

# *Report of research activities: Inuit values, changing culture, and mental health*

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## *Executive Summary*

This document describes the results of pilot studies about community issues, health and well-being, and about the role of research in the communities conducted in two Canadian Arctic communities: Kangiqsujuaq (Nunavik), and Ulukhaktok (Inuvialuit Settlement Region). The goal of these pilot studies was to ascertain local needs and interests for community-based participatory research. We outline themes emerging from our work in both communities, discuss how Inuit understand and define health and stress, and address the issues that Inuit highlight as research priorities. Our results suggest that Inuit models of health emphasize the importance of social and mental well-being, particularly including healthy relationships.

A version of this proposal that included additional details on proposed future work was presented to the Ulukhaktok Community Corporation and the Kangiqsujuaq Northern Village Council in October 2019.

## *Background*

Five decades of research among Inuit peoples in North America has established a trend of declining health and increasing health disparities that corresponds with rapid socioeconomic and environmental changes. Much of the research on health in arctic communities has focused on (1) disease prevalence, (2) mental health conditions, or (3) how traditional practices have a protective effect against health and social stressors. In all of this research, the contribution of cultural belief and practice remains largely unexplored. While medical and epidemiological research acknowledges the importance of culture to health outcomes, acculturation is often employed as a causal agent in declining health, and assertions that culture provides a protective benefit to health and well-being do not yet articulate how this process unfolds. Additionally, much of this research employs what most anthropologists consider outdated understandings of “culture,” “acculturation” and “traditional practices,” further limiting their utility.

On a more local level, health-related issues, particularly relating to substance use, have been a recurring topic in conversations with community members over the course of our previous work concerning food security and subsistence in both Kangiqsujuaq (ER) and

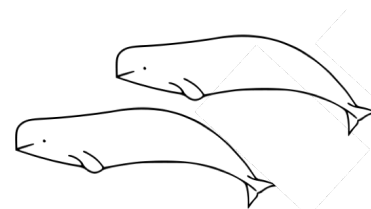


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Ulukhaktok (PC). Drawing on these academic and field-based observations, we decided to conduct pilot work to elucidate community perspectives on these issues, with the goal of identifying pressing questions at the local level and to determine how research might (or might not) be able to contribute to addressing the issues identified.

Funding for this pilot study was provided in part by the Max Planck Institute and in part by an EAGER grant from the National Science Foundation Office of Polar Programs. Community approvals for the work were secured from the Kangiqsujuaq Northern Village Council and the Ulukhaktok Community Corporation.



## Methods

### Ulukhaktok

Peter Collings has conducted two phases of health and stress research in Ulukhaktok, under Aurora Research Institute licenses #15481 and #15920, and with the approval of the University of Florida institutional review board. The first work was conducted between June and August 2014. 49 Inuit participated in surveys and cultural consensus analyses intended to identify Inuit cultural models of health (see Table 1). Additionally, exploratory, semi-structured interviews were conducted with 27 individuals in the sample to define the terms “stress” and “health.”

Additional interviews in summer 2018 followed up on the 2014 research. 11 men and 9 women between the ages of 18-74 participated in semi-structured interviews. The goal of this work was to ascertain the issues that community members are concerned about and to use this input to determine research priorities and questions. To do this, interviewees were asked a series of questions about community problems, health and well-being, sources of stress, and the roles and responsibilities of researchers in Inuit communities. Some example questions are shown in Table 3, although each interview followed a different trajectory depending on the participants’ responses.

### Kangiqsujuaq

In May and June 2018, Elspeth Ready conducted pilot research in Kangiqsujuaq to assess community needs and interests for social science research. The interviews took the same general form as the 2018 interviews in Ulukhaktok (see Table 3).

This pilot project was approved by the Northern Village Council of Kangiqsujuaq and the research procedures were reviewed by the ethics review boards (IRB) of the University of Nebraska and the University of Florida. 41 interviews were conducted with a total of 45

	Ages	Men	Women	Total
2014	18–30	8 (5)	7 (6)	15 (11)
	30–50	9 (5)	11 (6)	20 (11)
	50+	8 (4)	6 (1)	14 (5)
	Total	25 (14)	24 (13)	49 (27)
2018	18–30	3	2	5
	30–50	3	5	8
	50+	5	2	7
	Total	11	9	20

Table 1: Age and gender composition of interview samples for pilot studies in Ulukhaktok. Number in parentheses represent the subset of participants who answered questions about stress in 2014.

Ages	Men	Women	Total
18–30	6	7	13
30–50	6	9	15
50+	5	12	17
Total	17	28	45

Table 2: Age and gender composition of interview sample for pilot study in Kangiqsujuaq

Kangiqsuararmiut (see Table 2), with the assistance of Nigel Adams and Anna Kristensen.

Topic	Example questions
Community issues	What are the main problems in Kangiqsujuaq/Uluhaktok? What could be done to help resolve these problems? How are the problems that Inuit face today different than in the past? [for elders]
Health and wellness	To you, what does it mean to be “healthy?” What are the most important health problems in the community?
Stress	What kind of stress do you go through, in your job and/or at home? What do you do to relieve your stress?
Research	How can researchers be helpful for the community? What kinds of research projects does the community need?

Table 3: Example questions asked in 2018 interviews

## Results

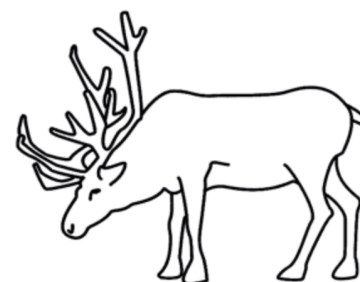
### Community issues

The most common issue identified by respondents as the most important community problem was alcohol and drug (cannabis) abuse and problems related to it, such as bootlegging/drug dealing, violence towards self and others, alcohol-related accidents, and sexual abuse. In Kangiqsujuaq, a common feeling related to this issue was that there were inadequate recreational activities available in the village, for both children and adults. A second common response to this question in both Kangiqsujuaq and Uluhaktok was a lack of communication within the community. Respondents suggested many potential reasons for this loss of connection, including a fear of gossip and criticism, a lack of common understanding between generations, an inability to speak about personal problems, and social withdrawal due to traumatic events and/or substance abuse.

### Health

The 2014 research in Uluhaktok identified a single model of what constitutes the domain of “health,” with Inuit identifying the most important components of health to be related to subsistence (eating and sharing country food), engagement with the land (teaching and/or learning to hunt/travel/survive on the land), and communication and connections with family members (speaking your language, talking to elders, being with family, having good relationships). In Kangiqsujuaq, questions about health also revealed a strong consensus around what constitutes physical health, particularly eating well (with an emphasis on consuming country foods) and keeping physically active, whether it be through sports, hunting, walking, or other activities. Conversely, consuming alcohol and

The analysis of the interviews from the 2018 pilot study is ongoing. We intend to generate two publications from this work, one focused on sources of stress and coping mechanisms in Inuit communities, and a second on the process of conducting pilot work for generating research questions using community input.



Going out on the land was viewed in both communities as an important part of health and a highly effective way to manage stress. Eating well, especially eating country food, was an important component of physical health.

cannabis, eating too much junk food or not eating enough, were considered to be unhealthy.

Many respondents in Kangiqsujuaq also felt that health had important mental and social components. These included both self-care behaviours (e.g., seeking help when in need, spending time and talking with friends and family) as well as behaviours oriented towards others. For instance, some respondents felt that having empathy, helping others by sharing, and reaching out to those in need were examples of the behaviour of a healthy person. Similarly, staying at home too much, withdrawing from socializing, not talking with others, feeling heavy all the time, and feeling trapped by unhappy thoughts were given as examples of unhealthy thoughts and behaviours.

### Stress

Economic problems, including the cost of living, food insecurity, unemployment, and economic barriers to harvesting, were the most common stressors identified by interview respondents in both communities. However, there were also many social sources of stress. “Worrying” and “overthinking” (*isumaluq*) were common problems identified in Kangiqsujuaq. Often such worrying focused on others, such as worrying about the well-being of children and grandchildren, about people using alcohol, or about hunters on the land. Dealing with the outcomes of alcohol abuse and other traumatic events such as accidents and suicides were also an important contributor to many respondents’ stress. In Ulukhaktok, social stressors included difficulties in communication with elders and other family members, “abuse” (a complicated topic, but for our purposes includes financial, verbal, and physical, including sexual assault), and trust.

Talking with others and spending time with friends and family were considered to be common and effective mechanisms for dealing with stress in both communities. Despite the perceived value of speaking with others, interviewees suggested that talking to someone was difficult. Indeed, in Kangiqsujuaq, some respondents suggested that a lack of communication with others, or keeping one’s problems “bottled up,” instead of talking with others about them, was a behaviour that caused additional stress.

Gossip, jealousy, and a lack of trusting relationships were barriers to communication in both communities. In Ulukhaktok, elders were viewed as the most valuable communication partners but younger people cited a language barrier as a significant issue. In Kangiqsujuaq, some respondents noted that it is important not to over-rely on a single person, to avoid overwhelming them and making them stressed as well.



In both Kangiqsujuaq and Ulukhaktok, respondents emphasized that being able to talk with trusted others about difficult situations was important for health and for managing stress, but that it was difficult to open up about personal problems.

Activity	#
Go for a walk/go for a drive/go on the land	19
Talk to an elder/talk to parents/visit with others	18
Smoke pot	5
Participate in Drum Dancing	3
Drink alcohol	2
Have a good cry/have a good yell	2

Table 4: Responses to “What kinds of things do you do to cope with stress?” from 2014 interviews in Ulukhaktok.

Going out on the land, hunting, sports, walking or driving around, engaging in construction or handicraft activities and generally “getting out of the house” were considered as ways of managing stress. In Kangiqsujuaq, generally keeping active was viewed by some as an antidote to the negative effects of “staying in one place,” which is associated with “overthinking.” However, in both communities going on the land was often out of reach of Inuit who lack either the equipment, skill, or supplies to get out of the settlement. Alcohol was also a common short-term coping strategy that people used to help distract themselves from their problems, but was generally considered to generate more problems than it solves. Cannabis was likewise viewed as an effective short-term coping strategy, though respondents were divided on the long-term consequences of its use. In Ulukhaktok, it was also the default coping strategy for those who did not have active communication networks or the ability to travel on the land.

### Research in the communities

Attitudes towards research and researchers were mixed among the respondents. Overall, many community members had limited familiarity with the concept of research, and primarily expressed a desire for more or improved services in the community (such as mental health care providers).

Among those respondents who were more familiar with research and researchers, several felt that the statistics and facts generated by research, especially on issues such as health, could be useful for demonstrating the community’s need for additional services. However, one respondent in Kangiqsujuaq expressed frustration that research was ineffective at providing solutions to community issues. Two respondents in Kangiqsujuaq suggested that research increased the visibility of Inuit, and in doing so potentially helped people in the south better understand Inuit culture and the problems faced by northern communities.

A small number of respondents noted that Inuit do not enjoy participating in research (even though some of these respondents felt that research could be useful). A dislike for researchers among Inuit was ascribed to cultural differences (e.g., many Inuit are not accustomed to direct questioning and may perceive it as rude). To improve these issues, respondents suggested that researchers should strive to be accessible and open to community members, for instance, by spending more time in the village to experience Inuit culture and to get to know community members on a personal level.



Respondents stressed the importance of researchers becoming familiar with Inuit culture. Photos by Peter Collings and Elspeth Ready.

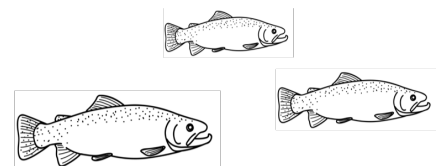
### *Conclusion*

In our pilot work, the nexus of mental health, social withdrawal, and substance use emerged as a focal point of local concern in both Kangiqsujuaq and Ulukhaktok. Based on these results, we hope to develop a comparative research project in Kangiqsujuaq and Ulukhaktok that will approach these issues by examining the role of cultural norms and models of wellness in Inuit well-being. We are particularly interested in how Inuit changing social, economic, and environmental conditions impact Inuit behaviour relative to cultural norms, and how this process may contribute to the mental health crisis in Inuit communities. This project aligns closely with the concerns brought by respondents in our pilot studies, particularly the issues of communication (especially intergenerational), a perceived breakdown of family relationships, and alternative methods of coping with stress. Generating research results that enable the development of sustainable community programs intended to improve Inuit mental health will be a key goal of our future work.

In Fall 2019, we returned to Kangiqsujuaq and Ulukhaktok to discuss these preliminary results with community members and to request additional input into the research design process. Based on these meetings, we are currently working on developing a full research proposal.

### *Acknowledgements*

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