I am. (DT)

You spend extra time analysing other people's words body language and the reactions to see whether or not it would be appropriate to share about your HIV or to bring HIV as a topic in general. You become aware of whether or not people were internally driven by stigma and their perspectives surrounding HIV. I became closed off because some people told me to stay away from them because of my HIV. (CB)

Because their actions and demonstration of masculinity did not align with their various identities, they failed to fully develop their Indigenous masculine identity. In other words, living authentically, which embodies thinking, acting, knowing, and embodying cultural strengths, allows the participants to navigate through Indigenous masculinity and understanding how their outward expressions of masculinity align with their various inward identities.

Looking towards success stories, some of the participants have found the ability to live authenticity, and therefore in accordance with their Indigenous masculinity identity, by using their health status to reach out to other Indigenous men. Understanding that the road to health can be a long and painful journey, some of the men chose to disclose to others to both be authentic with themselves and authentic to others. As the participants noted:

Part of the process of constructing my identity was coming in contact with other Indigenous men who were able to share about their journey, share healthy practices, knows academic language, and knows how to navigate through the system. (DT)

I began seeing the role I served, as a [healthy] Indigenous man living with HIV, I began reaching out to other Indigenous men to journey with each other to overcome their health challenges. [I grew] increasing empathetic towards those who are afraid to be their authentic self because they believed that their community or culture would not accept them. (DT)

[Meeting] all these different people from the various male support help groups really helped me in my journey of healing. (CB)

For many of the participants of this study, because they were older in life and accumulated more life experiences and met many different allies along the way, they expressed courage towards disclosing their health status. In some way or another, the participants have all expressed an inward objective to use their status as a teaching tool. This way, the disclosure was not focused on gaining acceptance from others, but to develop a deeper and more meaningful connection and/or challenge the existing perceptions of HIV.

I disclose a lot about my age and the status because I use it as an education teaching tool. Disclosure almost always has to come up because without letting the public know or [to] those who I'm speaking to know that I am diagnosed with HIV would be inauthentic or lying to myself. But in my disclosure and my willingness to open up about my health

status [and] it has helped a lot of other Indigenous men feel more comfortable and slowly breakdown their walls [about] sharing about their HIV status. (MP)

[Disclosure of HIV helped me become a] model to help inspire others who maybe also going through a difficult time. (DT)

To recollect the contents of this section, Indigenous masculinity is deeply tied to living authentically and being able to live your authentic self. Indigenous masculinity is tied to an individual's Indigenous identity because it dictates the actions in which the individual based describes as masculine and in accordance with their culture. However, this process becomes increasingly more challenging for individuals living with HIV because of the stigma that is attached to the health status. Because the individual may choose to undertake certain actions to avoid the repercussions of stigma, this causes them to live inauthentically and restricts them from performing certain actions. As such we can observe how stigmatization compromises Indigenous masculinity as it causes individuals to hide certain aspects of themselves. Some have been able to triumph over stigmatization by using disclosure to educate others. In doing so, the individual can be authentic with themselves and with others; thereby leading to healthy Indigenous masculinity.

Living in Balance

The previous two sections had primarily discussed how Indigenous cultural identity is deeply tied to Indigenous masculinity. When looking at how Indigenous men chose to display their interpretation of Indigenous masculinity, Indigenous masculinity was heavily action based in accordance with their personal teachings and ideas of being an Indigenous male. The role of being a provider is rooted in their Indigenous identity and it manifests within their Indigenous masculinity based on how they chose to become a provider. Similarly, with regards to living

authentically, the men could perform in accordance with their Indigenous cultural and masculine identity despite the prevalence of HIV and stigmatization. However, these two earlier sections primarily focused on external actions that facilitated a healthy practice of Indigenous masculinity. The following section explores internal factors that serve as the foundation for healthy outward expressions of Indigenous masculinity.

Living in balance was described by the participants to be the internal foundation required for Indigenous men to confidently disclose their health status. Informed heavily by the teachings of Elders and the medicine wheel, the participants expressed that healthy Indigenous masculinity encompasses emotional, physical, mental and spiritual wellbeing. As some participants describe:

[Colonial] masculinity or understanding masculine identity is about navigating the expectations of the context surrounding what masculinity is about. But in an idealized world, Indigenous masculinity encompasses your culture identity, your gender identity, your two-spirited identity and your sexual identity without fear of rejection or being chastised by those around you (MP)

[You] need to be balanced emotionally physically mentally before you begin moving forward confidently and shared to other people your health status in your HIV status. Personally, for myself, I rely heavily on the medicine wheel and its teachings in order to guide my understanding of my identity and my masculinity. And it also comes with the advice of Elders and the advice that they provide. (DT)

However, the participants have all experienced some iteration of colonial masculinity which interfered from achieving balance. To name a few, certain participants mentioned how the family

and popular western media socialized them to behave in a very lopsided manner. They were taught that men were to be stoic, reckless, individualistic and carefree.

My father had taught me that men had to behave in a certain way we were not allowed to cry we have to act tough we worked outside with really tough jobs and that was where my initial understand masculinity came from. But as an Indigenous 2 spirited man, masculinity... was based on who you were and how you identified yourself. (RB)

This contrasted with their Indigenous upbringing because they were also taught by Elders that men should be able to express emotion, to show vulnerability, to be empathetic. This difference in worldviews and was also evident in the experience of one of the participants where an outsider was brought into an Indigenous Sundance ceremony. The difference in interpretation is as follows:

One thing that I can think of that really highlights Indigenous masculinity is the connection to spirituality where for example, Indigenous men attending a Sundance would undergo very painful tasks such as the piercing of the nipples in order to become more in tune with their spirit. But when non-Indigenous men enter these Sundances, they perceive Indigenous masculinity, not by their connection to the spirit, but based on the strength that Indigenous men demonstrate to undergo such painful tests. They don't understand that the spiritual component that gives masculine men the strength to endure pain and tests of endurance. This spiritual aspect was also greatly connected to emotional components of being an Indigenous masculine man where it was acceptable for Indigenous men to cry and to be in tune with their emotions. But because of colonial interference, were men were expected to endure pain and demonstrate invulnerability,

this connection to the spiritual was lost, and by extension the emotional connection was lost. (TS)

Participants faced a very challenging situation as there was an internal conflict between their Indigenous background and their perception of masculinity. It was not until their later years, where through their vast collection of knowledge and experiences, did they begin unlearning their old perceptions of masculinity and reconstructing their Indigenous masculinity in accordance with their Indigenous identity.

Lastly, certain participants express a unique experience in practicing Indigenous masculinity in alignment with their gender identity of being two-spirit. As one participant describes, “Two-spirit refers to carrying the male spirit but also carrying the female spirit.” Amongst the participants who identified as two-spirit, there was a general agreement that Indigenous masculinity is informed by the teachings of balance from the medicine wheel, but also an internal balance between the male spirit and the female spirit.

The female spirit is more about the nurturing side of my maleness. If anything, it powers and supports my male identity. It empowers my male spirit to be whole or complete. It adds balance to the internal dialogue that I have when making decisions or making thoughts. There are times where having the female voice has acted as a voice of reason to help me make decisions of how to best move forward as a male living in a male dominated world; my female voice challenges these ideas that come from the male dominated world. (RB)

Balance for me is also about finding balance between my male and female spirit. I think balances the ability to relate the femininity as easy as it is to relate to masculinity. The balance of being able to live or walk in a strong way but also being remain nurturing (MP).

When the two-spirits are working harmoniously and in balance, participants have found that their female spirit can empower their male identity and Indigenous masculinity. While the experiences of Two-Spirit Indigenous individuals differ from the others, all the participants have argued that healthy Indigenous masculinity is contingent on balance. To reach a point where an individual can practice healthy Indigenous masculinity, the internal foundations must be met. Whereas colonial interference, whether through residential schools or popular media, has taught Indigenous men to abandon traditional teaching, an Indigenous approach to health (the medicine wheel) teaches that all four directions must be adequately addressed. As such, Indigenous masculinity is contingent on balance that is rooted in Indigenous culture and Indigenous perspectives towards health.

Changing focus of Masculinity from Physical Abilities to Mental Dialogue

Increased use of Discretion

For participants, the diagnosis of HIV allowed them to become increasingly more aware of their surroundings and becoming more conscientious about how their actions would be perceived given the presence of HIV in their life. Due to the prevalence of stigmatization towards HIV and homophobia, the men did note that the early years of living with HIV were particularly difficult. Many experienced some form of mental illness, social isolation, or rejection from loved ones. One participant shared those difficult memories:

The first few years after being diagnosed were the hardest years of my life. You become hyper-aware of everyone around you. You spend extra time analysing other people's words, body language, and the reactions to see whether it would be appropriate to share about your HIV or to bring HIV as a topic in general. You become aware of whether people were internally driven by stigma and their perspectives surrounding HIV. I became closed off because some people told me to stay away from them because of my HIV. There's a lot of stigma in HIV that came about because of HIV. (CB)

Understanding that healthy Indigenous masculinity requires a sense of internal balance and the ability to live authentically, HIV – not so much the illness itself but the social stigma and social assumptions attached to the label – caused the men to close off certain aspects of their life. The internal dialogue is no longer focused on behaving in such a way that reflects the authentic inward self, but in alignment with how the individual wants others to view them; thereby avoiding association to negative dogma and stigmatization. Yet through these experiences, the men also came to understand that these difficulties would later sharpen and refine their personal perception of what an Indigenous masculine man should look like in consideration of HIV. Based on the experiences of the participants, as HIV becomes a greater part of the individual's personal sense of identity, two different strategies emerge with regards to disclosing HIV status to others. The first being a very tactful approach where only a select group learn of the individual's health status, and the second approach where the status is disclosed to everyone for educational purposes. This is not to say that the two are mutually exclusive but could reflect a journey where individuals who undertake the first approach inevitably learn the skills and tactics to healthily disclose to others; therefore, transforming to the second approach.

For participants who continue to use the first strategy, being very selective with who they disclose to, two key themes emerge the transcripts: (1) deciding who to disclose HIV status and (2) HIV disclosure strategies. With regards to the process of selection of who would be told about the sickness, only a very select few would be told. This would include family members (depending on the status of the relationship), intimate partners and known allies (other Indigenous men living with HIV and well-known supportive service providers). Given this increased selection process in determining who would gain access to the individual's inner circle, disclosure becomes a very intimate process that is reserved for those who have gained trust. With regards to location, participants would favour disclosing in one-on-one settings so that they can closely monitor unspoken messages and break down misconceptions amongst the individual. As one participant shared:

[I] particularly enjoy the conversations that are one-on-one because it really allows you to gain insight into the individual's world and their perceptions surrounding HIV, gender identity, and other stuff like that. But I still feel uncomfortable whenever I have to do some sort of public speaking that involves disclosure into these aspects of our life. It's not so much because I didn't come to terms with who I was but it was more so that I did not understand how the people in the room would respond to my messages, [and whether] they had already internalized messages regarding HIV, or whether they were homophobic. (RB)

[With regards to family members] I'm close [with], we can meet at home [where] they asked me to educate their kids and talk to their kids about what is HIV and the work that I

do. They are generally very concerned about my health. Part of being a part of my family is no in my journey knowing who I am when my work and all that I stand for. (DT)

Despite these strategies and careful considerations, both examples highlight how increased discretion and caution surrounding HIV disclosure can lead to the detriment of Indigenous masculinity. When so much consideration is placed onto the audience and their potential response to the illness, it may jeopardize an authentic representation of the self. However, this was not the case for the participants. The participants express that, at this current stage of their life, they understand the potential stigma and assumptions that others carry with them. As a result, the participants emphasized that at the end of the day, others' perception of them does not matter. Their main priority is ensuring that the way they act is in alignment with who they are, their cultural identity, their Indigenous masculinity, and the values they hold.

Masculinity and Sexuality

With the diagnosis of HIV, some of the participants found that their sense of Indigenous masculinity was affected by their sexuality identity. For such participants, sexual performance was deeply tied to their sense of masculinity. As such, the diagnosis of HIV caused the participants to undergo deep cognitive shifts in how they view themselves and how they perceived sexual partners. Beginning with the self, the diagnosis of HIV challenged some interviewees to deeply reflect on past experiences and risk-taking behaviours. The permanency of HIV coupled with the significant changes in various physical abilities challenged the participants to prioritize their sense of wellbeing and health status. As one participant shared:

After being diagnosed I really want to protect myself more than anybody else. My lifestyle really changed because I became very careful with even the small activities and understanding how to make extra levels of precautions for my health. (RD)

HIV affected me where my body was not able to perform the same degree of tasks as I used to. I didn't dwell on it too much I was more concerned with living more than anything else. I found myself questioning whether or not I would what die because of exhaustion [from sex] so HIV did have an effect on my masculinity because it affected my sexual identity of what it meant to be a male. (TS)

Another participant shares a similar experience of the outcome of overhauling one's style and adopting healthy behaviours:

My focus on health maintenance and health prevention reached such a positive point that I didn't think about my illness anymore. Healthy decisions became a part of my lifestyle and the HIV status became a subtopic that was rarely discussed because I was so focused on making friends and getting to know them rather than simply trying to bring them home for a partner. (RD)

The changed perspective towards adopting healthy practices and meaningfully engaging with others was again discussed by another participant:

I don't have as many girlfriends as I used to have the HIV diagnosis change the hypersexual component of my masculinity after diagnosis. [When I go out] I find real reasons to meet up with old friends to see how they are doing. (RD)

From these excerpts, we can begin to examine how Indigenous masculinity was beginning to transition from outward actions to inward cognitions. Now that the body required extra attention and maintenance to live a healthy lifestyle, the participant's understanding of Indigenous masculinity underwent a refinement process to understand how even the smallest decision could

come to affect their physical wellbeing. Indigenous masculinity for Indigenous men living with HIV extends beyond simply the outward expression of masculinity and the alignment of cultural identity, but also encompasses the internal dialogues which facilitate healthy behaviours. Yet sexual performance and sexual identity is simply one aspect of masculine identity. The following section will continue to explore how the loss of various physical abilities lead to Indigenous masculine cognitions.

Loss of Physical Ability

As discussed in the previous section, a key element of Indigenous masculinity is providing for the family or the community. Beyond Indigenous masculinity, the ability to work and contribute was deeply tied to their Indigenous identity and personal sense of self. With the diagnosis of HIV, all the men noted that they experienced a decrease in physical ability. As such many participants had to leave their existing occupation because of the physical demands. The challenges of being diagnosed with HIV were further compounded given that their previous existing idea of Indigenous masculinity and sense of self-worth was tied to the occupation. The sudden shift in professional identity, personal identity, and even Indigenous identity resulted in decreased mental health status and personal isolation. As one participant highlights:

Returning to the idea of being a provider, [having to leave my job] hit me quite hard mentally [because] I wasn't able to contribute or do things that I used to. I was not able to work on the farm or bring in the same level of income that I previously did and that was especially important because I was married at the time with children. My masculinity continued to take a hit because I was on disability as a result of my HIV. Being on disability suck the life out of me. [On top of that] even if my wife worked a portion of her

salary would also be taken away because I was [on] disability. And that destroyed me because I felt I was bring the entire family down. it made me feel less masculine. (TS)

With the loss of physical ability, many of the men had to go through a difficult transition period to find a profession that would be less physically demanding. But through all these experiences, there is a clear connection between the cultural role of being a provider, Indigenous masculinity, and HIV diagnosis. As discussed in the previous section, many of the men eventually were able to restore the connection between their cultural identity (being a provider) with their Indigenous masculinity by focusing their efforts towards education, skills building, and advocacy work. However, the journey towards acquiring these skills did not occur overnight, the following section explores how the men's outward expression of Indigenous masculinity moved inward to rediscover themselves and develop new skills to bridge HIV, identity, and masculinity.

HIV Disclosure and the Pathway to Healing

Looking towards the final set of identifiable themes surrounding HIV, masculinity, and disclosure, the interview participants identified the importance of HIV disclosure in relation to the pathway towards healing and their journey as Indigenous men. Especially given that an applicable objective of this project is to explore opportunities and ways for Indigenous men to achieve HIV wellness, it is especially important to consider how all these factors (Indigenous identity, Masculinity, and disclosure) become tools towards finding strength and healthy practices. The final section will explore some of the notable events of the healing journey which led to a healthy and culturally rooted lifestyle.

New Perspective Towards HIV

For some participants, an integral moment of the healing journey was when there was a shift in perspective towards HIV. Rather than seeing the virus as a detriment or something detestable, they shifted their viewpoint and began recognizing HIV as a fundamental part of their identities

and their lifestyles. For one participant, HIV became heavily connected to medicine; both towards acquiring knowledge of medicine and becoming medicine. Beginning with acquiring knowledge of medicine, HIV has allowed the participants to connect better with different forms of medicine. While Western medicine has allowed him to better understand and manage the different biological symptoms of HIV, there was also a different component of health that Western medicine was unable to heal.

HIV has allowed me to connect better with medicine as well and different forms of medicine. It made me understand what was the western medicines that were required in order to manage my HIV diagnosis but also the different aspects of health and indigeneity that contributes to a cultural sense of the problem (MP)

As such, the participants developed a deeper understanding to Indigenous determinants of health and the ways in which indigeneity contributes to health. But beyond connection to external medicine, one participant also notes how HIV has been a form of medicine to his Indigeneity. He describes:

I think HIV has been a form of medicine. HIV is a gift that we get from the creator It changes our lives and it brings us closer to the creator. We rely on the creator's strength in order to overcome all the stigma and isolation that comes from HIV especially if we are out and people know about HIV diagnosis. I think that the creator forms a closer relationship with us because of the stigma that we face so much in our daily lives. (MP)

The medicine which comes from HIV has been described by the participants have been a form of spiritual healing. Another participant explained within Indigenous culture, everything has a spirit; HIV is no exception.

[HIV] has a spirit, it has a will, it has a consciousness. And because it has a spirit, I have a living relationship with this entity that is inside my body. I've had HIV for so long that it has become a very integral part of my identity and by extension my masculinity. (TS)

Because the men have reframed HIV to an integral part of their identity, and even developed the perspective to recognize the healing which comes from HIV, they can integrate the newfound cultural perspectives of HIV upon various aspects of their Indigenous identity. In previous sections, we had discussed how HIV and stigmatization have disrupted Indigenous men from discovering their personal sense of Indigenous masculinity. The changing focus of HIV helps bridge this divide and even serves as a protective force from HIV stigmatization. With this newfound perspective of HIV, rooted in Indigenous culture and indigeneity, Indigenous men can find greater cohesiveness in negotiating the interconnectedness between HIV, masculinity, and Indigenous identity. Rather than allowing stigmatization to dictate how one behaves, Indigenous men can now approach conversations surrounding HIV in ways that are both masculine and rooted in Indigenous culture.

Finding Community

Among the interview participants, there was a consensus that Indigenous men living with HIV require a safe place to disclose their HIV status. From their personal experiences, some of the men had to leave their original reserve or community because it was an unhealthy space to discuss HIV wellness. As some participants note:

Originally, I lived in a very rural community where there was not much sharing that was allowed because of the stigma surrounding HIV. It was not until I moved to Toronto where I began meeting more healthy Indigenous men who had already developed practices of how to develop their authentic self. (DT)

There are a lot of ignorant people out there who do not want to deal with you because of your sickness. It's not really an issue when I leave to big cities like Saskatoon but when I come home to reserve, the problem of stigma is especially difficult to handle. (RD)

This story was a reoccurring theme amongst the participants since many experienced that they must travel to urban spaces or different cities to find a supportive community. This transition from isolation to a supportive collective had a significant effect on the men. From a personal standpoint, the support groups were also to provide them with new perspectives and strategies. Since some came from rural communities filled with stigmatization, the limited amount of sharing and isolation prevented them from accepting themselves, and fully practicing their various identities. From an interpersonal level, this transition from individual to collective also provided the realization that there were others who shared their experiences of trauma and pain. Participants described their experience in such groups:

[Being in these groups] helped me realise that I was not alone and that there were people from different parts of the country that experience the same level of trauma and pain that I was going through (CB)

Disclosure in healthier environment or to learn different strategies about how to disclose one maintaining their masculine identity helps prepare men when they eventually come in contact with different forms of stigma. And also, if we look at where the individual comes from and the community that they live in, if the community is filled of a lot of

stigma, they may not feel safe to disclose. For me it was different because HIV was a form of teacher that taught me how to become who I was and not feel apologetic. (RB)

There were different spaces that the men noted that were particularly beneficial. The first being traditional healing circles where men can openly talk about who they were, their struggles, skills they hope to develop, and even how to break down barriers within their communities. One participant describes the benefits of healing circles and provides an understanding of how these circles are organized and conducted:

[With regards to] healing circles, men can talk about who they are as a man who they are as a person and who they are as members of their community. [We discuss how] I can deliver that information back to my community without necessarily needing to disclose who I am. But the bringing of this education and knowledge into community allows them to shadow one another or possibly begin forming little groups within the communities to better support one another. Then when the time is right and when they feel so that context has been set, they can reveal that they are positive as well (DT)

Returning to a definition of Indigenous masculinity, as described by some participants, Indigenous masculinity encompasses the freedom to fully express themselves in alignment with their Indigenous identity without the imposition of colonization, popular media, or stigmatization. These spaces allow them to practice and develop their Indigenous identity without the fear of backlash for negative repercussions. The second space that was shared was conferences. These spaces revealed to the men that not only were there individuals who shared similar experiences, but there are advocates and allies working harmoniously to better the situation for others who come from a similar past. These spaces provide strategies, developed through research and initiatives, for the men integrate into their daily lives. The last group is

focus groups. Here, Indigenous men can not only share their experiences but contribute to research towards developing health initiatives for other Indigenous men living with HIV who are still living in isolation.

I was invited to speak at HIV conference on behalf of my community. A woman at the conference had given me tobacco too give back to my elder back in my community to thank him. At this point I realised that there were many people out there who is supports the HIV prevention efforts and cared about those and the lives of those living with HIV... [This was] a major turning point that I remember when it became confident and using my HIV status and talking about my HIV for a greater purpose. (TS)

Going to many different conferences has affected my involvement with HIV prevention efforts and has changed my willingness to engage with others and speak to others about there healing journey. In the past, I sat at the back of the room not really saying much or anything to anyone, but now I am all the way up in the front meeting new people and getting to know their lives. (CB)

There was a sense of therapeutic support that came about when I heard about how another colleague another male colleague lost a bunch of friends and family because of his HIV status and I felt as though that was very similar to my situation. (MP)

Participants emphasized the value of healthy communities for Indigenous men living with HIV. These spaces connect Indigenous men to supporters who can lift them up during times of great stress. It allows them to push forward beyond dwelling on personal and external deficiencies and reminds them of the importance of continuing to uplift one another.

Finding Confidence and Purpose

Similar to the transformative perspective towards HIV as an illness, the culmination of experiences, trauma, skills and cultural knowledge can pave the way for individuals to find confidence and become role models for others. Building up the previous two sections where participants undergo a renewed perspective towards HIV and an integration into various healthy communities, participants have shared that these foundational experiences have fueled their purpose in supporting others. The following quotes capture different experiences, but share a similar passion towards paving the way for other Indigenous men to adopt healthy lifestyles:

Disclosure helped me find a sense of purpose through my HIV. I became a guest speaker and began speaking about the unique health challenges of Indigenous peoples. I'll be speaking at my own reserve in a few weeks. My confidence was also elevated after stepping into this role. Rather than thinking about drinking or going out or partying I think about planning the next few days for work and my involvement for HIV prevention efforts. (CB)

HIV status has transformed me into accepting an identity of a role model; where part of the healing journey is now focused on helping others navigate through the various obstacles and challenges for those who are entering this journey of healing. (DT)

At the time of the interviews, all the participants have shared that they were confident in their identity and their idea of masculinity. Sharpened and matured through their experiences of stigma, loneliness, disclosure, and community, their perceptions of masculinity did not waiver or change too drastically. They attributed this consistency to their experiences, but also attributed it to their age. For the participants, they imagine that navigating their personal sense of masculinity would be much easier than that of an adolescent who remains unfamiliar with Indigenous

teachings and their identity. But again, these experiences highlight the importance of Indigenous masculinity, identity, and stance towards HIV. This confidence arises when all aspects of the individual are working in tandem towards a unified goal. When perspectives towards HIV and masculinity are grounded in Indigenous teachings rather than stigma, Western discourse and colonization, the individual becomes in balance and develops confidence in their complete authentic Indigenous identity.

Use of Disclosure at throughout the Healing Journey

Based on the excerpts shared by the participants, disclosure is especially important in both the initial stages and the latter stages of the journey towards healing. This is not to say that healing follows a linear pattern with a finite ending, but to simply illustrate how disclosure is used throughout various periods. At the early stages, disclosure is necessary as it is important to authentically connect with peers and Elders. As one participant noted:

No, [it is impossible to engage in this healing journey alone] you need knowledge keepers, you need Elders, you need peers, and you need people with lived experience to help you navigate through that whole process. (DT)

Part of the healing process is understanding how disclosure, and proper facilitation of conversations surrounding HIV, can lead to the sharing of healthy practices., academic language, and navigation through challenging spaces. Within these early stages, disclosure of HIV status is very important as it begins involving others to help support the journey of healing. Furthermore, although not explicitly stated, it can be observed that disclosure in such spaces is tied to Indigenous masculinity because the men are challenged to display emotional vulnerability. As mentioned in previous sections, the interference of western media has caused Indigenous peoples to internalize colonial approaches to masculinity. As such, it possible that disclosure not only

initiates the journey towards healing, but also the journey towards constructing a personalized sense of Indigenous masculinity that is rooted in balance and indigeneity.

The later stages of the healing journey can be best described by the participants as a period that involves disclosing their HIV status for the benefit of others. As one participant states:

[You] need to be balanced emotionally physically mentally before you begin moving forward confidently and shared to other people your health status in your HIV status.

(DT)

As the participants state, they have all reached a sense of balance and began disclosing their HIV status to others for various purposes. These purposes include educating family members, supporting local Indigenous men, presenting at conferences, and performing advocacy work.

I'm always aware of who I disclose and when I disclose because there's always can potentially become an opportunity to educate. (DT)

I disclose a lot about my age and the status because I use it as an education teaching tool. On a long-term basis this is eventually going to help prepare the community and those who are involved in ceremony, [to] invite community members who are diagnosed with HIV allowing them to enter ceremony. (MP)

I come from a very big family but only 5 of them are well educated enough on the topic of HIV that I feel comfortable to share it with. The rest of them are not so good we can

really meet in private areas whereas the fact that I'm close to we can meet at home they asked me to educate their kids and talk to their kids about what is HIV and the work that I do. (DT)

At this stage, the individual would develop a sense of confidence in their identity; an identity that encompasses the Indigenous teachings (i.e. the Medicine Wheel), their HIV status, and their masculinity. Again, it can be observed that HIV disclosure contributes to the healthy development of Indigenous masculinity. One aspect of Indigenous masculinity, as described by participants, includes the role of being a provider. By maintaining healthy practices, engaging with a community, and staying committed to the journey of healing, the individual is positioning themselves to one day become a providing, gifting advice and support to future generations of Indigenous men. As such a clear connection between disclosure, Indigenous masculinity, and HIV wellness is deeply connected.

Hinderances to Healing

This section will discuss some of the different challenges that have hindered or delayed participants' pathways to healing. Four specific sub-themes will be discussed in this section. These include stigmatization, colonial interference, isolation, and perceptions of power. Beginning with stigmatization, the participants refer to this as inaccurate and demeaning assumptions surrounding HIV. The stigmatization of HIV causes individuals who live with the illness to carry additional labels. This is then also coupled with homophobia because the assumptions of HIV contraction will often be tied to sexual assumptions. If the individual does identify as homosexual, the diagnosis of HIV adds an extra level of complexity because they will have to manage all implications of stigma both of HIV and sexuality. As participants describe,

homophobia and stigmatization had a very negative impact on their idea of masculinity because they were unable to fully accept all parts of their identity.

[It was a] great challenge in not knowing where I fit - who I was or where I would be accepted. Especially when it comes to the Indigenous perspective when I [would] be shamed for who I am. I had to go through this entire process of reconstructing myself. I carried a lot of shame because of my family because I did not live up to the expectations of my father, he did not accept me for my identity my sexual identity my academic success and other facets of who I was. (DT)

Because I grew up in the Catholic Church and my father was a priest, I knew that who I was did not conform to what they expected of a male. when I hit puberty, I knew that I had an attraction to other men. I knew I wouldn't be accepted by the church and that I would be rejected from the church. I had extreme internalised homophobia. This became even more problematic down the line when people would talk about my HIV and connect it with my sexual identity. (MP)

For a period, some of the men rejected these aspects of their life, therefore, hindering them from living an authentic lifestyle. Without the opportunity to live an authentic self, the individual was unable to develop a healthy sense of Indigenous masculinity. As we continue to explore the different hindrances, we will notice that stigma and homophobia will be an obstacle to Indigenous masculinity.

Colonial interference refers to the many ways Western worldviews forcibly takes precedence over all alternative perspectives. When discussing the impacts of colonization on

masculinity, the participants give reference to several institutions. Residential schools have disrupted Indigenous masculinity by severing the children's connection to spirituality. Given that Indigenous masculinity rests on Indigenous culture and teachings, children were denied access from such cultural knowledge and thus denied access to teachings such as the medicine wheel. Also, these teachings continue to manifest in the men throughout adulthood creating internal ambivalence when determining whether they are subconsciously being guided by Indigenous or colonial ideas.

I think trauma played a massive part of it because part of masculinity now was also an incorporation of the effects of colonization and understanding how to navigate in a masculine way through the trauma that was experienced. A clear example of how trauma has played in masculinity is that my brothers who lived in the residential schools were sexually abused and that caused them to become incredibly homophobic or to force themselves to avoid any Association with a homosexual identity. (RB)

Another site of colonization, which is tied to residential schools, is the influence of the Catholic Church. For some, being raised in a Catholic environment has created a deep sense of internal guilt when religious and Indigenous messages come in conflict.

Because I grew up in the Catholic Church and my father was a priest, I knew that who I was did not conform to what they expected of a male. When I hit puberty, I knew that I had an attraction to other men. I knew I wouldn't be accepted by the church and that I would be rejected from the church. Because I knew I won't be accepted I began lashing out and I became violent. (MP)

Individuals raised in these environments often found themselves having to negotiate between two worldviews; sometimes having to choose one over the other. With this back and forth movement, it is difficult to establish a stable performance of Indigenous masculinity given that masculinity must also reflect the individual's inward identity. Lastly, popular media has also interfered with a healthy development of Indigenous masculinity because it presents an idea of masculinity that differs from Indigenous masculinity. Children raised with such media must undergo a process of unlearning colonial ideas of masculinity to move forward with Indigenous masculinity. As one participant describes:

I believe that masculinity needs to trend in a direction where they're willing to be more accepting and open of different people of different cultures and backgrounds, but also to begin dropping their preconceived notions that are rooted in colonization and homophobia in different facets of segregation. This involves a process of unlearning these definitions and these beliefs. (RB)

Concerning isolation, many of the men have shared experiences of being rejected by friends and family as a result of their illness. This is connected to the section that spoke on the use of discretion when disclosing their HIV status to others. In the study, two areas were mentioned as to where rejection is experienced: the family, and the reserve. The individual may be rejected by the family if the family harbours feelings of homophobia and stigma towards HIV. With regard to the community, the individual may feel isolated and unable to disclosure for several reasons. These reasons can be found in the following quotes:

I harboured a lot of internal guilt near the early stages of my HIV because I felt like I let my community down I love myself down and it was even more difficult because I was a father. (RB)

I have a lot of friends and peers [living with HIV] who don't disclose and don't tell anybody that they have HIV, nor do they go and seek treatment because of the scope of the situation. They've heard about all the stigma of rejection from their communities, so they just choose to brush it aside rather than facing it. (DT)

The reserve systems are not very well informed about the realities of HIV. The people that I meet with on the reserve to talk about HIV and help is very private and very closed doors after work hours is not really a large community Hall or something that is well informed to the public because of the stigma. In these reserve communities, HIV still isn't very well accepted, and when I say not accepted, I mean not educated off the realities of HIV. (RD)

Originally, I lived in a very rural community where there was not much sharing that was allowed because of the stigma surrounding HIV. It was not until I moved to into Toronto where I began meeting more healthy Indigenous men who had already developed practices of how to develop their authentic self. (DT)

The topic of isolation is brought up by the participants as a challenge because as previously noted, the pathway towards healing requires disclosure of HIV. As they described, disclosure of HIV status leads to increased peer support, connection to Elders and knowledge keepers, and acquisition of skills and healthy practices. If the individual continues to live his life without

acknowledgment of the issue, as if it is not present, then this becomes a continued lingering issue that can potentially lead to unhealthy lifestyles.

The final reoccurring obstacle were issues related to perceptions of power. Again, issues of stigmatization and homophobia remain an issue because the labels attached to them categorize the individual within unfavourable positions. To expand on that, participants have noted that they have avoided disclosing their HIV status because others would attempt to invalidate them or the message they were attempting to deliver. One participant shared this experience:

And you know sometimes people would deliberately question me about my HIV status to find out more about whether I was gay or not. So sometimes I chose deliberately not to answer that question to avoid the different labels that would be placed upon me. It diminishes a sense of masculinity or confidence I had in myself but more importantly it also takes away importance or weight from the topic that I was speaking on. (RB)

In these instances, the participants have avoided disclosure because they felt that they were being questioned by others to gain unnecessary information or label them within certain categories.

This highlights the importance that disclosure should be encouraged when the individual has full control over the dialogue and the way the conversation will be conducted. Disclosure, in some instances, can be a hindrance to Indigenous masculinity if the circumstances are set so that disclosure leads to the attachment of labels and stigma. This highlights the necessity of discretion and healthy spaces so that Indigenous men living with HIV are aware of the different strategies and opportunities to disclose healthily and productively.

Chapter Five

With the data gathered from the literature review and the interviews, the following section takes the knowledge acquired from all previous sections of the thesis project to examine overlapping and contracting themes. The chapter will begin with a discussion of the challenges of using Indigenous methodologies as a non-Indigenous researcher. Following that, the discussion will shift towards the different themes that were found in the interview and using that as a point of analysis in comparison to the data found in the literature review. The chapter, and thesis project, will conclude by examining some of the limitations of the project and considerations for future research after the project.

Discussion

Looking back at this project, one of the greatest challenges was constantly negotiating internal tensions related to conducting research with Indigenous peoples as an outsider. Indigenous methodologies are conducted by and for Indigenous peoples, using techniques and methods drawn from the traditions of the community (Evans et al, 2009). This project began with a process of learning and un-learning existing research paradigms to best capture the voices and experiences of the community. This led to Indigenous methodologies which, in recognition of the limitations of excessive reliance on positivist paradigms, allows the community to take-up their own set of worldviews to combat and challenge the narratives of colonialism. By integrating the voices, perspectives, and decisions of the community into research protocols, researchers become situated within the research and placed in a position to best accurately capture the contextual Indigenous experience. As such, one of the greatest challenges for non-Indigenous researchers is to understand how all these pieces fit together and finding a place in the greater puzzle. While Indigenous methodologies have been argued to be conducted by and for Indigenous people, the community has taught me that non-Indigenous persons with a genuine

interest in becoming an ally should aspire to use their skills at various intervals of the research project. Understanding that research is relational within Indigenous epistemologies, non-Indigenous researchers' role within research projects is to understand how their positioning, skills, and background all come together to further enhance or facilitate the findings of the research. Throughout this project, I found that these initial tensions were part of the process of decolonizing myself to understand how self, social location, and community connection all contribute to the personal transformative process to better understanding Indigenous worldviews. This thesis project was a necessary step to my pathway to becoming an ally researching and continuing to polish my skills to be the best supporter I can be.

From there, the first notable aspect of Indigenous masculinity was being a provider for others. This was often associated with the physical act of gathering resources and holding positions that facilitated the ability to provide for others. Specific examples highlighted by the participants included the processes of hunting and tracking in order to provide food for the family. In the context of such activity, a strong connection to the land was integral. From a strategic point, a connection to the land included mapping out migration routes and seasonal variables. But at a cultural and spiritual level, the connection to the land was a recognition of the reciprocal connection man had to the land; that humans are simply a part of the cycle and dependent on other living beings to survive. This emphasis on provision is highly supported by the research conducted by Anderson, Innes and Swift (2012) where one of their major findings is the connection between Indigenous masculinity and the act of providing. From their research, young Indigenous boys would develop a strong sense of identity by modelling themselves after their fathers and grandfathers. The ability to bring food extended beyond the wellbeing of the immediate family but also the community. The individual identity of being a provider, connected

to the wellbeing of the family and community, was a core aspect of being an Indigenous male. Furthermore, their research also referenced the deep cultural connection to the land. Anderson, Innis and Swift's participants described how the masculine role of provision was also connected to becoming a steward of the land. This was echoed in this study regarding the sacred connection the men had with the land. As stewards of the land, Indigenous men's roles and responsibilities also included a deep cultural and spiritual connection to the land.

Beyond physical capabilities, the act of provision also included providing Indigenous teachings and practices. This also included providing others with emotional, spiritual, and educational support. This was especially relevant to those who experienced a loss of physical strength because of their HIV status. Anderson, Innes and Swift (2012) also touch on this topic of providing emotional, spiritual, and educational support but from the position of mentoring and role modelling. The authors highlighted that mentoring was an important aspect of Indigenous masculinity but made sure to include that Indigenous masculinity included being mentored. This parallels the findings of this research project because some of the participants took an active role in teaching the younger generations of their families and the community. Others became a role model for their community by speaking at large conferences and leading HIV educational initiatives in their own reserves. When paired with the literature, there is no doubt that teaching and mentoring is an aspect of Indigenous masculinity. But from a macro perspective, the young ones who are receiving these teaching are also developing their personal sense of masculinity; an intergenerational connection that was disrupted by colonization and residential schools.

The next aspect of Indigenous masculinity was living authentically. Living authentically encompasses a holistic view of identity where the individual can be authentic with their sexual identity, gender identity, and health status. Antone (2015) echoes this concern for Indigenous

men to develop their true authentic identity that has been destroyed through processes of colonization and genocide. Indigenous masculinity holds an important place within Indigenous families and the restoration of Indigenous masculinity to Indigenous culture can have a generational effect on health outcomes. Yet many have found that the interference of colonization and stigma has made it difficult for men to present an authentic representation of themselves. This is supported by the literature which highlights how colonization has manifested itself within Indigenous gender and sexual ideologies through the promotion of dominant American discourses surrounding heterosexuality and normativity (Deveries & Free, 2010; Hoffman, Friedman & Clarke, 2005; Martos, 2016). The hegemonic construction of appropriate gender behaviour, which supports the idea of 'normative masculinity', presented itself as a challenge for Indigenous men to maintain an Indigenous identity while living in a society that promotes western ideas of masculinity. For the participants, many experienced the challenges of unlearning western perceptions of masculinity to make way for Indigenous masculinity which aligned with their Indigenous identity. Stigmatization surrounding HIV status also compromises Indigenous masculinity as it causes individuals to hide certain aspects of themselves. Some literature attributes this concealment to shame since Indigenous media promoted the idea that HIV infection is highly linked to individual responsibilities and choices (Gilley & Co-Cké, 2005; Hoffman, Friedman and Clarke, 2005). Yet the participants added another dimension to this use of discretion as an active choice to avoid the repercussions of stigma and engage in relationships that allow them to challenge oppressive ideology. Yet there is no denying amongst the participants and the literature that the legacy of stigmatization and colonization have interfered with their ability to live authentically and have restricted them from performing certain actions.

The final aspect of Indigenous masculinity discussed in this project was the idea of living in balance. Living in balance was described by the participants to be the internal foundation before Indigenous men can confidently disclose their health status. Informed heavily by the teachings of Elders and the medicine wheel, the participants expressed that healthy Indigenous masculinity encompasses emotional, physical, mental and spiritual wellbeing. This is supported by the findings by Antone (2015) where masculinity is connected to balance. Using the hunter as a point of analysis (which connects well to the section above which highlights masculinity with provision and connection to the land), after the hunt, Indigenous men would undergo a cleansing process to bring the man back into balance. This is to restore emotional, spiritual and physical balance after taking an animal's life (Antone, 2015). Without cultural teachings, negative feelings would be trapped within the individual, causing feelings of remorse guilt or sorrow. This idea of pent-up energy and unbalanced emotional state is highly connected to the literature review where Indigenous men face imbalance as a result of hegemonic gender roles (Deveries & Free, 2010; Hoffman, Friedman & Clarke, 2005; Martos, 2016). In contrast to western masculinity, which promotes the idea that men should be stoic, reckless, individualistic and carefree, being in balance, being rooted in Indigenous worldviews, teaches us that men should be able to express emotion, to show vulnerability, to be empathetic. Being in balance is not only an aspect of Indigenous masculinity but is fundamental for the individual to reach a point where they are healthy enough to begin understanding how their Indigenous identity is practiced through masculinity.

Following the definitions and features of Indigenous masculinity, the conversation turned to understand how Indigenous masculinity changes following the diagnosis of HIV. For some, the diagnosis of HIV had a drastic change in the individual's perception of sex and sexuality.

Within some of the participants, the diagnosis sparked a cognitive shift where the individual began re-evaluating their actions and relationships. Now that HIV has entered their lives, some began a new journey rooted in health and wellness to ensure that their sickness does not worsen. They abandoned self-described 'risk-taking behaviours' and adopted a new lifestyle rooted in health. Here it is possible to examine a connection between HIV and Indigenous masculinity because, for some of the men, HIV became a turning point for Indigenous men to live in balance and move away from hyper-sexual behaviours. This contrasts the findings of the literature review which states that Indigenous men would enter risk-filled settings to find affirmation for their sexual identity. In the study by Friedman and Clarke (2005), the men in their study recognized that their lifestyle and exposure to toxic environments were the primary factors to the transmission of HIV. Yet despite the clear difference in overall message, the findings from the literature review and the interviews present greater depth into the potential life-trajectory of some of the men who have entered these spaces and contracted HIV. Like the findings, some of the participants did express a hyper-sexual lifestyle before the contraction of HIV. After the contraction, some of the men emphasized that the illness helped them re-imagine life; to see the fragility of health. Wellness became a priority for some of the men and it eventually became the sole priority for some of the men. Other participants emphasized that the diagnosis of HIV has drawn them closer to western and traditional forms of medicine. Finally, a few mentioned that the diagnosis of HIV eventually led them down a path to advocacy to better support peers who have already been diagnosed with HIV.

Interestingly, this decision to pursue a lifestyle of wellness and health promotion aligned with the protective dimension of Anderson, Innis and Swift's (2012) findings of Indigenous masculinity. Historically, Indigenous men were tasked with protecting the family, the

community, and culture. Colonization and residential schools have disrupted that connection by stripping Indigenous men from their masculine responsibility of protecting the family and the children. By stripping the children from traditional teachings, a lot of the younger male Indigenous children lost their connection to medicine; medicine that was connected to ceremony, spirituality, and culture. By setting their health as a priority, the experiences of the men from this research project demonstrate this protective aspect of Indigenous masculinity. While HIV has brought many challenges, the illness has taught some of the men to prioritize their welling, protect their health, and pursue medicine that aligns with their cultural identity. This connection between the literature and the findings from this research project suggests that health and wellness can be a gateway for Indigenous men to rediscover and experience their Indigenous masculinity.

One of the shifts the men experienced following the diagnosis of HIV was the loss of physical ability and a decrease in overall stamina. Given that Indigenous masculinity was tied to their ability to provide and hold a job, the decrease in energy severs that connection thereby creating a rift between personal identity and Indigenous masculinity. For some of the participants, the disclosure of HIV status repaired that disconnection by allowing the men to provide experiential knowledge. Also, however, some participants noted that the decrease in stamina also led to a decrease in overall sexual drive. Previously noted in the literature review discussion, Indigenous masculinity was often framed in the context of sexuality. Yet the absence of sexual performance opened the pathway for some participants to understanding and practicing Indigenous masculinity. Herein lies a point of analysis where facets of western masculinity become embedded within conceptions of Indigenous masculinity. While sexuality could be a core aspect of Indigenous masculinity, based on the synthesis of the literature review and the

findings of this project, future research could consider a full breakdown of both western and Indigenous masculinity to better understand dictions and underlying barriers that contradict Indigenous identity.

Another change that Indigenous men experienced following the diagnosis of HIV, was increased use of discretion. For participants, the diagnosis of HIV allowed them to become more aware of their surroundings and more conscientious about how their actions would be perceived given the presence of HIV in their life. This is in direct connection to the internal dialogue that was referenced in the literature review. According to the literature, Indigenous men living with HIV experience increased levels of discretion with regards to disclosure and expression of masculinity due to the prevalence of homophobia or alienation. Indigenous men must always carefully walk the line of disclosure to grasp the underlying assumptions of their audience. Furthermore, Gilley and Co-CKé (2005) found that many gay Indigenous men feel that they must seek opportunities for sexual identity disclosure outside of their families, tribes or ceremonial communities because of potential homophobic backlash. Due to stigma and discrimination, many of the participants found that they became increasingly closed off from others or began portraying themselves in a way that would avoid discussion surrounding health status. This inability to live authentically, but based on the perceived assumptions of others, became a huge barrier for Indigenous men to practice Indigenous masculinity. However, through these experiences, the men also came to understand that these difficulties would later sharpen and refine their perception of what an Indigenous masculine man should behave in consideration of HIV. Through the disclosure of HIV status, the men would come to learn the selection process and the strategies to facilitate healthy dialogue surrounding health status.

The participants identified how disclosure of HIV status has impacted their journey towards healing. For some participants, the disclosure of HIV status created a new perspective towards HIV. Through the teachings of Elders, knowledge keepers and peer supporters, participants began to understand how HIV has brought them closer to understanding both western and Indigenous medicine. Disclosure of health status to Elders has had a profound effect on some of the participants as they began to understand how HIV connects to spirituality and identity. HIV no longer becomes an illness, but a potentially a gift from the creator that allows them to increase in resiliency and strength. For other participants, the disclosure of HIV has helped lift themselves from isolation and become connected to a community. Similar to the literature review, one of the main concerns is the limited opportunity for HIV and sexual identity disclosure which results forces men to engage in unhealthy practices to find identity affirmation. While disclosure within certain spaces, spaces marred by stigma and discrimination, can have potentially negative effects, the participants highlighted that disclosure within support spaces can create a positive space for Indigenous men to develop practices and strategies towards developing Indigenous masculinity and identity as a protective force from the harmful effects of HIV. This recommendation outlined by the participants supports a common perspective in the literature that advocates for fostering unity and distancing men from harmful environments (Gilley & Co-Cké, 2005; Hoffman, Friedman & Clarke, 2005), but also aligns with the strategies suggested by Martos (2016). Both the participants and the Martos (2016) article advocates for cultural investment; where Indigenous men would have the opportunity to provide social support for one another to affirm their various identities and Indigenous masculinity. By communicating and finding opportunities to better understand their various identities, Indigenous men can practice disclosure and establish their understanding of Indigenous masculinity.

Finally, disclosure has also been used by Indigenous men to find confidence and purpose. Here, participants articulate a clear connection between Indigenous identity, Indigenous masculinity, HIV wellness, and HIV disclosure. For five hundred years since settlers have arrived at the shores of Indigenous land, colonization has stripped Indigenous men from “experiencing true joyful identities: (Antone, 2015, pp. 32). Colonization has set Indigenous male roles on a path of destruction. This focus on finding purpose through the reclamation of Indigenous masculinity is a testament to the resilience of Indigenous men and Indigenous culture. Antone continues to describe how Indigenous men have traditionally found their place and purpose within the family. The presence of HIV, and the subsequent actions taken to overcome barriers, highlight how Indigenous men living with HIV have reclaimed their masculinity, pushing the boundaries of what it means to be male within their family groups, and found purpose in new ways. Drawing upon the idea of being a provider, the act of providing others with education proved to have a powerful effect in not only strengthening Indigenous masculinity but also allowed them to find confidence in all their identities. From the participants, the act of disclosure at the later stages of the healing journey completes the connection between Indigenous identity, HIV status, and Indigenous masculinity; eliciting confidence and transforming Indigenous masculinity into a protective force.

Limitations

One of the limitations of the research project is the sample size of the number of participants involved in the study. From the interviews, it was difficult to imagine if the overlapping themes truly reflected the general experiences of Indigenous men living with HIV, or if it was a coincidence amongst the participants. This project does not seek to romanticize the experiences of Indigenous men, but the discussions surrounding HIV disclosure and the use of disclosure and personal identity for advocacy almost appeared too common. Given that most of the participants

are involved in some form of advocacy, research, or service work, it can be argued that the men have had the proper support systems in place to come to this understanding of Indigenous masculinity. Furthermore, since the participants have all expressed a sense of confidence or stability in their Indigenous masculinity, Indigenous identity, and HIV status, they were able to reflect upon the healing journey that brought them to the interview. As such, a very strong discussion surrounding the later stages of the healing journey and the use of disclosure was facilitated with the interview participants. That being said, it would be valuable to conduct a similar study with a greater number of participants in the future that continues to explore how Indigenous masculinity is developed throughout the life course to better map out the healing journey and identity challenges that occur before finding purpose through disclosure.

Another limitation of the study is the average age of the participants. Given the average age was 57 with the youngest age being in their mid-forties and the oldest being their late sixties, this project fails to consider the challenges of younger Indigenous men living with HIV.

Although the interviews included an opportunity to reflect on initial stages of HIV diagnosis, the bulk of the conversation focused on the entirety of the healing journey and reflecting on all the major milestones that occurred. As such, this project provides a macro approach to the journey and identifying areas for a potential cognitive shift, but further research should go into a greater exploration of the nuances within these life stages. For example, future research could explore Indigenous masculinity amongst individuals who have been diagnosed with HIV for less than a year to better understand the internal struggles one must overcome while the memories are still rampant in their minds. Although the older generations can provide reflections on how those experiences have inevitably led them to the path of healing, a stronger understanding of these

initial feelings can help plan future interventions and services for Indigenous men living with HIV.

Lastly, one of the biggest limitations or challenges of this research project was attempting to facilitate a discussion on a topic that simultaneously touched upon Indigenous masculinity, HIV wellness, and disclosure. Except for the role of a provider, many of the participants expressed difficulty in connecting their experiences to all three of the variables. As such, there were times where the participant would share a very intriguing story but later come back to apologize because they felt that the story did not touch on masculinity or disclosure. Rather than presenting the narratives on their own, there were occasional moments during the interview where it felt as though the participant put effort towards forcing the story to fit within the focus of the research. As such, perhaps the questions should have been designed in a way to systematically compare two variables at a time to compartmentalize the narratives that were being shared, and once enough information has been gathered, the interview can move towards a direction of piecing the three variables together.

Future Research

First, future research could explore the existing services for Indigenous men to examine how these services support Indigenous men's health and whether Indigenous masculinity is explicitly mentioned or focused in their services. The findings from this thesis project as well as another project focused on Indigenous masculinity which the thesis student is coordinating, will be used to apply for a future grant to design a service or intervention that is based on the findings of the literature and the participants. By working in collaboration with community scholars, community members, and other researchers, the findings in these projects could potentially be used to add

upon existing services to truly draw upon the teaching of Indigenous masculinity to bolters the resiliency and protective skills of Indigenous men.

Near the end of the interview, some of the participants shifted the conversation towards discussing potential future research surrounding the topic of masculinity within fatherhood. Specifically, in relation to masculinity, HIV, and disclosure, some of the participants expressed how difficult it was to disclose to their sons that they live with HIV. In their experience, they found that it was difficult to maintain the same degree of confidence and masculinity that is rooted in their Indigenous identity because of how intimate the father-son relationship was. The use of discretion was not an option here because the men could not live authentically without eventually disclosing their HIV status to their sons. As such, certain questions arose: How do I teach my son about Indigenous masculinity, how do I disclose to my son in a way that reflects Indigenous masculinity, and how do I concurrently educate my son about both HIV and Indigenous masculinity at the same time?

This transitions the next potential area of research related to the generational effects of Indigenous masculinity. Already mentioned above in the limitations section, the findings of the research could be further enhanced by interviewing younger generations. However, it would be interesting to explore how technology and greater access to educational resources have affected the way young Indigenous men come to learn masculinity. By interviewing the younger generations, a greater discussion surrounding mentorship, cultural rites and passages and pathways to leadership can be explored. Based on preliminary research surrounding perceptions and gender roles amongst Indigenous children, the younger generation gravitates towards traditional ideas and motivations in relationships, they express some form of ambivalence when considering the distribution and representation of masculine/feminine power (Deveries & Free,

2010). Yet with growing access to information source and communication strategies, hope can be found in knowing the youth are challenging hegemonic identities by resisting dominant discourses in their individual practices of masculinity and femininity (Deveries & Free, 2010; Seal & Erhardt, 2003). Within this foundation in place, it would be interesting to consider how the youth are breaking down these colonial ideologies of gender and observing how they reconstruct their personal masculinity and femininity to align with their cultural identity.

References

- Anderson, K., Innes, R., & Swift, J. (2012). Indigenous masculinities: Carrying the bones of the ancestors. *Canadian men and masculinities: Historical and contemporary perspectives*, 266-284.
- Antone, B. (2015). Reconstructing indigenous masculine thought. *Indigenous Men and Masculinities: Legacies, Identities, Regeneration*. 21-37.
- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International journal of social research methodology*, 8(1), 19-32. doi: 10.1080/1364557032000119616
- Ball, J., & Janyst, P. (2008). Enacting research ethics in partnerships with indigenous communities in Canada: "Do it in a good way". *Journal of Empirical Research on Human Research Ethics*, 3(2), 33-51. doi:10.1525/jer.2008.3.2.33
- Barrett, D. C., & Pollack, L. M. (2005). Whose gay community? Social class, sexual self expression, and gay community involvement. *The Sociological Quarterly*, 46(3): 437–456. doi:10.1111/j.1533-8525.2005.00021.x
- Bartlett, J. G. (2003). Involuntary cultural change, stress phenomenon and Aboriginal health status. *Canadian Journal of Public Health*, 94(3), 93–96. doi:10.17269/cjph.94.449
- Bartlett, J. G., Iwasaki, Y., Gottlieb, B., Hall, D., & Mannell, R. (2007). Framework for Aboriginal-guided decolonizing research involving Métis and First Nations persons with diabetes. *Social Science & Medicine*, 65(11), 2371-2382. doi:10.1016/j.socscimed.2007.06.011
- Battiste, M., & Henderson, J. Y. (2000). What is Indigenous knowledge. *Protecting Indigenous knowledge and heritage: A global challenge*, 35-56.
- Branom, C. (2012). Community-based participatory research as a social work research and intervention approach. *Journal of Community Practice*, 12(3), 260-273. doi:10.1080/10705422.2012.699871

- Brant Castellano, M. (2000). Updating Aboriginal traditions of knowledge. In G. Sefa Dei, B. Hall, & D. Goldin Rosenberg (Eds.), *Indigenous Knowledges in Global Contexts: Multiple Readings of Our World* (pp. 21-36). Toronto, Ontario: University of Toronto Press.
- Brant Castellano, M. (2004). Ethics of Aboriginal research. *Journal of Aboriginal Health*, 1(1), 98-114. doi: 10.3138/ijih.v1i1.28935
- Canadian Institute of Health Research [CIHR]. (2007). *CIHR Guidelines for Health Research Involving Aboriginal Peoples*. Prepared by CIHR Ethics Office. Retrieved from <http://www.cihr-irsc.gc.ca/e/29134.html>.
- Castleden, H., Morgan, V. S., & Neimanis, A. (2010). Researchers' perspectives on collective/community co-authorship in community-based participatory Indigenous research. *Journal of Empirical Research on Human Research Ethics*, 5(4), 23-32. doi:10.1525/jer.2010.5.4.23
- Cochran, P. A., Marshall, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R. M. S. (2008). Indigenous ways of knowing: Implications for participatory research and community. *American Journal of Public Health*, 98(1), 22-27. doi:10.2105/AJPH.2006.093641
- Crofoot Graham, T.L. (2002). Using reasons for living to connect to American Indian healing traditions. *The Journal of Sociology & Social Welfare*, 29(1), 55-75. Retrieved from <https://scholarworks.wmich.edu/jssw/vol29/iss1/5>
- Devries, K. M., & Free, C. (2010). 'I told him not to use condoms': masculinities, femininities and sexual health of Aboriginal Canadian young people. *Sociology of Health & Illness*, 32(6), 827-842. doi:10.1111/j.1467-9566.2010.01242.x
- Duran, B., & Walters, K. (2004). HIV/AIDS prevention in "Indian Country": Current practice, indigenist etiology models, and postcolonial approaches to change. *AIDS Education and Prevention*, 16(3): 1 87-201. doi:10.1521/aeap.16.3.187.35441
- Evans, M., Hole, R., Berg, L. D., Hutchinson, P., & Sookraj, D. (2009). Common insights, differing methodologies: Toward a fusion of indigenous methodologies, participatory

- action research, and white studies in an urban aboriginal research agenda. *Qualitative Inquiry*, 15(5), 893-910. doi:10.1177/1077800409333392
- Flicker, S., & Nixon, S. (2014). The DEPICT model for participatory qualitative health promotion research analysis piloted in Canada, Zambia and South Africa. *Health Promotion International*, 29(1), e1-e9. doi:10.1093/heapro/dat093
- Gilley, B. J., & Co-Cké, J. H. (2005). Cultural investment: Providing opportunities to reduce risky behavior among gay American Indian males. *Journal of Psychoactive Drugs*, 37(3), 293-298. doi:10.1080/02791072.2005.10400522
- Hammond, Wayne and Zimmerman, Rob (2012). *A Strengths-Based Perspective*. Retrieved from https://shed-thelight.webs.com/documents/RSL_STRENGTH_BASED_PERSPECTIVE.pdf
- Hart, M. (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm. *Journal of Indigenous Voices in Social Work*, 1(1), 1-16. Retrieved from <http://hdl.handle.net/10125/12527>
- Hoffman-Goetz, L., Friedman, D. B., & Clarke, J. N. (2005). HIV/AIDS risk factors as portrayed in mass media targeting First Nations, Métis, and Inuit peoples of Canada. *Journal of Health Communication*, 10(2), 145-162. doi:10.1080/10810730590915119
- Jacklin, K., & Kinoshameg, P. (2008). Developing a participatory aboriginal health research project: "Only if it's going to mean something". *Journal of empirical research on human research ethics*, 3(2), 53-67. doi:10.1525/jer.2008.3.2.53
- Jackson, R., Masching, R., Prentice, T., Smith, K., Amirault, M., Pendergraft, K., & Loutfy, M. (2018). A scoping review of Indigenous HIV and AIDS research in Canada. *International Journal for Indigenous Health*, In Review.
- Jackson, S. (2008). A participatory group process to analyze qualitative data. *Education & Action*, 2(2), 161-170. doi:10.1353/cpr.0.0010
- Koster, R., Baccar, K., & Lemelin, R. H. (2012). Moving from research on, to research with and for Indigenous communities: A critical reflection on community-based participatory

- research. *The Canadian Geographer/Le Géographe Canadien*, 56(2), 195-210.
doi:10.1111/j.1541-0064.2012.00428.x
- Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In *Research as resistance: Critical, Indigenous and anti-oppressive approaches*, ed. L. Brown and S. Strega. Toronto, ON: Canadian Scholars Press/Women's Press, 19–36.
- Lather, P. (1991). *Getting smart: Feminist research and pedagogy with/in the postmodern*. New York: Routledge.
- Louis, R. (2007). Can you hear us now? Voices from the margin: Using Indigenous methodologies in geographic research. *Geographical Research* 45(2): 130–139.
doi:10.1111/j.1745-5871.2007.00443.x
- Martos, A. J. (2016). Vernacular knowledge and critical pedagogy: conceptualising sexual health education for young men who have sex with men. *Sex Education*, 16(2), 184-198.
doi:10.1080/14681811.2015.1088434
- McLeod, N. (2007). *Cree narrative memory: From treaties to contemporary time*. Saskatoon, Saskatchewan: Purich Publishing Ltd.
- Miller, C. L., Spittal, P. M., Wood, E., Chan, K., Schechter, M. T., Montaner, J. S. G., & Hogg, R. S. (2006). Inadequacies in antiretroviral therapy use among Aboriginal and other Canadian populations. *AIDS care*, 18(8), 968-976. doi:10.1080/09540120500481480
- Minkler, M., & Hancock, T. (2008). Community-driven asset identification and issue selection. In M. Minkler & N. Wallerstein (Eds.), *Community-Based Participatory Research for Health* (2nd ed., pp. 153–169). San Francisco, CA: Jossey-Bass.
- Morgensen, S. L. (2015). Cutting to the roots of colonial masculinity. *Indigenous men and masculinities: Legacies, identities, regeneration*. 38-61.
- Nelson, K. M., Simoni, J. M., Pearson, C. R., & Walters, K. L. (2011). 'I've Had Unsafe Sex So Many Times Why Bother Being Safe Now?': The role of cognitions in sexual risk among American Indian/Alaska Native men who have sex with men. *Annals of Behavioral Medicine*, 42(3), 370-380. doi:10.1007/s12160-011-9302-0

- PHAC. (2010). *Population-specific HIV/AIDS status report: Aboriginal peoples*. Ottawa, Ontario: Public Health Agency of Canada (PHAC).
- Piot, P., Karim, S. S. A., Hecht, R., Legido-Quigley, H., Buse, K., Stover, J., ... & Goosby, E. (2015). Defeating AIDS—advancing global health. *The Lancet*, 386(9989), 171-218. doi:10.1016/S0140-6736(15)60658-4
- Public Health Agency of Canada [PHAC]. (2014). *HIV/AIDS Epi-Updates: Chapter Eight-- HIV/AIDS Among Aboriginal People in Canada*. (n.d.). Ottawa, CA: Public Health Agency of Canada (PHAC).
- Reason, P. (1994). Three approaches to participative inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (1st ed., pp. 324-339). Thousand Oaks, CA: Sage.
- Ristock, J. L., Zoccole, A., & Passante, L. (2011). *Aboriginal Two-Spirit and LGBTQ Migration, Mobility, and Health Research Project: Winnipeg Final Report*. 2Spirits. Retrieved from <http://www.2spirits.com/PDFolder/MMHReport.pdf>
- Seal, D. W., & Ehrhardt, A. A. (2003). Masculinity and urban men: Perceived scripts for courtship, romantic, and sexual interactions with women. *Culture, Health & Sexuality*, 5(4), 295-319. doi:10.1080/136910501171698
- Simoni, J. M., Walters, K. L., Balsam, K. F., & Meyers, S. B. (2006). Victimization, substance use, and HIV risk behaviors among gay/bisexual/two-spirit and heterosexual American Indian men in New York City. *American Journal of Public Health*, 96(12), 2240-2245. doi:10.2105/AJPH.2004.054056
- Simpson, L.R. (2004). Anticolonial strategies for the recovery and maintenance of Indigenous knowledge. *American Indian Quarterly*. 28(3,4), 373-384. doi:10.1353/aiq.2004.0107
- Smith, L. (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*. New York, New York: Zed Books Ltd.
- Sowell, R. L., & Phillips, K. D. (2010). Understanding and responding to HIV/AIDS stigma and disclosure: An international challenge for mental health nurses. *Issues in Mental Health Nursing*, 31(6), 394-402. doi:10.3109/01612840903497602

- Stokes, J., Pennock, J., & Archibald, C. P. (2006, August). Factors associated with late HIV diagnosis in Canada, 1996–2005. In *XVI International Conference on AIDS* (pp. 13-18).
- Strauss, A., & Glazer, C. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, California, SAGE Publications, Inc.
- Tobias, J. K., Richmond, C. A. M., & Luginaah, I. (2013). Community-based participatory research (CBPR) with indigenous communities: Producing respectful and reciprocal research. *Journal of Empirical Research on Human Research Ethics: An International Journal*, 8(2), 129-140. doi:10.1525/jer.2013.8.2.129
- Wenger-Nabigon, A. (2010). The Cree Medicine Wheel as an organizing paradigm of theories of human development. *Native Social Work Journal*, 7, 139-161. Retrieved from <https://zone.biblio.laurentian.ca/handle/10219/387>
- Wilson, A. (1996). How we find ourselves: Identity development and Two- Spirit people. *Harvard Educational Review*, 66 (2), 303-317. doi:10.17763/haer.66.2.n551658577h927h4
- Wilson, S. (2001). What is Indigenous research methodology? *Canadian Journal of Native Education*, 25(1), 175-179. Retrieved from <http://libaccess.mcmaster.ca/libaccess.lib.mcmaster.ca/login?url=https://search-proquest-com.libaccess.lib.mcmaster.ca/docview/230307399?accountid=12347>
- Wood, E., Kerr, T., Palepu, A., Zhang, R., Strathdee, S. A., Tyndall, M. W., ... & Hogg, R. S. (2006). Slower uptake of HIV antiretroviral therapy among Aboriginal injection drug users. *Journal of Infection*, 52(4), 233-236. doi:10.1016/j.jinf.2005.07.008
- World Health Organization [WHO]. (2004). *Gender dimensions of HIV status disclosure to sexual partners: rates, barriers and outcomes*. Retrieved from <https://www.hivlawandpolicy.org/sites/default/files/WHOgenderdimensionsofdisclosure.pdf>

Appendix A: Email Recruitment Script

Research Participants Wanted: Indigenous Masculinity and HIV Wellness

Are you interested in taking part in a research study exploring Indigenous masculinity and HIV Wellness?

Who can participate in this research study?

- Self-identify as an Indigenous man (First Nations, Métis, or Inuk) of any sexual orientation
- Self-identify as living with HIV/AIDS
- Be over the age of 18 years
- Be able to understand, read, and write in English.

What will participating in the research study involve?

- This research study has two options for participation
 - In the first option, you along with 13 other Indigenous men will be asked to travel to Toronto to attend a full day focus group focused on gathering ideas about a future research project that will explore Indigenous masculinity and HIV wellness.
 - In the second option, you will be asked to participate in an in-depth interview lasting approximately one hour either in-person, by telephone or Skype. This one-on-one interview will explore HIV disclosure and Indigenous masculinity.

Focus group participants will receive a \$100 honorarium, and interview participants will receive an \$50 honorarium for their participation. All transportation and accommodation costs will be covered by the study.

If you are interested in participating in this research study or want more information, please contact Aaron Li at 416-997-8393 or via email at liaj@mcmaster.ca. Space is limited as we are only recruiting one participant from each province/territory.

Given the sensitive nature of research, please contact Aaron directly and be careful not to communicate sensitive information via email.

Appendix B: Interview Guide

1. What parts your understanding of your masculinity is based on Indigenous teachings and culture?
2. Did your perspective of Indigenous Masculinity change after you were diagnosed with HIV?
3. Can you describe to me the process of sharing your HIV status with those who were close to you?
4. Did the process of sharing your HIV status come to affect how you perceived yourself and your masculinity?
5. Do you think Indigenous masculinity, HIV wellness, and disclosure needs to be explored in future research?

Appendix C: Letter of Consent



Letter of Information/Consent

Project Title: Indigenous Masculinity, HIV Wellness and Disclosure

Student Investigator:

Aaron Li
Department of Social Work
McMaster University
Hamilton, Ontario, Canada
E-mail: liaj@mcmaster.ca

Purpose of the Study: You are invited to take part in this study on “Indigenous Masculinity, HIV Wellness and Disclosure”. Through this project, we are hoping to learn the ways self-regulation of a masculine identity is impacted by colonization in the context of HIV disclosure for Indigenous men. I am doing this research as part of my Master in Social Work at McMaster University. We are hoping to use the conversations and the dialogues that emerge from the interview to further work alongside HIV Positive, Indigenous Men. The information you share in the interview will not be used for any other purpose than is described here.

Procedures involved in the research: From start to finish, this interview will take up roughly one hour of the day. During this interview, we will spend a small amount of time to present findings from the literature review specifically focused on how experiences of disclosure are affected by perceptions of masculinity. Afterwards, you will be asked to reflect on personal experiences and contribute to the conversation to better understand the importance and significance of Indigenous masculinity. We will spend the hour discussing questions such as: Is HIV disclosure something that needs to be explored? How do Individuals negotiate personal perceptions of masculinity in consideration of HIV status? What was the process of disclosing HIV to family, community, others? Was there an identity shift after disclosing HIV health status? We will spend the final portion of the interview discussing and exploring issues that were not necessary talked about, or salient issues you may wish to for the project to consider.

Throughout this interview, and with your permission, I will be taking handwritten notes supplemented by audio-recording the interview. This is not to connect ideas to their respective speakers, but to ensure that all the ideas and relevant information is captured and properly incorporated into their final report. Names will be excluded from the final transcriptions and final documents.

Lastly, this interview can occur in person, via phone or on Skype.

Potential Harms: Due to the nature of the project, you will be asked to reflect and share previous experiences that potentially carry emotional weight. As a result, you may feel experience a sense of anxiety or discomfort. Throughout the duration of the interview, you are given the option to withdraw or step aside from the project from any time to tend to personal health. Additionally, you do not need to answer questions that you do not want to answer or that make you feel uncomfortable.

Your involvement in this project is strictly confidential to protect your identity and privacy. Sharing what we heard in the interview will be only done consistent with how research is conducted and shared publicly (e.g., removal of all identifying information, changing names, etc.). Pertaining to the stories that will be provided, stories will be stripped of as much identifying details, such as speaker, location, names, to ensure maximum confidentiality while capturing the narrative of the story.

Potential Benefits: While there are not personal benefits associated with participation other than the honorarium, the information you provide can be potentially used to assist researchers to design a larger study focused on Indigenous masculinity and HIV health. In addition, you will receive summaries of the findings from the literature review and the interviews.

Reimbursement: You will be provided \$50 for your involvement in the interview. Participants will be provided with the option of having a check or cash mailed to them. Money will be mailed to the address that participants provide in case participants wish to keep their participant confidential from residential identifiers.

Confidentiality: I will undertake to safeguard the confidentiality of the discussion. To mitigate loss of privacy and ensure confidentiality, all interviewees will be asked to sign a letter of confidentiality to act as a non-disclosure agreement. The information you provide will be kept in a locked desk/cabinet where only I will have access to it. Information kept on a computer will be protected by a password, through McMaster's secure online storage system. Once the study has been completed, the data will be destroyed.

Participation and Withdrawal: If you want to stop being in the interview you can withdraw at any time. If you withdraw before attending the interview, you will not receive the honorarium. Participants have until the end of November 2019 to request to have their information withdrawn from the interview data analysis.

Information about the Study Results: A summary of the results can be emailed to you. If you would like to receive the summary, please let me know how you would like me to send it to you.

Note: To help us better protect your privacy and confidentiality, please avoid sending confidential or sensitive information by email.

Questions about the Study: If you have questions or need more information about the study itself, please contact me at:

Aaron Li
Department of Social Work
McMaster University
Hamilton, Ontario, Canada
E-mail: liaj@mcmaster.ca

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat
Telephone: (905) 525-9140 ext. 23142
C/o Research Office for Administrative Development and
Support
E-mail: ethicsoffice@mcmaster.ca

CONSENT

- I have read the information presented in the information letter about a study being conducted by Aaron Li of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until Nov 2019
- I understand that the information I share during the interview will not be used for any other purpose than to develop a future research project focused on HIV and Indigenous masculinity.
- I have been given a copy of this form.
- I agree to participate in the study.

Signature: _____ Date: _____

Name of Participant (Printed) _____

1. I agree that the interview can be audio recorded.

Yes

No

2. I agree to have my responses from this project used in future related projects.

Yes

No

3. Yes, I would like to receive a summary of the study's results.

Please send them to me at this email address _____

Or to this mailing address: _____

No, I do not want to receive a summary of the study's results.

4. I agree to be contacted about a follow-up interview and I understand that I can always decline the request.

Yes, please contact me at: _____

No

Appendix D: Participant Screening Script

To determine your eligibility to participate in the study, before we begin, I have a few questions to ask.

- Do you identify as an Indigenous man?
 - If yes, what is your Indigenous identity?
- Are you living with HIV/AIDS?
 - If yes, how many years are you living with HIV?
- Are you over the age of 18 years?
 - If yes, how old are you
- In which province are you currently residing
- Can you understand English?

All responses to questions must be answered affirmatively. If a potential participant is ineligible (i.e., answered “no” to any one of the questions) to participate, “thank you for your time and interest in this study, but you don’t meet the criteria we are looking.”