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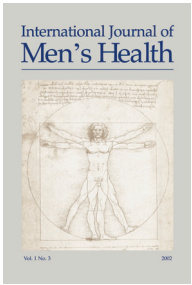

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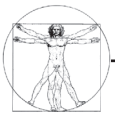

JACK BULMAN[a] AND RICK HAYES[b]

Mibbinbah and Spirit Healing: Fostering Safe, Friendly Spaces for Indigenous Males in Australia

This article seeks to share some of the insights that have been gained through a participatory action research program exploring the issue of safe spaces for Aboriginal and Torres Strait Islander males in Australia. The three-year program sought to build the capacity of the men, their organisations and their communities. It began out of the friendship of two men and expanded to include dozens of men and a number of key organisations through time. Thus, recounting some of the beginnings, progress and conclusion of the process offers some understanding of what might be possible in terms of improving the health of Indigenous males. The focus has been on a strengths-based, or salutogenic approach we call "Spirit Healing." This article seeks to provide insight into safe spaces for dealing with depression and anxiety and supporting community-based Indigenous male researchers. In the end, safe, well-facilitated spaces foster and further respect while they diminish lateral violence and its consequences.

Keywords: Indigenous male health, spirit healing, safe spaces, transfer of knowledge, diversity, participatory action research

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The authors acknowledge the right of Indigenous people to have a say in what is said about them (Brown et al., 2002). Out of respect for the various communities that are unable to more explicitly comment on this article, particulars will be kept to a minimum. A reporting process that more specifically identifies particular sites and involves participants will have been conducted during 2010. A final report on the three years of research will have been made available to the larger community at a camp celebrating the involvement of the men and their achievements in early 2011.

This present article expresses the experience and views of the two authors who are solely responsible for the comments made herein. However, the material has been presented in a number of formats at various conferences and around a number of campfires with substantial numbers of Indigenous men and women over the past couple of years. The authors have benefited from the wisdom of many people who have taken the time to sit with us and "yarn" about what we each have come to know. We have very much valued these informal, yet intensely personal conversations.

Finally, as this article begins, we wish to acknowledge the traditional custodians of the various lands that we have had the privilege of walking and we pay our respects to the Elders, past and present, of the various communities that have hosted our sites or camps. While acknowledging that we have not always understood the "proper way" (discussed below) of each place well enough, we would like to express our profound gratitude for the support and encouragement that we have received through the years.

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This article seeks to do a number of things to help readers understand some of the possibilities for improving the health of Indigenous males in Australia. It does not pretend to speak about every possibility or even to represent the majority view on these matters. Instead, it seeks to recount something of the beginnings, progress and conclusion of an important research program conduted on behalf of the *Cooperative Research Centre for Aboriginal Health* (CRCAH) as it has been known in the past. Early in 2010, the CRCAH was incorporated into the newly formed *Lowitja Institute* (Australia's National Institute for Aboriginal and Torres Strait Islander Research), which has changed both its structure and its focus somewhat. In large part, this is due to a need to meet the exigencies of current funding patterns and future research concerns. It is, as yet, unclear what place Indigenous male health will have in this third, and perhaps final, funding iteration for the *Cooperative Research Centre for Aboriginal Health*.

However, in June 2007, the previous iteration undertook a partnership with La Trobe University (Bundoora) to explore the meaning and importance of safe spaces for Aboriginal and Torres Strait Islander males. The participatory action research program was intended to build capacity in organisations and communities, as well as in and among the men. The official nomenclature of the program was CD-219, "The Indigenous Men, Health and Indigenous Men's Sheds/Spaces Research Program." However, it was soon known as "Mibbinbah," Men's Place. The language is that of the people of the Eastern Yugambeh and is used as a sign of respect for the late Bernie Williams who was our first patron.

In a very real sense, this article recounts the story of a partnership between two men in the beginning. It grew to incorporate many more men such as Uncle Bernie and his son, Craig. *Mibbinbah Limited* is now a not-for-profit Indigenous male health promotion charity seeking to cover the whole of Australia.

So, this article will begin by providing a short background to the issues and circumstances relating to Indigenous male health in Australia. Then, the methodology of the research program will be delineated. This will set the stage for discussing important learnings in relationship to: a) strengthening male friendly practice and health promotion, b) dealing with depression and anxiety among Aboriginal and Torres Strait Islander males, and c) the importance of supporting community-based male researchers. The article will conclude with some final thoughts about the nature and importance of such research partnerships. Throughout the article, respect is the one concept the binds everything together.

THINKING ABOUT INDIGENOUS MALE HEALTH IN AUSTRALIA

The two authors first met in 2004. One was working as an academic and the other was both a student and a student services officer at the *Indigenous Centre* at La Trobe University. Discussions around academic and career pathways turned into discussions concerning pathways for Indigenous males in the larger Australian society. Eventually, a partnership was formed that sought to find creative ways of promoting Indigenous participation in health promotion education through a community-based approach to participatory research (Broughton, 2001; Bulman & Hayes, 2008).

This collegial approach was further fostered when both authors took responsibility for various aspects of the *National Men's and Boy's Health Conference*. This event was held in Melbourne in 2005 and was sponsored by the *Australasian Men's Health Forum* whose president has been Professor John Macdonald for a number of years now. The *National Indigenous Male Health Convention,* which has been traditionally held before the conference, was in doubt. In part, this was due to the consequences of the Federal government disbanding a significant Aboriginal and Torres Strait Islander commission in 2004.

There was no doubt in anyone's mind that the message about Indigenous male health was too important to be lost in the political wrangling that has so often been a problem that Indigenous Australians have had to face (Couzos & Murrary, 2003; Langton, 2008). While the convention was not held, the first author supported a significant number of Indigenous males who were present in Melbourne both to attend the conference and to hold discussions of their own. One piece of writing that has featured heavily in such discussions was Mark Wenitong's (2002) report on *Indigenous Male Health*, which was published by the Office for Aboriginal and Torres Strait Islander Health (Commonwealth Department of Health and Ageing).

Wenitong is a general practitioner and a leading Indigenous male health researcher in Australia. He eventually became one of the members of Mibbinbah's critical reference group along with Alex Brown of the Baker Institute at Alice Springs in the Northern Territory. The leadership of Mick Adams was also in evidence at the conference and he too later became a member of the Mibbinbah's research reference group. His rallying cry at the Ross River Convention (Northern Territory) in 1999 was re-affirmed; Indigenous males need a place for "yarning" in order to contribute to their own healing (Adams, 1999). This was re-echoed more recently by John Liddle (2008) at the Aboriginal Male Health Summit 2008.

The two main findings of Wenitong's (2002) report were that: a) life expectancy for Indigenous males was 18-19 years less than other males in Australia, and b) Indigenous males die at three times the rate of other males from all causes and at all life stages (p. iii). Chronic conditions contribute substantively to these findings. In much of what follows, Alex Brown's analysis of the situation will provide the backdrop. This is due to his ability to succinctly tie together the biomedical, the psychosocial, and the social-structural dimensions.

As a group, Indigenous Australians experience much higher rates of various chronic conditions than non-Indigenous Australians. These conditions include cardiovascular disease, kidney disease and diabetes (ABS, 2005). In some regions, the Indigenous rates can, in fact, be up to 30 times higher for kidney disease (ESRD) (ABS, 2001, p. 89). Also, as Brown (2005) argues, Indigenous Australians demonstrate elevated rates of the "unholy trinity" of vascular risk and arteriosclerosis, diabetes, and renal impairment.

Many more Indigenous people than non-Indigenous suffer from two or more of these serious illnesses. Also, the evidence connecting coronary heart disease and depression is both reliable and strong (Brown, 2005). This association is increasingly acknowl-

edged as an issue of significance in aetiology, recurrence, progression and mortality. It has been noted by Brown that there are a number of possible pathways by which psychosocial stressors may influence an individual's risk of coronary heart disease. These include allostatic load, altered autonomic function and neuroendocrine responses, development of insulin resistance and various metabolic responses (Brown). Depression may also play a role in promoting subsequent coronary incidents. But, the issues are not merely biomedical.

As Brown (2005) argues, the erosion of the family and community social structures, through policies leading to forced separations and the decline of traditional roles and practice within families, are likely contributors. When these are paired with racism, stigma, environmental adversity and social disadvantage, they form continuous causes of stress among Aboriginal communities. Additionally, the relationship between depression and heart disease, two of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander people, can be linked to the gap that exists between the needs of Indigenous males and the services that are provided to meet these needs. According to Brown (2005), indigenous males are missing valuable opportunities for prevention of future illness and disability.

Additionally, in keeping with international evidence and experience, there are many factors that impact on the physical, social and emotional health of indigenous males (Freemantle, Officer, McAullay, & Anderson, 2007). These include the changing social and economic roles and subsequent loss of identity that often results; changing notions of men's roles in society and families; relationship breakdowns; high imprisonment rates; homophobia; negative attitudes toward disability; a propensity toward specific life-threatening diseases and injury; mental health issues such as depression, anxiety and suicide; unemployment, low wages, working patterns and hours; fathering and issues around separated fathers who often find essential services lacking or lacking in responsiveness to men and their needs (Bartlett, 1995; Devitt, Hall, & Tsey, 2001; Eckermann, Dowd, Chong, Nixon, Gray, & Johnson, 2006; Wanganeen, 1986).

While seeking to avoid competition for the resources available for women and children, the authors began to argue that there is a need for specific services for men (Flaxman, Muir, & Oprea 2009). Since many aspects of physical health and psychosocial (mental) health are considered to be women's business by both Indigenous and non-Indigenous males, men often avoid such services, if these services lack sufficient "gender competency." As a consequence, men can disregard their health and receive little or no treatment for chronic conditions that often become rapidly life-threatening. Larkin (1997) argues that, for cultural reasons, Aboriginal and Torres Strait Islander men will often only feel comfortable seeing a male health professional. There are many reasons for this that are quite important and should not be dismissed. They will be discussed, in part, below.

Yet, despite of all of this, it is important to acknowledge the strengths of Indigenous males (Brown 2004). McCoy (2004, 2009) contends that Indigenous men of Australia possess a deep sense of what health and wellbeing might mean. It is a truly holistic recognition of the interconnectedness between individuals, families and the environ-

ment (Liddle, 2008). This spiritual element of health can be seen as a unique contribution of the diverse Indigenous cultures to the wider community.

In 2005, the authors increasingly conceived that this contribution might be furthered through associations of Indigenous and non-Indigenous males working together toward a comprehensive national vision of health and well-being. They believed that this vision could support the need for ongoing gender specific research and evaluation into "men's business." Such an endeavour is necessary both in its own right and with regards to the needs and aspirations of women and children (Flaxman, Muir, & Oprea 2009).

This leads us straight into the next section of the article.

GETTING THE METHODOLOGY RIGHT

Shortly before the *National Men's and Boy's Health Conference* in 2005, Nick Tolhurst, who was then working for the Office of Senior Victorians, had approached the second author about doing research into men's sheds. He was intrigued by earlier work that had been done for the Victorian Health Promotion Foundation (Hayes, 2001) and the Mental Health Branch of the Victorian Department of Human Services (Thomas, Foreman, Hayes, & Moran, 2002). About the same time, another colleague from the far eastern portion of Victoria, Gary Green, was also increasingly interested in the reality of men's sheds.

Green, a community health nurse, obtained funds from a number of sources including the Victorian Health Promotion Foundation (VicHealth). He had thought it would be useful to hold a small conference in the regional town of Lake's Entrance, which is on the eastern coast of Victoria about four hours drive from Melbourne. The second author had been involved in earlier forums and seminars in the region and he agreed to be the second plenary speaker (Hayes, 2005). He also agreed to be interviewed on a popular radio show for the Australian Broadcasting *Corporation* before the conference. The other plenary speaker was Rob Moodie, the CEO of *VicHealth*.

The response was beyond the expectations of the organisers. They had hoped for 40 or 50 men from the region. In the end, some 160 men and women from four states participated in what has now become a biennial national event. The week was filled with discussions, presentations and long conversations. Many testimonials were offered about the importance of men's sheds in the lives of both the men and those whom they loved. Some of these stories became case studies for the Office of Senior Victorians' sponsored research (Hayes & Williamson, 2007).

What was clear from this research (Morgan, Hayes, Williamson, & Ford, 2007) and Barry Golding and his colleagues' work at the University of Ballarat (Golding, Brown, Foley, Harvey, & Gleeson, 2007) was the importance of safe, supportive environments for men. This was in terms of both their mental health and their ability to deal with change in their lives. Such research reaffirmed earlier work indicating that men in safe, well-facilitated groups associated with their networks could and would both discuss and act upon their health related concerns (Hayes, 2001, 2002, 2003; Hayes & Williamson 2008).

After the first author had graduated at the end of 2005, he moved to Queensland to take up a number of roles relating to Indigenous male's health. These were at both the regional and state levels. This put him in touch with some of the emerging discussions and concerns regarding Indigenous men's groups (McCalman et al., 2006a; McCalman et al., 2006b; Tsey & Every 2000; Tsey, Patterson, Whiteside, Baird, Baird, & Tsey, 2003). The experience of both authors led them to ask the question of whether or not it was possible to account for what makes a space safe for men to yarn in *regardless of where the group might be contextualised*. This point was important.

We wanted to recognise and acknowledge the tremendous diversity of cultures that comprise the settings in which Aboriginal and Torres Strait Islander males live. However, we thought there might be some essential aspects of safe and supportive environments. We approached a number of the people who had been undertaking research with men. At first, it was hard for people to understand what we were talking about. Then, there was an additional concern; would there be sufficient capacity for another research project of such anticipated size?

However, having been invited to share our thinking at the Cooperative Research Centre for Aboriginal Health convocation in Adelaide in late 2006, we had a breakthrough. We spoke at a session where other men also yarned about their groups. We were able to raise our questions again. We also stated our belief that safe, well-facilitated groups would do the same thing for Indigenous males that they were doing for non-Indigenous men. In fact, we felt that they would have even greater impact. The question was how we could demonstrate this. The positive response was immediate and palpable.

By January 2007, Mick Gooda, who was the CEO of the *CRCAH* at the time, arranged for the first author to be employed for six months. This allowed him to begin drafting a major research proposal. The second author was given administrative support. Through a series of quality assurance sessions with the community, a participatory action research approach was adopted. It was to take a phenomenological perspective to the processes in order for the men to tell their stories in their own way.

Such an approach was in accordance with the recommendations of a number of respected researchers in Indigenous health (Brown, Morrisey, & Sherwood, 2006; Campbell, Pyett, McCarthy, Whiteside, & Tsey, 2007; Morrisey, 2003a & b; Rowley, Daniel, Skinner, Skinner, White, & O'Dea, 2000; Sherwood, 1999; Smith et al., n.d.; Wenitong, Tsey, McCalman, Fagan, Baird, Patterson, et al. 2005) The intention was that, whatever else happened, the research program would build on the capacity of the men, their organisations and their communities (Broughton, 2001). Additionally, respect for diversity would be the watchword. Through this process, we gained three new members for our critical reference group: Kevin Rowley, Komla Tsey, and Brian McCoy.

What did we want to know? Firstly, we wanted to know what made for safe, well-facilitated spaces among Indigenous males. Secondly, we wanted to know if involvement in such spaces would change the relationship that men might have with resources and services directed toward dealing with chronic illness. We also wanted to celebrate what the men were doing. Indeed, we hoped that we might help them discover their "rightful place" (whatever that may be) in both Indigenous and non-Indigenous society in

Australia (Tsey et al., 2003). Mark Wenitong (2002) has stated that many programs managed by or for Indigenous males have little written record. In part, this is due to the fact that Aboriginal and Torres Strait Islander males have a tradition of oral "transfer of knowledge." We wished to both respect this tradition and capture it somehow in all of its immediacy.

Through many useful, and some not so useful, means we selected five initial sites along the eastern seaboard of Australia. Later, with additional funding from *beyondblue*, a national mental health promotion organisation, the research program expanded to seven sites. We had intended that a project associate would be recruited or selected by each "host" organisation. In some cases, we selected someone and negotiated with the site organisation. The research program would provide $15000 AUD per annum or something on the order of two days a week base-pay. The organisation would seek to provide for further employment.

The project associates' duties were primarily to scope out the various men's groups in a region and to establish good working relationships between these groups and the organisation. Additionally, when ethics approval had been gained, the project associates would "collect" stories of safe, well-facilitated groups. These stories would then be analysed through a descriptive phenomenological methodology. The research program would provide some opportunities for training the project associates for their organisational tasks and their research duties. It was intended that the various project associates would also be available to provide mutual support for each other.

Funding was approved for three years beginning on 30 June 2007. The first author's pay was managed initially through Menzies School of Health Research in Darwin. Later, when Mibbinbah Limited was set up as a health promotion charity, the funds were transferred to the charity that paid the first author's wages from that point onwards. Another quarter of a million dollars or so per year was earmarked for paying the project associates and other associated costs such as the travel expenses and "backfill" for the men attending the various camps. There were also expenses for an office, equipment, research support, administration, and operational costs.

Contacts were made around the eastern seaboard and conversations were held at a number of sites. Issues were raised and clarifications made. One of the critical issues was dealt with by developing the "Mibbinbah Organisational Matrix" (MOM), which will be discussed in the next section. Negotiations were held with various regional and state bodies to garner support. Materials were designed and produced to help people understand what the research program was about. The authors were asked by the funding body to be involved in a number of small projects and events to become better known.

It was not until late 2007 that a foundational camp could be held with prospective project associates in Queensland. Some of us met each other initially at the Coolangatta Airport on the Gold Coast. Others were picked up along the way in a bus borrowed from a youth organisation called *SAILS*. Eventually, we headed out by boat to one of the islands along the Gold Coast called the "Bedrooms." There were eleven men on that camp including a traditional custodian. The processes of getting there and staying safe physically, emotionally and spiritual transformed the relationships of the men.

Amazingly, this was achieved in just a few days without any overt "program." It occurred as we paid careful attention to all the little things required of caring for one's self and others in a camp away from other distractions. It occurred as we respected each person regardless of what they brought to the camp of their troubles and their joys. Later, we learned to capture the conditions for generating and maintaining this respect through a process that produced a camp "working agreement." This is now done on the first night and revisited the next morning. The agreements become the "house rules" to keep us safe together. Following a clue from Sennett (2003, pp. 56-ff), we could say that *respect* involves following a "code of conduct" in relationship to others and committing ourselves to collaboratively working together with others regardless of normal social boundaries.

After we had returned to base on the Gold Coast, we set out to walk to a local sacred site. On the walk, one of the men suggested that the group form a circle just off the path and acknowledge our names and heritage. The hair still rises on our necks as we think of that moment in the bush—something sacred was sealed then and there. And, we chuckle thinking that we soon became surrounded by bush "turkeys." They are the totem of the former CEO of the *CRCAH*, Mick Gooda. He was there keeping an eye on all us "fellas." And, *we* saw ourselves as committing to a common future. Our healing was spiritual as well as physical, emotional and social. This will be discussed more thoroughly in the next section.

So, what else have we discovered?

STRENGTHENING MALE FRIENDLY PRACTICE AND HEALTH PROMOTION

We are absolutely convinced of the importance of safe spaces. Yet, we also readily acknowledge how difficult it is for Indigenous males to find them. Still, when and where they exist, they are life-savers. Why? Because so many men, through loss of culture, loss of identity, and the lack of a male mentor, have grave doubts within themselves. It is true that some have sport, others art.

But, if things in their lives do not go according to plan, their lives often become confused. Doubt soon fills not only their minds, but also their hearts. They lose all hope for the future. And, "Spiritual Healing," the very essence of what *Mibbinbah* regards so highly, becomes clouded for these lads. They begin to wonder if it is all worthwhile—is it possible to connect to their culture again? While it is very important for some lads to still have that connection with the bush, it is equally important for others to embrace their lives in "Suburbia." They argue with great passion that this makes them no less Aboriginal or Torres Strait Islander than the next lad.

We have observed that mentors play a pivotal role in assisting younger males to reconnect to their culture at some appropriate level. A mentor is also very important in engaging with the critical health concerns of Indigenous males. It is good to hear of the experiences of others and to see how different people do things well. This is where Wenitong's understanding about transfer of knowledge among Indigenous people comes into play. Through safe spaces the men are able to connect with older men and Elders to begin the process of knowledge transfer.

This process is often very primordial, or gut level, and non-linear. If authentic, it is not a one way street. The younger ones are able to express their concerns and issues; they discover that they have been heard and helped. The older men gain new insights through this process as well. They do this by listening and reflecting carefully upon what they hear and see. This enables the renewal of hope and offers the glimmer of light that they are often searching for (Bulman & Hayes, 2008). "Spirit Healing" describes the hope that comes from having a shared vision of the future (HALT, 1991).

Yet, while mentors are important, something else is required to bind things together. Hope arises when there is something to look forward to that is meaningful for us and our significant others. Yet, creating and sustaining hope requires positive reinforcement of the good things that the men are doing in their communities (Liddle, 2008). One of the most powerful means of reinforcement is through public celebration. This includes giving men the chance to become visible leaders both in their own communities *and* in the larger society.

Such celebration of the positive affirms processes of empowerment and ownership. It deepens a sense of belonging. This occurs when a positive newspaper article is printed with a picture, a group is mentioned at an important gathering, a song is written and sung in community or on the radio, a video is uploaded to "YouTube," or when a webpage is designed and displayed about the lads. This helps to explain why black shirts with the *Mibbinbah* logo (a open black palm with red rays emanating out from the finger tips and red male figures "held" between the fingers on a sun-yellow background with Spirit Healing printed in white and *Mibbinbah* printed in black beneath the palm) are proudly worn at camps and in communities. The logo embodies that need to be there for your brothers and communities.

In turn, hope can enable the important transfer of knowledge mentioned previously. It does this by creating *confidence* in one's self and *trust* in others. Trust is essential. But, trust often involves complex social relations where different perceptions and expectations can make for uncertainty and where a failure of trust can have serious consequences (Adam & Walker, 2001; Walker, Bisset, & Adam, 2006; Walker, Pietsch, Delaney, Hahn, Wallace, & Billings, 2007; Walker, Smith, & Adam, 2009). Therefore, care must be taken because of the great diversity encountered in living as an Indigenous male, especially in our urban areas.

It is easy to understand the great diversity between Aboriginal and Torres Strait Islander peoples and non-Indigenous people. There is another level of diversity and that is between Aboriginal and Torres Strait Island peoples; they are completely separate cultures. But, it should also be remembered that there is great diversity *between* Aboriginal peoples. This needs to be considered in all our work and thinking in terms of Indigenous health. The urban areas of Australia are a gathering ground of peoples from the many lands comprising Australia itself. This is, perhaps, an even more complex situation than we find in modern Europe. More will be said about this below with regards to research.

Culturally, one of the key concepts we explored in this regard was the "proper way." "Proper way" describes a method of service delivery that fits with local lore, customs

and law (codes of conduct). It ensures that initiatives are developed and delivered in a way that is *appropriate* (suitable) to local community members. However, while it ensures culturally appropriate *methods* are used, it goes further. It ensures that the project is firmly located in the local community and is responsive to its members (Bartlett, 1995; Bartlett & Legge, 1994).

Yet, in keeping with the concept of respect mentioned earlier, "proper way" also recognizes the vast diversity among different "mobs" of Aboriginal people. It remembers that there were once ways in which these different peoples were important for each other's survival. It recalls that transfer of knowledge occurred between various people groups at significant times to ensure that important lore and law was not lost with the death of key members of one's tribal group or community.

This was not typically understood by Europeans who perceived that Indigenous workers simply walked away from their responsibilities on a whim. To refer to this, they coined the derogatory phrase, "gone walk-about." They did not understand that individuals have important roles to play in bearing the larger vision of their people and that they sometimes hold knowledge in trust for others. Death and dislocation need to be dealt with through regular opportunities for reconnection such as are afforded by the various aspects of "Sorry Business."

But, this extends beyond the time of immediate bereavement. You notice this on the camps. Within a very short time, through yarning, most people have figured out each others' mob. Some sort out how they are related, as well as the mutual friends that they share. They discover who the key people in their network might be. When they begin to trust each other, they often hear stories that they had never heard before about themselves as youngsters or about significant others. This is a key aspect that will be discussed in the next section of the article.

Given the unacceptably high death rates of Indigenous males, fostering male friendly spaces characterised by respect is vitally important. Such spaces give the males a sense of belonging, and they start to build capacity and also empower the men. This is especially important as they seek to create structured links between the various groups in their communities and in other communities around Australia (Liddle, 2008). However, it is often necessary to facilitate this process with help from "outside" due to the issue of lateral or horizontal violence. Such violence occurs when those who should be standing along side of you, use you as a means of feeling better through either overt or covert judgemental behaviour (Wingard, 2010). It is inherently opposed to respect and is often associated with diminished mental, social and spiritual health (Robertson, 2002).

Lateral violence undermines your best efforts and seeks to ensure that you do not "rise above" those around you. Unfortunately, this often means that everyone sinks down in the end (Goodleaf & Gabriel, 2009). Invidiously, lateral violence is endemic among colonised or oppressed peoples who shame, humiliate and belittle one another following behaviour modelled by their oppressors (Middelton-Moz, 1999, p. 116). So, safe spaces for Indigenous males are places that are facilitated to enhance respect and diminish lateral violence. They encourage cooperation across various boundaries to the

benefit of others, as well as one's self or group (Robertson 2002). But, this involves collectives of people, as well as individual people and groups (Goodleaf & Gabriel).

Because of this last point, we found it necessary to develop the *"Mibbinbah Organisational Matrix"* (MOM) (Bulman & Hayes 2010). This was used to help organisations and communities understand the various roles, links and relationships (Israel, Eng, Schulz, & Parker, 2005; Minkler & Wallerstein, 2003). We needed to find a way to help people *see* that they were not necessarily being *controlled* by the "outsiders" (Flaxman, Muir, & Oprea, 2009). Instead, they were being offered the capacity of enhancing resources that they often needed to build competencies and confidence (Campbell et al., 2007). We hoped to do this in such a way as to overcome the very barriers that prevent Indigenous males from supporting other good endeavours in their communities (Liddle, 2008).

Indeed, we were trying to overcome the barriers to Indigenous males providing *leadership* for whatever might be beneficial regardless of who thought of it or was promoting it (Langton, 2008). As was noted above, this required identifying and addressing common life factors affecting Aboriginal males such as racism, trans-generational trauma, and the loss of culture, identity and land. But, there are also structural issues that affect linkages and prevent coordination of essential resources across agencies (Bartlett & Legge, 1994; Flaxman, Muir, & Oprea, 2009). Some of these relate to mistrust, the often disinterested attitudes of service providers toward males, and subtle forms of racism among Indigenous people such as the "in family/out of family members," "remote/urban community origins," and "lighter/darker skin"divides.

So, we discovered that "Spirit Healing" has a structural dimension that had to be demonstrated to everyone who was involved in the program. Discussing these issues with the *"Mibbinbah Organisational Matrix"* (MOM) as a tool enabled our potential partners and participants to visually grasp the practical dimensions and the potential extensions of the support we were offering and for which we were asking. A number of critical roles within and beyond the organisation and their interrelationships were identified and illustrated.

We were able to demonstrate that the project associate actually worked for his manager. It was his manager who was *responsible* for collaborating with others to ensure that the project associate gained the skills and knowledge necessary to fulfill the aspirations of both the men and their organisations and communities. Yet, they did not do this alone. With this tool, we were able to visually *and* aurally account for the importance of a mentor for the project associate *and* a champion for the process.

The mentor helps the Indigenous male and the champion helps the organisation and the community stay focused on the positives in order to avoid the temptation to lateral violence. This eased the concern of many, but not all, CEOs who wondered where they fit into the whole scheme of things. The CEOs of each organisation were crucial to communicating between organisations and coordinating resources at a higher level than the manager. They lent crucial prestige to the activities of the project associates and to the program. During the life of the research program, many CEOs were invited and a number accepted the invitation to join the men in the various training camps. It is quite

something to see the CEO of a major Indigenous or non-Indigenous organisation preparing the evening meal or driving a bus.

The matrix also helped funding bodies understand the reach of potential involvement in the activities of the project associates, the training camps and *Mibbinbah* through time. This will be discussed more thoroughly in the next section. But, we should note here that *time* is the operative word. Relationship building is foundational to effectiveness in Indigenous communities (Eckermann, Dowd, Martin, Nixon, Gray, & Chong, 1992; Eckermann, Dowd, Chong, Nixon, Gray, & Johnson, 2006) and time is needed in order to firm up this foundation.

DEALING WITH DEPRESSION AND ANXIETY AMONG INDIGENOUS MALES

Rowling (2002) suggests that there are a range of social, structural, economic and environmental factors that affect Indigenous males. Their health is also influenced by a male's heredity, knowledge, attitudes, skills and relationship to the economic and social system both as an individual and as a member of one or more population groups. Hunter (1993, 1997) also saliently discusses and describes how issues such as unemployment and racism specifically can make Aboriginal and Torres Strait Islander males (especially younger males) more susceptible to issues such as mental illness.

Location can both exasperate the primary issues and add to the problem in secondary ways. For instance, the Indigenous population of Australia is relatively small, at about 517,000 persons or around 2.5 percent of the total population in 2006 (ABS, 2006, p. 4). However, a large percentage of Aboriginal and Torres Strait people are concentrated in outer regional (23%), remote areas (8%) and very remote (16%) areas, compared to the population resident in major cities (31%) or inner regional areas (22%) (see ABS, 2006, p. 6). Living rurally can make it difficult to maintain year round employment. Additionally, there are often shortages in health services in remote or regional Australia. Waiting lists are long; staff travel long hours, and referral criteria to specialist services often, by necessity, focus on acute or severe mental health problems.

As a result people with chronic depression, anxiety, stress and relationship problems frequently slip through the net and their needs remain unmet. In remote communities, where no GPs are present, registered Nurses and Aboriginal health workers are often the first avenue for the provision of a limited range of services. However, there are dilemmas here. For instance, workers can be presented with a double burden. They are expected to carry out the tasks for which they are employed. And, they are increasingly expected to care for the needs of men who request support beyond the workers' normal organisational responsibilities. This leads very rapidly to burn out and staff can leave both the service and the region as a result.

There are additional problems with seeking to provide help for those who are at risk of or who are actually experiencing issues relating to depression and anxiety. These have been clarified through a number of the camps over the years. The first is the perception that depression and anxiety are synonymous with psychiatric illness. When this myth was first dispelled in one of the camps, the men in the room visible relaxed. They

also became increasingly involved in the discussions of the session. Afterwards, they gathered up all the information that was made available by the trainer from *beyondblue*.

A second problem is that of accessing services that are culturally competent and available at the times that the men are most likely to ask for help. Unfortunately, it is very hard to find such services, even in urban areas. One issue is stigma. If a woman enters a health care service with a child, she can access services for herself as well as the child without there being anything thought amiss. However, a man entering a health service by himself raises questions in the minds of those who see him. Additionally, if he were to enter with a child, even more issues would be raised.

There is also the problem of being seen by a family member or a family associate when seeking help. Most men are not happy to have a family member or associate know their business because they worry that it will soon become everyone's business. Also, seeking help from a male is often a problem, if that person is relatively unknown. So, there is something of a conundrum. You typically only get to know people in a health service if you regularly attend. However, you are not likely to attend at all unless you know people who are appropriate to speak with.

Mibbinbah's "training" camps have become important to the communities that they represent and support. Training is held. However, it is very likely that in any specific training session, there will be doctors and counsellors who are there working along side of the men on the particular topic as "fellas." When mental health issues are raised in sessions or when whole sessions are focused on mental health, the men feel safe enough to tell their stories. Then, they will often approach those with recognized expertise about their issues outside of the sessions. For this reason, it is important to have "free' time in the camps.

We have come to realize how important it is for the men to be able to discover their past. They often hear this from other men who know family stories that are otherwise lost because of disconnection from communities of origin. Even knowing some of the more remote stories helps you understand what people went through and why certain choices were made by family members. Even though it remains painful, the past becomes less haunting and less harrowing. Hope is engendered and healing takes place. Again, this often occurs outside of the formal program and format. However, we think that it is the structure that makes it possible for the men to learn to be together safely.

We have seen a significant increase in attendance over the three year period. Many men return to the camps due to the encouragement of their spouses or their employers who have seen a substantial change. Employers are increasingly paying the costs of transportation and of the camp itself. Among the men who regularly attend, we have seen a decrease in unemployment rates, domestic violence incidents, alcohol addiction and drug dependence within the participatory groups. The obvious need for the continuation and extension of such spaces can be seen by the ever increasing numbers of attendees who promptly attend sessions and who engage in discussions both during the sessions and beyond (Liddle, 2008).

Of course, this openness is engendered by the rule that what is said in camp stays in camp unless permission has been given to speak about the story outside of the camp. Additionally, the mentors play a crucial role. We have watched young men literally

"grow up" in just a few short days in camp. While it takes considerable time and support to help maintain this maturity in their normal settings, the camps are often the catalyst that is commented upon by parents, guardians and other relatives.

What is needed is the development of local, regional and state camps so that the networks and associations affiliated with *Mibbinbah Limited* can provide further safe spaces and support in community. Given the exigencies of policy development in Australia at this time, support for recurring funding will require additional research to provide the sort of evidence that will win over funding bodies beyond specialist organisations such as *beyondblue*.

THE IMPORTANCE OF SUPPORTING COMMUNITY-BASED MALE RESEARCHERS

As was noted earlier, a critical issue that is often overlooked concerning research relating to Indigenous communities in Australia is the considerable diversity that exists between different mobs. What has to be kept in mind is the fact that there were hundreds of language groups among the various Aboriginal Nations. If you could imagine the differences between all the various people and language groups of Europe a thousand years ago, then you can begin to appreciate some of the issue surrounding Aboriginal cultures only one hundred years ago.

Even though most of the language facility has been lost, people belonging to the various clans and groups still have a sense of their own integrity and difference with regards to those who live nearby. This means that male researchers from local communities need skilling up so that they can take their legitimate place in processes of consultation and decision-making about research. This is not a new contention.

Frank Spry (1999) stated at the Ross River Indigenous Male Health Convention near Alice Springs (NT):

> Empowerment of Aboriginal men and their communities is crucial to the raising of men's self-esteem, quality of life, their health status and spiritual wellbeing. Indigenous men must take a leading role in improving their own health status and that of their communities. Community involvement, consultation and providing the opportunity for men to define and take control of the issues that affect them [and] paramount to achieving positive and successful outcomes. (np)

Early in 2008, both authors attended a forum that intended to support Indigenous male researchers regardless of their areas of research interest. For the most part, these were men who were either seeking to complete their advanced studies or who had recently finished such studies and wanted support for their careers as researchers. The first author had taken some responsibility for helping organizing the event that was held in Alice Springs, NT. The issues and pain of the Northern Territory (NT) Intervention were very evident (Langton, 2008; Liddle, 2008). What was also evident was the need for community researchers to have such support as well.

The first author took a greater part in helping to plan and implement a second forum held in Alice Springs early in 2009. The two authors had had more time to think through

these issues and had contributed to a compendium of stories and considerations around mentoring researchers (Laycock, Walker, Harrison, & Brands, 2009). In fact, they had been instrumental in helping to shift the emphasis away from the supervisors and toward the Indigenous researchers themselves. Similarly, *Mibbinbah* has also helped to shift more of the attention toward community-based Indigenous male researchers.

This was not done to diminish the importance of academically-based researchers. However, there was a very common-sense issue to be faced. Given the diversity of cultures among Aboriginal and Torres Strait Islander people, it is imperative that each community has a coterie of male and female researchers who are embedded within the fabric of community life. They need to be people who would be able to confidently and competently work with more academically-based researchers. However, community-based researchers need not be dependent on the presence or involvement of academically-based researchers to raise and answer their own particular questions.

As a result of a series of discussions and careful canvassing, the numbers of participants at the 2009 forum were more than double those of the previous year. Importantly, the percentage of community-based researchers who participated had increased dramatically. In fact, they represented a significant minority of those gathered. Importantly, both authors believe that the conversations, discussions and friendships of the forum were considerably deepened and enriched as a result. For this and other reasons, *Andrology Australia* provided a significant contribution to *Mibbinbah* so that the charity could help to support the growing network of academically and community-based Indigenous male researchers.

CONCLUDING THOUGHTS

How do we summarise our learning? Research among and for Indigenous people is not merely academic. It should be life affirming also. This requires an ethic of care. We suggest the ethic of "Spirit Healing." "Spirit Healing" is about having a shared vision of the future that creates hope in the hearts of individuals, groups and communities. Obviously, no one has hope if the shared vision of the future is lacking in benefit for people. So, the future must be about what is good for a person, group or community. Discovering, negotiating and fostering that good is at the heart of participatory action research that involves all genuine stakeholders.

Ironically, the past is important in determining what might be good in the future. To ignore or be unaware of the past is typically unhelpful in dealing with present realities in order to make things better for others and one's self tomorrow. Additionally, we can never overlook the fact that we share our resources with others who often live beyond our immediate social boundaries. This is not necessarily a bad thing. In fact, when well handled, diversity can enrich groups, communities and societies. Also, we need to recognise that Indigenous cultures follow an oral way or tradition.

What makes this possible is respect. Respect keeps us looking for the good in the other until we find something to base a shared reality upon. It accepts the reality of joy and sorrow, strength and weakness, and good and bad that each of us struggle to come to terms with. Yet, it does not condone harmful *behaviour* or support *practices* that

allow for its continuance. For instance, "men's business" cannot be used as a excuse for covering up unacceptable activities that harm the vulnerable.

This is because respect relies upon "codes of conduct" that allow people to be together without shame, humiliation or belittling. While "proper way" may vary between communities, it is important to understand that "proper way" is about achieving good for one's self *and* others. It is not about getting what you want without regard for the very real needs of others. It is about how different mobs go about their lives in their communities and have done so for thousands and thousands of years. Each of us as individuals, groups and communities should be concerned for "proper way."

Respect makes a commitment to working collaboratively with others to achieve something of value and mutual benefit for everyone involved. Not all of our labours need to be done in collaboration with others. We each have our own identities and interests. However, if we are to maintain hope for the future, some important level of commonality is required.

Again, it is important to note the diversity of peoples who comprise the Indigenous population of Australia. Respect is demonstrated when we are willing to work together with others regardless of the normal social boundaries that might otherwise be legitimate for various reasons. When the boundaries create barriers, respect requires that we labour to discover whether those barriers are legitimate and helpful to our *overall* living or whether they are just a convenience to hide unconscionable behaviour.

Lateral violence is one form of unconscionable behaviour. To diminish others for one's own benefit is a form of evil. Unfortunately, oppressed peoples often imitate the behaviour modelled by their oppressors. This can be passed down generation after generation until it is difficult to even make the connection between the activities of the oppressor and the identities of the oppressed. Safe spaces are facilitated to diminish the presence and effect of lateral violence and to enhance the habits of respect and the consequences of its effect on ourselves and others.

Respect must be modelled to be emulated (Liddle, 2008). Those who are truly leaders are not merely decision-makers. They are primarily the ones who make honouring codes of conduct and committing to collaboration second nature. When things go wrong, they do not humiliate, shame or belittle people directly or indirectly. They recall us to our dignity that we can celebrate publically. They ensure that transfer of knowledge can take place because we are confident in ourselves and are able to entrust ourselves appropriately to others. This knowledge opens up personal and structural pathways to physical, emotional, social and spiritual health.

To conclude, chronic conditions and the realities associated with depression and anxiety appear to form a deadly combination for many Indigenous males. Spirit Healing is one way of dealing with this nexus. But, to repeat, the healing of body, mind and spirit is integrally connected with respect and trust. Safe spaces for Indigenous males are opportunities for respect to be enhanced and lateral violence to be diminished. They help to build up the confidence and trust required to access the resources and services necessary for dealing with the chronic conditions that are seemingly endemic among the Indigenous peoples of Australia.

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