



Anishinaabeg women's stories of wellbeing: Physical activity, restoring wellbeing, and confronting the settler colonial deficit analysis

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Abstract

The settler colonial lens deficit approach to Indigenous peoples' health constructs us as ill, which sets the stage for our eventual erasure. In contrast to this deficit-based approach, in this paper I employed an Anishinaabeg research paradigm and followed Anishinaabeg protocols to understand how Anishinaabeg women are creating wellbeing for themselves, their families, and communities through engaging in physical activity. Based on seven interviews with Anishinaabeg women who are engaged in decolonized physicality, the Anishinaabeg women participants promote *gwesayjitodoo* into *bimaadiziwin*, which means to transform oneself into a better life. The participants showed how if one can apply the concept of *gwesayjitodoo* into *bimaadiziwin* to his or her physical activity, it has potential to enact broader community wellbeing that can confront the settler colonial deficit lens that requires Indigenous peoples' erasure, and through which

Aboriginal health research has for too long been examined.

Keywords: Indigenous women, physical activity, wellbeing, Anishinaabeg women, health deficit research, settler colonialism.

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Introduction

For far too long, researchers have analysed Indigenous peoples' health through a deficit lens, which is reflective of colonial discourses of pathologisation and erasure. For instance, multiple studies have documented that when compared to the non-Indigenous population: Indigenous peoples experience heart disease at a rate that is one and a half times higher; type 2 diabetes is three to five times higher among First Nations people (Health Canada, 2006); and, Indigenous peoples have higher incidences of overweight and obesity (Katzmarzyk, 2008).

Further, the settler colonial deficit analysis positions Indigenous women as experiencing higher levels of ill health related to chronic conditions (e.g., diabetes and obesity (Findley, 2011), and as being less likely to engage in physical activity (Browne et al., 2005). Indigenous peoples experience chronic diseases, obesity, and other illnesses at far higher rates than non-Indigenous peoples (Bourassa et al. 2004; Reading, 2009). However, what is missing from the health disparity literature is how it reproduces a settler colonial narrative of erasure.

Settler colonialism requires Indigenous peoples' erasure in order to take the land (Wolfe, 2006), as such, when Indigenous peoples succumb to ill health, which the deficit analysis suggests, then the discourses of settler colonial erasure becomes further entrenched. The health deficit research (e.g. Findley, 2011, Health Canada, 2006 and Katzmarzyk, 2008) reproduces a settler colonial narrative where Indigenous peoples disappear through succumbing to ill health. Our erasure is necessary for settler governments and society to thrive, which is predicated on the theft of Indigenous territories (Arvin, Tuck, & Morrill, 2013; Battell Lowman & Barker, 2015; Veracini, 2011).

While becoming aware of health disparities is important for understanding the ill health experienced by Indigenous people, it nonetheless occurs within a colonial narrative that places mainstream health as the standard from which to measure all Indigenous people's health. When non-Indigenous health researchers document the health disparities between Indigenous and non-Indigenous people in Canada, it reproduces a discourse that normalizes mainstream health, and often pathologises Indigenous people as ill (Ahenakew, 2011; Wilson, 2008). Hokowhitu (2017) provided a succinct analysis of the pathologising nature of the deficit analysis:

The skewed or hyper focus on health that we currently have is unfortunately a manifestation of the pathologising of Indigenous peoples through medical discourses...the present and never-ending statistics surrounding the health of the Indigenous body that serve to shame Indigenous peoples have a genealogy, which reasserts over and over again that Indigenous peoples are a 'problem' (p. 3).

Further, Kukutai and Walter (2015) quite convincingly explained that settler countries use Indigenous peoples' health statistics as evidence for how to effectively control and manage the populations through state policy methods. They further argued that such statistical data are given meaning through the dominate settler states that construct them; all the while, settler states maintain their power to define, control, and eliminate (Kukutai and Walter, 2015). Additionally, despite the over-abundance of Western statistical analyses, in recent decades the health of Indigenous peoples has failed to improve and in fact has worsened, as seen in the cases of type 2 diabetes and obesity (Gionet & Roshanafshar, 2013). Rather than accepting the worsened state of Indigenous peoples' health as inevitable, considered from a settler colonialism lens, Indigenous peoples' ill health is not inevitable, but is instead employed to support our erasure and can thus be resisted.

The pathologising of Indigenous peoples' health also results in a normalization of settler health while excluding Indigenous conceptions of health. For instance, Getty (2010) problematized how "white" researchers who aim to improve Indigenous people's quality of life often reify whiteness and marginalize Indigenous people's cultural solutions. She explained,

Instead of supporting the desires and efforts of Aboriginal people to improve their quality of life, we can try to fix it for them. In so doing, absorbed in our efforts to help, we can ignore their wishes and resources, including their strengths and culture. This is the crux of the problem faced by White researchers who want to support Aboriginal peoples to improve their quality of life and health. (p. 10)

Indeed, Tuck and Yang (2014) challenged Indigenous researchers to think critically about our participation in research that inherently views us as damaged, as it perpetuates a continuance of seeing ourselves as flawed when measured against mainstream or settler health. When the settler colonial deficit lens is used to analyse Indigenous people's health and or create settler "solutions" to Indigenous people's ill health or lack of wellbeing, it is a reification of settler colonialism that promotes damage-centred research (Tuck, 2009). Furthermore, health deficit research on Indigenous peoples' health does not necessarily

resonate with many Indigenous peoples (Adelson, 2005; Ahenakew, 2011). In addition, the physical, emotional, mental, and spiritual elements that are crucial in considerations of health and wellbeing are typically not included within settler analyses of Indigenous peoples' ill health (Richmond, 2015).

While the health disparities experienced by Indigenous peoples are firmly associated with historical and current effects of settler colonialism (Loppie Reading & Wein, 2009), in efforts to find lasting solutions to ill health, Indigenous health researchers are focusing on Indigenous understandings of health and wellbeing (Ahenakew, 2011; Dion Stout, 2015; Lavallée, 2008; Tobias & Richmond, 2016). For instance, Reading (2009) recommended, "we need to identify new, innovative, and transformative ideas from the broader Indigenous community" (p. 1) if critical health problems found within Indigenous communities are to better be understood, and if novel solutions are to be found. What is required for Anishinaabeg and other Indigenous peoples, then, is for us to articulate our own reasoning for engaging in physical activity that promotes wellbeing.

Indigenous Concepts of Wellbeing

Indigenous concepts of wellbeing encompass understandings related to the whole person. Hovey, Delormier, and McComber's (2014) study sought to understand contexts of wellbeing within the community of Kahnawa:ke, which is a Onkwehon:we or Mohawk community near Montreal, Quebec. Hovey and associates (2014), expounded on wellbeing as a "multifaceted, complex interaction involving many dimensions of health" (p. 37) and is achieved by "attending to the whole person" (p. 40). The multifaceted dimensions of health are explained as everyday life experiences individuals navigate, in conjunction spiritual, social, relational, intellectual, cultural, mental, emotional (etc.) elements. But, how can physical activity help Indigenous peoples challenge ill health and achieve wellbeing?

To improve Indigenous peoples' health, Indigenous researchers (Ahenakew, 2011; Lavallée, 2008; Richmond, 2015) have argued that the lens needs to shift from a colonial one to

one that focuses on the ways that Indigenous peoples understand wellbeing through culturally significant ontologies. One such example of a culturally significant ontology promoting wellbeing is the teaching of the Medicine Wheel. For instance, Lavallée's (2007) study used the Medicine Wheel to understand how physical activity promotes wholistic wellbeing. She describes the Medicine Wheel, as comprising four interconnected quadrants including mental, emotional, physical, and spiritual. When these four quadrants are in balance, he or she fosters wellbeing, which then reverberates to achieving and maintaining good health. Indeed, Lavallée's (2007) research demonstrated that "physical activity not only benefits people physically, but it is also integrally interconnected to emotional, mental, and spiritual wellbeing" (p. 151) of a person.

Lavallée's (2008) notable study on Indigenous women's perceptions of physical activity is important for understanding how Indigenous peoples may use physical activity as a catalyst for personal wellbeing. Her research has shown how Indigenous women's experiences with physical activity can foster empowerment by helping women to challenge low self-esteem and to learn about their cultural identity. Through interviews and focus groups, including a novel arts-based inquiry approach called Anishinaabe Symbol-Based Reflection, Lavallée's participants described how they achieved wholistic wellbeing, which she described as encompassing spiritual, emotional, physical, and mental elements, through physical activity. The participants in the study reflected on the importance of the physical activity program being located at a culturally appropriate location, the Native Canadian Centre of Toronto (a Friendship Centre), and the instructor being an Indigenous person who integrated cultural teachings in the program.

The connection between culture and physical activity is significant; it spiritually connects a person to his, her or their commitment to health through physical activity. The Tohono O'odham community in Arizona is an example of how this occurs. In her article "Toka: Empowering Women and Combating Obesity in Tohono O'odham Communities," Brooks (2013) highlighted how Indigenous women use physical activity as a form of regeneration. Located in

Arizona, the Tohono O’odham community is addressing the high rates of chronic diseases by being physically active. The community regenerated Toka, a sport specific to women, to foster a commitment to physical activity. By reviving a traditional sport that is played on the land, the Tohono O’odham women are engaging in regeneration while simultaneously gaining physical fitness; they are challenging the effects of colonialism on their physical wellbeing. This is a powerful act of resistance against colonialism through regenerated strength. The Tohono O’odham community is inspiring, as its members created the programming based on their epistemology. For instance, they have coordinated their programming based on O’odham Himdag, their life ways, which draws upon their cultural wisdom and heritage to formulate solutions for their present and future (Tohono O’odham, 2013). Their efforts align with decolonization processes as they seek to overcome colonial-based solutions to ill health by using their own knowledge and culture to enact solutions.

Further, Wilson (2012) encouraged Indigenous peoples to take up physical training regimes that regenerate the physicality experienced by our ancestors to prepare a new generation of strong Indigenous peoples to overcome our current ill health, which has resulted from the impacts of colonization. She explained that, historically, Indigenous peoples would engage in physical training regimes on the land, which she argued can be replicated through contemporary practices of physical activity. These physical activities can be resumed by employing contemporary exercise “with a proven capacity to build strength, endurance, speed, flexibility, balance and coordination” (p. 132). Such physical activity may include running, martial arts, and other various activities or sports. Engagement in physical activity that is mindful of our ancestors’ physicality is thus an important aspect of enhancing wellbeing.

The preceding literature has shown how physical activity can be used as a catalyst, given the right conditions, to regenerate wholistic wellbeing among Indigenous peoples. Still, more research is needed to “explore the impact of physical activity” (Lavallée, 2007, p. 149), from Indigenous women, in particular. Thus, it is of critical importance to analyse Indigenous peoples’ stories of health and wellbeing enacted through physical activity, to discern how they may impart innovative solutions to the settler narrative of erasure via the health disparity research.

The stories from Anishinaabeg¹ women (g - plural for woman) presented in this paper, who engaged in physical activity that fosters wellbeing, challenges the settler colonial deficit lens. This shift in analysis is important, as it centres Indigenous knowledge and lived experiences as the basis to restore wellbeing, which is fundamental to confront the settler colonial deficit lens (Richmond, 2015)

In consideration of disrupting the settler colonial deficit lens, I asked Anishinaabeg women questions regarding why they became physically active, what drives them to commit to physical activity, and why it is important to them. Three key themes emerged from their stories: personal empowerment and confidence; wellbeing for oneself, family, and community; and the importance of group mentorship. Through the interviews, it became clear that as the women engaged in physical activity, they also enacted *gwesayjitodooon indo bimaadiziwin*, or transforming oneself into a better life. Through the stories of the participants, we see that they are passionately committed to their physical activities and wellbeing, which then reverberates to their families and communities. If we can each take up the practice of *gwesayjitodooon indo bimaadiziwin*, I believe immense community momentum for wellbeing can be achieved, which will confront the settler colonial deficit lens that

¹ Anishinaabeg are also known as the Ojibway people who are from the traditional territories now known as Ontario, Manitoba, and Minnesota. Anishinaabeg reside in rural and urban areas, and in their respective First Nation communities, in addition to other global localities.

pathologizes us as ill, in order to secure our eventual erasure.

Research Methodology

I deliberately used Anishinaabemowin (Anishinaabe language) and Anishinaabeg intelligence (Simpson, 2014) to guide my research. In 2014, prior to beginning my data collection, I began to articulate the Anishinaabeg research paradigm by utilizing Wilson's (2008) framework for creating an Indigenous research paradigm (including ontology, epistemology, axiology, and methodology). I looked to other Anishinaabe scholars' theorizations of Anishinaabeg ways of being (Geniusz, 2009; McGuire, 2009; Simpson, 2011; Benton-Banai, 1988), which helped me to weave together a research paradigm using Anishinaabemowin. As Anishinaabeg scholars in academia, it is essential to learn from each other through our research to contribute to creating a flourishing of Anishinaabeg research, theorization, and presence.

The Anishinaabeg research paradigm includes four interrelated components, which include: *indaadiziwin* as ontology (Geniusz, 2009); *biskaabiiyang* as epistemology (Geniusz, 2009; Simpson, 2011); the *niizhwaaswi kchtwaa kinomaadiwinan* as axiology (Benton-Banai, 1988); and, *wiisokotaatiwin* as methodology (McGuire-Adams, in press). Firstly, I used *inaadiziwin*, or the Anishinaabeg way of being, as my ontology. Throughout my research journey, I would offer tobacco to *manitouwag* (spirits), and hold my rock while writing; these practices are important as they are based within my Anishinaabeg ways of being that nurture my relationships with spiritual beings, and I would receive guidance in return. Secondly, *biskaabiiyang* means regenerating our past knowledge to foster wellbeing in the present, through a process of personal decolonization (Geniusz, 2009; Simpson, 2011). Because I am guided by my ancestors to undertake this important research, my use of *biskaabiiyang* carries a dual significance: I, firstly, used *biskaabiiyang* as my epistemological stance throughout the research process, which then, secondly, enabled me to spiritually connect with the *dibaajimowinan* of my research participants.

Thirdly, the *niizhwaaswi kchtwaa kinomaadiwinan* means seven sacred teachings or seven sacred gifts (Benton-Banai, 1988). I used the *niizwaaswi kchtwaa kinomaadiwinan* as my axiology when I fostered deeply ethical relationships with my research participants throughout the research process. Lastly, *wiisokotaatiwin*, which means gathering together for a purpose, is my Indigenous research methodology. I initially developed *wiisokotaatiwin* as part of my Master's thesis (McGuire-Adams, 2009). I further developed *wiisokotaatiwin* for my research and is an integral component of the Anishinaabeg research paradigm (McGuire-Adams, in press). The Anishinaabeg research paradigm was significant for my research. When I encountered challenges, be it conducting research or personal, the Anishinaabeg research paradigm reminded me that I was continually guided by my ancestors to undertake the work. Most importantly, the Anishinaabeg research paradigm allowed me to create an Anishinaabeg research framework from which to build meaningful relationships with my research participants.

I used storytelling as a method to engage in the interviews (Kovach, 2009; Wilson, 2008) Kovach (2009) recommended the use of Indigenous research methods such as stories or narratives, research or sharing circles, interviews, and even dreaming. She explained that for Indigenous peoples, stories are strong reminders of who we are and our belonging. Within the Indigenous research paradigm there is an "inseparable relationship between stories and knowing, and the interrelationship between narrative and research" (p. 94). I see the relevance in using stories as a research method, as we are taught that storytelling is the way our people transmit teachings, which also resonates with Anishinaabeg research paradigm. As such, for the interviews I created a series of open-ended questions that assisted the Anishinaabeg women participants in sharing aspects of their stories regarding physical activity.

Participant Recruitment and Ethical Considerations

My recruitment strategy for the interviews had two elements: key informant selection and word of mouth opportunities (Neuman, 2010). Key

informants are people who have in-depth understanding of a particular topic and provide valuable knowledge by sharing their experiences, insights, and stories (Neuman, 2010). Having lived in the Anishinaabeg territory of the [blinded region] for a number of years, I also engaged in word of mouth recruitment; I asked a number of people in the Indigenous physical activity community to spread the word about my study and recruitment efforts. Through key informant selection and word of mouth opportunities, I recruited seven women who are well known amongst Anishinaabeg communities as being exemplars of physical activity. My inclusion criteria were that the participants had to be Anishinaabeg women and they had to be engaged what I have termed “in decolonized physicality”, which is any form of physical activity that the participants specifically identified as using to foster wellbeing for oneself, family, and or community.

The research was approved by the Research Ethics Board at the University of Ottawa in November 2015 and was renewed in November 2016. Of equal importance was the continual permission and support I received from my research participants throughout the duration of my research project. As per their signed consent forms, each participant could choose to withdraw from the study at any time, without judgement or consequence. Further, each participant had the option to choose a pseudonym to protect their anonymity, or choose to use their name and community affiliations. The participants all made the choice and chose to use their names and community affiliations.

Anishinaabeg Protocols used for Research Process

Throughout the research process, I followed Anishinaabeg protocols. After the Anishinaabeg women agreed to take part in the interview and provided their informed consent (via signing the University of Ottawa Research Ethics Board consent form), I offered *semaa* (tobacco) to them² to not only thank them for agreeing to share their stories with me, but also to ensure that the manitous (spirits) would guide our intentions and assist us in remembering what was shared.

² In two instances, I was not able to offer *semaa* as these interviews took place over Skype.

Before starting the interview, I shared my Anishinaabe name, clan, and community in order to identify and acknowledge who I am. We then engaged in a conversational semi-structured interview, where they shared their stories in the way that best suited them, as opposed to being too structured and ridged. Most of the interviews lasted for an hour to an hour and a half. After I transcribed the interviews, I sent them back to the women for final review, where they had full control over editing in the transcript. This is not only an ethical research practice, but it also allowed me as an Anishinaabe researcher to engage in reciprocity and ensure that the women were actively involved in deciding how they shared their stories. I then began an Anishinaabeg-informed thematic analysis of the transcripts, which assisted me in identifying important themes arising from the stories.

Analysis

For Braun and Clarke’s (2006) approach to thematic analysis, there are six phases: 1) familiarizing oneself with the data (including transcriptions); 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) finalizing analysis and producing the report. Braun and Clarke (2006) further explained that “thematic analysis at the latent level starts to identify or examine the underlying ideas, assumptions, and conceptualizations—and ideologies—that are theorized as shaping or informing the semantic content of the data” (p. 84). Thus, as I engage in thematic analysis, which was also informed by the Anishinaabeg research paradigm (ethical and spiritual guidance), I identified core themes that arose from the women’s stories.

I continually reflected upon the aspects of the Anishinaabeg research paradigm, which gave me ethical guidance as I sought to learn from the participants’ stories. Another central element of my Anishinaabeg-informed thematic analysis was to continually seek spiritual guidance. Absolon (2011) recommended that Anishinaabe researchers take some time away from the analytic process to “mentally, emotionally, spiritually, and physically breathe, contemplate, and reflect on the process... [in order to] embody

the knowledge” (p. 34). I chose to do this. For instance, as I began my analysis, I visited the water and prayed for guidance; I offered semaa; I held onto my rock³ and kept it near me as I worked; and I took the time out from my analysis to engage in my own physicality, going for a run or completing a session of Muay Thai.

As I spiritually and physically engaged in Anishinaabeg-informed thematic analysis process, core themes began to emerge from the stories. I documented the emerging themes by creating a manual coding system using different colour highlighters as I read through the transcripts. I then created a separate document where I compiled the codes into themes: 1) personal empowerment and confidence; 2) wellbeing for oneself, family, and community; and 3) the importance of group mentorship. I will now present portions of the stories from the participants to highlight the main themes and I will then discuss how their stories promote *gwesajitodooon indo bimaadiziwin* – transforming oneself into a better life.

The Stories

Personal Empowerment and Confidence

The participants shared their reasons for why they began their journey to being physically active, which eventually led them to the forms of physical activity they currently practice. Kelly, Sarah, Rachael, and Maria all had similar experiences with being physically active as children, but ended up not feeling great about their bodies after gaining some weight as adults, due to university life for Kelly and Sarah, and pregnancies for Rachael and Maria. Carrienne shared that she was also very active growing up, but it was after the passing of her father that she noticed she had gained weight and started to have health and stress problems, which led her to begin running. Similarly, Janelle began running to address health issues and depression. Ashley began her physical activity in combat sports because she was experiencing some bullying and she also wanted to enact positive lifestyle

changes, which eventually led her to Muay Thai training.

The women spoke about how their physical activity empowered them to have confidence. For instance, Carrienne shared that when she trained for and completed a marathon, an event she thought to be only for elite athletes, it made her feel “empowered in terms of understanding my own strengths.” Rachael explained that running helps to “release energy and have a positive outcome, [and to] just feel good about yourself.” Kelly emphasized how committing to exercise everyday empowered her to feel positive and to yearn to learn more:

I was really proud of my accomplishments and being able to stick with it and I felt so good. My confidence was better, my thoughts were just more positive and I think it was that kind of experience that really got me interested in learning more about physical activity.

Sarah explained how Olympic weightlifting provides her with a happy place: “I really love Olympic weightlifting and I [am] good at it. I love the speed of it. I love the strength part of it. I love throwing heavy [weights] around and mentally it is my happy place.” Janelle shared that running makes her “feel enough, feel proud, [and] feel confident”. For Muay Thai fighter, Ashley, her multitude of championships brought media attention to her, whether it was interviews on the radio or other media sources. She explained that she “really had to practice positive thinking, positive self-talk, affirmations that give me the confidence to be able to do [media interviews].” Each of the women gained personal empowerment, and confidence by engaging in physical activity.

Wellbeing for Self, Family, and Community

Many of the women shared that they commit to being physically active for their own wellbeing, for the health of their children, and to motivate their community. For instance, Janelle explained that running fosters her personal wellbeing and it

³ I carry a teaching from my auntie that rocks are our ancestors. Therefore, when I am seeking direction I hold clutch one of my many rocks. Donald (2009) also explained that rocks provide us with guidance.

also sets a good example for her children and community:

I definitely use [running] as a tool to keep my body well, my mind well, and I really enjoy it. It makes me happy.... I just like to continue [running]...to be a good example for my children and to be a good example for anyone in the community who thinks they can't. Essentially, it is just one foot in front of the other and it doesn't matter how fast you go, it doesn't matter how far you go, it's how you feel when you are done.

Carrienne shared that she engages in physical activity for her health and to show her children that they can be physically fit: "I've always done physical activities with them and I want them to continue as adults. I want them to be healthy. I don't want them to have to rely on Western medicine to help them move through life." As a fitness instructor, her driving force is to "help people empower themselves to be better...and to prevent youth in community from getting juvenile diabetes and to not be sick." Similarly, Rachael engages in physical activity to be active and healthy for her children, but to also show them that they can live a healthy, active life.

Maria not only encourages her daughters to be physically active, but also her community of Kitigan Zibi First Nation. Every year she and her sister coordinate a community run featuring 2km, 5km, and 10 km races. She coordinates the run to raise awareness and support to find her missing niece, Maisy, and Maisy's friend Shannon⁴, and to promote fitness and health in her community. Many people, ranging from children to adults, participate in the annual run and it has become an important community event that attracts runners from around the region.

Kelly connected physical activity to mental wellbeing and pondered how it could be used to support other aspects of community wellbeing:

Exercise is the most underutilized antidepressant. I look at some of the work that I do, which is very health promotion based and very fun. I compare that to some of the other programs like youth justice or mental health programming that can be very hard subjects to deal with. It can be very heavy. But imagine if we taught exercise as part of

those programs where it's that wholistic view and we taught [clients] yoga or kettlebells, not with the mind to have bikini bodies, but more about how can you connect with your mind, your body, and your spirit and those things play a role in how you deal with some of the circumstances you are faced with in your life. If you are strong physically how could that then translate to a strong mental approach that you are dealing with in life.

Rachael also linked the good feelings she has after physical activity helps "make life a lot easier" and thinks that more people should start their day with physical activity. Similarly, Maria and Janelle both use physical activity to foster mental wellbeing and to prevent depression. They each noticed that if they stop running, their thoughts have a tendency to change from positive to negative. Through running, Janelle was able to stop taking medication for depression, while for Maria, running fosters good mental health.

For some of the women, wellbeing was also connected to their spiritual wellbeing. Janelle and Kelly both identified their physical activity as a cleansing act, similar to smudging. Janelle explained:

You know when we are having a tough time we put out our semaa, or we smudge, or we burn our sweetgrass? Well, going out for a run is just as important to me as all of that. It has moved from a physical self-care regime to a spiritual self-care regime.

Similarly, Kelly explained that whereas "some people will use smudging to clear energy...I use exercise to do that."

Ashley saw parallels between her Anishinaabeg ceremonies and Muay Thai ceremonies: "Muay Thai is both spiritual and technical." Prior to starting her fighting career in Muay Thai, Ashley attended sweat and Sun Dance ceremonies, began drumming, and learned more about the Anishinaabeg teachings and knowledge, which was an empowering time for as her "spirit was awakening." She further explained how she was drawn to practice Muay Thai because of the spiritual, ceremonial, and ancestral aspects of the martial art:

⁴ Maisy and Shannon went missing 8 years ago from Kitigan Zibi First Nation. For more information, please see <http://www.findmaisyandshannon.com>.

When I found Muay Thai, seeing that there were traditional aspects and ceremony that was practiced, it is really what I connected to when I first started training and learning about it. So, not only was it technical, defensive and offensive, fitness, strength, there was also a large part of ceremony that is connected to the art. As I learned more and eventually competed, I was taught a wai kru ram muay ceremony, which is the dance that is done before the competitors face each other in the ring. Both opponents will do this. The dance is passed down from teacher to student, just as the knowledge of Muay Thai is taught to you by your teachers and the dance itself pays homage and gives respect to the teachers, to the ancestors, and to lineage where you came from. It was truly powerful and beautiful learning the meaning of this dance. It really resonated with me at that time. Just the fact that it had a deeper spiritual meaning was why I drawn to it.

She also shared that a key part of her daily training is to run in the morning. She explained that fighters run for conditioning, endurance, to keep oneself at an optimal weight, and gets an important aspect of training done early. However, for Ashley, running carries an additional spiritual element: *“Spiritually, I feel when I run in the morning, I am connecting with the sun, and greeting the day with good motivational energy; [it] sets a good tone for the rest of my day and contributes to a positive lifestyle. Great feeling.”*

The Anishinaabeg women in this study use physical activity as a method for obtaining wellness that includes spiritual, mental, emotional, and physical elements. As they engage in their own self-transformation, they also seek to foster the transformation of their families and communities.

The Role of Group Mentorship

The women shared similar experiences with either receiving mentorship or giving mentorship to others through physical activity. Carrienne spoke about the role of group mentorship and how it relates to empowering one another. For instance, she explained that in the boot camp classes she teaches, she informs everyone that her class is about empowering each other by encouraging one another. She also explained how empowering one another challenges our oppression:

[When] we empower each other to do well and moving past that, we're [also] deconstructing that colonial thought, that oppression where we are told as women to put each other down...like that relational aggression and that lateral violence component...I see that my classes are a way of moving us out of it, even if it's just a few of us...physical activity is one way for us to move past that oppression and say well I'm just as good as the other person, I have strengths and I don't have to be part of that vicious cycle that we do to ourselves; putting each other down.

Carrienne further related how she challenges oppression in her classes by working out with her participants; she chooses to not just passively instruct her participants to work out, but she works out along with them. An additional way she fosters group mentorship with her participants is by giving them positive feedback when she sees them gain new strength:

When I get the regulars coming and I tell them, “you're much stronger than you were before,” and you see that light in their eyes when you say that they're stronger than when they first came here, it changes it for them, you know? So, when they go out, then they in turn believe that they are stronger, just from that physical activity.

The role of mentorship is a key element for Kwe Pack, which is a group of Anishinaabeg women runners located in the Fond du Lac Band of Superior Chippewa, in upper state Minnesota, U.S.A. In an effort to combat the prevalence of chronic disease and to live a healthier life for themselves, their families, and community, a group of Anishinaabeg women foster the regeneration of their wellbeing by running together. They run together because they “believe in the power of the group” (Birch-McMichael, 2015, p. 4), which creates a regenerative space that fosters their commitment to physical activity. Janelle, one of the original runners of Kwe Pack, further explained how the Kwe Pack members support one another:

When you start running it's scary, it's unknown, but we just kind of support each other through that. We created a space where everyone can come as they are. We never turn an Anishinaabe women away if they want to run with us. We take care of each other during the run, no one is left behind.

Kwe Pack supports each other with running, and through this, they foster group mentorship by building each other up in a safe and supportive space, where Janelle explained they share the same goal “of wanting to be healthy role models for our children and to continue to be healthy for ourselves.” Janelle further shared that they push each other to attain goals they once thought were out of reach:

Some of us thought we wouldn't be able to do a half marathon, some never thought they could do a full marathon, some never thought they could do a 50 K or 50 miles, and now there are two 50 milers in the group, two more attempting in the fall, and now there are three other ultra-runners, and probably about thirteen others are marathon runners.

Receiving mentorship from others was a key aspect for the participants achieving personal goals and even becoming physically active. Ashley, Rachael, Sarah, and Kelly, explained that they when they began taking up their physical activity, they had someone who either worked out with them or mentored them in their practices. For instance, at age 19 Ashley started Muay Thai training with her cousin; Rachael began running in her community of Sandy Lake with a neighbour; before Sarah started Olympic weightlifting, she and her Mother did Karate together for many years; and, Kelly sought mentorship from a colleague and friend who “walked the talk” with nutrition and physical activity, which also influenced how she mentored her clients as a Healthy Living Coordinator. Kelly explained:

I am more relaxed with my approach to physical activity. If I have a certain goal or something like that I know to train myself to do that, but now my interest is more teaching people about recognizing how food [and exercise] makes you feel and I get to do that with my work.

Mentoring and inspiring others resonated with Ashley in her practice of Muay Thai as well, which came through when I asked her what drives her to commit to her advanced training regime:

A few times people would reach out to me or come up to me and say, “that was an amazing fight and you inspired me to get in the ring.” So, inspiring others to do the same is a driver for me. Another would be giving back to people who are

also on the same journey where they are competing or just learning for fitness and you know you have this skill, so being able to share and empower someone else through sharing what you know is a really positive experience – to be able to give back to others. Another drive for me is being able to connect with different First Nations communities and being able to inspire others, give them confidence, feed their strong spirit through learning Muay Thai, if I am present to teach them.

Finally, Maria shared that support, especially for Native people, is one of the key elements for successful uptake of physical activity: “[we] need to have support from [our] families...and just having that support on a daily basis is what makes a difference.” For example, Maria explained that she ensures her family is there to support her daughter, who competes in running, by attending each of her races.

Discussion

The stories from the Anishinaabeg women are powerful. They are infused with challenges, triumphs, life changes, resounding determination, inspiration, and hope. Each of the three themes, which are personal empowerment and confidence; wellbeing for oneself, family, and community; and, the importance of group mentorship, promotes *gwesayitodoon indo bimaadiziwin* and challenges the settler colonial deficit analysis. The women spoke about how their physical activity fostered their personal empowerment and confidence. While many of the women started exercising with the intent to lose excess weight, through their sustained engagement with their physical activity, their intent morphed into fostering personal empowerment. Their physical activity caused them to engage in *gwesayitodoon indo bimaadiziwin*: through their sustained commitment to physical activity, they transformed how they initially felt about themselves, gained fitness, confidence, and improved their overall wellbeing. This finding resonates with Lavallée's (2008) research, where Indigenous women described how they achieved wholistic wellbeing through physical activity. I believe another strong factor in achieving *gwesayitodoon indo bimaadiziwin* that was shown through the women's stories is the

connection between their physical activity and spirituality.

The women spoke about how engaging in their physical activity is a cleansing act and a part of a spiritual self-care regime. Additionally, for Rachael and Ashley, exercising or running in the morning carried a significant meaning for spiritual wellbeing. Ashley's act of greeting the sun in the morning through running, or Rachael starting her day with being physically active, created positive feelings. The women's stories show that physical activity is directly associated with their spiritual wellbeing, especially when you feel a need to cleanse your wellbeing or connect to your spirituality, which reinforces *gwesayjitodoo* *indo bimaadiziiwin*. Brant Castellano (2015) reiterates that spiritual health is "expressed and sustained in relationships with family and friends...and is spread abroad in service to the community" (p.34).

Indeed, once the women fostered their own physical and spiritual transformations, they were then able to encourage others to do the same. The women shared that they engage in physical activity to keep themselves well, and to set good examples for their families and communities. By committing to physical activity, the women provide examples of how to live well for their children and communities, and thus, enact *gwesayjitodoo* *indo bimaadiziiwin* by living as examples. By being living examples of wellness, the women are helping their families and communities to do the same, by being instructors, mentors to others, or organizing community events.

The stories of *gwaysayjitodoo* *indo bimaadiziiwin* can further influence a person to engage in her own physicality because of how powerful and inspirational they are. For instance, there were times while I was conducting this research, from the interview process through to the writing process, when I became so motivated by the women's stories that I needed to engage in my own physical activity. Chartrand (2012) illuminated how Anishinaabeg stories carry the "power of story" (p. 152) and inspire the reader, or listener of the stories, to take action. The feeling of wanting to take action happened to me as I read through the women's stories as I analysed their transcripts; I would take breaks to

attend my Muay Thai class or go for a run. Having not run in many years, I only began running again after I interviewed the Anishinaabeg women. Their stories made me want to run; they gave me a surge of energy and inspiration. The women's stories showed how they connected with *gwesayjitodoo* *indo bimaadiziiwin* through physical activity, which then propelled me to engage in *gwesayjitodoo* *indo bimaadiziiwin*. Thus, *gwaysayjitodoo* *indo bimaadiziiwin* has the potential to foster individual and community wellbeing.

The stories of the Anishinaabeg women also show that they are confronting the settler colonial lens that positions them as deficient by practicing *gwesayjitodoo* *indo bimaadiziiwin*. The women all spoke about the need to be healthy for themselves and for their children. Carriane specifically mentors people in her community in order to prevent them from developing diabetes and from becoming ill. This shows that they are aware of the settler colonial deficit analysis that pathologizes them as ill, as if illness is inevitable; but they are confronting it by choosing to be healthy for themselves, which then reverberates to their families and communities. This finding is important as it shows that Anishinaabeg women are fully aware of the health disparities discourse that frames Indigenous peoples as unhealthy, but they do not passively accept ill health as an outcome for themselves. Rather, they continually counter the health deficit discourse to achieve wellbeing through their sustained commitment to physical activity, the effect of which reverberates to their families and communities.

By becoming aware of how the settler colonial deficit analysis requires us to be ill, and by taking up physical activity that engages in *gwesayjitodoo* *indo bimaadiziiwin*, I believe an immense broader community momentum for wellbeing can be achieved, which will confront the settler colonial deficit lens. It is my hope that the results of this research may assist Anishinaabeg and other Indigenous peoples with connecting with *gwesayjitodoo* *indo bimaadiziiwin* in their personal practices of physical activity, and also challenge the deficit discourse that is so prevalent in Indigenous health research. For instance, just as the women's stories inspired me to take action, their stories can assist other people to do the same. This could

start a broad community momentum of gwesayjitodoo indo bimaadiziwin with the goal to achieve wellbeing, which will make a contribution to dismantling the settler colonial deficit lens. Creating supportive atmospheres, encouraging personal empowerment and confidence, and helping each other to achieve personal goals, are key elements in gwesayjitodoo indo bimaadiziwin, which secure our health and wellbeing, not our erasure.

Conclusion

Indigenous women's perspectives on their wellbeing, achieved through physical activity, are imperative to identifying counter narratives to the health disparity research. Thus, this research is important as it presents the perspectives of Anishinaabeg women who are exemplars of physical activity in order to discern ways to confront the settler colonial health deficit lens. The Anishinaabeg women's stories of wellbeing shared in this paper, inform our understanding of how physical activity that fosters gwesayjitodoo indo bimaadiziwin challenges the settler colonial deficit analysis that pathologizes Indigenous peoples as ill. The stories of the Anishinaabeg women further revealed how they cultivated their own wellbeing, through engaging in gwesayjitodoo indo bimaadiziwin, which has had resounding effects for others in community. Nurturing one another to achieve wellness and to live a good life awaken our Anishinaabeg values, and is a process of gwesayjitodoo indo bimaadiziwin, which, I believe, can have reverberating positive effects for other Anishinaabeg and Indigenous communities. Richmond (2015) emphasized the importance of Indigenous peoples' stories of success, healing, and wellbeing are needed to counteract the deficit analysis, and provides a hopeful future for Indigenous health research. The research presented in this paper created space for Anishinaabeg women to show how wellbeing is achieved, which provided a counter narrative to the settler colonial deficit analysis.

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Appendix 1

The Anishinaabeg Women Participants

I interviewed seven Anishinaabeg women for my study. Five of them live in different parts of the province of Ontario, one lives in Minnesota, and another was living in Thailand at the time of the interview. Carrienne is from Waaskinigaa or Birch Island, Ontario, has two children, and one granddaughter. She has run multiple marathons and instructs cardio kickboxing, bootcamp, and step aerobics classes. Rachael is from Sandy Lake First Nation and now resides in Thunder Bay, Ontario. She is an avid marathon runner. In addition to her three children, she has one grandson. Maria is a mother to three daughters and is from the Kitigan Zibi First Nation located in the province of Quebec, and now resides in Ottawa, Ontario. In addition to running marathons, Maria also instructs rebounding classes and trains novice runners. Janelle is from the Bois Fort Band of Chippewa in upper State Minnesota, U.S.A. In addition to raising her three boys, she runs multiple long-distance races each year and is a founding member of the running group Kwe Pack, which is an Anishinaabeg women's running group. Kelly is from Nipissing First Nation and works at an urban Aboriginal health centre as the Healthy Living Coordinator in Ottawa, Ontario. Kelly is also a certified yoga practitioner and fitness instructor. Sarah is from Garden River First Nation located near Sault Ste. Marie, Ontario, and now lives in Ottawa. She is an Olympic weightlifter who previously competed provincially and now trains recreationally. Ashley is from the Chippewa of the Thames First Nation and lives in Cambridge, Ontario, where she is also a teacher at MAS Academy of Martial Arts Training Centres. She is a highly decorated Muay Thai⁵ champion and, at the time of our interview, she was living in Thailand in order to exclusively train and compete in Muay Thai. Although the women have their preferred form of physical activity, whether it is running, kickboxing, etc., they all cross train with other forms of physical activity.

Rachael, Maria, Janelle, and Carrienne are primarily long-distance runners, but they also weight train or attend other physical activity classes. Ashley is a Muay Thai fighter but she also trains in powerlifting, running, and functional strength training. Kelly tries to get outside as much as possible in addition to her yoga practice, and Sarah enjoys long walks to complement her Olympic weightlifting.

⁵ Muay Thai is a form of kickboxing that originated in Thailand, and has become popular in North America. This martial art is known for its use of elbows, knees, and clinch. For more information, see https://en.wikipedia.org/wiki/Muay_Thai.