THE EXPERIENCE OF SELF-DESTRUCTIVE BEHAVIOR
IN FIRST NATIONS ADOLESCENT GIRLS

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ABSTRACT

This study is an attempt to better understand the experience of self-destructive behaviour in First Nations adolescent girls by telling their stories, discussing factors that may contribute to the behaviours, and providing counselling insight. Not every Native girl experiences self-destructive behaviour, however those that do require more effective solutions to their problems. There is ample literature regarding non-Native girls and their experiences with self-destructive behaviour. This is not the case with Native girls, and this study is an attempt to fill the literature gap, and at the same time provide insight into counselling practice.

Many factors may contribute to the experience of self-destructive behaviour in First Nations adolescent girls (e.g., gender, developmental stages, parenting, cultural norms and values, and discrimination). The combination of these issues compounds each other and creates the context for the experience of self-destructive behaviour specific to Native girls. This reality puts them at risk for truancy, juvenile delinquency, teen pregnancy, drug and alcohol abuse, depression, anxiety, eating disorders, self-harming, and ultimately suicide.

In order to understand the circumstances or events that lead to a young Native woman’s experience with self-destructive behaviour I interviewed three women using in-depth, semi-structured interviews. When answering the open-ended questions I asked, the interviewees revealed a story with a beginning, middle, and end. This story reflected the different stages in their lives, childhood, adolescence, and eventually young adulthood. Analysis of the interviews through theme identification revealed common threads through each woman’s life. Although each woman had unique experiences, their stories revealed many commonalities. These common themes reflect factors that counsellors should consider when counselling First Nations girls who are experiencing self-destructive behaviour.
The results of the study suggest that counsellors should not isolate factors that lead to self-destructive behaviour. For example, First Nations girls experience not just racism or neglectful parenting -- they experience both of the factors. The contributing factors begin early in life and compound one another as the girl's life progresses.

Hopefully, this study contributes to the betterment of individual Native girls, also to the betterment of the families' and communities' health.
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In honour of:

My Ancestors
All First Nations People
and
The Young Women at Outreach High School

"Let our voices lead her to another way"

Chrystos
CHAPTER ONE

Introduction

The focus of this study is the experience of self-destructive behaviour in First Nations adolescent girls. Because I am both a counsellor and a Native woman, I value the political and personal importance of adding to a body of knowledge about Native girls. This study is personal because I have witnessed the effects that self-destructive behaviour has had on First Nation girls, their families, and our communities. Such behaviours exist on a continuum of mildly harmful to devastating. On the mildly harmful end of the continuum there is truancy, and on the devastating end there is suicide. These behaviours are not only harmful to the individual, they also hurt the family by continuing the cycle of violence, poverty, and cultural degradation. On a political level these behaviours harm the rest of Canadian society by placing heavy burdens on social services, the courts, and by perpetuating negative stereotypes about Native people.

Self-destructive behaviour, in the case of Native girls, includes but is not limited to teen pregnancy, truancy, juvenile delinquency, self-mutilation, eating disorders, drug and alcohol abuse, and suicidal behaviours. Knowing which factors and the context that contributes to such behaviour could shape treatment, and by creating a fuller picture of the experiences of these girls, counsellors may have a greater chance of effectively helping their clients. Thus, the purpose of this study is to explore the factors and their complexity that contribute to First Nations girls’ self-destructive behaviour, with the intent to inform counselling practice.

In developing this study, I focused on as much First Nations literature as possible. However, the complexity of the issue, and the many factors that contribute to the experience of self-destructive behaviour have necessitated a broader overview of the relevant literature. Wherever possible I have referenced other First Nations people, and used data that reflects the voices of First Nations people (e.g., Green, 1997; Ing, 1990; McCormick, 1998).
A study completed by the Status of Women in Canada indicates that there is a need for more research on Aboriginal women. “As a means of counterbalancing the traditional disregard shown by researchers and policy makers for the real differences that exist among and within different Aboriginal women, it is recommended that in-depth and sustained attention be focused on the documentation of the particular problems and challenges facing (inter alia) the girl child, Aboriginal women with disabilities, Metis women, lesbian and elderly Aboriginal women, and urban Aboriginal women” (cited in Kipling & Stout, 1995, executive summary, v).

From an examination of the literature, I found very little research about First Nations girls that explores self-destructive behaviour. In fact, “large gaps in the literature (women’s health issues) remain, which must be addressed if there is to be a lasting impact on the health of Aboriginal women” (Kipling & Stout, 1995, p. 11). This lack of knowledge means there is little awareness of the subjective experience of self-destructive behaviour in First Nations girls and raises concerns about how counsellors perceive and treat these girls.

Many social problems result from self-destructive behaviours. According to Health Canada “The current high proportion of the population of dependent age (First Nations people) will continue to place heavy burdens on families and on a variety of social services, including infant and child health-care, family counselling and support, and other services involved with the needs of families and youth” (Health Canada, 1995, p. 26). First Nations youth comprise the largest segment of the First Nations population; they are a growing population (Health Canada), and the experience considerable social problems (French, 1989; Green, 1997; Ing, 1990). Thus, the results of the present study may be helpful for present and future generations of First Nations people.

First Nations girls have the highest teen pregnancy rate in the province of British Columbia (Health Canada, 1995), and are at a high risk for violent death. In fact, “the female mortality rate
due to violence was far higher among status Indian women for the years 1989 to 1993 than it was for Canadian women in general” (Kipling & Stout, 1995, p. 5). Kirmayer states that “The overall rate of suicide among Canada’s First Nations persons is 3 to 5 times higher than the national average, and, in fact, is the highest of any culturally identifiable group in the world” (cited in Chandler, Lalonde, & Sokol, 1999, p. 16). The rate for First Nations youth is even higher; reaching 5 to 10 times higher than the previous statistic (Chandler, et al.). That means that 1 in 20 of this generation’s First Nations youth will end up dying by suicide (Chandler, et al.). In fact, in the case of First Nations adolescent girls and young women, McBride and Bobet state that “the high incidence of violent death among status Indian women is, to a significant degree, due to the extremely high rates of suicide among these women, particularly in the 15 to 24 age cohort” (cited in Kipling & Stout, p. 5). First Nations girls are at risk and need help in addressing their high rates of suicide.

The Canadian Psychological Associations’ guidelines for therapy and counselling indicate that “the therapist/counsellor recognizes the existence of social bias against women, and explores with the client the possibility that her problems may be based in society’s definition of women’s roles rather than entirely within herself” (Pettifor, Larson, & Cammeraert, 1980, p. 105). Thus, the onus is on counsellors who work with women to know the issues they face. This is particularly important when dealing with First Nations girls, who may face social biases based on their gender, as well as, race (Lachapelle, 1982). Considering that there is little relevant literature regarding counselling First Nations girls, some counsellors may not take into consideration gender biases that society may harbor against those young women. In this study, I explore social biases as they relate to the experience of self-destructive behaviour in First Nations girls.

The final rationale for this study is implicit. That is, if there is little relevant literature and the rates of suicide, violence, drug and alcohol abuse remain high, the quality of counselling services
and treatments can be questioned. It is apparent that high rates of suicide among First Nations girls indicate a need for a better understanding of their experience. The present study adds to a body of knowledge that will, in turn, inform the counsellors who work with them.

The results of this research may have a two-fold effect of helping individual girls as well as the First Nations community as a whole. This notion of helping the community by helping the individual comes from the First Nation's norm of collectivism (Brant, 1990; French, 1989; Fournier, 1997; Green, 1997; Ing, 1990). First Nations people usually form a tight knit community where families are bound to one another, and what affects the individual affects the family and ultimately the community. This holistic worldview is one I wish to support by studying First Nations girls, because by enhancing a counsellor's awareness about the experience of self-destructiveness, helping may become more effective, and in turn, the First Nations community could benefit.

The present study is an attempt to document research results that are accessible to a variety of people in the First Nations community. Accessibility refers to the study's use of language that is understandable to those individuals without a university education. I value accessibility because ethical First Nations research seeks to better the tribal community (Scott & Recever, 1994), and by creating a document that is inaccessible the study will not benefit tribal communities. This study balances the academic requirements of a thesis and the grassroots requirements of First Nations counselling. I hope that the material presented is accessible to most First Nations people.

Increased awareness of self-destructive behaviour in First Nations girls may reveal factors that contribute to this behaviour. Therefore, the purpose of this study was to explore the experience of self-destructive behaviour in order to identify the factors and their complex interactions in specific contexts that contribute to the experience. Some of the factors I expected to be revealed
through the narratives of young First Nations women are racism and segregation, gender, developmental issues, cultural norms and values, and parenting issues. It is important to note that these factors cannot be isolated from one another. They compound each other to create a complex experience for many First Nations girls. This study sought to reveal that complexity by examining the narratives of First Nations women, and addresses the following questions: (a) What self-destructive behaviours did you engage in? (b) What do you feel led to those behaviours in your adolescence? (c) What changed for you that ended those behaviours? (d) What would have made your teenage years easier? and (e) What would help young girls today?
CHAPTER TWO

Literature Review

In the following literature review, I identify factors that may contribute to the experience of self-destructive behaviour in First Nations girls. The literature review reflects my research into the topic of, and work with, First Nations adolescent girls. I was able to find literature that broadly covers issues that affect First Nations health and well-being. Also, I was able to uncover literature that discussed issues that impacted non-Native girls. However, to date no one has tried to understand how the combination and interaction of these issues are associated with self-destructive behaviour in First Nations adolescent girls. I have attempted to integrate two kinds of research (First Nations and feminist) in hopes of creating a clearer understanding so that counsellors may be effective in their treatment of First Nations girls. These factors include: racism and segregation, gender, developmental issues, cultural norms and values, First Nations parenting, and the affects those have on First Nations people. However, I am aware that this is not an exhaustive list of factors and that it is based on my observations of, and experiences as, a young First Nations woman and counsellor.

Racism and Segregation

Political and social forces may contribute to First Nations girls’ experience of self-destructive behaviour (Duran & Duran, 1995; Tapping & White, 1992). First Nations people were given the right to be citizens in this country only recently in Canadian history. In the early part of the 1960s, the right to vote was given, however one of the lingering effects has been a legacy of segregation of First Nations people from the rest of Canada (Assembly of First Nations, 1994). Our communities are located on reservations and in ghettoized areas of cities. Poverty, violence, and feelings of hopelessness mark these segregated communities. Hopeless feelings can result
from marginalization, and may contribute to self-destructive behaviour (French, 1989; Green, 1997; Ing, 1990; Tapping & White).

Green (1997) proposes that racism has a negative effect on self-esteem and points out that self-esteem may be linked to "achievement, the ability to adjust to environmental demands, as well as influencing one’s general state of well-being" (Green, p. 24). One result of racist attitudes towards First Nations people may be a cycle of self-hate and self-contempt. In fact, Green (p. 25) suggests that "the lack of self-esteem is central to most personal and social ills." Green has linked such self-destructive behaviours as "drug and alcohol abuse, truancy, teenage pregnancy, juvenile delinquency, child abuse, eating disorders, depression and anxiety" (p. 24) to the effects of racism on self-esteem in the First Nations community. Many First Nations girls grow-up in an environment of self-hate and self-contempt, not just from their own community but from many other non-First Nations people. As a result First Nations girls may suffer from a lowered self-esteem, and as Green suggests "improving the self-esteem in First Nation’s communities will decrease the high incidence of self-destruction" (p. 24).

First Nations girls face the negative stereotypes that have evolved from racism, as well as the dual discrimination of being First Nations and a woman. Many stereotypes of First Nations women exist such as "whores" or "drunks," unlovable, animalistic, and definitely not beautiful (Lavalle, 1968; Maracle, 1996). Such demeaning attributes may damage the self-esteem of young First Nations women, and contribute to their experience of self-destructive behaviour.

**Gender and Development**

Gender and the developmental stages of adolescence and early childhood may also contribute to the experience of self-destructive behaviour in the girls. There is a body of literature that supports the idea that there are different developmental stages that express themselves in specific
emotional needs (Erikson, 1968). These emotional needs, if unmet, can lead to emotional and behavioural problems for First Nations girls (Erikson, 1968; Ing, 1990).

First Nations girls who have been reared by parents traumatized by the residential school system (a topic I cover later in the literature review) may face early trauma as a result of abusive or neglectful parents. According to developmental theory, early trust formation is the foundation for healthy emotional growth. Basic trust is a concept in developmental theory founded by Erickson (Erikson, 1968), and must be established in early infancy so a child can feel safe in attachments to others. This basic trust promotes healthy parental relationships, however, when trust is not established, through neglect or abuse, negative feelings and relationships continue into adulthood (Ing, 1990). In Ing’s research, interviews with residential school survivors revealed that in the First Nations community “among the young adults, who are the first generation of those whom went to school, there are many serious problems” (p.33). Thus, because of compromised parenting in early childhood, some First Nations girls may not have established basic trust, and as a result they may develop serious interpersonal problems. One could infer that First Nations girls experience self-destructive behaviour as a result of unhealthy emotional growth.

The second developmental issue relates to gender. Adolescence is a very difficult time for girls in general (Brown, Clark, & Richman, 1985). Some writers and counsellors have noted that regardless of upbringing adolescence is full of turmoil and unhappiness for many girls (Friedman, 1997; Gilligan, 1982; Miller, 1994; Orenstein, 1994; Pipher, 1994). According to Erickson (1968), during this time, a teenager’s identity is forming. Teenage girls negotiate their identities through social relations outside of their parent’s home (e.g., with peers). Girls push the boundaries and are prone to peer pressure and societal norms of beauty and body image (Friedman; Gilligan; Miller; Orenstein; Pipher). Essentially, adolescent girls are trying to form a
unique identity, while still trying to fit into their peer and society’s unrealistic, and often contradictory, expectations of women (Friedman; Gilligan; Miller; Orenstein; Pipher).

Adolescent girls soon discover that it is impossible to be both feminine and a healthy adult. Pipher (1994) notes that women value attributes such as passivity and dependence as women, but that they also value being active and independent as adults. These conflicting expectations create a conflict in girls revealed in counselling, which may result in a dramatic reduction in self-esteem (Pipher). Other authors have discussed the connection between the reduction in self-esteem and the increase in self-destructive behaviours such as anorexia, bulimia, self-cutting, and drug and alcohol abuse (Friedman, 1997; Miller, 1994; Pipher). This conflict, which may result in a lowered self-esteem, is applicable to First Nations girls as they too strive for an identity in an atmosphere of negative stereotypes of First Nations women.

Self-destructive behaviour may also be a result of First Nations girls repressed anger. Miller (1994) has noted in her discussion of self-harming behaviour in girls, that some girls will engage in those behaviours as a way of expressing anger. Some girls may differ from boys, in that when a girl experiences anger she will tend to harm herself rather than external objects or people (Miller). However, when boys are angered, according to Miller, they can resort to violence towards others. Gender differences in expression of anger are important to consider as factors that contribute to self-destructive behaviour in First Nations girls. This is especially noteworthy because many First Nations girls could be exposed to anger provoking situations such as racism, sexism, segregation, and poverty. Thus, they are more likely to be repressing anger, and, therefore, possibly engaging in self-destructive behaviour.

First Nations Cultural Values and Norms

If a First Nations girls’ self-destructive behaviour is a result of repressed anger, that behaviour could be compounded by cultural norms of collectivism and emotional repression (Brant, 1990;
French, 1989). First Nations culture is collective, that is, First Nations people usually form a tight knit community where families are bound to one another, and what affects the individual affects the family and ultimately the community (Brant, 1990; French, 1989). Collectivism has been an important part of our survival (Brant), however, it could make First Nations girls more susceptible to the experience of self-destructive behaviour. First, what happens politically and socially in the community may negatively impact First Nations girls’ behaviour. Collectivism connects people emotionally and spiritually; therefore, making them vulnerable to each other. Collectivist society is like a chain, and if one of those links sustains damage the whole chain is weakened, if not destroyed. Thus, what happens to individuals affects the group, and so First Nations girls could be negatively affected by what happens socially and politically.

Second, First Nations peoples’ long history of collectivist values has resulted in a set of ethics and rules of behaviour (Brant, 1990; French, 1989). Collectivism values the needs of the group over the needs of the individual, and “ensuring group unity and cohesion were essential for survival in a hostile environment” (Brant, p. 534). First Nations culture has survived by adopting values of conflict suppression in the form of non-interference, non-competitiveness, emotional restraint, and sharing (Brant). Emotional restraint has been referred to as the harmony ethos, that promotes avoidance of conflict, commanding others, displays of emotion, and public embarrassing others (French). However, these values could add to the intensity of some of the emotional problems First Nations people experience. For example, many First Nations people continue to live marginalized lives and may experience a great deal of negative emotions that have been repressed. The rituals and people that were historically in place to deal with emotions are no longer widely accessible (e.g., sweat lodges, or healing people). Thus, the value of emotional repression could compound the gender differences in the expression of anger. As a result, unreleased anger and sadness may have a vehicle for expression in the abuse of drugs and
alcohol (French), or other forms of self-destructive behaviour. Self-destructive behaviour could be a way of expressing, and coping with, difficult emotions for some First Nations girls.

**First Nations’ Parenting**

Parenting issues are also salient to the development of self-destructive behaviour. Parents are the messengers for our culture and according to Ing’s research into First Nations parenting styles (1990), First Nations parents have not been able to pass on their culture because of the effects of residential schooling. Without pride in their culture First Nations youth are left with the prevailing negative stereotypes of First Nations people. Additionally, Ing’s interviews with survivors of the residential school system revealed that some First Nations parents can be neglectful, abusive, and emotionally distant with their children. Another consequence that the residential school system has had on parenting is that it has created a cycle of physical, emotional, and sexual abuse (Assembly of First Nations, 1994; Fournier, 1997; Ing, 1990). Not only did residential schooling influence a First Nations parents ability to transfer cultural identity, it traumatized the majority of adult First-Nations people. According to Fournier, there is an estimated global traumatization of 80% of the Canadian First Nations adults. Additionally, the Assembly of First Nations concluded that many First Nations adults could be living with Post Traumatic Stress Disorder (PTSD). Fournier and the AFN base these estimates on the overall numbers of First Nations people who attended the schools.

Trauma is “unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke responses of catastrophe” (Assembly of First Nations, p. 66). This definition fits the DSM IV diagnostic criteria for PTSD (Barlow & Durand, 1995), and relates to the experience of self-destructive behaviour in First Nations girls.
Most First Nations adults experienced or witnessed traumatic events in the residential school system in the form of systematic sexual, emotional, and physical abuse perpetrated by the caretakers at the schools (Fournier, 1997). In addition, children were in a prison-like situation, unable to leave the schools under any circumstance, and they experienced helplessness and terror as a result of being traumatized (e.g., threats to life with beatings and the inability to leave). Decades later the symptoms of PTSD have emerged as “panic attacks, insomnia, uncontrollable anger, alcohol and drug abuse, sexual inadequacy or addiction, the inability to form intimate relationships, eating disorders…” (Assembly of First Nations, 1994, p. 12). Thus, some First Nations girls may be exposed to parenting that is compromised by neglect, abuse, shame, and fear (Ing, 1990) resulting in decreases in their emotional and physical well being, that could contribute to the experience of self-destructive behaviour. Abusive parenting has been associated with high rates of suicide, violence, substance abuse, eating disorders, and depression in First Nations youth today (Ing).

Lack of adequate parenting could be one of the major issues facing First Nations adolescent girls in their experience of self-destructive behaviour. Not only do they come from a culture that values emotional repression, but also for some, their home environment may be marked by emotional and physical violence as a result of their parents’ traumatization as children themselves. As teenagers they may be angry and hurt, unable to express negative feelings in an environment of racism, segregation, and negative stereotypes. This may result in self-destructive behaviours such as juvenile delinquency, truancy, teen pregnancy, drug and alcohol abuse, eating disorders, self-mutilation, and suicide.

The factors that may play a role in the experience of self-destructive behaviour in First Nations adolescent girls are racism and segregation, gender, developmental issues, cultural norms and values, and First Nations parenting. These issues are extremely complex, interconnected, and
multifaceted. The factors that contribute to self-destructive behaviour outlined in the literature review are not only complex they are compounding. As a researcher, I am interested in examining those contributing factors, and how they interplay to create the experience of self-destructive behaviour in First Nations girls. A reductionistic approach would take away the complexity of the girl’s experiences, and would ultimately limit the research. It is important to consider all of the contributing factors and not to isolate each one. The experience of self-destructive behaviour cannot simply be blamed on racism. First Nations girls experience destructive behaviour because of a host of circumstances (neglectful parenting, sexism, and early trauma) and adolescence deepens the emotional pain experienced as a result of racism.

Documenting the complexity of the women’s lives enables me to identify implications for counselling. We need to understand the experiences of self-destructive behaviour if we are to know what helps or hinders in counselling services. At the beginning of this paper I offered quantitative data to illustrate how First Nations girls die as a result of violent means (Chandler, et al., 1999; Kipling & Stout, 1995). These statistics, however, do not inform counselling practice, nor offer solutions to First Nations communities. The women’s stories are complex and the factors that contributed to their behaviours not only changed over time they compounded each other. Through listening to their stories I am more likely to uncover knowledge that may enable counsellors to plan treatment programs that address self-destructive behaviour. The questions that I asked the interviewees were utilized to uncover the experience of self-destructive behaviour in these First Nations girls, to explore the contributing factors and their complexity, as well as implications for counselling.

The results of the present study may enhance a counsellor’s ability to offer effective treatment in the face of self-destructive behaviour. This is especially important in a collectivist societ where the healing of the individual may lead to healing of the whole community.
CHAPTER THREE
Methodology

The purpose of this study was to explore the experience of self-destructive behaviour in First Nations adolescent girls. I have chosen this topic for many reasons, all of which reflect my assumptions, values, and beliefs as a First Nations woman, counsellor, and researcher. There is ample evidence that First Nations girls are at risk for suicide and other self-destructive behaviours (Chandler, et al., 1999; Kipling & Stout, 1995). A better understanding of their stories and experiences may lead to better counselling practice.

The method I have chosen to gain a better understanding is feminist interviewing. This method was used to draw out the narratives of First Nations women who have experienced self-destructive behaviour during their adolescence. The outcomes of this study include the stories and contexts of the women, as well, as themes that reflect common threads throughout each of the interviewees’ life. Although the themes are based on an abstraction of the women’s experiences, the themes inform counselling practice with First Nations girls experiencing self-destructive behaviour.

Feminist interviews are a Western approach to conducting research, however in my opinion they provide a framework for completing ethical First Nations research. Feminist interviews seek “to achieve the active involvement of their respondents in the construction of data about their lives” (Reinharz, 1992, p. 18). Feminist interviews are characterized by many similar features to a counselling relationship -- establishing trust, commitment to an egalitarian relationship between interviewer and interviewee, accepting interviewees story as true, careful listening, checking interpretations with interviewees, helping interviewees, and self-disclosing when it benefits the interviewee (Reinharz).
Feminist interviewing can reveal the narratives of interviewees, which can provide a vehicle for the voices of First Nations women's stories that have implications for counselling First Nations girls. Because this study is concerned with their experiences with self-destructive behaviour, I have used the basics of narrative inquiry as it “is the study of the ways humans experience the world …and the reconstruction of personal stories” (Connelly & Clandinin, 1990, p. 2). The women's stories are complex and the factors that contributed to their behaviours not only changed over time they compounded each other. Narratives are stories of experiences and for this study, have provided insight for counselling First Nations girls experiencing self-destructive behaviour.

Assumptions

My assumptions are reflected in the values that frame the methodology I have chosen. Interviews as open-ended narrative processes where women tell their stories of self-destructive behaviour reflect my values of trust, empathy, careful listening, and my belief in First Nations women's stories as true.

I am interested in providing insight into counselling practice that is based on the stories of First Nations women who have experienced self-destructive behaviour. This interest reflects assumptions that are based on First Nations and feminist research values. A feminist perspective values the voice of individual women’s stories, and a First Nations perspective values the betterment of the First Nations community. This interplay between the individual and community is important to consider when researching First Nations people because the interplay upholds collectivist values (Freeman, 1994; Scott & Recever, 1994).

First Nations research is accountable to the First Nations community, not only the research community (Scott & Recever). Ethical First Nations research should “maximize benefits to tribal communities” (Freeman, 1994, p. 513). Focusing on First Nations voices and stories is one wa
that research can benefit the lives of First Nations communities (Hughes, Seidman, & Williams, 1993; Scott & Receiver, 1994). This study values the voices of First Nations women by documenting their stories, revealing common themes, and making recommendations for counselling First Nations girls. So, the present study not only considers factors that contribute to the experience of self-destructive behaviour in First Nations girls, it seeks to improve counselling, thereby bettering the First Nations community.

A feminist perspective values improving the lives of women on a social and political level by developing information for the community that is reflective of the voices of those women being studied (Gallos, 1997; Harding, 1997; Reinharz, 1992). By understanding young First Nations women and their experience of self-destructive behaviour, they will be helped on an individual level, and as a group. A feminist approach promotes the movement of First Nations women away from self-destructiveness, and ultimately away from a place of oppression of which they occupy in Canada today.

**Sample and Procedure**

The First Nations women who responded to my advertisements were from the Lower Mainland of Vancouver. I sent posters to the Musqueam and Squamish Band and Councils for advertising approval (see Appendix A). However, I did not receive feedback from the two urban reservations. I advertised at the Vancouver Friendship Center, the Native Education Center, the Urban Native Youth Center, Hay-Way Noqu', Helping Spirit Lodge, Association of First Nations women and handed out the poster at a meeting for research in Aboriginal women’s health. I received permission by telephone and in person before advertising at these organizations. I also advertised by ‘word-of-mouth’ through a youth and family worker at Outreach high school. I began advertising September 7th, 1999 and completed the first interview by September 30th, the second October 30th, and the last November 8th. The women were ages 28, 34, and 35. Two of
the respondents identified themselves as current or past residents of the East Side of Vancouver, and the third was from out of province. The advertisements called for women between the ages of 18 and 35 who had some resolution or “ending” to their story of self-destructive behaviour. I did this because I value the counselling and research ethic of doing no harm, and that means asking people to tell a sad story when they are ready to do so. I could not ask a woman to tell a difficult story if she was still in the middle of it.

The respondents phoned a research line in the Counselling Department and left their phone numbers. I insured that the women were not currently participating in self-destructive behaviour, had some resolution to their self-destructive behaviours, and had seen the advertisement. The advertisement noted the definition of self-destructive behaviour, the approximate duration of the interviewing process, who I am and the women’s right to confidentiality. Once I verified that she knew the above stated factors, we made arrangements for a time to meet. Each woman agreed that meeting in her home was the most confidential and comfortable place to complete the interviews. However, I was ready to find time in the YWCA interviewing rooms, or a classroom at a First Nations college after school hours.

When we first met, the women were quite anxious to discuss their stories. Each woman completed audiotaped interviews in her home, which lasted approximately 2 hours. In total three individual interviews were completed each one lasting just over 2 hours. The interviewees were also given the option to phone me to add or take-away information revealed in the interviews. met each woman a second time to do member checks and verify themes that I identified from their individual interviews. These meetings lasted approximately an hour each. I took hand written notes to record any of the changes they requested. In one case an interviewee e-mailed me the changes as well as met with me to discuss her reflections on the themes.
At the beginning of each initial interview I gave information about my counselling, what nation I was from, and what had led me to do a theses on the topic of self-destructive behaviour. I gave them the consent form to sign giving them ample time to go over it (see Appendix B). I reiterated to them that what they told me was confidential, unless they were hurting themselves or others, and that they were free to leave the study any time they wanted.

When the women had signed the consent form, I reviewed my definition of self-destructive behaviour. I did this as a way of reminding them of the advertisement, and as a way of having a beginning point to the interview (see Appendix C). This definition described the behaviours as truancy, teen pregnancy, self-mutilation, eating disorders, drug and alcohol abuse, and suicidal behaviour. However, I reminded them that this definition was limited, and they may have engaged in other behaviours. This led to the first question “What behaviours did you engage in?” and second “What do you feel led to the those behaviours?” When the interviewees had explored these questions a natural changing point emerged and I asked two more questions “What changed for you that ended the behaviours” and “What would have made your teenage years easier?” did not ask the latter two questions sequentially but waited for the first one to be discussed and ended the interview with a discussion about what would have helped them. The interviews did not end here though. The interviewees felt inclined to tell me what they think would help teenage girls today – not just what would have helped them. I tried to use these four main questions to guide the interviews, however many other questions were asked to probe deeper into the women’s histories. Their stories were not limited by these questions, and in fact each woman told an in-depth life story that had a beginning, middle, and end. Each woman openly reflected on her childhood, family, adolescence, peers, and early adulthood.

During the initial 2 hour interviews, I established and maintained a trusting respectful and warm rapport. Thus, the interviewee’s uniqueness as individuals began to stand out. This
technique increased accuracy and allowed for corrective feedback when necessary (Reinharz, 1992). Without the establishment and maintenance of trust, little or no information of value would have been collected. Being a First Nations interviewer helped in establishing early trust. Because I could empathize with their experiences, and did not judge their actions, the women felt safe in revealing their lives. This was also true because I used self-disclosure revealing relevant information about myself. That is that I am a First Nations person, a counsellor, and someone whose family has dealt with serious issues such as residential schools, and I too have had experiences with self-destructive behaviours.

Self-Reflection

The interviewing process was enriched by the fact that I am a First Nations woman, a First Nations counsellor, I am young, and I too have experienced self-destructive behaviour. I shared information about my own experiences with racism and sexism, and my own family’s struggle with the effects of residential schools. I did not grow-up on a reservation, and in fact lived a very privileged life in the suburbs of Ontario. That did not however shelter me from racism and our family’s struggle with the effects of residential schools. My mother went to residential school, as well as her brothers and sisters. She told me the truth about the schools at a young age, helping me understand her and other First Nations people. I knew that many First Nations people lived only knowing fear and shame, and that my own mother was often afraid and experienced a great deal of free floating stress. She called it “worrying all the time” and it would sometimes turn into anger. As a teenager I experienced a great deal of free-floating stress and fear. During this time I did not get along with my mother. This led to many problems in our family and my life. Our family has fought long and hard to find peace and we did that when we went to a First Nations counsellor. This was the first time someone was able to frame my mothers’ experience and help us heal our family and ourselves.
As a counsellor I could share information about First Nations counselling issues with the interviewees. I have provided counselling for First Nations couples, children, youth, adults, and families. These experiences not only guided my research and enriched the interviews; they provide special insight into this study. My experiences shaped how I conducted this research, as well as how I apply it to the betterment of my community. I sought to complete this study with compassion and understanding in mind.

**Data Analysis**

As indicated earlier, the interviews were audio taped with a dictaphone. Although one interview was lost because I misused the dictaphone – the woman was willing to complete the interview a second time. During the interviews, I took short notes and wrote journal notes later. In my journal notes, I reflected on my own communication and what the woman had said. After each interview I went over the audiotape, and listened very generally to the woman’s story, then went over the tapes a second time to transcribe the material into written form. Each interview was transcribed shortly after it had been completed. The notes from my journal and the initial reflections of the interviews were combined to create fuller stories – ones that had story lines. Each woman had a unique story line that reflected overall feelings throughout her life. These feelings though were caused by negative experiences in her life. The interviewees had different story lines, but had very similar experiences that resulted in self-destructive behaviour.

Before I identified the themes, I met with my advisor and a methodologist to reflect on my general findings and procedures. This was an important part of the research in that I was able to reflect on the women’s stories, their story lines, and how that affected implications for counselling. I took notes during these meetings and used those notes to partially guide me in identifying themes. I spent several weeks reviewing notes and interviews before I went on to summarize common themes.
After all three recorded interviews had been transcribed into written form I analyzed the content of each interview again. I searched for common themes throughout the stories of the women. My journal notes, initial thoughts about the interviews, and reflections with my advisor were combined to enhance the accuracy of the theme identification. This process allowed me to draw-out commonalities in the women's experience with self-destructive behaviour during their adolescence. The themes were presented to my thesis advisor, and then were presented to each interviewee for a member check.

**Theme Identification**

Identifying themes involved describing commonalities in the women's stories of destructive behaviour. "Preliminary description often involves noting patterns and themes that are observed in the setting and/or revealed in interviews, and clustering similar people, events, or processes together to begin making categories and help one see connections among objects/people/events" (Palys, 1997, p. 229). I selected information from the women's stories that was relevant to experiences of self-destructive behaviour in First Nations adolescent girls. I made note of themes and patterns by clustering people, events, or processes together in an effort to connect the experience of these young women. For example, the women's experience with people was very similar; they experienced neglectful and unpredictable parents, as well as, unhealthy peer relationships. Thus, data selection was based on information from the interviews that related to that experience. I chose to use theme identification as a way of discussing implications for counselling. The themes that emerged from the interviews reflected the counselling needs of the women when they were teenagers. Themes that related to the question "what do you feel led to your behaviours" clearly revealed underlying causes of behaviours and insinuated counselling needs. For example, a description of neglectful parenting as it relates to a cause of self-destructive behaviour insinuates that a young person may have to explore the effects of
residential schools on their families in counselling as a way of understanding and managing negative behaviours.

Each woman's experience was unique, however there were similarities. I explored similarities by reviewing the beginning, middle, and end of the interviewees' stories. For example, in the beginning of each story there were themes of parental history and behaviours. Each woman had a negative parenting experience, even though each of those was negative in unique ways. Adolescence was a time when negative experiences escalated and self-destructive behaviours began to emerge. Last, each woman's life changed as she moved into early adulthood, reflecting common themes of increased self-awareness.

I documented the themes from the original transcript by compiling a 20 page document broken down into three separate sections representing each interviewee (see appendix D). Each section contained identical subsections that were broken down by each of the main questions asked. For example, the question "What do you feel led to your self-destructive behaviour" led to common themes of contributing factors in each interviewee's life. The text was divided into approximately seven pages per interviewee. Each seven-page section had the same themes with different examples and quotes that reflected the individual interviewee's response.

**Member Checks**

Because I regarded the women I interviewed as "co-researchers" (Reinharz, 1992), conducted member checks in order not to risk silencing the women, re-victimizing them, and ultimately exploiting them. Member checks address the trustworthiness of this study by ensuring credibility (Guba & Lincoln, 1985). By going back and checking themes with my interviewees, have ensured that the data collected has some credibility. The women were given the opportunity to agree or disagree with the themes I produced when I returned to talk to them a second time. They were given a seven page typed document that broke down their interviews into themes.
Each participant was told ahead of time the purpose of the members check, and that it was to identify common themes that would improve counselling practice with First Nation adolescent girls experiencing self-destructive behaviour. I encouraged them to disagree with me if I had not accurately portrayed their experiences. Minor changes were made to two of the participant’s themes and I left with each woman pleased with the results. After the member checks, blankets were given in honor of the women’s gift to me by telling their story. This is a teaching I have received from elders in my life.
CHAPTER FOUR

RESULTS

The purpose of this study was to explore the experience of self-destructive behaviour in First Nations adolescent girls. From that purpose I developed four main open-ended questions to guide the interviews. First, I present the individual stories of the women to document their unique experience. Also, each interviewee had common responses and experiences that have implications for counselling. The interviewees chose aliases to protect their privacy.

The Women’s Stories

Shelly

Shelly is a 34-year-old woman who has lived in the East Side of Vancouver since she was 5 years old. Her story line is the role of loss in her life, and its affect on her self-destructive behaviour. Shelly experienced many losses that she feels altered her life and led to her self-destructive behaviours. Those include alcohol abuse and prostitution. In 1979, both her brothers died and her stepfather left the home permanently. Her parents’ separation and her brothers’ death were losses that hurt Shelly deeply. From that time on she lived alone with her mother and the losses in her life escalated creating stress and depression in her life.

After her parents divorced, the stress of living with her mother began to escalate. Shelly feels that she lost her mother at this time, and describes her mother as “devastated” by the divorce and the death of her two sons. From the ages of 13 to 16 Shelly recalls feeling that “a big chunk of my life disappeared.” While her mother was suicidal and erratic during this time, Shelly became her mother’s caretaker. She remembers feeling very overwhelmed by her roles as student, caretaker, and daughter. Shelly not only lost her mother, she lost part of her childhood.

Shelly also felt she had lost understanding from others. The counsellors at school did not understand her losses and belittled the situation. At this point her friends became her main
source of support. Shelly’s life became overwhelming and she put herself into the care of Social Services. This presented her with further loss in that she was put into predominantly a white community where she lost her friends and her only family, her mother.

Shelly, after being taken out of care, lost what little security she had. Her feelings of loss became intensified and she began to feel “out of it” or dissociative. Shelly dropped out of high school and turned to new friends whom she knew were self-destructive. She began drinking heavily as a way to deal with her pain and losses. Shelly felt suicidal herself; sometimes feeling that it would be easier to die than to live with the bad relationships in her life. Those relationships included her mother, social workers, and boyfriend. Shelly was kidnapped, held at knifepoint, and raped by her boyfriend. This experience represented further loss in her life, a loss of part of her self.

Shelly’s dissociative feelings were now very strong and she worked in prostitution for a short period of time. This final loss of the self devastated Shelly leaving her feeling ashamed with herself, and yet she was able to leave prostitution after her fourth encounter. Her losses continued when former employers confronted her angrily about what she was doing. However, one street worker helped her forgive herself. His supportive talks enabled Shelly to move towards more positive actions in her life.

**Daphne**

Daphne is a 28 year-old First Nations woman originally from Eastern Canada where her stor takes place. Daphne’s self-destructive behaviour included alcohol abuse, eating disorders, and promiscuity. Daphne’s story line is one of chaos and its role in her self-destructive behaviour. She describes her childhood in terms of total chaos. Daphne grew-up in a “house of chaos” alone with her mother. Daphne was neglected, and exposed to violence and alcohol abuse. Daphne’s chaotic life began in early childhood, when she recalls being left alone from age five onwards.
She remembers crying and praying for her mother to return home, unfortunately it never happened. Not only that there was usually no food in the home; food was used as a peace offering from her mother. Food later became a source of self-destructive behaviour; she either ate too much or too little.

Daphne experienced emotional chaos. She witnessed a great deal of violence when her mother and boyfriend would drink and physically fight. Daphne recalls trying to end those disputes. Her mothers’ drinking also created chaos, when she was drinking she was very happy and when she was not she was depressed. Daphne remembers a mother that displayed very little emotional vulnerability. For example, her mother never cried and punished Daphne if she did.

Daphne began drinking by age 12, feeling that it was her adult privilege. Adolescence brought on many physiological changes, and the chaos in her life continued. She began drinking and used alcohol to cope with her own lost feelings. She continued to have issues with food, and began to use sex with men as a way of validating herself. She feels her promiscuity was a way of seeking out love, the love she had not received as a child.

Daphne’s story changed when she received an education, first on her own through self-help books and second when she attended college. She moved in with a roommate who introduced Daphne to self-help books, and that introduced her to issues of neglect and violence and their affects on survivors. This led to Daphne seeking out a richer education – this time in regards to First Nations history and culture. She ultimately learnt more about herself, and was able to feel better about it. Receiving an education was a part of ending the chaos in her life and bringing self-destructive behaviour to an end.

**Betty**

Betty is a 35-year-old mother of three. She is also a long term resident of the Vancouver Eastside, originally from a small B.C. community. Betty described her self-destructive behaviour
as using drugs and alcohol, enduring abusive boyfriends, and two suicide attempts. Betty’s stor
line is one of fear and powerlessness and how they played a major role in her experience with
self-destructive behaviour. Betty’s father was a violent and unpredictable man, who until she
was in her mid teens beat her mother. Betty remembers feeling terrified during her childhood.
She was constantly afraid of when her fathers’ moods were going to change. When her father
drank he would talk about upsetting parts of his life in residential school, and his hatred towards
non-First Nations people. He was only affectionate when he was drinking, other times he was
cold and distant. He also would have other men in the house that would participate with him in
these activities. Betty recalls several attempts by men to sexually abuse her. Her father was
rarely at home, his work took him away, but upon his return the family would endure his violence
and moodiness. Her mother tried the best she could and eventually left the community and father
when Betty was 15.

Betty’s family moved to Vancouver where fear and powerlessness continued. Betty’s mother
reconciled with the father, the physical abuse ended but the unpredictability remained the same.
Betty’s feelings of fear heightened as she entered the mostly white community of her new high
school. She was painfully shy, and spoke only when spoken to. She recalls feeling different than
the other students, especially the other girls who were racist. The fighting at home continued,
and no one at her high school appeared interested in her progress. She ran away from home and
dropped-out of high school.

Betty went to the Downtown Eastside of Vancouver and began “partying” and living with
friends. She remembers feeling lost, and when she was 16 she was drugged and raped by two
boys. Her relationships with men went on to be abusive, she recalls that “all the boyfriends I’ve
had have been abusive ones.” The abuse had become normal to Betty; she did not question it but
she blamed it on alcohol or herself. This powerlessness continued for many years for Betty. The
father of her children is a very violent man who gave Betty little support. He kidnapped their child when Betty tried to leave. She felt trapped in this relationship – powerless over her life. One of Betty’s children drowned and her boyfriend “seemed relieved” since it was not his child. This incredible loss and the lack of support she received drove Betty to attempt suicide. She remained in the relationship, and attempted suicide a second time when her boyfriend was put in jail for a violent crime against another woman. Even though he was finally out of her life, she felt lost without him.

Betty’s fear and powerlessness changed after the second suicide attempt. She did not want to die, she wanted to live to be the best parent to her children. Also, after her second suicide attempt, she experienced a very close call with death. That experience made her realize how afraid she was of dying. As a result she sought out help and went into group, and individual counselling with the support of the people at her work. She is now less fearful for her safety because her boyfriend will be declared a dangerous offender, and feels less powerless because she now helps other young women in abusive relationships.

These three stories represent the lives of three courageous women, who survived and persevered against many odds. Their stories are unique and special, and their struggles will guide attempts to understand the experience of self-destructive behaviour in First Nations adolescent girls.

Themes

The first question was “What behaviours did you engage in?” The responses are not identified as common themes, but are discussed in the individual stories of the women.

The second question “What do you feel led to those behaviours?” revealed the following themes (a) parenting issues – history and behaviours, (b) social factors – racism, gender, and lack of cultural awareness, (c) sexual assault, and (d) peer influences.
The third question “What changed for you that ended those behaviours?” revealed the following common themes (a) cultural awareness, (b) feelings of dissatisfaction or “knowing” something was not “right in their life, (c) counselling, (d) talking circles, and (e) unconditional support from another or others.

The fourth question “What would have made your teenage years easier?” revealed the following common themes (a) appropriate adult intervention, (b) culturally sensitive counselling, and (c) cultural education. These themes reflect counselling needs of First Nations adolescent girls who are exhibiting self-destructive behaviours, or whose family is experiencing difficulties.

The fifth question emerged out of what the interviewees wanted to discuss; it was not one of my original questions. “What could help today’s youth?” revealed the following themes: (a) culturally appropriate counselling, (b) cultural awareness, and (c) education.

**What led to self-destructive behaviour?**

I begin the discussion of the themes with the first major theme in the experience of self-destructive behaviour for the participants.

**Parents’ History and Behaviours**

The first common theme was parents’ history and behaviours. Each interviewee began their discussion with a description of their childhood as it related to the behaviours of their parent. Each interviewee named one parent who contributed the most to their self-destructive behaviour.

Shelly began her discussion of self-destructive behaviour with a description of her family. Shelly’s brothers died and the events that followed molded her experiences of self-destructive behaviour. She and her mother lived alone in Vancouver and her mother began to experience serious difficulties. These difficulties included severe depression and suicidal feelings. Shelly’s basic needs were not being met, and she became her mother’s caretaker. Not only were Shelly’s basic needs not being met her mother was erratic and physically abusive with her. Shell
remembers “she (her mother) was on medication and I was scared every time I came home, wondered if she was still alive.” The situation was made worse by her feelings of tremendous loss of her brothers. By the time she was 13 Shelly felt “locked into the apartment” she lived in with her mother and felt that there was no way out.

As a result of her brothers death and her mothers neglect and abuse, Shelly began to feel suicidal. Shelly feels that she learnt to cope like her mother. “It would be easier to be dead now than it would to be alive … when things got tough I felt life would be easier, so much easier … wouldn’t have to deal with bad relationships (mom, social workers, and boyfriend).” She described her mother as showing little or no emotions to her, especially as it related to loss. “learnt to be the same … my mom doesn’t cry and I took it on.”

Shelly described her mother’s history and how this affected her own ability to cope and to express emotions. Her mother broke her back when she was 3 years old and was raised in a hospital. Her mother eventually returned to her community but was often shunned for inappropriate cultural behaviours and lack of knowledge of the language. Her mother was also sexually abused as a child. Shelly feels that these affected her mother’s ability to properly parent, and that “we inherit things we don’t even know about” – that she inherited fear and pain experienced by her mother. Shelly partially attributes her self-destructive behaviour to her mother’s behaviours. Her mother was suicidal, erratic, neglectful, abusive, and unable to express feelings to her daughter. Shelly describes mother-daughter relationships as “Native women when they have daughters it’s different than sons, mother’s lack positive emotions, they don’t grieve, we don’t, we keep the silence.” Shelly connected her experience with lack of emotional expression and coping as a woman when she discussed her promiscuous behaviour as “we (girls) find a way to express bottled-up pain.” So, Shelly’s behaviours – promiscuity, prostitution,
alcohol abuse, entering into abusive relationships – relate to abuse, erratic behaviour, as well, as learnt coping strategies as they related specifically to her mother.

Parents’ history and behaviours are also important in describing an experience with self-destructive behaviour for another interviewee, Daphne. Like Shelly, Daphne began her story of self-destructive behaviour with a discussion of her childhood and mother. Daphne’s mother was neglectful. “I was alone as a child, a lot...she (mother) was partying but not making sure there was a babysitter.” Instead Daphne took care of her mother by cooking and cleaning the house, from the age of 5 onwards. Daphne’s mother was an alcoholic and was physically and emotionally unavailable to Daphne, “she (mother) had a lot of ‘I don’t need anyone’ and ‘always covering-up that pain she never talked about that.” Daphne felt that her mother’s emotional expression was affected by alcohol, “it was happy high when she was drunk and then it was miserable when she wasn’t...and then the anger and fights when she was drinking, fights with her boyfriend.” It appears that alcohol initiated emotional expression for Daphne’s mother, however, emotional pain was kept inside. “I think I have seen her twice cry and both times I tried to go to her she just turned me away...‘just get away from me’ is what she’s said.” So, similarl to Shelly, Daphne experienced her mother as expressing mostly negative feelings and an inability to cope with difficult feelings without the use of alcohol. And like Shelly, Daphne describes her home life as “a house of chaos” marked by violent episodes with men and verbal abuse from her mother.

Daphne’s behaviours included promiscuity, alcohol abuse, overeating and then undereating to control her weight. Both interviewees describe feelings of dissociation when their adolescent years became very difficult, Shelly described feeling “not having herself” and “floating”, whereas Daphne felt a “void” and “out of it.” Daphne’s mother’s history is similar to Shelly’s mothers. Daphne’s mother was abandoned by alcoholic, neglectful parents by age 5 and was adopted at
age 9. Her mothers parents went to a residential school and Daphne feels that her mother was “affected by the residential school syndrome...she too experiences post traumatic stress.” The mother’s new home at age 9 was non-First Nations “alcoholic, strict, and religious.” Both interviewees related their experiences to the past and to the history of their mothers.

Daphne related her mothers behaviours to her experience of self-destructive behaviour when she remembered feeling that alcohol was an adult privilege and that since she was taking care of others that made her an adult and gave her the right to start drinking at the age of 13. Also, Daphne feels that since she was neglected she sought attention from men and a way of trying to feel wanted – of seeking out the positive attention she did not get as a child.

The third interviewee, Betty, experienced self-destructive behaviour such as alcoholism, entering into physically abusive relationships, and two suicide attempts. Betty also began her story with the behaviours of her father and his history. Betty recalled a story of a man that was erratic, frightening, and violent. “When he was drunk there was anger, yelling, and hatred towards whites, the residential school, and blacks.” When Betty’s father was drunk he would talk about the residential school he went to often including some of the more disturbing information. “He talked about the bad stuff...it was upsetting to hear the stories.” Betty’s father showed classic symptoms of Residential School Syndrome “panic attacks, insomnia, uncontrollable anger, alcohol and drug use, sexual inadequacy or addiction, the inability to form intimate relationships, eating disorders”(Assembly of First Nations, 1994, p.63). Alcohol for many First Nations parents is a way to express difficult emotions. Shelly’s mother did not go to residential school, however, she was institutionalized for the most part of her childhood. The residential school syndrome is in fact the same as PTSD. Uncontrollable anger, alcohol abuse, and an inability to form intimate relationships seem to be an unfortunate common thread in the women I interviewed. They all described parenting styles that reflect some form of trauma in.
early childhood. Betty, Shelly, and Daphne suggested that their self-destructive behaviour was
due to parents inability to form an intimate relationship with their daughters. Betty recalls that
her father “never showed affection when he was sober, just when he was drunk, he was mood
and angry ... and I can tell when his mood is going to change.” Although Betty’s father has
ceased drinking, she claims he is still a moody man, meaning his mood changes easily and
frequently. Betty’s father would also have parties where his children were exposed to friends and
family who would try to abuse them. Betty’s mother left her father because he was physically
abusing her. She and Betty moved to a suburb of Vancouver from a small First Nations
community. At the time Betty was 15 her mother took her father back. “He stopped the abuse
when he came back but his moods – it didn’t take much to set him off.” At this time Betty left
home and school.

**Social forces: Gender Stereotypes, Racism, and Cultural Insensitivity**

The next theme is social forces -- attitudes and beliefs outside the home that added to the
women’s experience of self-destructive behaviour as teenagers. The three main social factors
that contributed to their experience were gender stereotypes, racism, and cultural insensitivity.
Shelly’s experience with cultural insensitivity began in her school and in the care of a foster
home. Shelly feels that her counsellors at her school did not understand First Nations’ grieving,
and the intense bond and interconnectedness that exists in First Nations families. First Nations
people are spiritually connected to their ancestors, and the school counsellor did not understand
that Shelly had “lost the meaning in her life” when she lost her brothers. Shelly put herself into
the care of social services at the age of 16. She was placed into a home in a mostly white
community. She says that here she felt lost, not only was it “white out” she lost her friends who
were her only source of support. While in care her illusions about a “protected environment”
were shattered. The foster home had purposefully kept her from her mother – only a year later
did she realize her mother had been trying to call her. Shelly felt that social workers had a lot of power, “they judge what’s appropriate but my relationship with my mother, that’s the only one had.” This lack of understanding of First Nations families contributed to Shelly’s unhappiness, she did not complete high school and became more depressed. Shelly felt isolated and misunderstood. By the time Shelly was 18 she became hopeless and dissociative, she began to engage in self-destructive behaviour. Shelly began to behave in ways to her express pain because she felt there “was no way out” and promiscuity was a “way to express bottled-up pain.”

Daphne experienced racism in school when a boy “used to beat me up and said it was because I was an Indian ... he called my mom a drunken Indian ...he would get other kids to pick on me,” and the school did nothing when the mother tried to intervene. Daphne remembers “she (mom) had no idea and I had no idea what being an Indian was...just negative, just a bad thing, just a shameful thing...also, there’s the drunken Indian put down for females. My mother got the squaw thing.” Daphne feels now that “what was normal for other people was not okay for us...it’s okay for white teenage girls to experiment with sex, drugs, and alcohol but not for Native girls – they are immediately negatively labeled based on their race.” Also, Daphne remembers that in high school other non-First Nations students were experimenting with drugs, alcohol, and sex and yet she was judged or “making a name for herself” because of her race. Daphne claims that it did not matter that other non-First Nations kids were having sex more often with more people than herself – “immediately its shameful - its worse because I was an Indian.”

Betty also experienced feelings of isolation as a result of being First Nations in a mostly non-First Nations community. She attended school in Surrey after leaving her small community with her mother; she recalls experiencing “culture shock.” Although this alone might have been fine, she recalls that at the school “the kids were mean, some tried to be nice but I was too shy.” Most of the racism came from white girls in the school and Betty remembers feeling “intimidated” b
them – she did not join sports because of this intimidation. Betty eventually stopped showing-up for school and feels that the school did not care either. The school did not inform her mom that Betty had dropped-out.

The women I interviewed lived in predominantly white communities, and this had an affect on how they felt about themselves.

**Sexual Assault**

Not only is a First Nations woman subject to society’s views of them, there is an atmosphere of normalized abuse in our community. According to the women I interviewed, each one of them has been raped in adolescence and sexually abused (or attempts made). Not only was this a common story, sexual assault and abuse are either kept silent or considered normal. This notion of it being normal is taken from the women’s stories about who hurt them and how it was treated. Shelly was held at knifepoint by her own boyfriend – she was kidnapped and raped. This added to her feelings of hopelessness and “not having herself” anymore. Her suicidal feelings intensified and she felt unable to cope with what was unfolding in her life. Another one of her boyfriends felt it was acceptable for women to work on the streets – his family “was used to it.” It was socially acceptable because the women in his family worked on the streets.

Daphne was also subject to an attempt by her uncle to molest her at age 3. The same uncle raped Daphne’s babysitter while Daphne watched. An older man known to her also raped her in high school. She felt shame and isolation. By this time she “didn’t trust adults because since was a child they weren’t there for me. They didn’t take care of me for one, they tried to abuse me and so I couldn’t trust them.” Neither Shelly nor Daphne felt they could trust adults. Shelly’s experience with social services and her own mother did not allow her to identify the boy who raped her. This lack of trust in adults affected both girls’ willingness to seek out counselling or
other help for their problems with self-destructive behaviour (as did their feelings of shame and isolation that resulted from the rape and abuse).

Betty also was subject to early “attempts” at sexual abuse. Her earliest recollections were a first attempt thwarted by an older sister, and her father stopped a second attempt by an older cousin. Unfortunately, this attempt was never discussed again, the father came into the room and said nothing, and he went to sleep on another bed in the room. By age 16, two boys secretly placed drugs in her beer and sexually assaulted her. She blacked-out and “it bothered me for a long time.” Later she found out “the two guys that did it bragged to my boyfriend of 10 years ... he didn’t tell me until 4 years into the relationship.” This same boyfriend blamed Betty for being raped. During the interview Betty spoke about sexual abuse as still being an issue for her, she suspected her own brothers and sisters knew more, but none of them wanted to talk about it.

Sexual predators traumatized all three women, but because of an inability to talk about it its impact only worsened their emotional situations. Sexual abuse, and the feelings of deception and shame that resulted, was part of the reasons the women gave for why they began to experience self-destructive behaviour.

Peers

The last reason the women gave for their behaviour was their friends. This reason is complicated because the women felt that while friends may have contributed to their self-destructive behaviours, their friends were their only allies in the world. Friends were the only people they could talk to about their family problems, their only consolation in a world that could be racist. Most teenagers, regardless of race consider peer affiliation and acceptance far more important than adult relationships (Berger, 1986). The counsellor is seen as an adult, and ultimately the enemy. For First Nation’s teens, peers are a double-edged sword, a source of happiness and trouble.
Shelly remembers girlfriends as “helpful but not enough.” They too were troubled and lacked insight or skills to really help her through a very difficult time. By the time Shelly was 18 she had left home and left foster care, she then turned to her friends for support. At the same time she began drinking heavily, smoking pot, and eventually working briefly in prostitution. She recalled “you’re doing stuff to yourself you’d never thought you’d do...I knew it was self-destructive...I found myself when I was drunk where my brothers were buried.” Shelly was suicidal and dissociative, and at this time she found a “new friend.” Shelly recalled “I knew what she (the friend) was doing before I met her...it makes it more acceptable when you join others in self-destruction.” This same friend introduced her into prostitution and joined Shelly in all of the self-destructive behaviours. Shelly’s work on the street lasted one month, and it was devastating to Shelly. She describes that one-month as feeling “disgusting” and “feeling nothing from drinking.” She stopped work on the street after the fourth time she went with a man, she recalls “it scared the shit out me” and that was the end of her street work. However, by age 19 she had no job, received welfare, and was “drinking as much as my family.”

Daphne began drinking at the age of 11 with another girl, however this girl was her main support and the friend who had similar problems at home. They both were doing what they had seen their own parents do, and they felt it was their right because they had been responsible for their parents for some time – essentially expected to act as adults. Daphne’s friends in high school were also using pot and alcohol. But again friends were her only support during her unhappy life at home. She feels that “friends help you share ... share family pain in the abuse of alcohol.” So, for Daphne her friends may have supported her behaviours but they were the onl people who understood, listened, and tried to help her.

Betty also turned to other teenagers for the support and nurturing she was not getting at home. When her father came to Surrey to live with the family again, Betty left home. Her history with
her father was painful and although he had stopped drinking and beating her mother, his mood swings were too unpredictable and upsetting. Betty left home and began hanging around in the Downtown Eastside of Vancouver. She remembers feeling “pretty lost” and “angry at Dad.” She found a group of other First Nations teenagers to hangout with, and while they understood her, they were also troubled themselves. It is with these friends that she began her cycle of abuse with alcohol and boyfriends. “At the time it was normal, you drank, got drunk and sometimes he (boyfriend) would beat me up...I would just blame it on the booze or think it was my fault” — abuse was normal for Betty. She stated that “all of the boyfriends I’ve had have been abusive, especially the last one — the father of my kids is in jail” and this same boyfriend “always threatened to take away my kids. He kidnapped my daughter when she was 3 weeks old ... the only way I could get her back was if I took him back.” Physical abuse seems to be normal between First Nations women and men, according to Betty; “it’s around you all the time. Your brothers, sisters, cousins — everyone is the same...it’s mostly the residential schools ...my dad was forced — his parents tried to hide him but everybody in the village was forced.” Although this is not a discussion of her friends, it is her peers who she ended-up calling her boyfriends.

The women attributed some of their self-destructive behaviour to their peers, however without those peers they feel they would have had no one to turn to.

**What Changed for You and Ended the Behaviours?**

This question provided insight into counselling services and approaches for First Nations girls today. Shelly’s response was succinct; it took “understanding adults.” What changed for Shell was her experience with a street worker, who helped by telling her something important, that she could forgive herself because “it was only one part of my life ... just one part of my life.” Before this adult, she had encountered other workers who had cornered her and demanded to know what she was doing, and why. She felt ashamed of herself as a result. What changed her was having
someone help her forgive herself. From forgiving herself Shelly was able to listen to that nagging voice — the one that told her what she was doing was self-destructive. Shelly was able to move on in her life by stopping the abuse of alcohol and finding pride in her culture. Shelly has since participated in counselling and First Nations women’s talking circles.

Daphne changed for many reasons. The first being that she too began to listen to that nagging feeling that something had to be different. At this time she began a search and this search began with education. A roommate introduced her to ‘self-help’ books and to the notion of self-awareness. Daphne felt books “helped me look at myself, it was a turning point.” From being able to understand how abuse affected her, she went on to college then university and was “learning about Native culture ... learning my history, my identity going to school, and the history of Canada, and I took drug and alcohol counselling and Native studies.” That knowledge grew when she met her biological family. She learnt the true story of her maternal grandfather, and his experiences in residential school. This gave her further insight into her own life and emotional experiences; so did joining talking circles with other Aboriginal women. This form of group counselling helped because “talking with other Aboriginal women — knowing that common thread...you're not alone in all of those things because when it’s happening when you’re a child or a teenager you think you’re the only person in the world that this is happening to, and to learn you’re not helps.” Daphne attributes her healing to receiving support through First Nations spirituality at college. With the help of others she had visions, participated in ceremonies, and realized her spirit helpers. These experiences helped her heal and reconnect with what is positive about being a First Nations person. Increased self-awareness and cultural awareness (spiritually and intellectually), culturally appropriate counselling, and connecting with other supportive people became an integral part of her changing her behaviours. Also, earlier in adolescence Daphne’s mother had quit drinking, and that taught her “to do the same later on.”
Betty also received an education that contributed to her moving away from self-destructive behaviours. However, an education did not change her situation right away. What changed for her was that her ex-boyfriend (the father of her children) was put in jail for a long time. This ended the cycle of physical and emotional abuse she had been enduring for years. However this event brought about uncertainty into Betty’s life, and his removal was devastating “it was just such an unstable relationship. I could never count on my kid’s dad to be there, so I tried not to.” During a second suicide attempt Betty chose to seek out help, instead of letting herself die she went to a friend who was close by and told her to call an ambulance. “I thought of my kids … changed my mind because of my kids. Nobody can take care of them better than me.” Her children, as well as fear changed Betty’s decision “I heard the ambulance attendants say ‘we should bring her straight to the morgue’ I just snapped out of it…it was so cold…it just scared me.” Although, this event instigated change for Betty, the real changes happened when she went into counselling. “Counselling changed me…that’s what really opened my eyes” and that the abuse she had suffered was not normal “this is not normal.” Betty also attributes supportive individuals such as her boss. Betty’s boss encouraged her and supported her through very difficult times, this boss also testified on Betty’s behalf regarding her boyfriends’ abusive behaviour. Betty’s boss (a non Native woman) told her to come to work to complete only simple tasks or just sit at her desk; this helped break Betty’s depression. Betty feels that work gave her dignity too.

The changes that were necessary to end the self-destructive behaviour for the interviewees involved receiving an education, support, counselling, and ‘hitting rock bottom’ in their lives.

**What Would Have Made Your Teenage Years Easier?**

The themes that emerge from this question inform counselling practice.
Appropriate Adult Intervention, Culturally Sensitive Counselling, and Cultural Education

The women felt that appropriate adult intervention would have helped. Appropriate being the operative word; none of the women wanted to be isolated from their families, and supporting their family was part of the solution to self-destructive behaviour.

Shelly felt that she should have been able to stay in her community in the East Side of Vancouver. She would have been able to keep her teachers and friends – the people who knew her and supported her. Shelly also felt that having a counsellor whom acknowledged First Nations beliefs, and was open-minded to “our different ways of grieving” would have helped. She feels that First Nations people grieve longer and experience visions and dreams when their loved ones die. She also felt that support for her mother should have been given as a way of helping Shelly. She referred to another First Nations woman or “buddy mom” whom had similar experiences that would visit her mom to “show her it is okay to feel different feelings.” Support for her mother could have been a support group available to share what was happening in her life. In general, having understanding adults in her life would have helped her cope better with what was happening.

Daphne also felt that appropriate adult intervention would have helped her as a young person. She felt that “some kind of intervention where I would have got some kind of counselling or help as a child. So, I could have been more aware that this is not my fault, not my responsibility, and didn’t deserve this. My mom wasn’t drinking because of me because she didn’t want me – just some confirmation of those facts … there weren’t those kind of services.” Daphne also felt that as an infant her mother needed outside help with her parenting. Daphne felt that as she got older she would have benefited from an adult who was honest and shared more of him or herself. “I had a Big Sister when I was 13 but even her I hid things from cause fearing judgement from her and she was there to try and help but she wasn’t sharing, she was trying to be a role-model to me
...if there had been an adult there to say ‘this is what I went through’ that might have made some kind of a difference – even some education.” Daphne also thought that if she had been educated about what it means to be First Nations it would have helped. Increased cultural awareness could also have come in the form of spiritual teachers and exposure to other people from her nation. In general, Daphne felt that being able to share what was going on for her, cultural awareness and appropriate adult intervention would have lessened her chances of participating in self-destructive behaviour.

Betty also felt that appropriate adult intervention would have helped when she was young. She felt that having First Nations counsellors would have benefited her because she felt uncomfortable around non-First Nations people – “I clammed-up around non-Native people.” She also feels that appropriate family support was in order. However, Betty was unsure of what that would look like, and she knows that her family “didn’t believe in getting help.” Cultural awareness would have helped Betty in that she felt that knowing about the effects of residential schools would help her frame her life – “even recently I never thought about that (residential school). About how it affects parents and kids, they didn’t get parenting in those schools or showed love either.” Betty feels that a stable environment would have helped as a young person, as well as, better services like job training and education.

Each woman felt that their adolescence would have been easier if they had received appropriate adult intervention, culturally sensitive counselling, and an accurate cultural education.

**What Would Help Young Girls Today?**

The last question arose out of the women’s desires to discuss what they felt would help First Nations adolescent girls today. The question I asked then was “what do you think would help?” Shelly is a counsellor with First Nations youth, and feels that counselling for Aboriginal girls
who are experiencing self-destructive behaviour has to look at a number of important issues. First, Shelly feels that people who want to help the girls must accept them as whom they are "now." Second, a girl must begin by understanding herself, and then understand "where everybody else is ... that is set boundaries, know situations, know relationships." This is even more important for First Nations women's relationships. Shelly feels that "we don't see our own relationships" and the abuse that occurs in women's own lives. She feels that First Nations women need to develop personal morals and values "they need to know what they believe in ... what's wrong and what's right ... not just something like abortion but yourself ... things like 'stand-up for yourself' ... the girl decides what's right and wrong ... a standard she can live with." Shelly continued her discussion of First Nations girls and women "sometimes our families don't have appropriate values ... so girls need to figure out how they would like to be or how do I do that ... mostly Native women have to learn to not be silent in relationships." This remark is a poignant statement about the situations that many First Nations women and girls may be in, and that silence is a form of self-destructive behaviour. So, part of the solution is increased awareness of the Self. Shelly also feels that most First Nations women have identified with the negative stereotypes of being a First Nations woman. This contributes to self-destructive behaviour and so a solution could be "positively reinforcing being a First Nations woman, daughter or mother." Shelly feels that First Nations women have to learn to be proud of who they are because "racism is bombarded to us 'what is said and body language of the outside world.'"

Shelly also stated that along with the individual, the girl's home has to be safe. For example, parents could be supported "through parenting groups, individual counselling, or in home visits from other First Nations people who are non-authoritarian." She also suggested First Nations people can feel powerless with non-First Nations people, and so, a counsellor should be First
Nations. Last, regarding counselling youth, a counsellor should genuinely understand “kids stress, and not pretend.” Most importantly, Shelly wanted to relay that there are predators in the First Nations counselling community, and that we must “break the silence” of abuse in this community.

Daphne is also a drug and alcohol counsellor with First Nations youth, and has a unique perspective on what could help youth today. Her opinions focus on what counselling should look like if it is expected to help. First, she felt that young First Nations people need to be able to talk about natural desires to experiment with drugs, alcohol, and sex. “Kids are so hard on themselves and about their lives for just natural inclinations to try drugs, alcohol and sex… they figure once they’ve tried it that’s it they’re going down hill… there is too much pressure.” A counsellor who establishes trust with First Nations girls should then “help them feel that the changes they are going through are natural and that experimentation is natural … non-humiliation and speaking about sensitive issues as comfortably as possible… not putting a shame or label of what the should be doing.” She feels that education about sex, drugs, and alcohol should be provided so youth can make better decisions for themselves. Like Shelly, Daphne feels that First Nations parents and young people do not discuss the issue of sex and sexuality, and that this could be addressed in an effort to help our community. However, First Nations parents often relate sex to abuse, and “they want nothing to do with their environment of abuse.” Daphne remarked that establishing a trusting relationship was imperative if a counsellor wants to explore sensitive issues.

Betty spoke about what First Nations girls could benefit from, and she feels that better services need to be provided like job training and education. She also realizes that a stable environment must be provided at home for girls if they are not going to participate in self-
destructive behaviour. Betty also felt that a First Nations counsellor should be provided for First Nations girls.

The questions the women addressed provided insight into their lives and experiences with self-destructive behaviour, and provide information for a framework of counselling First Nations girls experiencing self-destructive behaviour.
CHAPTER FIVE
DISCUSSION

This study is an attempt to better understand the experience of self-destructive behaviour in First Nations adolescent girls by telling their retrospective stories, discussing factors that may contribute to the behaviours, and providing counselling insight. The present study provides insight into a population that is underrepresented in the literature by establishing factors that contribute to, and context that results in, self-destructive behaviour. That insight was provided by the stories of three First Nations women. Analysis of the interviews provided common themes that establish a holistic view of self-destructive behaviour in First Nations adolescent girls. Current literature does not always focus on the dynamic and evolutionary process of self-destructive behaviour in First Nations girls. However, this study reveals that First Nations girls experience with self-destructive behaviour is a result of multifaceted, complex, and compounding factors. They are racism, gender, developmental issues, cultural norms and values, parenting issues, the role of peers and sexual assault.

Racism and Segregation

Each one of the women I interviewed experienced racism either at school or simply being aware of negative attitudes towards First Nations people. Without access to positive images of First Nations people, the women judged themselves negatively by segregating themselves. Bett left school because of feelings of isolation and went to the Downtown Eastside and therefore, racism affected her achievement in school and influenced her state of well being. When she left school and home she felt “lost”. The Eastside is a segregated part of Vancouver and is well known for its poverty and desolation. It is also well known for being an area where First Nations people suffer greatly, especially First Nations women. Shelly too went to this area of Vancouver
when she left home and school, and inadvertently segregated herself as a way of finding other First Nations people with whom she could share her feelings of hopelessness. Daphne did not live in Vancouver but her experience with racism in school was a part of her experience leading up to self-destructive behaviour. Racism and segregation are factors to consider when counselling a First Nations adolescent girl experiencing self-destructive behaviour (Aboriginal Health and Service Review, 1999). First Nations advocates, authors, and counsellors have suggested that racism towards First Nations people can have a negative impact on their self-esteem (Byrde, 1971; Green, 1997; Ing, 1990; Tapping & White, 1992). Green’s article discusses self-esteem in First Nations people, and that it could be linked to “achievement, the ability to adjust to environmental demands, as well as influencing one’s general state of well-being” (Green, p. 24).

First Nations communities are often segregated and can be marked by poverty, violence, and feelings of hopelessness (French, 1989; Green, 1997). Parts of Vancouver are no exception, especially the downtown Eastside. I speculate that many Canadian cities have ghettoized areas, and that many reservations experience the same segregation that results in poverty, violence, and feelings of hopelessness. That means many First Nations girls experience racism as well as segregation. There is some support for the expectation that racism and segregation are linked to self-destructive behaviour in First Nations adolescent girls because all the behaviours identified by Green (1997) emerged in the themes of the interviews. Of course this is only part of the stor in the experience of self-destructive behaviour. Each woman named other factors that compounded their self-destructive behaviour.

The issue of race is compounded by gender. Being a woman and the negative stereotypes of First Nations women have a dramatic impact on the self-esteem of First Nations girls, and could lead to self-destructive behaviour. The negative stereotypes of First Nations women are that the
are “whores,” “drunks,” “unlovable, animalistic, and definitely not beautiful” (Lavalle, p. 140, 1968; Maracle, 1996). I know this from personal experience, as do the women I interviewed. Daphne recalls being teased at school about her mother being a “squaw” and “drunk.” Not only did the interviewees experience negative attitudes towards them from non-First Nations people; they also experienced it from within the First Nations community. The girls were subject to experiences of stereotyping and racism from the rest of society, and they also experienced it in the form of negative attitudes towards women from within our own community (Kipling & Stout, 1998; Tapping & White, 1992). Shelly and Betty experienced humiliation, degradation, and abuse from other First Nations men. That is not to say that all First Nations men are capable of this, but there are divisions between the sexes in our community that result from the effects of colonization (Tapping & White). For the First Nations women in this study the resulting emotions are feelings of self-hate, self-contempt, hopelessness, and lowered self-esteem

**Gender and Development**

First Nations girls experience with self-destructive behaviour may be the result of two developmental stages—early childhood and adolescence. The results of this study revealed that women’s lives were compromised by early experiences of neglectful and abusive parenting styles that resulted in early childhood trauma. Each woman interviewed experienced abusive or neglectful parenting; Shelly’s mother was emotionally unavailable and abusive, as was Betty’s father and Daphne’s mother. Each woman went on to experience negative relationships that further exacerbated their hopeless feelings.

Developmental theories point out that during early childhood we learn trust formation and in adolescence identity formation. Erikson developed the notions of trust vs. mistrust as the first developmental stage in infancy (Erikson, 1968). This means that as infants we learn not only to trust in the world but in ourselves. In adults who are experiencing severe estrangement from
others "there is a radical impairment of basic trust and a prevalence of mistrust" (Erikson, p. 97).

Basic trust promotes healthy parental relationships. Unfortunately, when there is neglect or abuse present negative feelings and relationships may continue into adulthood (Ing, 1990). This was found to be the experience of the interviewees.

Adolescence is another stage of development to take into consideration for two main reasons: the role of peers and gender. The women in the study experienced negative feelings and relationships as children, and those continued into young adulthood with friends and boyfriends. However, friends were trustworthier to the girls than adults and their only source of mutual identification and support. This created an emotional crisis that led to further self-destructive behaviours – as seen with their overuse of alcohol, prostitution, and other self-harming behaviours.

During adolescence, Erikson (1968) points out that identity formation begins, and that without the installment of early basic trust a teenager will experience an identity crisis. Without trust in others or themselves and a “morbidly preoccupation with what they appear to be in the eyes of others …and a search for sameness” some teenagers are subject to crisis (Erikson, 1968, p. 94). A crisis may result in identity confusion, a sense of futility, role inhibition, self-doubt, and isolation. This crisis could lead to self-destructive behaviour that is compounded by the presence self-destructive friends. This study’s findings support Erikson’s theory, in that the women experienced crisis during adolescence that resulted in isolation, self-doubt, and futility.

Gender could also plays into this stage in the First Nations girls’ lives. The literature review offered examples of why girls experience difficulties at this stage in life. The fact is that girls experience turmoil and unhappiness regardless of race (Friedman, 1997; Gilligan, 1982; Orenstein, 1994; Pipher, 1994; Tolman, 1994). Identity formation and the conflicts that arise for girls cause a dramatic decline in self-esteem. Low self-esteem can lead to self-destructive
behaviours such anorexia, bulimia, self-cutting and drug and alcohol abuse (Friedman, Gilligan, Miller, Orenstein, Pipher, Tolman). In addition, the experience of dual discrimination based on race and gender, contributes to girls becoming extremely vulnerable to destructive behaviour, since girls inflict harm on themselves when they are angry or experience low self-esteem (Friedman, Gilligan, Miller, Orenstein, Pipher, Tolman). This was verified by the interviewees, who all describe feeling hopeless, lost, unhappy at the same time they entered early adolescence. They also reported beginning to abuse alcohol and participate in other forms of self-destructive behaviours at this point in their lives.

First Nations Cultural Values

The next issue to consider is First Nations cultural values of collectivism, emotional repression, and emotional restraint. In the context of segregation, racism, residential school experiences, and sexism, the results of this study reveal that some First Nations values may contribute to self-destructive behaviour. The interviewees compared their own coping or lack thereof with that of their parents. That is, their parents did not display positive emotions, and displayed anger and hostility using alcohol as the vehicle for emotional expression. Two of the interviewees' parents coped using alcohol do deal with strong negative feelings that resulted from abuse and racism in their own childhood. The third interviewee's mother did not use alcohol but did not display affection or other positive emotions, while at the same time was suicidal and abusive.

The literature review provided a background for First Nations cultural values of collectivism, emotional repression, and emotional restraint. Some First Nations people may still value emotional restraint, and yet are faced with anger provoking situations (French, 1989.) Without traditional ceremonies and other forms of emotional healing and expression in place, negative emotions could be expressed through self-destructive behaviour (French). Girls see this in their
communities, at a home, and with their friends. There is an interplay of gender, social circumstances, and culture that contribute to the experience of self-destructive behaviour in First Nations girls. Self-destructive behaviour is linked to women’s repressed anger, and emotional repression in First Nations people (e.g., the abuse of drugs and alcohol). Collectivism compounds all of these factors by valuing the needs of the group over the needs of the individual and this is reflected in the women’s statements that silence around abuse and other issues stops First Nations women from getting the help they might need. It may be that this silence is reflective of valuing the integrity of the group over the individual.

**First Nations Parenting**

The other theme that emerged is the issue of First Nations parenting. The women had negative experiences in their home life, and began their interviews with a discussion of their parents and related issues. Each of the women had a parent affected by a residential school or institutionalization and whose ability to parent was compromised by trauma. Betty recalls her father’s experiences in residential school and his parenting styles that emerged as result. He displayed classic residential school syndrome “uncontrollable anger, alcohol and drug abuse, and an inability to form intimate relationships” (Assembly of First Nations, 1994; Fournier, 1997; Ing, 1990). Daphne’s mother also displayed similar problems and is an example of the ripple affect that residential schools has had on our communities – her grandparents attended a residential school. Shelly’s mother did not go to residential school, however she was put into an institution at a very young age. Shelly feels that growing-up in a hospital negatively affected her mother. She suspects that her mother learned very little about parenting and affection. As well, she was mistreated by her birth parents upon reentry into her community.

These parenting issues are pertinent because First Nations girls are still being exposed to parenting compromised by neglect, abuse, shame, and fear. First Nations research has linked
abusive First Nations parenting with high rates of suicide, violence, substance abuse, eating disorders, and depression in First Nations youth today (Ing, 1990). So, parenting, cultural values, gender, racism, and developmental factors interact and compound each other in the women’s lives and contribute to their self-destructive behaviour. For example, Shelly’s mother’s behaviour contributed to Shelly’s feelings of hopelessness, which was compounded later in her life by sexual assault, adolescence, and racism towards her.

**Role of Peers**

The role of peers is a factor that contributes to the experience of self-destructive behaviour. However, this factor is complicated because friends are important to the well being of the girl. Peer identification is a major part of adolescence, and is a normal part of that stage of development (Berger, 1986; Erikson, 1968; Friedman, 1997; Pipher, 1994). In fact, “there are undoubtedly special factors operating during adolescence that elevate the peer group to a position of unusual prominence” (Berger, 1986, p. 525). For First Nations girls it is even more pertinent because their friends often become the family they never had. I have observed that girls are often left to their own devices by parents who cannot take care of them. They turn to their friends, and usually their friends are experiencing similar problems at home – girls will identify more readily with friends with the same problems. However, I have observed that the girls may treat each other the same way their own parents treated them. Some First Nations girls will introduce their peers into prostitution or to drug and alcohol abuse. This type of “peer abuse” seems prevalent, and yet the girls are all that each other has. Each one of the women I interviewed left home under bad circumstances, and each one turned to friends. These friends were their only support and the only people who could understand their unique and difficult circumstances. The present study lends supports to this special type of relationship, especially as it relates to teens and race,

The peer group reduces the total load of frustration and stabilizes the entire transitional period. It can offer compensations not only for the deprivations
associated with adolescence per se, but also for the special deprivations that confronts certain adolescents by virtue of their class, ethnic, racial, or religious affiliations (Berger, 1986, p. 527).

This is an important statement because it suggests that not only are peers a part of coping with the normal ups and downs of adolescence, but peers help First Nations girls confront the problems we face because of our race. The women I interviewed verified that their friends helped them channel their emotions. This has obvious implications for counselling First Nations girls and I discuss this later.

**Sexual Assault**

The issue of sexual assault should be considered when a First Nations girl is engaging in self-destructive behaviours. During adolescence girls are more likely to be sexually assaulted or harassed by boys, which may be considered a right of passage for the boys (Orenstein, 1994; Pipher, 1994). Each interviewee was raped – two of them by other young First Nations men. The attitudes of the young men in Betty and Shelly's lives revealed a negative attitude towards First Nations women. This fits with how men and women experience trauma. “Men who have been traumatized in childhood are likely to inflict on others what was done to them … women are socialized not to fight back; allowing themselves to be hurt or humiliated” (Miller, 1994, p. 5).

In the First Nations community, many adults live with symptoms associated with Post Traumatic Stress Disorder (Assembly of First Nations, 1994). If this is the case, one could assume that many First Nations women are victims of abuse and assault at some time in their life, whereas First Nations men might become victimizers. The women in the interviews spoke not only about the pervasiveness of sexual and physical assault against women and children in our community, they spoke about the silence around it and the acceptance of it that follows. First Nations girls are growing up in this environment of silence and are faced with relationships that could be abusive, or at least face attitudes towards First Nations women that are humiliating. Bett
recalled her boyfriend not only beating her throughout their relationship but also blaming her for being raped by other young men he knew. These same men bragged about what they had done to her. Shelly was held at knifepoint and raped by her boyfriend, and had another boyfriend who felt it was perfectly acceptable for First Nations women to be prostitutes. Daphne was raped by a neighbor and was almost molested by her uncle – whom she witnessed rape her babysitter. All three women felt that these experiences added to their self-destructive behaviour. They all felt ashamed, humiliated, lost, and depressed by the violations they experienced, which was only compounded by racism, neglectful parenting, sexism, and the hopelessness and destructiveness of their friends.

Implications for Counselling

Counsellors who work with First Nations girls experiencing self-destructive behaviour should consider their roles as a counsellor. The factors that contribute to self-destructive behaviour may require more than just counselling. Counsellors working with this population should consider not just their role as counsellor, but also those of teacher and advocate. For example, the interviewees’ behaviours changed when they received an education that included accurate First Nations history. Counsellors could consider the role of advocate as well, promoting their culture, as well as their emotional and physical well being.

A counsellor must understand the unique lives of this population, and so must take all factors into consideration when working with a young First Nations woman experiencing self-destructive behaviour. It is imperative to consider all of the factors that have been discussed in this paper when counselling First Nations girls, not just for their health but also for ethical reasons. Some issues will be easier to deal with than others, and I offer some counselling suggestions in hope of enhancing the practice of helpers in our communities.
The implications for counselling are based on the themes that emerged from the interviews. I have used the themes as a guide in my decision making process regarding what types of counselling interventions might be effective. There are many counselling theories to work from, however, I have selected those interventions that may facilitate change for First Nations girls experiencing self-destructive behaviour.

A counsellor will have to consider childhood abuse and neglect when counselling a First Nations girl who is exhibiting self-destructive behaviour; however, it is just as important to consider the satellite issues that may never leave, and ultimately intensify feelings of hopelessness in a young First Nations woman’s life. In addition to efforts in solidifying and maintaining the individual and their family, the counsellor needs to consider ways in which he/she may assist in educating the client and ultimately giving her coping skills to deal with ongoing family problems and social ills that exist in the world today. Coping skills involve the ability to think about one’s situation and deal with it. Girls may not be able to change their immediate situation because of their age, so they will have to develop strategies of getting through them. I would like to see counsellors help First Nations girls cope with their private world of fears and anger, but also advocate coping that includes connecting with other people. For example, coping with family problems involves having an awareness of how it affects the individual girl, and doing something about it – rather than living as a victim of it. But a First Nations girl can also cope by seeking out other safe family members or other First Nations adults to bond with, as a way of dealing with the emotional loss of their immediate family.

The counsellor needs to inform the client of how the historical realities of residential schools and politics have affected not only them but also their family. Because part of the experience of self-destructive behaviour in the First Nations community is a legacy passed on from parent to child (Assembly of First Nations, 1994; Fournier & Crey, 1997; Ing, 1990; Mille, 1996; Pettifor...
et al., 1980), the goal of counselling is to help the client move through the stages of victim to survivor, and then to person. The way a counsellor can do that is by enhancing self-awareness through increased client awareness of racism, gender, developmental issues, First Nations parenting, cultural awareness and history, and peers. My thoughts and considerations reflect an eclectic approach to counselling that straddles both Western and non-Western ways of thinking.

**Self-Awareness**

Self-awareness was a way that the interviewees began to become less self-destructive and is an important goal for counselling girls (Friedman, 1997; Orenstein, 1994; Pettifor et al., 1980; Pipher, 1994; Tolman, 1994). Increased self-awareness is also supported as a goal for counselling First Nations people experiencing crisis (Assembly of First Nations, 1994; Byrde, 1971; Duran & Duran, 1995; McCormick, R., 2000; Tapping & White, 1997). Also, self-awareness is linked to self-esteem and “factors that are desirable in a treatment model...is personal development so participants may learn about themselves and improve self-esteem” (Aboriginal Health and Service Review, 1999, p. 36).

One of the constant themes of positive change in the participants’ lives was a deeper sense of their identities, usually achieved through counselling, education, self-reflection, cultural awareness, and unconditional support. I use this major theme of self-awareness to guide my discussion of the implications for counselling. There are ways to increase self-awareness in First Nations girls, and those ways consider first the individual then the family and community. The counsellor should also be prepared to offer culturally relevant counselling as a way of increasing self-awareness and healing. In fact, Yvonne Red Horse (1982) found that “recognition of culture as a clinical variable is essential to the eventual success of counselling Indian adolescents” (cited in Ashby, Gilchrist, & Miramontez, 1987, p.23) The counsellor should consider facilitating discussion and awareness of First Nations' spirituality, culture, mourning, history, parenting,
current position in society, and educational issues. If a counsellor can provide support and information in these areas their clients’ chances of healing may be greatly increased. Before a counsellor can provide that support, they must establish trust and be prepared for the work that comes along with working with abused clients.

**Establishing Trust**

Establishing trust at the onset of the counselling relationship is imperative for both First Nations and non-First Nations counsellors (Battle, 1990; Cormier & Hackney, 1996; Egan, 1994; Green, 1997). Daphne and Shelly both talked about trust as an imperative to working towards healing. Some counselling skills that establish trust are reflective listening, accurate empathic responses, unconditional positive regard, and counsellor genuineness (Battle, 1990; Cormier & Hackney, 1996; Egan, 1994; Green, 1997). Without the establishment of trust a counsellor may not be able to facilitate change for a girl who is experiencing self-destructive behaviour. In addition, First Nations clients are much less likely to return to counselling for second or third visits (McCormick & Amundson, 1997), and I believe this could be linked to feelings of mistrust because the girls’ experiences with adults have usually been negative. By the time they have reached the counsellors office they may have very negative attitudes towards adults and other helpers. Thus, the counsellor will have to work on establishing trust with First Nations adolescent girls who are engaging in self-destructive behaviour.

Establishing trust, however, does not mean dropping one’s professional boundaries. The counsellor may feel overwhelmed with the nature of the girl’s problems, or a First Nations female counsellor, who may have experienced similar problems may become overly empathic. As such, counsellors will have to be willing to establish emotional boundaries with their clients (Baird, 1996). This ensures that the counsellor does not experience burn-out from high stress. Burn out symptoms include “emotionally distancing from the client, decreased empathy,
cynicism, decreased self-esteem, physical exhaustion, sleep disturbances, stomach pains and others” (Baird, 1996, p. 121).

Because trust serves as the building blocks of healing the abused child within the girl, it is important to take the time and patience to establish a trusting and nurturing relationship. When trust is established many other positive counselling interactions can happen. For example, the ability to trust others means she can move forward into healthier relationships with friends and boyfriends.

**Working with an Abused Client**

The three women I spoke with had all experienced different forms of abuse. Daphne was neglected and verbally abused, Shelly was neglected and physically abused, and Betty was exposed to violence and rage as well. All the women had accumulated negative emotions from those experiences. Fear, anger, shame, depression, and self-hate were some of those feelings. Some authors and counsellors feel that when negative feelings like these are repressed they can emerge as self-harming behaviours (Green, 1997; Miller, 1994; Robinson & Wickham, 1995). A counsellor who begins work with a First Nations girl may have to deal with the issue of abuse. Abuse can be sexual, physical, emotional and verbal in nature. Also, young people can be a witness to violence in the home – which happened to both Betty and Daphne.

Counsellors should remain aware of the different types of abuse because they can affect the needs of girl in counselling. For example, incest can be far more devastating than if a family friend or teacher commits that crime (Berger, 1980). Usually incest carries on for much longer, and it is very painful for youth do deal with the violation of being sexualized by a parent. Incest can destroy all trust and diminishes one's chances of entering into a healthy adult relationship (Berger). This was also the opinion of Betty, who had friends who were sexually abused by a parent and who have been unable to end their self-destructive behaviour. Also, their self-
destructive behaviour was, according to Betty, more devastating and severe than her own was. A counsellor should remain aware of the “problems commonly experienced by Indian sexual abuse victims include difficulty in developing trusting peer and adult relationships, inability to express anger in effective and appropriate ways, and stress related to withholding feeling generated by victimization” (Ashby, et al., 1987, p. 22).

When a client has experienced any abuse as a child they often blame themselves for what happened (Berger, 1980; Miller, 1994; Robinson & Wickam, 1995). For example, Daphne recalled wishing someone had told her it was not her fault that her mother neglected her. First Nations girls who have experienced abuse should be educated as to how people feel when the have experienced abuse. This kind of self-awareness can contextualize the girl’s lives and provide a way of better understanding and forgiving herself. Self-forgiveness contributed to Shelly moving away from self-destructive behaviour. Daphne too remembers realizing that she did not do anything to deserve the neglect, and this allowed her to move forward in her healing. Counsellors should be prepared to (a) take their time, (b) not push the issue of abuse, and (c) ensure the safety of their client if that means breaking client confidentiality. Other helpful counselling interventions with abused clients should include activities or discussion that initiate knowledge of body awareness, sexuality, assertiveness, secrets, naming emotions, what other teens have gone through, positive affirmations, anger management, and reading material at home (Robinson & Wickham, 1995).

Another issue to consider is becoming an advocate for culturally appropriate social services for First Nations youth. The interviewees stated that appropriate adult intervention would have helped them and their families. Providing a safe and stable environment is important for girls that cannot stay in their homes. British Columbia is currently working on including First Nations people in the administration of their own child and family programs. Such examples as the
Usma Nuu-chah-nulth Child and Family Services provide a framework that could work to protect First Nations children in a culturally sensitive way (Fournier, 1989). Usma will apprehend its own communities' children. However, it emphasizes family support by providing “parenting workshops, counselling services and sexual abuse prevention programs … certified dozens of safe Aboriginal foster homes … and has been able to place the majority of children in care in the homes of extended family members or in another community within the tribal council’s mandate” (Fournier, 1989, p. 232). This is one example of what the interviewees identified as helpful practices. Shelly, Daphne, and Betty felt that early intervention would have helped them but that intervention should include helping their parents. Decreasing the experience of self-destructive behaviour in First Nations girls involves advocating for a First Nations coordinated child and family programs.

**Culturally Relevant Counselling**

Counselling was named as a factor that changed the interviewee’s behaviours and it was identified as a factor that would have helped them as young girls. The women attributed counselling to their healing and this happened in the form of group counselling (talking circles) as well as individual counselling. Individual and group counselling may benefit girls experiencing self-destructive behaviour, however the counselling should be culturally relevant (Ashby et al., 1987; Corey, 1981). The interviewees felt that a counsellor working with First Nations girls should be a First Nations person. Betty and Shelly felt powerless and silent around white people, and they suggested many First Nations people fear or mistrust non-First Nations people. However, having a First Nations counsellor may not be possible and being First Nations does not ensure quality of service. Any counsellor working with First Nations girls exhibiting self-destructive behaviour should receive culturally relevant training.
If the counsellor is non-First Nations it is likely that the counsellor will have a difficult task of establishing trust. As indicated earlier, the girls' experiences with adults are compromised, and their relationship with non-First Nations adults is even more strained. According to the interviewees this is due to negative experiences with the school system, authority figures, and social services.

Culturally relevant counselling includes an awareness of, and a willingness to discuss the following First Nations' issues: spirituality, culture, and ways of mourning, history, First Nations parenting issues, and First Nations position in Canadian society today (Duran & Duran, 1995; Tapping & White, 1992). A counsellor should be able to apply the above stated issues to the individual, their family, and the rest of the community (Krawll, 1994). Heelas and Lock (1981) recognized this collective world view or "indigenous psychologies" as "necessary with respect to three functions: sustaining the inner self, sustaining the self with respect to the socio cultural, and enabling socio cultural institutions to operate" (cited in McCormick, 1998, p. 285). First Nations counselling does not isolate the individual but strives to reconnect them with others, and at the same time pursue the healing of the self.

Spirituality is a personal decision that First Nations people make. The participants in this study all identified with First Nations' spirituality. One defining feature of that is a connection to one's ancestors, and that can include relations long gone or those we have lost in this lifetime. Two of the interviewees felt that connecting with their ancestors gave them hope for the future, as well as, a sense of belonging. All of the interviewees had inexplicable experiences with those relatives that had died in their lifetime.

Feelings of hope and belonging diminished their feelings of loneliness and depression that ultimately decreased their self-destructive behaviour. However, I cannot define or give a Pan Indian definition of spirituality to the reader, it is up to the counsellor to have an open mind to
the experience of spirituality as it relates to the nation of the client. Some clients will identify with Christian values whereas others may want to connect with traditional values of their own nation. The counsellor should be open to both and have resources on hand to support spiritual awareness. Increasing a sense of spirituality in girls experiencing self-destructive behaviour may not only give them positive ways of coping with loss; it could give them pride in who they are and their culture.

Connected to First Nations spirituality is First Nations ways of mourning. It has been acknowledged that because of spiritual and cultural differences, First Nations people mourn the loss of family and friends in different ways (Day, 1998). This is important because each one of the women I interviewed had significant losses of loved ones, and the deaths were misunderstood and contextualized in a non-First Nations way. This cultural misunderstanding contributed to feelings of hopelessness in the women. For example, Shelly’s brothers died and she continued to experience that loss for a significant time. Their spirits regularly visited her in her sleeping and waking life. To non-First Nations counsellors this could be seen as delusional – however in First Nations cultures the ancestral world is a part of life and an occurrence like this one is natural (Tapping & White, 1992). If a school counsellor had a better understanding of First Nations concepts of death and mourning, Shelly may have felt less hopeless and alone. A counsellor should be able to work with a client around significant losses in her life, and do that work in a culturally sensitive way.

**First Nations Parenting**

The counsellor who works with First Nations girls who are engaged in self-destructive behaviour should be knowledgeable about First Nations parenting issues. The women began their interviews with a description of their parents’ behaviours and history suggesting that it may be an important focus for counselling. The interviewees felt that they gained insight in
counselling, or in their lives, when they began to understand their parents’ behaviours. In addition to ensuring the safety of the child, a counsellor could benefit their client by providing insight into several issues such as the role of residential schools, positive emotional expression, and the importance of family. Residential schools have left a legacy of abuse in the First Nations communities today. This has been discussed throughout the paper and it is strongly urged that counsellors educate themselves about the effects of residential schools on First Nations families. By contextualizing her experiences within a bigger picture of discrimination against First Nations people, that is, the schools were created for the sole purpose of assimilation (Fournier, 1997; Ing, 1990; Miller & Chuchryck, 1996), First Nations girls could gain personal insight. Recognizing that the abusive behaviours of her parents are not inherent to our race increases self-awareness and engenders dignity in oneself (Tapping & White, 1992).

The second issue, emotional expression, has been discussed in-depth throughout this paper. First Nations people developed a harmony ethos that encourages emotional repression as a form of survival in small groups in harsh environments (Brant, 1990). This cultural norm may be working against our people since we have experienced highly stressful and anger provoking events over the last few centuries. The women I interviewed saw very little emotional expression unless their parents were drinking. It has been suggested that some First Nations people have turned to alcohol as a way of coping with, and expression of, difficult feelings (Duran & Duran, 1995; French, 1989; McCormick, 1999). This theory fits with the women’s stories – Bett received no positive attention from her father and when he drank all of his feelings poured out onto the family. His rage, violence, and hatred revealed itself when he drank. This also was the case for Daphne and her mother. Shelly also had a mother who she felt showed no positive feelings towards her daughter. Each one of these women lacked emotional skills; therefore, the turned to harming themselves as a way of expressing hurt feelings. For example, Shelly and
Daphne sought out love through promiscuity. Counsellors need to provide a safe place for their clients to express difficult emotions, and need to provide coping skills to girls who already have their own coping mechanisms, the self-destructive behaviours they engage in. Counselling may be the first place they can learn to truly show pain and sorrow without resorting to anger or self-harming behaviours.

The importance of family can never be underestimated in the First Nations community. The family is integral to our culture and survival (Ing, 1990). If it is possible the counsellor should attempt to work with the family by offering appropriate support. The women I spoke with felt that their families received no support, and that home visits could have been helpful. Thus, counsellors should try to include the family in counselling if at all possible. Other resources aimed at meeting the needs of the family are talking circles, parenting circles, and other supports for Aboriginal families that can be found at local Friendship Centers.

Cultural awareness is another form of culturally relevant counselling. Because there are many nations in North America one cannot have a singular understanding of First Nations culture. Thus, a counsellor should become familiar with safe people in the community who have knowledge about the client’s culture. Ensuring safety means that the resource person does not have a history of sexual or physical abuse with children. If that is not possible the client and counsellor could find books or other resources that describe the client’s culture. However, sometimes textbooks do not give the whole story and young First Nations people can be left with a misrepresented view of First Nations people in history – as a conquered or “primitive” race of people. A client should have an accurate understanding of First Nations history – because what has happened in history influences the psychology of First Nations people today (Duran & Duran, 1995; Tapping & White, 1992).
The last issue to consider in offering culturally relevant counselling is having an understanding of the social status of First Nations people today (Duran & Duran, 1995; Tapping & White, 1992). That means informing the client about issues of racism, sexism, poverty, and segregation – and how those issues may impact the individual. Ethical standards insist on this as well (Pettifor et al., 1981). For example, racism may have an impact on the self-esteem of First Nations people (Green, 1997). Thus, culturally sensitive counselling would involve discussions of the impact of racism.

**Education**

Receiving an education in one form or another enabled the interviewees to learn more about themselves and ultimately feel better about themselves. Education should focus on the thoughts, feelings, and behaviours that result from problems associated with First Nations parenting (abuse and the legacy of residential schooling), adolescence, gender, relationships (friends and boyfriends), and health issues (First Nations women’s health issues). This is very similar to offering culturally relevant counselling and this could be done in group counselling or even in a classroom setting with First Nations girls. The difference in education is about information giving (e.g., facts, knowledge, and accuracy). The knowledge a girl receives could empower her and enhance her self-awareness. Education supports the intellectual quadrant of the medicine wheel, and is a holistic approach to healing First Nations girls when it is juxtaposed against the spiritual, emotional, and physical parts of her life. The medicine wheel is a First Nations symbol that reflects the parts of the self, the intellectual, spiritual, emotional, and physical. The wheel is used to emphasize the importance of balancing all four as a way of achieving happiness and health.

Betty and Daphne recall learning about the effects of residential schooling and applied that knowledge to their own family experiences. Residential schools impacted the women indirectl
because not only did they experience abuse at the hands of their parents, they did not learn to express their emotions in a healthy way. The emotions they did learn about were intense sadness and anger. Learning about the effects of residential schooling created a new awareness that helped them understand their parent’s behaviours, and in turn helped them heal. Thus, increased understanding can move a client closer to healing as it explains not only their parent’s behaviours, but also their grandparents and in some cases the behaviour of many of the people around them. Knowledge of residential schools can diminish feelings of shame and anger not only towards one’s parents but also towards one’s race. Maybe the problems we see today in First Nations communities are not simply based on racial inferiority but are the result of events in recent history that were beyond the control of those people involved (Duran & Duran, 1995; Tapping & White, 1992). As a result of an education, a young person might be able to recognize that not all Indians are drunks. She may realize that a great deal of the adult population is suffering with trauma (Assembly of First Nations, 1994) and that drinking could be a way of coping with intense feelings of sadness (French, 1989). The view of the self changes from one where there is no understanding of the negative events unfolding before her, to one where the girl does have an understanding, and a chance to be different.

**Gender and Relationships**

Another aspect of education is the introduction and discussion of gender issues specific to First Nations women. They experienced negative stereotypes based on their race and sex from both the outside society and within their own communities. Daphne remembers the boys at school calling her mother “squaw,” and both Shelly and Betty experienced humiliation and abuse from some of the men in their own communities. Moreover they were both aware of the prevalence of this attitude towards First Nations women. This creates conflict because women value relationships and place their personal value on the success of relationships (Gallos, 1997;
Gilligan, 1982; Tolman, 1994). This is especially true for girls in adolescence because this is a crucial time to be expanding relationships—especially with the opposite sex (Berger, 1980; Pipher, 1994). With that in mind, First Nations girls are at risk for feeling isolated and unhappy if the world and their community devalue them. Part of healing girls is teaching them about their rights as individuals, and perhaps providing examples of respectful ways of seeing First Nations women embedded in our early traditions. Part of the solution may be to give girls knowledge about sexism, and the other part of the solution could be to teach First Nations boys about gender issues too. For example, gender differences regarding abuse are apparent in our communities, First Nations boys and men sometimes mistreat the women and children in their lives, perhaps as a consequence of being abused themselves, or at least witnessing it.

First Nations girls should learn about friendship and ways of coping with peers. The women in this study relied very heavily on their peers for support, so asking girls to leave her friends is probably not an option. The importance of friends to adolescent girls is paramount, so we need to consider how we can influence a First Nations girl to develop healthy friendships. One way is to educate girls as a group. That means pulling girls together and educating them not just about sexism, racism, and other First Nations women’s issues, but how to get along. Resolving conflicts, attacking behaviours and not friends, trying not to overanalyze, role-playing, providing perspective, and sharing yourself (as a counsellor) are ways a counsellor can help improve First Nations girls friendships (Friedman, 1997).

Also, First Nations girls should be educated about society’s unfair standards set for all women. All girls regardless of race face the media’s distorted views of women’s beauty and success (Friedman, 1997; Pipher, 1994; Tolman, 1994). Educating them and informing them how all of these issues could enhance their self-awareness and help them make safe and health decisions.
First Nations Women’s Health

There are health issues that First Nations women must be made aware of to enhance their self-awareness. Our health issues could be broken down into the four parts of the medicine wheel—the physical, spiritual, emotional, and intellectual. The previous paragraphs have covered spiritual health (cultural awareness), emotional, and intellectual health. The counsellor should try and encourage First Nations girls and women to connect all those parts of health and how they relate to an holistic self-awareness. Counsellors should initiate discussions of physical awareness that is relevant to First Nations women. That initiative could include but not be exclusive to knowledge of high rates of violent deaths, cervical cancer, teen pregnancy, alcohol and drug abuse, obesity, diabetes, nutrition, eating disorders, depression and anxiety, suicide, and transmission of sexually transmitted diseases (Assembly of First Nations, 1994; Green, 1997; French, 1989; Health Canada, 1995; Ing, 1990; Kipling & Stout, 1995). Counsellors should be able to discuss these issues with up-to-date information, and how it is tied to other issues discussed earlier in the paper. For example, if you discuss nutrition in the context of poverty and an historical overview of the loss of traditional foods—girls may be more interested and informed. Also, the interviewees stated that sex was not discussed in First Nations people’s homes and lives. There is shame and fear around the topic of sexuality because of the prevalence of abuse, not to mention the negative stereotypes of First Nations women. First Nations girls also need to be taught about issues of lesbianism and bisexuality. The shame that exists around these members of our community is very strong while in the past First Nations gays and lesbians were seen as two-spirited. They were sometimes the magical and healing people in our communities—not pariahs (Albers & Medicine, 1977; Alvin, 1992; Brown, 1997; Dynes, 1992; Williams, 1986). A counsellor should be able to discuss this in a neutral way with girls as it could be part of what is adding to their behaviour.
**Drug and Alcohol Education**

As the reader may have noticed, I have not emphasized drug and alcohol counselling. I am aware of the grave concern that many First Nations people and communities have with this very important issue. Of course drug and alcohol abuse was involved in the experience of the women I interviewed, however, none of them blamed substance abuse for their problems. Substance abuse was described as a behaviour linked to their experiences with self-destructive behaviour, but there were contextualized factors that contributed to their experience (e.g., parenting, racism, gender, peers, and sexual assault). See Appendix E for further discussion on the role of drug and alcohol education.

**Coping Skills**

Although increased self-awareness may be associated with a decrease in self-destructive behaviour, coping skills are part of the equation of counselling First Nations girls (Ashby, Gilchrist, & Miramontez, 1987; French, 1989). Counsellors should remember that “preparation for problem solving within both the Indian subculture and the larger majority North American society” is important (French, 1989, p.165). Also, if we ask girls to give-up their coping skills, which may be self-destructive behaviours, then we must provide new behaviours.

In this paper, I have indicated that racism, sexism, and parenting are factors that have contributed to self-destructive behaviours. These factors are external to the girls and may or may not change regardless of what the girls do. They must learn to cope with the reality of those factors. Ways of coping could include: problem-solving skills, communication skills, developing natural talents and skills, anger management, emotional expression, getting along with and helping others, life skills, assertiveness training, developing a support system, setting realistic goals, education and job training, spiritual healing and other creative outlets such as journal writing, First Nations arts, music, traditional knowledge, and participating in anti-racism
activities and other positive political movements (Ashby, et al., 1987; Byrde, 1971; Cappachionne, 1989; Duran & Duran, 1995; French, 1989; Friedman, 1997; Green, 1997; Krawll, 1994; Miller, 1994; Patti & Lantieri, 1997; Pipher, 1994; Tapping & White, 1992; Vancouver/Richmond Health Board, 1999). In addition, I would like to emphasize the importance of connecting with supportive people. Laframboise and Rowe have noted that “traditional emphasis on role-modeling and group consensus, and on social support is a primar component of the healing process” (cited in Ashby et al., 1987). Coping within the context of First Nations culture should enhance relationships wherever possible, thereby upholding elements of collectivism (McCormick, 1999). The individual teenager who, for all intents and purposes, is still a minor should be encouraged to build relationships with other safe adults. Those could be other family members, mentors, friends of family, friends’ parents, Elders, etc. It is very important though, that the girl is able to recognize who is safe and who is unsafe. Shell stated that she drew other destructive people to her and that there are still predators in the community, so coming to know what and who are safe could be an important goal in counselling.

Considerations Specific To This Study

There are considerations specific to this study. The first one is the actual number of interviews I was able to complete. It was quite difficult to get volunteers to come forward and discuss their experiences with self-destructive behaviour. I feel that this fits with the notion that in the First Nations community there is a reluctance to break the silence that exists around abuse. It would be difficult to increase the numbers of interviewees without taking a very long time waiting for responses from the community. The second consideration is whether this information is transferable to smaller communities of Aboriginal people. The interviewees were all from an urban setting and one could assume that some of the themes would be relevant to only urban First Nations people. However, I think that many of the themes are still relevant to small
communities, for example, First Nations' parenting issues, gender, sexual assault, racism, and peers. I would hope that counsellors could read this and take what they need from it and leave the rest behind. Also, I did not interview adolescent girls and this too could be taken into consideration. I may have missed relevant information as it relates to today. Meaning that what my interviewees would have gone through 10 years ago may be better or worse or the same as the experiences of the girls today. However, accessing teenage girls would have been very difficult for the following reasons: they would be have been presently engaging in self-destructive behaviours and this would have put them at risk for traumatization if I had engaged them in a discussion about their behaviours. Also, they may have not been able to discuss why they felt they were involved in the behaviours and lastly, gaining parental permission would have been very difficult. The last consideration is the fact that two of the women interviewed are counsellors. They may provide deeper personal insight, however that insight could be biased. The bias is a result of their emphasis on counselling as the solution to First Nations girls engaging in self-destructive behaviour. That is also my own bias, and so the results are biased because we all agreed that counselling is an imperative solution. It is obvious to me now that counselling is part of the solution, social change being the other part.

Future Research

For future research I would recommend a study that focuses on the practice and personal reflections of a counsellor who is working with at risk First Nations girls as a way of gaining further insight into this population’s experiences. It might be helpful to hear what has worked or not worked when counselling First Nations girls engaging in self-destructive behaviour.

Another research project could be interviews that include the voices of First Nations girls. The present study is about them, and yet their voices are heard in retrospect. A study that could access adolescent girl’s voices directly would add to a body of counselling knowledge.
A third research idea involves exploring my recommendations further. For example, what effect does increased self-awareness have on therapeutic change as it relates to First Nations girls engaging in self-destructive behaviour. Does having an increased awareness of the effects of gender or residential school necessarily decrease self-destructive behaviour.

The last research consideration is how First Nations people define their self-destructive behaviour. It has been my experience that First Nations people have been defined by man people and institutions, i.e., missionaries, the department of Indian and Northern affairs, western psychology, anthropology. This is also true in the case of alcohol. It came to my attention during the interviews that some of the women felt that self-destructive behaviour was anything that involved alcohol. Although, this is my opinion, I wonder if First Nations people judge their actions by negative stereotypes of Native people.

**Summary**

In summary, one way to provide effective services for First Nations adolescent girls engaging in self-destructive behaviour is counselling that provides the tools and emotional safety for the girls to enhance their self-awareness. Counsellors may need to assist the girls in a journey of exploration that takes into consideration many aspects. First and foremost counselling services should be culturally relevant to First Nations women. This takes into consideration not only personal issues but social, political, and historical issues. Girls who hurt themselves in the ways discussed in this paper may have little or no knowledge about themselves and why they do what they do, especially within a larger context of their lives. The counsellor should be able to help the girl think about issues that affect First Nations parenting styles, racism, poverty, emotional expression and coping, segregation, gender issues, cultural values, health, relationships, and developmental issues such as adolescence. Most importantly though, this study has revealed that the interplay between these factors compound one another to create a complex set of problems.
unique to First Nations girls. First Nations girls engaging in self-destructive behaviour could be experiencing many problems at once, and the counsellor should be able introduce contributing factors into counselling. Not only that, the counsellor should be able to facilitate emotional expression, and have other coping behaviours available to the girl. This can be done in individual counselling, group counselling (talking circles), or in a classroom. Group counselling could be especially helpful for girls who know each other, who may be experiencing self-destructive behaviour as a group.

First Nations girls should develop coping skills, be exposed to positive role models of other First Nations women, as well as have the opportunity to participate in cultural activities. The will have to cope with their families, boyfriends, and friends who do not support a health lifestyle, or learn to heal those relationships when possible. Girls will have to cope with society’s views of them and eventually learn to overcome feelings of victimization and having a sense of pride and dignity is one way of doing that.

Counselling should be non-judgmental and patient because the girl is fighting the normal insecurities and fears that plagues all teenagers. Counsellors should also be able to take care of themselves. The issues and work that has to be done in this area of counselling requires that the counsellor have good emotional boundaries and good support. These reduce burnout and enhance the quality of service provided to First Nations girls. Counsellors who experience burn out should consider the following: (a) lack of clear boundaries between self and work, (b) extreme degrees of empathy, (c) exceptional levels of commitment, and (d) a fragile sense of self-concept (Baird). Also a counsellor should consider their place of work and supervisor – Are they properly supervised? Do co-workers work together? Is there a sense of autonomy? Does their work appreciate them? Does the organization over work its staff? (Baird). Counsellors should consider self-care (i.e., exercise and personal counselling), as well, as setting limits with
clients (i.e., clear boundaries between home and work) as ways of diminishing burnout (Baird). Remember, the counsellor “who exhibits a healthy balance of sensitivity to clients, and dedication to the field, but who are also able to keep a degree of objectivity and detachment that allows them to do good clinical work without excessively carrying the burdens of their clients’ difficulties” will reduce their level of stress and; therefore, reduce their risk of burnout (Baird, p.124).

The First Nations community has lost many rituals, the coming of age rituals are no exception. Ultimately, we must find a place of respect in our communities for young people and their transition into adulthood. It is my hope that the findings of this study assists counsellors working with young First Nations women experiencing self-destructive behaviour and ultimately adds to the healing of our future First Nations mothers, families, and communities.
REFERENCES


Appendix A
ADVERTISEMENT

A Study Exploring
THE EXPERIENCE OF SELF-DESTRUCTIVE BEHAVIOUR IN FIRST NATIONS
ADOLESCENT GIRLS

Did you know that Native teenage girls are more likely than non Native girls to die violent deaths?

I am a Native woman completing my degree in counselling psychology at the University of British Columbia. For my Masters' theses, I am interviewing Native women and their experiences of self-destructive behaviours when they were teenagers. These can include: drug and alcohol abuse, involvement in criminal behaviour, teen pregnancy, self-cutting or mutilation, eating disorders, attempted suicide, etc. I am currently looking for participants.

Who can participate?
Any Native woman between the ages of 18 and 35. You should be able to discuss your youth and your experience with self-destructiveness. However, please do not volunteer if you are currently experiencing serious personal difficulties.

What would be expected of you if you do participate?
• meeting with me three times, at a place and time of your choosing, for approximately one to two hours each time.
• honest and open discussion of your experiences of being self-destructive in your teenage years.

How will you benefit from being a participant?
• you can be an important part of helping Native girls today get better help from counsellors.
• you will be one of the first Native women to speak on behalf of Native women in our healing process. Let's hear your voice!

Confidentiality and anonymity will be strictly upheld. You can leave the study any time you want for any reason you want. If you are interested in participating, know someone else who might be, or simply would like to learn more about this study, please contact me.
Sarah Davis (graduate student) - phone: 822-4919
Dr. Bonita Long (principal investigator) - phone: 822-4919
Appendix B

INFORMED CONSENT FORM
The experience of self-destructive behaviour in First Nations adolescent girls

Researcher:
Sarah Davis, MA student
Department of Counselling and Educational Psychology, and Special Education,
University of British Columbia, Tel: 822-4919

Supervisor:
Bonita C. Long, Ph.D., Professor
Department of Counselling and Educational Psychology and Special Education, The University of British Columbia, Tel: 822-5259

Purpose:
The purpose of this research is to study the experience of self-destructive behaviour in First Nations adolescent girls. This study aims to describe the experience of Native girls, and to give voice to that story. This study will create themes of meaning from those stories that the reader can take-away. Knowing some of the themes that may play a part in the story of self-destructiveness may help counsellors improve their practice.

Study Procedures:

Each participant will attend three audio taped interviews, during which they will describe their experience of self-destructive behaviour during their adolescence. These interviews will take approximately an hour to two hours each time, and will be conducted in a private setting chosen by the interviewee. Thus confidentiality will be maintained, but with some input from the interviewee.
Confidentiality:

Any information resulting from this research study will be kept strictly confidential. All documents including audio tapes, transcripts and computer discs will be identified only by code number, know only to the researcher, and kept in a private file. The researcher will use pseudonyms, chosen by the participants, during the audio-taping of the interview, and in writing and talking about experiences, including the final report.

Any information the participant indicates to the researcher to be “off the record” will not be used. An exception to this confidentiality is when you tell the researcher, or the researcher strongly suspects, that children are being abused or neglected, or the interviewee has indicated she may hurt herself.

Upon final completion of this research project, (a) all paper-cop documents containing raw data will be shredded, (b) all audio tapes of the interviews will be erased and, (c) all computer files containing the transcripts of each interview will be deleted.

Contact:

If I have any questions or desire further information with respect to this study, I may contact the project supervisor, Dr. Bonita Long, at 822-5259 or the researcher, Sarah Davis, at 822-4919, 2125 Main Mall, UBC, V6T 1Z4.

If I have any concerns about my treatment or rights as a research participant I may contact the Director of Research Services at the University of British Columbia, Dr. Richard Spratley at 822-8598.
Consent:

I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without jeopardy to my access to further services from the University of British Columbia.
I have received a copy of this consent form for my own records.
I consent to participate in this study.

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Appendix C

Interview questions and procedures: September 23rd, 1999

1) A little about myself – what I do, where I am from and what has led me to ask these questions. These behaviours hurt a person for the obvious reasons, but they also hurt the family by continuing the cycle of violence, poverty, and cultural degradation.

2) Consent and definitions – Give out form and explain what it means. Talk about how I describe self-destructive behaviour “truancy and teen pregnancy, and on the devastating end there is self-mutilation, eating disorders, drug and alcohol abuse, and ultimately suicide”.

3) One of the questions I will ask you to think about – what was the behaviour or behaviours you engaged in? And what do you feel led to those behaviours

4) Secondly, in your opinion what would have made your teenage years easier? And what changed for you to end those behaviours

5) What would help girls today? * please note this was not my question but one that the interviewees wanted to discuss.
Appendix D

Interview with “Shelly”: Major themes

1) Parenting Issues

- Mothers history

  - Both brothers died at the same time in 1979 at the time Shelly was 13.
  - Parents split-up soon after.
  - Mom’s experience with loss “I learnt to be the same...my mom doesn’t cry and I took it on”. She grew-up in a hospital from a broken back from 3-13 years old.
  - “My mom was sexually abused (I didn’t know this) and a girl I cared for I was terrified she was going to get sexually abused”. We inherited loss and coping ‘We inherit things we don’t even know about’.

- Mothers behaviours

  - Mother’s ability to care for her compromised by suicidal feelings.
  - Shelly became mother’s caretaker.
  - By age 13 she felt “locked into the apartment” she lived in with her mother – “I learned to cope because Mom was stuck and I was stuck with her in that situation”. Mom was also physically abusing Shelly at this time.
  - Shelly experienced feelings of being overwhelmed and put herself into care from the ages of 16 to 17.
  - Mother erratic and unable to cope “she was on medication and I was scared every time I came home I wondered if she was alive”. Mom was suicidal
  - Mom became erratic and suicidal after son’s death and marriage split-up, suicidal feelings influence Shelly. “It would be easier to be dead now that it would to be alive...when things got tough I felt life would be easier, so much easier...I wouldn’t have to deal with bad relationships”.
  - Mom was angry and hurt and unable to deal with it – I learnt that and lacked an ability to express feelings.
  - The mother daughter relationship “Native women when they have daughters it’s different than sons” Mothers lack positive emotions, they don’t grieve – we don’t- we keep the silence.

2) Peer influence

- Shelly feels that suicidal feelings draw you to the “wrong” people.
- Girlfriends “help but its not enough”.

• By age 18 she turned to friends for support while at the same time began drinking, smoking pot and eventually working briefly in prostitution.
• “You’re doing stuff to yourself you’d never thought you’d do”, “I knew it was self-destructive”, “I found myself when I was drunk where my brothers were buried”.
• “I knew what she (new friend at age 18) was doing before I met her …it makes it more acceptable when you join others in self-destruction”.
• Regarding working on the street – it lasted one month but it was a devastating event. Shelly was connected to one man, she met this man for one month and describes feeling “disgusting” and “feeling nothing from drinking”.
• By age 19 she had no job, was on welfare, moved-out of her mothers’ house and “was drinking as much as my family”. (Even though previous to this time she had had jobs).

• She stopped work on the street the fourth time she the man “it scared the shit out of me”.
• The adults she had once worked for confronted her – she ended-up feeling “devastated” and “overwhelmed”. She describes feeling “disappointment” – she disappointed the adults and herself.

(3)Social factors

• Cultural Insensitivity and Gender

• Foster home kept her from her mother – only a year later did she realize her mother had been trying to call her.
• Shattered illusions about a “protected environment”.
• Social workers have a lot of power “they judge what’s appropriate but my relationship with my mother that’s the only relationship I had”.
• In Foster care “I was taken out of my community …it was “white-out”…my support network was taken away”. It was important to sta in the community to continue the grieving. Removed from home and community; therefore, lost support and friends.
• Put into a non Native community where she felt lost – did not complete high school and become more depressed since she lost her friends who were her support.
• Shelly began to experience feeling of dissociation and the losses in her life began to intensify.
• The school counsellors did not understand the intense bond and interconnectedness that exists in Native families. Native people are spirituality connected to their ancestors, and school counsellors did not understand that Shelly and “lost the meaning in her life” when she lost her brothers. Counsellors acted as if she should just “get over it.”
• Men’s views of women - At this time she had a relationship with a man who did not know she had worked for a month on the streets, but describes his family as “used to it”. It was socially acceptable to him, the women in his family worked on the streets.
• Racism is bombarded to us ‘what is said and body language of the outside world’.

(4) Sexual assault

• Boyfriend had held her at knifepoint – kidnapped and raped her. Shelly describes ‘not having herself” and feeling “this is wrong but our just floating”.
• So Shelly behaved in ways to express pain because she felt “there was no way out”.
• Shame feelings “I should have known better”.
• Promiscuous “we find a way to express bottled-up pain”.

What could people have done to help?

(1) Adult intervention

• Helped me stay in the East Side community where teachers and friends knew me.
• Have a counsellor who acknowledges First Nations beliefs – open-minded to our different ways of grieving (i.e., that it takes longer and there is a spiritual element to it),
• A First Nations person or “buddy mom” who has had similar experiences to visit mom to show her it is okay to feel different feelings.
• Support group for mother – sharing what is happening.

(2) Cultural Awareness

• An awareness of First Nations grieving, and how that related to her and the death of her brothers. The visions she had are a part of how First Nations people grieve.
• Learn about the ways Native people do grieve traditionally – a song or a ritual.

What changed for you?

• “Knowing” she could be different.
• An extreme act on the part of her boyfriend.
• Understanding adults – for example, what changed for Shelly was her experience with a street worker who told her that what happened on the street she could forgive herself for that “it was only one part of my life…one part of my life”.
• Going into talking circles.

**What could help?**

• Success is not a prerequisite.
• Peer counselling.
• Learning – you’re a strong person, what skills you already have, taking care of yourself, forgiving yourself, to honour yourself.
• Helping native girls as they are now.
• Starting with the Self – understanding yourself and then understanding “where everybody else is” that is set boundaries, know situations, know relationships.
• Make home safe again – First Nation’s parents “extended family and children need each other” – parenting groups, individual counselling, in home visits from other First Nations people who are NONAUTHORITARIAN.
• Counselling has to “open listening, non judgmental, has to be a First Nations person or we feel a power loss”, open to “visions – wake visions are real and have meaning” Shelly experienced visions of her dead brothers and feels talking about it would have helped. Also counsellors have to “understand kids stress” and “don’t pretend”. However Shelly said that there is still predators in the First Nations counselling community.
• Know Native women’s relationships – know boundaries, what that girl really wants, “we don’t see our own relationships” – the abuse that occurs in our own lives, breaking the silence.
• Reinforce positively of being a First Nation’s woman, daughter or mother. ‘No one else is going to take care of her … she needs self-care”.
• Must learn pride in being a First Nation’s woman.
• Native women need to develop personal morals and values. Native women “need to know what they believe it …what’s wrong and what’s right…not just about something like abortion but yourself”. Things like, “Stand-up for yourself”, “the girl decides what’s right and wrong…a standard you can live with to help you”, “sometimes our families don’t have appropriate values” so girls need to figure out “how they would like to be or how do I do that”. Native women “have to learn to not be silent in relationships”.
• Must break the silence about abuse in our community and “don’t be afraid of breaking the silence”.
• Decrease isolation of urban Native people because increased “isolation leads to drinking”.
Interview 2: “Daphne”

1) Parenting Issues

• Mother’s life history
  - Abandoned at age five by natural parents.
  - Abused by natural parents – alcoholic, neglectful.
  - Mother’s parents both went to Residential schools and Daphne feels that her mother was “affected by the residential school syndrome...she too experiences post traumatic stress”.
  - Adopted at age 9 into a non Native family. The father was an alcoholic and mother was ‘strict and religious’.
  - Left home at age 14 (lived in the adopted home for 5 years).
  - Gave birth to Daphne at age 19.
  - Quit drinking when Daphne was age 13.

• Mother’s behaviour
  - Neglectful – “I was alone as a child a lot ...she was partying but not making sure there was a babysitter” this was from age five on. Daphne cared for her mother by cooking and cleaning
  - Alcoholic, “party ing”.
  - Physically and emotionally unavailable “she had a ‘I don’t need anyone ...always covering-up that pain, she never talked about that”.
  - Also, as far as emotional expression that was affected by the abuse of alcohol “It was happy high when she was drunk and then it was miserable when she wasn’t. And then the anger and fights when she was drinking, fights with her boyfriend. I think I have seen her twice cry and both times I tried to go to her she just turned me away – ‘just get away from me’”
  - Used food as a “peace offering” there was little food at home, therefore, food became an “abused substance” to feel better.
  - Had a “house of chaos” and violent episode with boyfriends.
  - Verbally abusive.

2) Social Factors

• Racism and Gender
  - While in school Daphne experienced racism when “A boy used to beat me up and bully me and said it was because I was an Indian...he called my mom a drunken Indian...he would get other kids to pick on me”.
  - The same school did nothing when the mother tried to intervene.
  - The stereotypes of Native people and Native women were obvious to Daphne and she feels that they affected her feelings and behaviours – “she (mom) had no idea and I had no idea what being Indian was ... just a negative, just a bad thing, just a shameful thing”. Also, “there’s the drunken Indian put down for females. My mother got the squaw thing” and Daphne did not know ‘this similar behaviour (alcoholism) goes on in non-Native homes”.

• Daphne feels now that “what was normal for other people was not okay for us.” That is that it’s okay for white teenage girls to experiment with sex, drugs and alcohol but not for Native girls – the are immediately negatively labelled based on their race.

(3) Sexual assault

• At age 3 her uncle attempted to molest her, and she witnessed her babysitter raped by the same man.
• Raped in high school by older married man, wherein she was not believed. The resulting feelings were shame and isolation. She felt isolated because when she told a friend of the man the person told her “she was asking for it”. Daphne felt little trust in adults by this time “didn’t trust adults because since I was a child they weren’t there for me. They didn’t take care of me for one, they tried to abuse me and so couldn’t trust them. And the only people I told was my friend A. and my friend .. They were the only one’s who knew about it. There was no way I was going to tell the police or tell my mom because she figured she’d just blame me like my friend”.

(4) Peer influence

• Daphne began drinking with another young girl at age 11. This girl was her main support and the friend had similar problems at home.
• High school students were also experimenting with drugs, alcohol and sex – and yet Daphne was judged “making a name for herself” because of her race. Daphne claims that it did not matter that the other non Native kids were having sex more often with more people than herself. “Immediately its shameful – it was worse because I was Indian”.
• Friends were also using pot and alcohol but “friends help you share…share family pain in the abuse of alcohol”.

What would have helped when you were young?

(1) Adult intervention

• An adult who was honest and shared more of themselves, for example, “I had a Big Sister since I was 13 but even with her I hid things ‘cause fearing judgement from her and she was there to try and help but she wasn’t sharing, she was trying to be a role-model to me”. If there had been an adult there to say ‘this is what I went through’ that might have made some kind of a difference even some kind of education”.
• Teachers and role-models
• Shared experiences.
• “Some kind of intervention where I would have got some kind of counselling or help as a child. So, I could have been more aware that this was not my fault, not my responsibility and I didn’t deserve this. And mom wasn’t drinking because of me because she didn’t want me” “Just some kind of confirmation of those facts …there weren’t kind of services.
(2) Cultural Awareness

- An education about what it means to be Native.
- Spiritual teachers.
- Other people from my Nation.

What Changed for You?

- Feeling “generally dissatisfied” and began searching. The feeling of “always wanting to be different, unique. In my family I was different got along with everybody. I accepted them as they were and I was the one venturing out...learning about myself, the culture, family members were jelous and threatened but that never phased me – I moved all over the country”
- Books ‘helped me look at myself, it was a starting point”
- College and University – “learning about Native culture”. “Learning my history, my identity going to school and the history of Canada and took drug and alcohol counselling at college and Native studies”.
- Meeting her biological family “it was like going home...finding out about the history of the reserve and the people and getting to know m grandfather and his history in the residential school”.
- Talking circles “talking with other Aboriginal women knowing that common thread. You’re not alone in all of those things because when its happening when you’re a child or a teenager you think your the onl person in the world that this happing to, and to learn you’re not”.
- Spiritual questions – early experiences with the Christian faith left Daphne dissatisfied. However, it did influence her to think in a spiritual way. Daphne describes being supported at college through Native spirituality. She has had visions, been in ceremonies, witnessed spirits and has spirit helpers – whom she now feels have been with her throughout her life. She also received her spirit name; has witnessed healing and has had spiritual dreams.
- Mother stopped drinking when Daphne was 13, and while it did not stop Daphne it did influence her “she really did show me a lot eventhough I had to go through my own experiences. She showed me a tremendous lesson that she’s had enough and quit and that taught me something profound later on. And that taught me to do the same later on.”

What could help?

- Young Native people need to be able to talk about natural desires to experiment with drugs, alcohol and sex “ Kids are so hard on themselves about their lives for just natural inclinations to try drugs and alcohol and sex...they figure once they’ve tried it that’s it they’re going down hill”,”there is too much pressure”.
- In counselling, there has to be trust developed “give education (about drugs, alcohol and sex) first then talk about experiences with them...help them feel that the changes they are going through are
natural and that experimentation is natural. Non-humiliation and speaking about sensitive issues as naturally and comfortably as possible. Not putting shame or label of what they should be doing”.

- Daphne stated that parents don’t discuss sex, as it can relate to their own abuse “they want nothing to do with their environment of abuse”.
Interview Three: “Betty”

(1) Parenting Issues

Fathers behaviours and history

- Betty’s father was a residential school survivor and displayed many symptoms of the Residential School Syndrome.
- “When he was drunk there was anger, yelling and hatred towards Whites, the residential school and Blacks”. When father was drunk he would talk about the residential schools “He talked about the bad stuff...it was upsetting to hear the stories”.
- He “terrified” his children and “picked-on them when they got older”.
- Dad was violent and abusive, and had a drinking problem. “Never showed affection when he was sober, just when he was drunk”, he was moody and angry “I can tell when is mood is going to change”, “he was hardly ever around...jobs took him away from home. So it was mainly my mom but when he came home he would get drunk, fight and beat her (mom) up”.
- Dad would have parties and would inadvertently expose his children to friends and family who would try to abuse the children.
- At the age of 15 Betty’s mom took her to Surrey, leaving the father behind.
- Father came back into the picture “he stopped the abuse when he came back but his moods – it didn’t take much to set him off”.
- Betty ran away from home for good upon father’s return.

(3) Social Factors

School and racis

- Betty attended school in Surrey where there was no Native people. She remembers experiencing “culture shock”, “I had lived in one community my whole life”.
- At this school the “kids were mean, some tried to be nice but I was too shy”. “The white kids were different than us”. Most of the racism came from the white girls in the school and Betty remembers feeling “intimidated” by them and even not joining-up for sports she had once done because of intimidation.
- The school didn’t care either, Betty stopped showing-up and the never told her mom.
- As a result of living in a new city Betty feels she was unable to learn about her culture and language.

(4) Peer influence

- Betty left when her Dad came back, she dropped out of school as well.
• She began hanging around the Downtown Eastside of Vancouver, she remembers feeling “pretty lost” and “angry at Dad”.
• There she found a group of other Native teens to hangout with, and while they understood her they also were in trouble themselves.
• This is when she began a cycle of abuse with boyfriends.

(5) Sexual assault and physical abuse

• Early childhood “attempts” to sexually abuse Betty. “Sister caught the guy” from her earliest recollection. Second attempt was at 6 years old by her cousin. Her father came into the room but said nothing – it was never discussed.
• At age 16 Betty was sexually assaulted by two boys who she suspects drugged some beer. She blacked-out and “it bothered me for a long time”. Later she found out “the guys that did it to me bragged to my boyfriend of ten years … and my boyfriend didn’t tell me until about four years later.
• Some boys raped Betty at age 16, and her boyfriend later blamed her for “getting into trouble”. This same boyfriend began beating Betty.
• Abuse was normal for Betty “At the time it was normal, you drank, got drunk and sometimes he would beat me up”. “I’d just blame it on the booze or think it was my fault”.
• “All of the boyfriends I’ve had have been abusive especially the last one – the father of my kids is in jail”, Betty last boyfriend “always threatened to take away my kids. He kidnapped my daughter when she was three weeks old. I was breast feeding her – that was a real nightmare … the police couldn’t do anything … the only way I could get her back was if I took him back”.
• Betty’s son by another relationship died in a drowning accident and she feels that her ex boyfriend “was glad” and he did nothing to support her. Betty attempted suicide after her baby’s death.
• It is normal not just for Betty but also for other girls in our community “It’s around you all the time. Your brothers, sisters, cousins – everyone’s the same”, “It’s mostly the residential schools…my dad was forced – his parents tried to hide him…mostly everybody in the village was forced”.

What changed for you?

(1) End of abuse

• Betty’s ex boyfriend (the father of her children) was put in jail for a very long time for a violent crime against another woman.

(2) Second suicide attempt
• Even though, the boyfriend was removed from her life it was devastating when he went to jail. “It was just such an unstable relationship. I could never count on my kids dad to be there, so I tried not to depend on him at all”.

• Betty attempted suicide at this time however chose to seek out help “thought of my kids … I changed my mind because of my kids. Nobody can take care of them better than me”.

• Fear also changed Betty – “I heard the ambulance attendants say ‘we should bring her straight to the morgue’ I just snapped out of it …I was so cold…it just scared me”.

(3) Counselling

• “Counselling changed me …that’s what really opened my eyes”, Bett realized the abuse was not normal “this is not normal”.

(4) Work and supportive people

• The employee assistance program paid for her counselling, and her boss was a tremendous support. This boss testified on Betty’s behalf regarding the abuse of the boyfriend, and supported Betty when she did not feel strong enough to return to work. Her boss told her just to show-up and not doing anything – this helped break from feeling depressed.

• Betty attributes work to dignity too. “I never wanted to be on welfare”. She claims she wanted to be different than her own mother, who did not have a choice when she brought the children to Surrey.

What could have helped when you were young?

• A First Nations counsellor “I clammed-up around non Native people”.
• Family support, but they don’t believe in getting help.
• Residential school awareness “even recently I never thought about that. About how it affects parents and kids – they didn’t get parenting skills…or showed love either”.
• Better services like job training and education, counselling.
• A stable environment.
Appendix E

**Personal Reflections on the Role of Drug and Alcohol Education**

The women I interviewed did not directly blame alcohol for their self-destructive behaviour. Alcohol abuse was named as a self-destructive behaviour that either made them feel worse or nothing. The alcohol was used as a coping mechanism that helped them deal with negative feelings associated with family problems and other difficulties in their lives.

It is my opinion that First Nations people need to start talking about alcohol as not the cause of our problems but as a symptom. Too often in our communities we relay a message that if we just remove alcohol and drugs from our lives we will be better as a people. However, in communities where alcohol has been removed there is the same family violence, and other problems that were there in the presence of alcohol (Assembly of First Nations, 1994). The fact is alcoholism is still very misunderstood in the First Nations community, and consequently issues are left out in counselling First Nations people (Levy, 1988).

It has been my experience that it is insinuated that First Nations people are incapable of responsible use of alcohol. I would like to challenge that notion as I feel it is another form of racism. We do no service to our youth telling them they cannot drink because of their race. I put forth the idea that we have put First Nations youth in an impossible situation. For example, a common phrase taken from a well known treatment program is “clean and sober” the opposite of this is dirty and drunk – two words that myself and many other First Nations people are aware go hand in hand with the word Indian. It is my opinion that First Nations people have adopted stereotypes about themselves and so total abstinence is the only respectful life option. And yet detoxification and sobriety as a singular approach to alcohol problems has not been that effective
in handling the other problems associated with alcohol abuse, such as family violence (Kivlahan, Walker, & Walker, 1985).

Also, one cannot forget that although it is not legally sanctioned for non-First Nations youth to experiment with alcohol, it is somewhat expected and certainly not condemned based on race. It is quite normal considering the stage of adolescence for youth to experiment with alcohol and drugs (Gfellner & Hundleby, 1994). We may not like it but it happens – teenagers of all races will stretch their limits as a way of learning about themselves as adults (Berger, 1980). We must teach young First Nations people the facts about drugs and alcohol and the role that they have played for many First Nations people past and present. I propose that we have a duty to talk to them about responsible use of alcohol. Remaining silent and setting-up an impossible standard based on race will only continue to set-up our young people for abuse of alcohol. They may feel that “why is it okay for other people to drink and not me only because I am a First Nations person?” After all, is this not what non-First Nations people and organizations have been telling us for the last 500 years? Have we finally come to believe the stereotype that we are all “drunken Indians” (Duran & Duran, 1995). Thus, First Nations girls could be given skills to decide whether or not they can or cannot drink responsibly, rather than shame dictating their choice.

I do not suggest that alcohol and drugs are not a problem. My concern is how are they a problem? And what role do they play? For example, I believe that alcohol does not cause those problems associated with sexual abuse (e.g., depression and self-harming) but instead is used as way of coping with the results of abuse, essentially, as a way of emotionally expressing/coping with ones pain and anger (French, 1989). Alcohol’s role then is not causal but may ignite and perpetuate negative feelings and behaviours. Thus, the cycle of alcohol abuse and emotional expression and coping continues. If alcohol were the sole cause of First Nations problems, in its absence problems associated with it would disappear. On the contrary in some First Nations
communities where alcohol has been removed, they still experience high rates of family violence and other problems that were once associated with alcohol abuse (Assembly of First Nations, 1984).

Research has shown that First Nations alcoholism and its treatment could benefit from reviewing such issues as social adjustment, controlled drinking, vocational rehabilitation, interpersonal skills, and family interventions (Kivlahan et al., 1985). Thus, in counselling a young First Nations girl who is drinking, instead of focusing on black and white thinking (alcoholic vs. total abstinence), especially based being First Nations, the focus could be on coping, the role of alcohol in the persons life, emotional expression and healing, and quality of life. A counsellor should be able to relate this to the individual girl, her family (past and present), and her community.