

THE FACILITATION OF HEALING FOR THE FIRST NATIONS PEOPLE OF
BRITISH COLUMBIA

by

RODERICK MICHAEL McCORMICK

B.A., Carleton University, 1980

B.Ed., Queens University, 1981

M.A., University of Victoria, 1986

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

in

THE FACULTY OF GRADUATE STUDIES
(Department of Counselling Psychology)

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

© Roderick Michael McCormick, 1994

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

(Signature)

Department of Counselling Psychology
The University of British Columbia
Vancouver, Canada

Date December 20, 1994

ABSTRACT

This study explores the facilitation of healing for First Nations people living in the province of British Columbia. The purpose of the study is to develop a reasonably comprehensive scheme of categories that will describe, from the perspective of First Nations people, what facilitates healing.

The research method involved interviews with 50 adult First Nations volunteers who were long-term residents of British Columbia and also in a position to observe what facilitated their own healing for them. The Critical Incident Technique (Flanagan, 1954) was utilized to elicit 437 incidents from 50 participants. Fourteen categories emerged from an analysis of the incidents reported. Several procedures were used to examine the soundness and trustworthiness of the categories. The results indicate that healing can be facilitated in the following ways: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing spiritual connection, obtaining help/support from others, self care, setting goals, anchoring self in tradition, and in helping others. A preliminary examination of the healing outcomes of these facilitating events suggests that an effective healing program for First Nations people would invoke empowerment, cleansing, balance, discipline, and belonging.

Narrative accounts were analyzed for the purpose of revealing an organization for the categories. Four divisions of categories emerged as a result of this analysis: separating from an unhealthy life, obtaining social support and resources, experiencing a healthy life and living a healthy life. Further analysis of the narratives revealed five overall themes which serve to enhance the categories and outcomes presented in this research. Those themes entail: A broad spectrum of healing resources are available to First Nations people, First Nations people have a different way of seeing the world which has to be understood before effective counselling services can be provided, First Nations people expect that whatever is healing should help them to attain and/or maintain balance, self transcendence followed by connectedness is a common route to healing for First Nations people, and First Nations people are seen to act as agents of their own healing.

The findings of this study contribute to the field of counselling psychology by providing a reasonably comprehensive scheme of categories and themes that describe, from the perspective of First Nations people, what facilitates healing. This study suggests promising developments in First Nations healing that have implications for both research and practice.

TABLE OF CONTENTS

	<u>Page</u>
ABSTRACT	ii
TABLE OF CONTENTS	iv
LIST OF TABLES	vi
ACKNOWLEDGEMENTS	vii
FOREWORD	viii
CHAPTER I: INTRODUCTION	1
Purpose of the study	2
Rationale of the study	2
Approach to the Study	5
CHAPTER II: REVIEW OF THE LITERATURE	6
BACKGROUND	6
Intercultural Counselling	6
Indigenous Psychologies	8
FIRST NATIONS CULTURE AND MENTAL HEALTH	10
First Nations Worldview	10
Interconnectedness	13
Spirituality	16
Ceremony	17
Tradition/culture	18
First Nations mental health problems	19
WHAT FACILITATES HEALING FOR FIRST NATIONS PEOPLE? ...	23
Summary	27
CHAPTER III: METHODOLOGY	29
Critical Incident Technique	29
Participants	30
Critical Incident Interview	31
Orientation	32
Elicitation of events	34
Procedure	35

TABLE OF CONTENTS, CONTINUED:

	<u>Page</u>
ANALYSIS OF OF THE INCIDENTS	36
Extraction of the incidents	36
Process of forming categories	37
VALIDATION PROCEDURES	40
CHAPTER IV: RESULTS	44
DESCRIPTION OF THE CATEGORIES	44
VALIDATION OF THE CATEGORIES	67
Reliability of Categorizing Incidents	67
Comprehensiveness of Categories	69
Participation Rate for Categories	70
Expert Commentary	72
Support of Related Literature	73
EXAMINATION OF THE OUTCOMES	82
SUMMARY	91
CHAPTER V: ORGANIZATION AND ANALYSIS OF THE HEALING	
CATEGORIES	93
Narrative Accounts	93
EXAMINATION OF THE NARRATIVES	126
Division of the healing categories	127
Examination of the healing themes	130
CHAPTER VI: DISCUSSION	134
Summary of Results	134
Limitations	135
Implications for theory and research	136
Implications for Practice	142
Implications for further research	144
Summary	146
REFERENCES	148
APPENDIX A	156
APPENDIX B	159

LIST OF TABLES

	<u>Page</u>
TABLE 1: RELIABILITY OF CATEGORY SCHEMES	68
TABLE 2: PARTICIPATION RATE IN EACH CATEGORY	71

ACKNOWLEDGEMENTS

I would like to thank Dr. Larry Cochran, my thesis supervisor, for his insight, support, and guidance in the research and writing of this thesis.

Thanks are also owing to my other committee members, Dr. Marvin Westwood and Dr. Wendy Wickwire for their guidance.

Thanks to my colleagues and the many people who helped as judges, expert witnesses, and proof readers.

Special thanks to my wife Liane for her constant support , encouragement, and incredible patience.

Most importantly, I would like to thank the fifty participants whose wisdom and strength made this research possible.

FOREWORD

The idea for this research came to me as a result of my experience counselling First Nations people in both British Columbia and the Yukon Territory. As a First Nations person myself, I have been able to combine my growing knowledge of aboriginal culture and healing with the training I have received in counselling psychology. I refer to my knowledge of First Nations culture as "growing" because I did not grow up with my people (Mohawk of Kahnawake) and only started on the path to learn my culture in 1986.

After completing my M.A. in counselling psychology, I utilized traditional Western therapeutic approaches with First Nations people often to find that they were only moderately effective. For the five years (1986 to 1991) I lived in the Yukon Territory I worked as both a counsellor with Indian Affairs and as a High School counsellor in Whitehorse. This work enabled me to travel to all of the First Nations communities in the Yukon and to provide counselling to hundreds of First Nations people in the North. While working on my PhD in counselling at the University of British Columbia I had the privilege of working as the counsellor at the First Nations Longhouse and later, as the Director of the Native Indian Teacher Education Program. It was during this period that I began to utilize culturally specific ways of counselling First Nations people in addition to more conventional Western approaches. On observing the success of the culturally specific methods I became interested in discovering other indigenous

paths to healing. From my own experience it was apparent that the most revealing source of such information was from First Nations people themselves. This study was, therefore, designed to provide First Nations perspectives which can inform helping professionals as to what works to facilitate healing for them.

Please note that although I have attempted to use the contemporary term "First Nations" in the text, you may occasionally see the term "Native", "Metis," "Indian" or "Aboriginal". These terms are used interchangeably and refer to the same people.

CHAPTER I

INTRODUCTION

Researchers in the field of intercultural counselling recognize that some therapeutic approaches might be ineffective or even harmful when applied without regard to the cultural background of the client (Sue & Sue, 1990). One cultural group that seems to be affected by a lack of cultural sensitivity in counselling is the First Nations population. Despite this population's disproportionately high level of suicide, drug and alcohol abuse, and other mental health problems (Nelson & McCoy, 1992), First Nations people tend not to utilize the counselling services provided by the majority culture, and of those First Nations people who do use such services, approximately half drop out after the first counselling session (Sue, 1981). In an effort to address this problem, researchers in First Nations mental health (York, 1990; Lafromboise, 1988; Darou, 1987) have stressed the need for mental health theorists and practitioners to question the appropriateness of counselling methods presently being used in the treatment of First Nations people, and to become familiar with mental health healing processes that might be more appropriate for First Nations people. As much of the theory and practice relating to the provision of mental health services for First Nations people is based on opinion and conjecture, it is important that First Nations people themselves be provided with an opportunity to provide information as to what facilitated healing for them. In response to this need to

understand what First Nations people report as helpful, the research question for this study was: What facilitates mental healing among First Nations people of British Columbia?

Purpose of the study

Through gathering reports from First Nations people, the aim of this study was to develop a set of categories that describe what facilitates healing. The categories are intended to further the development of a theoretical framework that is more in keeping with a First Nations worldview. An investigation of this kind is intended to contribute to the larger field of intercultural counselling by providing data and information of culturally appropriate ways to facilitate healing for a First Nations population.

Rationale of the study

There are several reasons for conducting a study of healing among First Nations people of British Columbia. First, there is a high incidence of mental health problems amongst First Nations people in British Columbia and the rest of Canada (York, 1990). In British Columbia alone, the suicide rate for First Nations teens is seven times higher than the national average (Bellett, 1994). Other mental health problems such as depression and substance abuse are also

significantly higher (Nelson & McCoy, 1992). It is therefore critical that more research on First Nations mental health be undertaken so that mental health professionals can design culturally appropriate interventions.

Second, the field of intercultural counselling has paid little attention to the ways in which various cultural groups have organized their own means for obtaining help. These traditions are apt to define what is effective or sensible. In a study of the history of traditional Native healing, Katz & Rolde (1981) argue that helping networks have been in operation for many years. As Sue & Sue (1990) explain, some of these methods of healing have been dismissed as "unscientific, unprofessional, and supernatural". They argue that the mental health profession needs to examine the viability of traditional methods of healing and determine how they might be combined with Western healing (Sue & Sue, 1990, p. 187). Several researchers have stated the need for an understanding of effective and ineffective mental health interventions for First Nations people. York (1990) argues that we urgently need to examine the appropriateness of the mental health services presently being offered to Native people. Neligh (1990) states that because psychotherapy for Native people has received so little study, there clearly exists a need for the development of a uniquely aboriginal field of psychotherapy. Lafromboise (1988) recommends that psychologists become familiar with traditional Native mental health practices before they impose their own values on Native people. Everett & Proctor (1983) also believe that therapists cannot offer culturally appropriate mental health services until they understand the cultural

values of Native people that pertain to healing. This study begins to address these recommendations by providing a broad set of categories that describe what facilitates healing for First Nations people.

Third, many of the programs and initiatives used by the majority culture to "assist" First Nations people have been unsuccessful. The residential school policy and the policy of assimilation are better known examples of "assistance" that were counterproductive (Anderson, 1993; Herring, 1989). These initiatives were considered to be a solution to what was seen as the First Nations problem of retaining a way of life and culture that was considered inferior to that of the majority culture (Haig-Brown, 1989). On a different scale, Atkinson, Morton & Sue (1989) point out that therapeutic approaches such as client-centered therapy have also been unsuccessful when used with First Nations populations. In most cases the program or initiative used to assist First Nations people has not been based on research conducted with them.

Fourth, the present study was also undertaken as a way of addressing the lack of research attention given to understanding First Nations mental health. In an extensive review of multicultural counselling research, Ponterotto & Casas (1991) noted that very few studies focused on mental health strengths of minority cultures. They emphasized the need for research that examined positive coping strategies used by minority groups.

This study is intended to fill the gap by providing mental health practitioners and researchers with an initial understanding of the healing

processes that reportedly work for First Nations people so that culturally appropriate programs and initiatives can be developed to assist them effectively.

Approach to the Study

The methodological approach used in this study is based on the need to give First Nations people a voice in identifying what can help them in healing. First Nations traditions of healing have not been given enough serious consideration by the mental health profession (Lafromboise, 1988). It is therefore appropriate to bring these traditions forth so they can be examined. There is a great deal of knowledge available to mental health service providers through the process of speaking directly with First Nations peoples about what worked or did not work for them in the healing process. The Critical Incident Technique was used in this study because it allowed First Nations people to share their own knowledge and voice their own experiences. In addition, the Critical Incident Technique provided a reasonable approach to addressing the research question.

CHAPTER II

REVIEW OF THE LITERATURE

Literature relevant to the question of what facilitates healing for First Nations people will be reviewed in this chapter. The concept of intercultural counselling and indigenous counselling will be presented by way of background followed by a review of First Nations culture and First Nations mental health problems. The remainder of the chapter will focus on the factors that contribute to healing for First Nations people.

BACKGROUND

Intercultural Counselling

The most straightforward definition of intercultural counselling is "any counselling encounter in which two or more of the participants are culturally different" (Atkinson, Morton, & Sue, 1989, p.9). Intercultural counselling or cross cultural counselling was said to have been developed in response to the human rights movement and the attention given to the needs of women, ethnic minorities and the disabled (Margolis, 1986). Counsellors and other mental health practitioners were concerned that the culturally bound approaches they were using were causing great harm to the culturally different (Ponterotto & Benesch,

1988; Sue & Sue, 1990; Ponterotto & Casas, 1991). Counselling is seen as being culturally bound because approaches and theories are composed of culturally bound philosophical assumptions regarding the nature of humanity (Sue, 1989). The techniques used in counselling and psychotherapy also tend to be closely tied to culture (Torrey, 1972).

To work effectively in a cross cultural capacity a counsellor must, according to Cormier & Hackney (1987), "choose approaches and strategies that pace or match both the personal and cultural background of the client and avoid relying on just their favorite or typical unimodal approach" (p. 117). Sue & Sue (1990) concur, stating that an effective cross cultural counsellor must have a sensitivity to and appreciation of cultural differences. The cross cultural counsellor listens and learns from the client to gain an understanding of the client's assumptions regarding the nature of humanity. This knowledge provides the counsellor with an understanding of what motivates the clients, how problems occur for them, how healing occurs for them, and what the client and counsellor role is in the healing process. After obtaining this knowledge the counsellor can then develop new concepts, services and methods that are appropriate to the life experiences of the culturally diverse client.

A recent development in intercultural counselling is to view it as the 'fourth force' in counselling. This is to view multicultural counselling from a broad perspective so that it is seen as a generic approach to counselling (Pederson, 1991). According to this broad definition, the multicultural perspective

would apply to all counselling relationships. This perspective would enable the counsellor to better match a client's culturally-learned expectations with the client's behavior and to help the counsellor become more aware of how his/her own culturally-learned perspective and expectations affects the counselling relationship (Pederson, 1991). The culture-centered or "cross-eyed" approach to intercultural counselling has also been advocated as it recommends that counsellors attend to both the ways in which people are similar, and the ways that they are different at the same time. Mistakes are often made by focusing too strongly on the universal or culture free aspects of humanity or by focusing too narrowly on the isolated or culture pure aspects of humanity (Pederson, 1991). To be "cross-eyed" a counsellor must focus one eye on the differences and one eye on the similarities (Pederson, 1993)

Indigenous Psychologies

Like intercultural counselling, the field of indigenous counselling has experienced an increased interest among members of the mental health profession. This interest has been sparked by the realization that general psychology tends to be both culture blind and culture bound (Kim & Berry, 1993). Indigenous psychologies have been described as generally accepted psychological claims that are "culturally pervasive and not invented" (Heelas & Lock, 1981). Heelas & Lock (1981) state that indigenous psychologies seek to interpret reality,

whereas scientific psychologies seek to transform it. As the term 'indigenous' implies, these psychologies are about people and their relationship to the world. They are also characteristic of the region or culture that they originated in and are not intended to apply to other cultures. Heelas & Lock (1981) thought that indigenous psychologies are necessary with respect to three functions: "sustaining the inner self, sustaining the self with respect to the sociocultural, and enabling sociocultural institutions to operate" (p. 13). Indigenous psychologies exist in order to help people of one culture/community to understand their lives in the context of that culture or community. Healing from an indigenous psychological perspective means that illnesses are locally understood, treated, managed, and classified (Gaines, 1992). This differs from the type of cross cultural psychology that, in its attempts to examine local variation, uses Western categories and classifications assuming that such practices are universally acceptable (Gaines, 1992). One of the findings of research on intercultural counselling and indigenous psychologies is that Western psychologists have gained a greater awareness of the culture-bound quality of the categories and models that drive Western psychological theory building (Schwartz, White & Lutz, 1992).

FIRST NATIONS CULTURE AND MENTAL HEALTH

First Nations Worldview

Ethnopsychiatrists such as Torrey (1972) make a strong case that counselling cannot take place without communication, and that we cannot communicate with someone unless we have a shared language and worldview. In order to communicate and counsel First Nations people, counselling service providers must understand the traditional worldview of First Nations people. Despite the working assumption of some non Native counsellors that many forms of therapy are "value free," all counselling nevertheless makes inherent assumptions. These assumptions are rooted in philosophical views of human nature and people's place in the world (Wachtel, 1977). Mental health professionals, like most members of a community, lack insight into their own culturally learned ideas and values (Torrey, 1972).

It is estimated that there are approximately 250 systems of psychotherapy in existence (Corsini, 1984). Most of these models of counselling are based on the belief system and values of the "accepted" majority point of view (Ibrahim, 1984). This point of view or worldview inevitably affects our belief systems, decision making, assumptions, and modes of problem solving (Ibrahim, 1984). People comprehend worldview to mean the understanding that an individual has about how things and people relate to one another. An understanding of a client's

worldview is, therefore, essential to being an effective cross-cultural counsellor (Ibrahim, 1984, 1985). Lafromboise, Trimble, and Mohatt, (1990) state:

Knowledge of and respect for an Indian worldview and value system-which varies according to the client's tribe, level of acculturation, and other personal characteristics - is fundamental not only for creating the trusting counselor-client relationship vital to the helping process but also for defining the counselling style or approach most appropriate for each client. (p. 629)

An important point in this statement concerns the need to recognize the diversity among First Nations people. If this statement is correct how, then, can counsellors assess worldview? Based on a scheme developed by Kluckhohn and Strodtbeck (1961), Ibrahim (1984) has developed a scale for assessing worldview across cultures. The common themes are: 1) People - nature orientation, 2) Time orientation, 3) Activity orientation, 4) Relational orientation, and 5) Modality of human nature. An examination of these schemes would further our understanding of any culture's or individual's world view. Although this scale has not been utilized in this study, it is one of the few instruments designed to recognize differences in the ways people see their world.

The First Nations Medicine Wheel informs a philosophy of healing that approximates a traditional First Nations Worldview as it pertains to healing. The Medicine Wheel shows the separate entities : mental, physical, emotional and spiritual as being equal and as part of a larger whole. This reinforces the concept

of interconnectedness and the belief that one part cannot be the center but must instead learn to work in harmony with all of the other parts. The Medicine Wheel therefore represents the balance that exists between all things. The First Nations worldview as represented by the Medicine Wheel has balance as one of the basic tenets of healthy living. The Medicine Wheel is viewed as "movements in the cycle of human development from our birth to our unity with the whole of creation" (Bopp, Bopp, Brown & Lane, 1984).

Traditional First Nations healing incorporates the physical, social, psychological, and spiritual being. It is difficult to isolate any one aspect (Primeaux, 1977). It is thought that First Nations people become ill when they live in an unbalanced way (Medicine Eagle, 1989). Balance then is essential for the First Nations person because the world itself is seen as a balance of transcendental forces, human beings, and the natural environment (Hammerschlag, 1988). An appropriate description of First Nations health can be found in a recent report on Aboriginal health and healing in Canada:

Throughout the history of First Nations people- the definition of health evolved around the whole being of each person- the physical, emotional, mental and spiritual aspects of a person being in balance and harmony with each other as well as with the environment and other beings. This has clashed with the Western medical model which, until very recently, has perpetuated the concept of health as being 'the absence of disease' (Favel-King, 1993, p.125).

Interconnectedness

In this context interconnectedness can be viewed as the individual's connection to the world outside the self. Practically, this means to become connected or reconnected to friends, family, community, and culture. Leading First Nations mental health researchers have continuously stressed the collective orientation of First Nations people (Trimble & Hayes, 1984; Lafromboise et al., 1990). This philosophy is well described by Ross (1992) when he states that interconnectedness means:

That we are not alone, nor can we go it alone. We are here not to assert our dominion or to rise above the rest, but to make a contribution to the rest. The successful man is the one who understands his role as the conduit of sustenance for all components of creation and who dedicates his efforts towards maintaining harmony and balance within all creation. (p182).

This theme of interconnectedness is prevalent throughout most First Nations cultures and has been aptly described as a series of relationships, starting with the family, that reaches further and further out so that it encompasses the universe (Epes-Brown, 1989). The emphasis on interconnectedness is often in conflict with the modern western emphasis on individuality. Some First Nations people even see mental illness as result of excessively individualistic behavior that is best treated by utilizing the power of the community (Lafromboise, 1988). Counsellors

who tend to stress the role of individual client responsibility need to be aware that it may not be appropriate to do so with all clients.

The role of healing in traditional First Nations society has been not only to reaffirm cultural values but also to consider the individual in the context of the community (Trimble & Hayes, 1984; Lafromboise et al., 1990). In some First Nations cultures, establishing harmony within the community and improving interpersonal relationships amongst members of the community is seen by members of the community as the goal of therapy (Torrey, 1972). Healing is often in the form of a community-sanctioned and community-run cleansing ceremony that involved the whole community (Ross, 1992; Torrey, 1972). Katz and Rolde (1981) found that the goal of traditional Native healing was not to strengthen the client's ego as in non-Native counselling, but to encourage the client to transcend the ego by considering him/herself as imbedded in and expressive of community. Like family therapy, systems therapy, and community psychiatry, First Nations healing promotes the idea of bringing together many forces to best utilize the powers that promote health (Hammerschlag, 1988). Traditional First Nations ceremonies such as the Vision Quest and Sweat Lodge reinforce adherence to cultural values and help to remind people of the importance of keeping family and community networks strong (Lafromboise et al., 1990). Traditional First Nations therapeutic approaches, unlike many Western approaches, usually involve more than just the therapist and client. Relatives and community members are often asked to be part of the healing process. Numerous researchers such as

LaBarre (1964), Trimble (1976), Blue (1977), Redhorse, Lewis, Feit & Decker (1978), More (1985), Guilmet & Whited (1987), and Herring, (1989) found that First Nations people will inevitably turn to relatives and community members when they experience personal problems. This finding raises doubts as to the usefulness of using Western approaches such as Psychodynamic therapy or Person Centered therapy with First Nations clients. The one-on-one interaction characteristic of many Western counselling approaches is isolated outside of the context of the community and family and must, therefore, be questioned as a valid means of dealing with First Nation client problems (Dauphinais, Dauphinais & Rowe, 1981).

One approach that takes the First Nations collective orientation into account is called "Network therapy". The network approach utilizes family, friends and relatives as a network and social support system to help the person in need. The counsellor's role in Network therapy is to act as a facilitator and catalyst (Lafromboise et al., 1990). Crouse (1982) recommends that counsellors take advantage of the power of the network in either an advisory or a supportive capacity.

The traditional First Nations person is more likely to receive help from family, friends, and traditional healers because they are not accustomed to talking to strangers about their problems (Paterson, 1990; Wohl, 1989). Blue (1977) found that First Nations students saw elders for cultural and spiritual problems and not the university counsellors who were more likely utilized for educational problems.

For problems that arise within the First Nations community, it is thought that the best place to develop and initiate programs to deal with such problems is in the community itself (Nelson, 1992).

Spirituality

Traditional First Nations people believe that mental health is much more spiritual and holistic than Western Psychology would suggest (Locust, 1988). For First Nations people, spirit plays as big a role in sickness and wellness as the mind and body does (Hammerschlag, 1988). In a First Nations conducted study that examined the development of a culturally sensitive framework for counselling with First Nations people, the healing process combined with spirituality was found to be one of the major themes that emerged (Anderson, 1993). It is not surprising that there exists a close association between illness and the spirit for most indigenous people around the world (Torrey, 1972). Many of the First Nations healing ceremonies emphasize the spiritual aspect of healing. "It is to the Great Spirit, perceived everywhere, that the Native turns to in times of need" (Dugan, 1985). Different First Nation ceremonies stressed the need for reconnection with one's spirituality. In the Vision Quest ceremony the First Nations person makes contact with his/her spiritual identity (Hodgson & Kothare, 1990). The Medicine Wheel symbolized by the circle represents spiritual ties that bind human beings to one another and to the natural world (Bell, 1991). This

spirituality or holiness is seen as the essence of healing for native people (Medicine Eagle, 1989).

Non-native counselling approaches rarely deal with the spiritual aspect of people. In talking of the spiritually bereft, materialistic North American culture of the 1990's, Hammerschlag (1993) recalls that the Hopi people of the southwestern United States believe that civilization will come to an impoverished end when the spirit, or its symbols, are owned, not felt. If Western counselling is to be effective with Native people, "then it must re-examine religion and transcendental ways of understanding the world" (Lafromboise et al., 1990). In doing so, Western counsellors might find they become more effective with non-native clients as well.

Ceremony

Mental health professionals who have worked with First Nations people have found that ritual and ceremony allow First Nations people to give expression to personal experience while at the same time connecting people with their community (Hammerschlag, 1993). Ceremonies such as the Spirit dances, the Sweatlodge and the Pipe ceremonies are tools to maintain and deepen the individual's sense of connectedness to all things (Ross, 1992). The Vision Quest ceremony is said to help a person to realize the vastness of the universe, and by enabling the person to transcend himself, to realize ultimately his oneness with nature (McGaa, 1989). Although there has not been empirical research conducted

on the efficacy of traditional healing ceremonies such as those mentioned, anecdotal evidence exists within the literature to attest to their effectiveness in healing (Torrey, 1972; Jilek, 1982; Hammerschlag, 1988).

Tradition/culture

Researchers have found that one of the roles of therapy for traditional First Nations society has been to reaffirm cultural values (Lafromboise et al., 1990). In a study examining Aboriginal drug and alcohol counselling in British Columbia, a suggested culturally sensitive counselling framework for First Nations people included the theme of importance of personal and cultural identity (Anderson, 1993). In a study conducted to determine the characteristics of recovery of personal meaning for First Nations people, one of the major themes or characteristics that emerged was that individuals valued knowledge of traditional First Nations culture (More, 1985). Another characteristic of personal recovery in that same study was that the First Nations language was maintained or relearned. It is not surprising then, that the teaching of traditional culture has been found to be a successful way to facilitate healing in First Nations people. In one First Nations community it was possible to reduce dramatically the teen suicide rate by having tribal elders teach traditional culture to the teens in a group setting (Neligh, 1990). By providing First Nations people with culture through stories and shared cultural activities, elders were able to provide community members

with guidance, direction, and self understanding (Halfe, 1993). This incorporation of self, or identity with traditional ideology also provides First Nations people with strength for coping in the mainstream environment (Axelson, 1985). This movement towards reconnecting with cultural beliefs, tradition, and ceremony as a way of overcoming problems has been referred to as "retraditionalization" (Lafromboise et al., 1990).

First Nations mental health problems

First Nations people suffer from many of the same mental health problems as members of the general population. The incidence of suicide, family violence, and drug and alcohol abuse however, is much higher among First Nations people. For Canada as a whole, the suicide rate for First Nations people under the age of 25 is six times higher than the rate for non First Nations in the same age group. Violent deaths account for 36% of all deaths for First Nations people in Canada (York, 1990). In British Columbia the suicide rate for First Nations teens is seven times higher among the 10-to-19 -year old group than among the general population (Bellett, 1994). For all First Nations people, mental health problems such as suicide, depression, substance abuse, and domestic violence, all seem to be significantly higher (Nelson & McCoy, 1992). In a recent study examining the need for a Native health workforce, Beadle & Lee-Son (1992) state that :

Current health information for First Nations people within British Columbia shows an alarming increase in chronic health conditions as well as mental health problems. In addition, there is a frequently expressed need for health professionals who understand the cultural and social issues affecting these people (p 6).

It is thought that many of the mental health problems of First Nations people can be attributed to rapid cultural change and loss (More, 1985, York, 1990). The tremendous loss and change within First Nations culture in British Columbia suggests that people have lost a sense of personal meaning and purpose in their lives (More, 1985). Interaction with European cultures has involved both a cultural decline and a population decline for the First Nations people of British Columbia (Fisher, 1977). Ross (1992) argues that the "assistance measures" taken by the majority culture to assist First Nations people have been, and remain today, misguided and counterproductive. Neither were the issues perceived accurately nor the remedies designed appropriately. The residential school strategy is one of the better known examples of counterproductive "assistance". It is thought that many of the problems facing First Nations people today result from the cultural, spiritual, physical and sexual abuse that occurred in the residential schools (Anderson, 1993).

Despite the profusion of mental health problems suffered by First Nations people, they generally, across North America, tend not to use the mental health services provided by the majority culture, and of those who do, approximately

half drop out after the first session (Sue, 1981). Studies examining First Nations use of Western mental health services have found that besides under-utilization, First Nations people have a higher therapy dropout rate than ethnic minorities, and are less likely to respond to treatment (Trimble & Fleming 1990, More, 1985). It is thought that differences in value orientations between First Nations people and counsellors contribute to the under-utilization of services as well as differing beliefs as to the causes and solutions to mental health problems (Wohl, 1989; Darou, 1987; Trimble, 1981; Redhorse, Lewis, Feit and Decker, 1978). Even though there is an apparent lack of interest by First Nations people in the services provided by Western therapists, Western psychologists continue to apply the same, perhaps, inappropriate methods of healing. Dinges, Trimble, Manson, and Pasquale (1986) describe the situation as follows:

The hurried introduction of Western mental health theory and practices among Indian cultures may contribute to the wholesale substitution of Western cultural functions and dysfunctions for that of the host culture. As the problems which arise among Indian groups partly as a result of the patterns of behaviors and explanation encouraged by Western mental health theory became progressively more Western in nature and etiology, practitioners would be able to respond to the problems which they shaped over time to fit their own therapeutic concepts and techniques.

Although it undoubtedly makes the task of the mental health professional easier, diagnostic systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) used by the American Psychiatric Association should not be expected to apply in all ways to members of another culture (Neligh, 1990). Despite good intentions on behalf of the mental health professions, one culture should not impose its concepts of causation or systems of classification on another culture (Torrey, 1972).

Several mental health researchers have pointed out the need to understand the cultural background and values of their First Nation clients so they can provide appropriate mental health services to them (Heinrich & Corbine, 1990, Wohl, 1989, Everett & Proctor, 1983). Lafromboise (1988) suggests that psychologists need to become familiar with mental health prevention processes that work for First Nations people. What is clearly needed is an understanding of what facilitates healing for First Nations people through the study of psychotherapy for First Nations people and the development of a uniquely First Nations psychotherapy literature (Neligh, 1990). It is also argued that there is an urgent and critical need for an understanding of the appropriateness of various counselling methods presently being used in the treatment of First Nation clients (York, 1990). As with cross cultural counselling research with other cultural groups, the research literature does not address the philosophical assumptions that people hold (Ibrahim, 1984; Casas, 1985; Ponterotto & Casas, 1991). What is needed is a theoretical framework incorporating First Nations worldview and

values that can also incorporate recommendations made by the research literature. It will be the purpose of this study to further the development of a theoretical framework that is more in keeping with the First Nations worldview by determining what actually facilitates healing for First Nations people, from their point of view.

WHAT FACILITATES HEALING FOR FIRST NATIONS PEOPLE?

The major part of the literature that examines healing for First Nations people tends to be based on opinion and conjecture and not on research. In the field of counselling, the literature often provides advice to counsellors so that they can be more effective with First Nation clients but does not provide empirical evidence to support such advice. Several researchers (Dauphinais, Dauphinais & Rowe, 1981; Wohl, 1989) refer to the lack of empirical studies that examine the effectiveness of specific counselling approaches with First Nations people. Having noted the lack of research in this field, I will briefly examine the research and writing that does exist in an effort to identify the key factors that facilitate healing for First Nations people. It should be noted that Native people favour an oral tradition over the written word as a way of transmitting knowledge. While I am relying on written accounts of First Nations culture, it must be understood that written accounts are not regarded as full and accurate accounts by First Nations people and scholars.

Knowledge of First Nations culture and traditions is one of the factors that facilitates healing for First Nations people. In a study conducted to determine the characteristics of recovery of personal meaning for First Nations people, one of the major themes or characteristics that emerged was that individuals valued knowledge of traditional First Nations culture (More, 1985). Another characteristic of personal recovery discussed in that same study was that the First Nations language be maintained or relearned. It is not surprising then, that the teaching of traditional culture has been found to be a successful way to facilitate healing in First Nations people. In one First Nations community it was possible to reduce dramatically the teen suicide rate by having tribal elders teach traditional culture to the teens in a group setting (Neligh, 1990). By providing First Nations people with culture through stories and shared cultural activities, elders were able to provide community members with guidance, direction, and self understanding (Halfe, 1993). This incorporation of self, or identity with traditional ideology also provides First Nations people with strength for coping in the mainstream environment (Axelson, 1985).

Some First Nations people believe that not maintaining one's cultural values and community respect is one of the reasons for psychological and physical problems (Lafromboise, Trimble, & Mohatt, 1990). It is therefore thought that one of the roles of therapy for traditional First Nations society has been to reaffirm cultural values. A culturally sensitive counselling framework for First Nations

people must therefore include the theme of the importance of personal and cultural identity (Anderson, 1993).

Another key factor in the facilitation of healing for First Nations people is the process of dealing with problems with the assistance of others and not by oneself. Assistance can be obtained from friends, the family, the community, and in the context of group counselling or on a social basis. For traditional First Nations people, healing is often in the form of a community sanctioned and community run cleansing ceremony that involves the whole community (Ross, 1992; Torrey, 1972). According to a traditional First Nation's view, a person's psychological welfare must be considered in the context of the community (Trimble & Hayes, 1984). Similarly, therapy for First Nations people should encourage the client to transcend him/herself by conceptualizing the self as being imbedded in and expressive of community (Katz & Rolde, 1981). Interconnectedness is considered a dominant theme in all First Nations cultures. It is thought of as a series of relationships that reach further and further out (Epes-Brown, 1989). Some First Nations people see improving interpersonal and social relationships as one of the goals of traditional therapy (Torrey, 1972). Social connection is therefore seen as an important element in healing for First Nations people. Support was also seen as one of the themes of the model of culturally sensitive counselling for First Nations people as suggested by Anderson (1993). For First Nations people there exists a focus on family and community responsibility for the emotional, mental, physical, and spiritual health of one

another (Ross, 1992). Guilmet and Whited (1987), also found that the extended family was of paramount importance to most First Nations clients in terms of emotional support. Much has been said earlier on the strength of group or collective forms of therapy with First Nations people. Neligh (1990) found several forms of group therapy to be effective with First Nations people, particularly support groups such as Alcoholics Anonymous. Network therapy has been mentioned as a culturally relevant way of using the collective power of the extended family and community (Lafromboise, Trimble, & Mohatt, 1990; Redhorse, 1982). Neligh (1990) mentions the description of network therapy as the grand opera of psychotherapy, because the therapist draws forth from the group the definition of the problem in terms satisfactory to all and facilitates the solution of the problem in terms satisfactory to all. Sue & Sue (1990); Crouse, (1982) ; Attneave (1983) also recommend that counsellors take advantage of the communicative power of the network by utilizing processes that involve the family and extended family. It is to the family that First Nations people often go when they are in need of help (Paterson, 1990).

Another factor in the facilitation of healing for First Nations people is the inclusion of spirituality in the healing process. Spirituality is seen as the essence of healing for many First Nations people (Medicine Eagle, 1989). It is thought that if Western counselling is to be effective with First Nations people, then it must re-examine spirituality and transcendental ways of understanding the world (Lafromboise et al., 1990). For First Nations people, spirit plays as major a role in

wellness and sickness as does the mind and body (Hammerschlag, 1988). It is thought that in times of need, the First Nations person will turn to the Great Spirit which is perceived everywhere (Dugan, 1985).

Summary

Most of the First Nations counselling research up to the present time can be described as descriptions of ways in which First Nations cultural values interface with Western counselling practice (Dauphinais, Dauphinais & Rowe, 1981; Ponterotto & Casas, 1991). Despite a very high level of mental health problems among First Nations people (Nelson & McCoy, 1992), and the observation that First Nations people tend not to use the mental health services provided by the majority culture (Sue, 1981; Trimble & Fleming, 1990), researchers have all but ignored the successful healing strategies used by First Nations people themselves. Although there is evidence that spirituality, connection to culture, interconnectedness and balance play an important role in First Nations healing, such evidence is largely based on informed opinion and conjecture and not on empirical research. Several researchers have mentioned the need for an understanding of effective mental health interventions for First Nations people (Everett & Proctor, 1983; Lafromboise, 1988; York, 1990; Neligh, 1990). It therefore seems clear that this research question must be approached in a way that includes the input of First Nations people who have been healed.

Such research would explore healing processes that work as reported by First Nations people themselves. It is not sufficient to rely upon informed but unsubstantiated opinions to base theory and practice on. Researchers need to explore the insights and experiences of First Nations people in order to obtain information to determine the best way to facilitate healing. This is the purpose of the present study.

CHAPTER III

METHODOLOGY

The major considerations in selecting a design for the present study were twofold. First, rather than focus upon one factor or set of factors, I wanted to provide a reasonably comprehensive map of what facilitates healing among First Nations persons of British Columbia. Secondly, I wanted to give First Nations people a voice, to consider what facilitates healing from their perspective. One method that fulfills these considerations is the Critical Incident Technique (Flanagan, 1954). In this chapter, the general nature of this technique is presented first, followed by a description of the sample, interview procedures, and procedures for making use of the information gathered.

Critical Incident Technique

The Critical Incident Technique (Flanagan, 1954) is a form of interview research in which participants provide descriptive accounts of events that facilitated or hindered a particular aim. Participants are selected for a study who have been in an a position to observe or experience relevant facilitation or hindrance and who are capable of articulating their experiences. Upon completion of interviews, critical incidents are extracted from accounts and then grouped by similarity to form a set of categories that encompass the events. The category

system provides a map of what facilitates or hinders a given aim. This categorical map can be used for the development of theory, for test construction, for practical programs, and for further research to refine, extend, or revise the categories. Since Flanagan's initial formulation of this approach to research, it has been successfully used in hundreds of studies in a variety of fields.

Participants

Through posters and my network of contacts as the counsellor at the First Nations House of Learning, potential participants who were in the Vancouver area were made aware of the study. Interested volunteers were provided with an information package that contained a letter describing the study in more detail (Appendix A) and a card describing my background (Appendix B). Participation in the study involved three criteria. First, the participant had to be identified as a First Nations member of British Columbia. Second, the participant had to be able to recall a time when he or she required healing. Third, the person had to be able to articulate events in a clear way in the English language.

The participants in this study ranged in age from the early twenties to the early fifties. The mean age was 35. Geographically, the 50 participants came from approximately 40 different communities in British Columbia. The location of these communities ranged from the interior of the province to the west coast of Vancouver Island, to as far north as Fort Nelson and as far south as the

Musqueam reservation in Vancouver. Fifteen of the participants were male and thirty-five were female. Four of the participants originally came from another province but had been living in British Columbia for at least 5 years. Nineteen of the participants were university students while thirty-one were employed in a wide variety of occupations such as housewife, administrator, secretary, and labourer. Problems presented by participants involved issues such as dealing with separation, loss, childhood abuse, substance abuse, and issues concerning cultural identity. It should be noted that Aboriginal people do not necessarily regard something as a problem in the same way as non-Aboriginals. Definitions of illness between cultures can be different as can methods of healing. In this research it was therefore necessary to leave the problem open by not specifying to the participants the type of problem that should be presented.

Critical Incident Interview

In this study, the Critical Incident interview involved two parts, an orientation and an elicitation of incidents. The orientation clarified the nature of the study and provided time to establish rapport. In particular, the orientation was an attempt to communicate the aim or nature of events to be reported. Care was taken to make sure that the aim was phrased in a way that members of First Nations would readily understand (aim of healing rather than one of self-actualization). The second part of this interview was an attempt to elicit events

that facilitated or hindered healing. Participants were encouraged to describe events clearly and completely. My role as the interviewer was to listen carefully to ensure that the events were complete and accurate. It was necessary to learn what led up to the incident, what actually happened, and what the resulting outcome was. As the interviewer, I utilized active listening skills by providing occasional comments, reflections, and summary statements to ensure that I accurately understood the speaker. An example of this form of dialogue is as follows:

Interviewee - After that I went home for a couple of weeks.

Interviewer - Did you find that helpful in your healing?

Interviewee - Definitely. Just being there with my parents who loved me made me feel like it was going to be okay.

Interviewer - You felt reassured, comforted?

Interviewee- Exactly. I knew that I was going to recover once I calmed down and was able to think straight.

Orientation

Participants were oriented to the study by being informed by the researcher of the purpose of the study. The following statement was used by the researcher to accomplish this:

Thank you for agreeing to speak with me about healing. The purpose of the study is to find out what helps and hinders healing for First Nations people of British Columbia. I am meeting with people to find out what has actually worked to help you with your healing and what has hindered or caused things to get worse.

In addition to explaining the purpose of the study, the confidential nature of the study and the participant's option to withdraw from the study at any time were also explained. An explanation was provided concerning the term "healing" in an effort to reduce ambiguity that might exist concerning this term. The statement used by the researcher to accomplish this was as follows:

Although I used the term "mental healing" in the information letter and consent form, its all right just to consider healing in the holistic form for the purpose of this study. By that I mean healing can refer to the mental, physical, emotional or spiritual and does not have to refer just to the mental part of a person.

It was thought that this holistic definition of healing already provided by the First Nations model of the medicine wheel would be more appropriate because it incorporates the mental with the physical, spiritual, and emotional parts of the self.

Elicitation of events

Interviews took approximately one hour to complete and were tape recorded with an audio recorder. With the exception of four interviews that took place in the participant's place of work, the remaining 46 interviews took place in the researcher's office. The interview commenced with the researcher asking the following question:

Think back to a time in your life that you were in need of healing.

What happened that facilitated or helped or hindered you with this healing?

Time was allowed for the participants to remember when they were in need of healing. The researcher repeated the question when necessary. The participant's initial response was usually sufficient to provide a sense of the problem that they needed healing for. After clarifying what the problem was it was then the researcher's task to elicit information about that which facilitated healing. A statement made at this point was "Now, think back to when something happened that helped you to heal". It was acceptable for the participant to ask questions for clarification during the interview. The researcher also was free to ask questions to obtain further clarification concerning responses made by the participants. Throughout the interview care was taken by the researcher to ensure that leading questions or hints were not given to the participant. Clarification questions frequently asked by the researcher during the interview were questions such as:

What exactly happened that was helpful? or How did you know that it was helpful? After the participant recalled an event that was helpful, the researcher repeated the process by asking him/her to think about other events that facilitated healing. This process was continued until the participant could not think of any new events. The participant was also asked to think of events that hindered healing. This question was asked to obtain additional information that might have added to the validity of the study. Very few participants were able to recall events or incidents that hindered healing.

Procedure

A pilot study consisting of field tests with three different participants was conducted in the winter of 1992-93. The results of the pilot study were used to refine the interview procedures. Participants in the study were recruited through posters and by my network of contacts in the lower mainland of British Columbia. An information package was provided to interested volunteers who were encouraged to phone the researcher to obtain more information or arrange an interview time if they wished to participate in the study. The time and location of the interviews were arranged at the convenience of the participants. Most of the participants found it convenient to be interviewed at the First Nations Longhouse at the university. Before the start of each interview, the participants signed an individual consent form (see Appendix A). The interviews were conducted over a

seven month period during the spring and summer of 1993. Each interview lasted approximately one hour and was tape recorded on an audio recorder. Once the interviews were completed, events were extracted and worked on according to the criteria specified below until I was able to develop a set of categories. The categories were then validated in a number of ways.

ANALYSIS OF OF THE INCIDENTS

Analysis of the incidents involved three steps. First, from audio-tapes, events were extracted and recorded on cards, with one incident per card. Second, incident cards were grouped according to similarity to form categories. Third, these categories were subjected to several tests to examine reliability and validity.

Extraction of the incidents

All 50 of the interviews were tape recorded and each was assigned a code number. The incidents were then typed out in the words used by the participants. Each transcript and statement was carefully studied by the researcher in order that the full meaning of the statement was understood before the event was initially extracted. The researcher initially recorded everything resembling an event. The initial list of events was then subjected to an intense examination by the researcher and the research supervisor. In this examination

the following criteria were applied: (1) was there a source for the event? ; (2) can the story be stated with reasonable completeness? ; and (3) was there an outcome bearing on the aim? By ensuring that these criteria were followed, it was possible to delete vague statements and sharpen the occasionally rambling language of participants. Examples of incidents that were cast aside are as follows:

Hiking has helped me because you walk in a straight line because the trails are narrow, so you have lots of time where you can't really talk to one another. I know I'm with people but I could also have my own thoughts.

Being outside is an important healing tool for me.

In these two examples it is not clear what happened to facilitate the healing nor does there seem to be a discernible outcome. In the second example it is also not clear who the source of help was. After this process of extracting, 437 complete incidents were obtained. It should be noted that the incidents varied in clarity and format; some were in detailed and narrative form while others were vague in their wording. The process of extracting incidents was straightforward after suitable criteria were established.

Process of forming categories

After the incidents were extracted and placed on cards, each of the incidents was then divided into the three component parts: source, action taken, and outcome. This facilitated the sorting of incidents into categories. The three parts- source, action taken, and outcome were then typed onto index cards for each of the 437 incidents. The researcher had to exercise judgment in recording the events because participants tend to speak with varying degrees of clarity. It was therefore necessary to paraphrase occasionally an event to convey fully the intent of the speaker's message. In such cases, the researcher went back to the original transcripts to confirm that what was recorded on the card was accurate. Whenever possible the words of the participant were left unchanged. The following examples illustrate this point.

(Source)

Self

(What happened)

I wrote letters to the nuns that were abusive to me as a way to get out my anger.

(Outcome)

It got out the anger that I had been keeping in for years. I could then forgive and felt much better.

(Source)

Traditional healer

(What happened)

The healer told me what the cause of the problem was.

(Outcome)

I would feel at ease because I was able then to put a label on it.

(Source)

Treatment Center

(What happened)

They made us tell our story over and over again because of all the different groups we were in.

(Outcome)

It was slowly cleansing to keep telling my story. I felt better each time.

The next step in the process was to divide incidents into groups that seemed similar. The focus of sorting was on the second component part: action

taken (what happened). It was found that some of the events tended to be ambiguous and were therefore considered borderline. As a result, it was necessary to use prototypes that emerged as guideposts for the sorting. A prototypical event was an event that best described the group in question as it contained the greatest number of defining characteristics. These prototypes served as models for the purposes of sorting. Ambiguous or borderline events were placed to the side to use as challengers for the first scheme of categories developed. The categorization was then subjected to the research supervisor's review and, as a result, refined and revised. The ambiguous events were utilized in the second round of categorization when or where they were introduced to the challenger. This resulted in further refinement of the categories. This process of challenge and consultation continued until stability was achieved. Two cycles of correction were necessary to make changes to the placement of the events into categories in order to ensure accuracy. It was also necessary to rename some of the categories so that the name accurately represented the contents of the category. In the end, 14 categories emerged that accommodated all of the incidents.

VALIDATION PROCEDURES

The categories were assessed in five different ways answering five different types of questions regarding the soundness and trustworthiness of the category

system. First, can different people use the categories in a consistent way? To answer this question, two independent judges were asked to participate. Both judges were doctoral students in the Department of Counselling Psychology, University of British Columbia. On separate occasions, each judge was provided with a brief description of the categories and then asked to place a sample of 54 incidents under appropriate categories. By comparing the placement of incidents by judges with the original placement of incidents while forming categories, the number of hits and misses could be summarized statistically as a percentage of agreement. For example, if a judge had 54 hits out of 54 placements, the percentage of agreement would be 100%. Flanagan (1954) recommends a 75% level of agreement or more to consider a category system to be sufficiently reliable for use. A high level of agreement indicates that different persons can use the categories to categorize incidents in a consistent or reliable way.

Second, is the category system reasonably complete or comprehensive? Following Andersson and Nilsson (1964), approximately ten percent of the incidents (50) were withdrawn and not examined until the categories were formed. When category formation was finished, these incidents were examined and classified. The test involves whether or not the incidents can be easily and reasonably placed within the existing category system. If not, new categories would have to be formed. If the incidents can be placed reasonably with existing categories, it suggests that the category system is comprehensive, at least provisionally.

Third, are categories sound or well founded? To form a category, the researcher must identify a significant similarity among a group of incidents reported by different people. Participants independently report the same kind of event. If only one person or a few persons reported a category of event, it might be dismissed. For example, one person might have distorted or fabricated an event. However, when many people report about the same kind of event, such possibilities as distortion or fabrication begin to lose force. Agreement among independent persons is one criterion for the objectivity of an event. Certainly, there are other ways to assess the soundness of a category (e.g., the clarity and plausibility of events within it), but interpersonal agreement remains a basic test of soundness. Agreement is gauged by participation rate for each category (the number of participants reporting a category of event divided by the total number of participants).

Fourth, the soundness of categories can also be assessed by judgments from individuals who are highly qualified to judge the relevance and usefulness of a category of event for facilitating or hindering a particular aim. In this study two First Nations Mental health professionals were asked to determine whether or not these categories were useful to them. Both individuals were First Nations, possessed Masters degrees in the helping professions, and had approximately 25 years combined experience in facilitating healing for First Nations people within British Columbia. The directions given to these qualified and experienced

practitioners were to examine each of the 14 categories and provide their opinion as to whether each one was relevant or useful.

Last, the soundness of a category can be assessed through agreement with previous research. If a category of event disagreed with previous research, there would be a good reason to question its validity. It could not be automatically dismissed, but it would be more questionable because it contradicts prior evidence from other studies. If a category of event agreed with previous research, there would be good reason to be more confident that it is sound. If a category of event was novel, neither confirmed or disconfirmed by previous research, it would stand alone as a possibility to be confirmed or disconfirmed by future research. To assess agreement, the categories formed were compared with previous research and informed opinion.

CHAPTER IV

RESULTS

Through interviews with 50 First Nations adults (15 men, 35 women), 437 critical incidents were elicited concerning what facilitated mental healing in this population. An attempt was also made to obtain critical incidents that reported the hindrance of mental healing, but so few hindering incidents were reported it was determined that no new knowledge would be added by their inclusion in this study.

The 437 critical incidents were organized into 14 categories. In this chapter, these categories are first described. Secondly, methods used to establish the reliability and validity of the categories are reported. Finally, a framework of healing beliefs is provided based on an analysis of the healing outcomes of the critical incidents.

DESCRIPTION OF THE CATEGORIES

This section will present each of the 14 categories by providing a brief description of the category, examples of incidents in the category, and an indication of the range or variation within each category. Categories are presented in random order as there was no attempt to rank them in order of importance. All of the incidents describe what has facilitated healing for the First

Nations people who participated in the study. The generic term "healing" was used in this study as no attempt was made to define healing in terms of one part of the person, be it physical, mental, emotional or spiritual. First Nations people tend to see healing from a holistic perspective (Medicine Eagle, 1989), and any effort to differentiate one from another would contradict the belief in the interconnectedness of these different dimensions of the self.

Established Social Connection (16 incidents)

This category involves getting beyond one's own world and connecting with other people. Establishing a social connection means that the individual is able to facilitate healing by getting socially involved. This category does not include incidents that involved getting direct help or support from others, but incidents in which the individual was socially involved with other people. Many of the participants saw their tendency to withdraw from people as problematic. Participants described feelings of loneliness, anxiety, feeling left out, and of not being accepted. Those participants felt that it was necessary to go out and do things with people and to have fun. Examples range from going to Friday night dances to learning activities involving other people.

Examples

After my separation one of the things I did that helped in healing was to get involved in extra-curricular activities like ceramics and ball room dancing. They helped me to get out of my shell and to build self confidence. I'm still not a good dancer but I went for three years because it helped me to feel more in control and confident in myself. These activities helped me to feel OK to be myself in a social situation and that helped me in my healing.

Making new friends at school and building a community helped a lot. I wasn't home and I didn't have a community or connections. The sense of belonging is really important to me. Having people around me made me feel like I could connect with this place and even though they are not my family, they care about what I have to say.

Making friends was very healing. I forced myself to get to know people. Initially it was just at school and school related activities but then we would later invite them over for dinner or we would do things socially as well. This definitely helped me to get over the loneliness.

Anchoring oneself in tradition (32 incidents)

This category refers to the individual's learning about and participating in First Nations culture and traditions. It does not include the participation in traditional ceremonies but does include all other aspects of traditional culture and knowledge. These events ranged from involvement in traditional events such as Pow Wows to participating in traditional crafts such as beadwork. Many participants considered gaining knowledge of their culture to be an important step in becoming healthy. Cultural confusion and lack of connection to traditional culture and values were often identified as reasons for anxiety and pain. In addition to cultural alienation, participants reported a personal lack of identity and a need for roots and tradition. Activities that reconnected people with tradition and strengthened cultural identity were seen as healing.

Examples

Pow Wows and other cultural activities are healing for me. Once the drumming and singing starts and the masks come out I feel an energy. It's a spirit feeling that makes you feel good. I feel good because of the energy. This sort of event gives me positive energy.

Finding out who I was again helped me a lot. I left residential school not knowing who I was. I was like a shattered person.

Reconnecting with my culture and with spirituality gave me back my identity. I knew who I was again.

I left home and hitchhiked back to my reserve and that helped a lot with the healing because I stayed there until I learned about my Native culture. It was a learning quest and that was very healing for me. My grandparents and relatives taught me about my culture so now I feel like I can fit into both cultures.

Exercise (20 incidents)

This category means that participants engaged in some form of physical exercise such as running, hiking, or cycling. It does not include activities that are specifically directed towards self care. Participants often saw exercise as a way of ensuring that the physical dimension of the self was in balance. The significance of the interconnectedness between the physical, the emotional, the mental and the spiritual was frequently mentioned. Exercise helped participants to feel better about themselves because they were able to feel stronger and more capable.

Examples

Running helps me because I feel better about myself when I run. It has also helped me to reduce stress. One of the best things about it is I can do it whenever I want. Running also helps me to be by myself but I'm not alone because I see lots of new things.

Physical fitness, specifically running, helped me a lot. It gives me a high and it does something for my self esteem. Doing something for my self makes me feel good about myself. I feel better and look better and feel a sense of accomplishment. Running calms me too because I am in another state I don't think about anything and don't feel any stress.

Exercise helped me. One of the elders told me that exercise would be good for me and would relieve tension. I found that after I would go to the gym I would be relaxed and energetic. Exercise helps to put everything into perspective for me it really relieves stress.

Self Care (3 incidents)

This category includes forms of looking after oneself and doing something specifically for oneself. It does not include exercise. In this category, the person

does something for himself in order to feel better. To practice self care seemed to affirm self-worth. The issue of respect was mentioned as an important value for First Nations people. In this category, respect is extended to respect for self.

Examples

I didn't use to take care of myself. I'm learning. Like my body. I'm taking care of my body and it's neat to realize that I'm doing that. It's good for my self esteem.

I started doing traditional crafts again when I was sick. This has made me feel good again because it's something that used to be a big part of me and it's something that I do just for me. It's helped me to be myself again and to feel good about myself.

Doing things that are good for my self esteem has helped a lot. Even if it just getting my hair done or buying some new clothes.

Involvement in challenging activities (7 incidents)

This category includes doing something difficult in the form of a self-directed challenge. It does not include self care or exercise. Incidents ranged

from public speaking to finishing grade 10 algebra. By exercising self discipline and perseverance through challenging activities, participants were able to feel better about themselves.

Examples

Standing up to my ex husband was healing for me. Even though it was really difficult I knew it was something I had to do and I felt much better afterwards. Being able to do it was good for my self esteem and that is good for my healing.

Going back to school was really challenging, but it was something that helped a lot. I worked really hard and it helped me to feel good about myself.

Expressing oneself (55 incidents)

This category included the expression of feelings and emotions through varying channels such as talking, crying, laughing, and screaming. Participants also utilized many creative ways to get feelings out such as by listening to music or going into the woods and screaming. Several participants mentioned the

significance of keeping this emotional dimension of themselves in balance through the expression of emotion. By learning how to identify and express emotion, participants were able to build up their emotional dimension. In learning how to express emotions in an appropriate manner, participants reported that they gained strength and balance in this aspect of their lives. Anger towards an abuser, for example, could be expressed in an effective, non-destructive manner and not turned inwards against oneself. An important aspect of learning how to identify emotions is that such action provided people with an awareness of the problem which facilitated problem-solving. This is a large category and indicates both the need and tremendous healing benefit derived from expression of emotion.

Examples

When I first moved to Vancouver and was attending a downtown college, I lived down in the skids in a Hotel room in the East side. One night before Christmas the loneliness really hit. I had been in my room and it was around 11 o'clock and I had been crying. I remembered the wolf and how it goes out and howls until its mate answers or its family group answers. I went down to the waterfront late at night and I did exactly that - I screamed and hollered and cried my eyeballs out until I let people know back home that I really missed them. This felt good to do this. The next day I got a letter

from back home and I thought that the Creator is right. I just have to go out and express myself like the wolf. It may have been a coincidence but I saw it as a sign. Going out and screaming was good. If I did it in public it would have created tension for people. Wolves howl when they are lonely so it's alright to be sad and lonely and let people know so the wolf really helped me.

Crying helped a lot. I was hurt so I cried and that was important in getting over it. If I didn't cry the hurt could have turned to anger which I may have taken out on my children. Crying recognized that it was hurt which was OK so I was able to get it out. Crying just flushes it all out.

Crying helped me a lot to get rid of emotions that I had been keeping inside. I needed that because all those years of hurt needed to get out. It was encouraged in the treatment center and that part really helped with my healing

Obtaining help/support from others (91 incidents)

This category included incidents in which the individual obtained help/support through encouragement, acceptance, validation and/or reassurance

from another person. This category does not include incidents such as social involvement with others, but incidents in which the individual obtained direct help or support from others. This help was obtained through both professional and non-professional sources and ranged from supportive parents to encouraging counsellors. This is a large category and illustrates the collective orientation of many First Nations people. The extended family, friends, and members of the community are seen as a natural support for First Nations people and are therefore turned to in times of need.

Examples

Talking to people helped, especially talking to my sister. I told her what I would like to do and I got reassurance from her that it was possible to survive this. She would question me about my relationship. We talked about coping skills and she showed me how she was coping. That's what I was looking for. Because she worked in the band office she knew the routes to go for help. She was also a model for me. The ways that she coped made her a role model for me to follow. My sister knew me and knew strengths in me that I didn't see and she told me these things. I felt better about myself and my abilities to face this problem.

My friend helped me because she is trustworthy. There are only a few people in the world that I count on and she is one of them. She is non threatening in the way that she talks and I know that she really cares for me. When she listens she doesn't say anything for a long time. She doesn't try to change my feelings like some people do. When I finished talking she said she felt bad that I was feeling that way and she encouraged me to get help and to tell my Mom.

Participation in ceremony (33 incidents)

This category included traditional First Nations ceremonies. Examples ranged from the Sweat Lodge Ceremony to the Pipe Ceremony. This category did not include the more general category of learning about and participating in First Nations culture and traditions, but dealt specifically with traditional ceremony. There are many different ceremonies in First Nations culture, and ceremonies vary from nation to nation. Many of the incidents obtained overlap with "expression of emotion" and "anchoring oneself in tradition", but were chosen because they were identified specifically as participation in ceremony. Participation in ceremony is a traditional form of healing used by First Nations people for thousands of years and is still recognized as an important form of healing today. Certain ceremonies such as the Sweat Lodge Ceremony and the Smudge Ceremony were mentioned numerous times. The Sweat Lodge Ceremony, for

example, is often considered to be a cleansing or rebirthing ceremony. Elements of this ceremony such as the darkness and the drumbeat are likened to the experience of being in the womb of Mother Earth. The process of sweating can represent the intermingling of the participant's life fluids with that of mother earth's. Powerful images such as these help to facilitate healing for those who participate in the Sweat Lodge Ceremony and other First Nations ceremonies.

Examples

I was having a hard time going to work because I was drinking a lot to avoid thinking. I was given the option of going to a treatment center or being fired. I went to Roundlake Treatment Center for First Nations people. It was there that I went to a Sweat Lodge Ceremony. It was explained to me that it was like going into the mother's womb again. I really benefited from this ceremony.

I went in thinking about being reborn again. I was given another opportunity to get a new start to life. In the sweat an image came to me of my dead grandfather. He told me to keep going with life and not towards death like many of our people were doing. That stuck with me and helped me to stay away from drugs and alcohol for 10 years straight. Seeing that image of my grandfather stuck with me.

The smudge helped me because whenever I smudge I feel centered and grounded. When wild things happen in my life I get ungrounded very easily and need to get grounded with a smudge.

Other times going to the sweat lodge helped me with not drinking. Being encased in darkness with the heat and the sound of the drum made me feel like I was being held without really being held by anyone. It made me feel like being an infant again and seeing things like a child rather than someone who has been through a lot of horrible things. Coming out and cleaning in cold water was like rebirth. This is concrete and not really part of the thought process. It gives me comfort and security. The experience of the sweat stays with me and comforts me.

Sweats are an intense powerful healing method for me. Its' cleansing and it opens my mind. I tend to shut off my mind but when I was in a sweat the visions that I saw and what I heard opened me up so that my whole world was wide open. I walked out a lighter person and whatever burdens I had weren't there any more or if they were there they weren't as heavy anymore. When it expands you it connects you with the spiritual world. It opened me up to a spiritual

dimension. The process of bringing the rocks and water into the sweat is peaceful and calming. It's also like I was the only one there, it doesn't matter how many people are actually in the sweat. I was the only one there in connection with the spirits.

Setting Goals (15 incidents)

This self-explanatory category is distinct from involvement in challenging activities in that the goal need not be difficult or self directed. Examples ranged from setting career goals to goals of improving one aspect of the person's life. Before setting goals, many reported feeling depressed and powerless because of lack of options and direction. The action of setting a goal resulted in participants' feeling more optimistic and empowered.

Examples

Having established some career goals helped me in my healing.

Making the plans was something that I could do for myself and that made me feel good. It was like respecting myself. This got me out of drinking and got me thinking about the future. I started sleeping better because I knew I had something to work towards. I started looking after myself better physically.

I have the goal to set up my own shop and that has really helped me. Having that goal has given me the feeling that I have an alternative to the job I'm doing now. This gives me a sense of confidence and takes away some of my anxiety.

Helping others (21 incidents)

This category includes any form of the participant helping another person, ranging from volunteering with a First Nations organization to helping someone to get home safely. This category is distinct from obtaining help/support from others. The concept of helping others or of community service is a traditional value among many First Nations cultures and is seen as a healthy activity. Participants reported that they felt empowered through this activity.

Examples

I received a general message from my elders that I should go beyond myself to help others with their healing. In doing this I helped myself because I felt that I could do something useful and it helped me to not worry as much about my own problems.

Gaining an understanding of the problem (22 incidents)

In this category individuals obtained an understanding of their problem by learning to identify, clarify, and make sense of the problem. This category is distinct from simply obtaining help from others because it focuses specifically on identification and understanding of the problem as opposed to a more general category of obtaining help from others. Incidents ranged from gaining understanding through dreams to obtaining understanding through a treatment program. Participants reported that understanding their problem was empowering because it gave them optimism and self confidence to deal with it.

Examples

I was involved in a women's survivors of family violence group. It was really good as I learned a lot about the cycle of violence and the roles that people play. To be with other women and to learn where they are at really helped me to see where I was at. That was a powerful experience to be in that group and it gave me power. I knew that I could start to do something about my problem.

Reading this book called the "Grieving Indian" helped me because it put into perspective what I had been going through. It helped me to

understand the stages of grieving and where I was. It explained the separation and the impact and the losses. It helped me to understand the loneliness I felt from being separated and from the later withdrawal. In understanding it I was able to start dealing with it.

Establishing a spiritual connection (34 incidents)

This category encompassed prayer and other forms of connection and communication with the Creator, Great Spirit, God. This category did not include participation in ceremony but focused more specifically on the spiritual connectedness. Spirituality was identified as an important component in First Nations healing. Many participants pointed out that they could not heal until they developed the spiritual dimension of themselves. The concept of balance was mentioned as it pertains to keeping the various parts of the self equal and in balance. For many participants, it was necessary to develop the spiritual dimension of themselves to attain the necessary balance with the physical, mental, and emotional side.

Examples

I go to high spots to help with my healing. This past summer in an outdoor job, I had planned to bring my kids to be with me but I

didn't know if I could do it. To calm my doubts I climbed this mountain and sat up there and prayed and things became clearer. I was able to see through some of the problems that I didn't think could be solved. Sitting up there thinking things through helped me to come up with a game plan. Being on the mountain and connecting spiritually, helped me to see further. When I can physically see farther it helps me to see farther within myself.

I guess what helped me the most was learning about Native spirituality. I was raised with the Catholic faith but it did not fulfill my spiritual needs. All of the ceremonies and teachings I received helped me to get in touch with my spiritual side because this is the way that Native people develop their spirituality. Spiritually I was dead before that. I would never have finished University without this reconnection.

Learning from a role model (16 incidents)

In this category the participant obtained guidance, instruction or example from someone whom he/she had established as a role model. The role model is someone specifically chosen as such and therefore is distinguished from the person who helps in the more general category of obtaining help from others.

Examples ranged from learning from others who were successfully coping with similar problems, to following the example of a respected elder.

Examples

I always used my grandmother as a model in coping with problems because I felt that she was strong and she was independent and I could use her as a role model. If she could do it then I would do it too.

This old woman helped me because she was so strong in her faith. She seemed so patient to others and kind. I didn't have those qualities in my own life because of what had happened to me. Her example got me to relearn to be a human being again. A human being has trust for others and accepts others. She was a role model for me because she was like I wanted to be.

Establishing a connection with nature (72 incidents)

This category includes being in or with nature and in using the natural world for self-healing. This category does not focus on spiritual connection but on the many ways that nature is used. For many First Nations people, there is a

spiritual connection that exists between nature and humans in that humans are seen as part of nature. All of creation is seen as being equal and part of the whole, and is therefore equal in the eyes of the Creator. Some participants reported feeling further away from creation and the Creator because of the influence of living in the mechanistic, material world of the city. Connection with nature was sometimes seen as getting back to creation and the Creator. Many of the incidents obtained could overlap with "Establishing a spiritual connection" but were chosen because they specifically dealt with nature. Examples ranged from the use of water in healing to the healing benefits of being in the forest amongst trees. This is a large category, perhaps indicating the significance First Nations people place upon the role of nature in healing. Nature helped participants to feel relaxed, cleansed, calmed, and stronger.

Examples

Something that helped me was the noise of the water. Rivers slow me down. I can sit and go the same pace as the river and enjoy it and the sound. In the ocean it's the sound of the waves hitting the boat. Those noises are much more relaxing than the noises in the city. The water helped to calm me inside and it gave me strength.

The thing that helped a lot was water. I would go to the river or to the lake or something. I would just sit by the river and watch the water flow. The water was continuously flowing whatever happened even if there was a snag or something it would just flow around it. If a rock was sticking out of the surface the water would flow around it. It made me feel that's how I should be and that I should carry on.

With bad feelings the wind would help. It felt like the wind just blew them away. It just dissipated because it felt like creation was so big it would just disappear and be absorbed. It was like the whole of creation was absorbing my bad feelings. The wind could take away my problems only if I threw them into the wind. In my mind I had gathered problems and feelings up and threw them into the wind. If you don't throw them up into the wind it won't work.

I used to take a walk in the bush where it was isolated. During the time that I was depressed I would walk along the power lines behind my village. One day I was sitting in a favorite spot there thinking about what I should do about the pain that I am carrying around when just then a bear came crashing out of the bush, crossed the clearing, and went crashing back into the bush on the other side.

When I walk through the bush it is really tangled and tough to walk through. Watching the bear encouraged me to go straight forward and not be afraid of sobriety. At that time everybody else was poking fun at me and saying that I must have thought I was better than them because I stopped drinking. Thinking and acting like that bear taught me that it was OK to take big steps. This helped me to feel a lot better about not using alcohol but in finding straighter paths to deal with my problem. My grandfather's guardian spirits were the wolf and the bear and I think that they are for me now too.

Nature helps me in healing. I go where there are trees. I've gone to the middle of Stanley Park where it's quiet and I can absorb my surroundings. It makes me feel part of reality. When I'm in the middle of all the cement everything seems unreal. I feel I'm a spectator instead of a participant. When I am in nature I feel like I am a part of my existence of being. I feel like I'm absorbing everything and everything is absorbing me and I'm a part of it.

I used to go out to the woods and walk up a hill. From being around all of that nature my spirit used to get soothed to the point that nothing could bother me. because it's so calm you can hear all of the life in the woods and it's all peaceful and soothes my inside.

VALIDATION OF THE CATEGORIES

In developing a scheme of categories it is important to determine if the category scheme developed is one that can be used confidently. Are the categories sound and are they trustworthy? The question of validity of the categories concerns the extent to which the categories are sound or well-founded. Although it is not possible to attain absolute certainty as to the soundness and trustworthiness of any category scheme, it is necessary to ensure that the category scheme is reasonably certain if it is to be used in practice. The user must be assured that the incidents gathered and the categories formed are not incomplete, inaccurate, or impractical. Several measures have been taken by the researcher to assure the user of an acceptable level of soundness and trustworthiness.

Reliability of Categorizing Incidents

A good indication of trustworthiness is reliability. According to Andersson and Nilsson (1964), one way to determine reliability is by the degree of agreement of independent judges using the category scheme. Can different people use the categories in a consistent way? The relevant statistic for such a test is percentage agreement. Flanagan (1954) suggested that a category scheme should attain a score exceeding 75% agreement. In this study a sample of 54 incidents were

drawn from the pool of 457. The sample size of 54 was used because it represented 4 incidents from each of the 14 categories. This sample size also constituted approximately 10% of the incidents reported. A smaller sample size of 2 incidents was used for the category Self Care because of the small number of incidents in this category.

The two independent judges who participated in this procedure were doctoral students in the Department of Counselling Psychology at the University of British Columbia. The judges were provided with a brief description of the categories by the researcher and asked to place the random sample of 54 incidents in the categories. The incidents provided to the judges were typed on 54 separate index cards. The judges were directed to place the incidents in the categories that they felt were most appropriate. Both judges took approximately 45 minutes to place the incidents. Table 1 represents the percentage of agreement between the researcher's and the judges' placement of incidents in the category scheme.

TABLE 1: RELIABILITY OF CATEGORY SCHEMES

Judges	Percentage Agreement
Doctoral student #1	100%
Doctoral student #2	92%
Average Inter-rater reliability	96%

To make best use of the results, the researcher conducted an interview with the second judge who did not attain 100% agreement to determine if the reasons warranted the need for changes in the category scheme. An examination of the four incidents incorrectly placed by the second judge revealed that the judge had focused on a trigger word without focusing on the whole incident. This inconsistency can be attributed to haste and as such does not warrant changes to the category scheme.

The high percentage agreement obtained by the independent judges means that other people can use the categories to categorize incidents in a consistent or reliable way.

Comprehensiveness of Categories

An important way of determining the soundness of a category scheme is to determine whether or not the category scheme is reasonably complete or comprehensive (Andersson and Nilsson, 1964). One test used to check for comprehensiveness or completeness in this study involved the procedure of withholding 50 incidents (approximately 10%) until the categories had been formed. When category formation was finished, the withheld incidents were then brought back and classified. All withheld incidents were easily placed within the categories. Were this not the case, it would have been necessary to form new categories until all of the withheld incidents had been placed. Therefore, it is

reasonable to say that the categories are provisionally comprehensive. It is necessary to make this claim provisional because there is always the possibility that a new category could be discovered.

Participation Rate for Categories

Another method to determine whether a category is sound or well founded is to examine the level of agreement amongst the participants in the study in reporting the same thing. To form a category, the researcher must identify a significant similarity amongst a group of incidents reported by different people. Participants independently report the same kind of event. If only one person or a few persons reported a category of event, it might be dismissed. For example, one person might have distorted or fabricated an event. However, when many people report about the same kind of event, such possibilities as distortion or fabrication begin to lose force. Agreement among independent observers is an important test of soundness. Agreement is gauged by the participation rate for each category (the number of participants reporting a category of events divided by the total number of participants - see table 2). The categories with the highest participation rate are therefore those with the highest level of agreement. The participation rates ranged from a low of 6% (Self care) to a high of 70% (Expressing oneself). Other categories with a participation rate of 50% or higher are : Anchoring self in tradition, Obtaining help/support from others,

TABLE 2: PARTICIPATION RATE IN EACH CATEGORY

Categories	Frequency	Participation Rate
Established social connection	8	16%
Anchoring self in tradition	25	50%
Exercise	16	32%
Self care	3	6%
Involvement in challenging activities	6	12%
Expressing oneself	35	70%
Obtained help/support from others	32	64%
Participation in ceremony	25	50%
Setting goals	12	24%
Helping others	15	30%
Gaining an understanding of the problem	19	38%
Establishing spiritual connection	18	36%
Learning from a role model	11	22%
Establishing a connection with nature	33	66%

n=50

Note: Frequency indicates the number of participants reporting an incident in a category, while participation rate indicates the percentage of participants reporting an incident in a category.

Participation in ceremony, and Establishing connection with nature. Although most categories received a high participation rate, the category of Self Care had a low participation rate of 6%. Though only 3 people reported events in this category, the category is not necessarily ill-founded. When this event was re-examined to see if the incidents in the category could fit elsewhere, it was

determined that the category should be preserved due to the vividness and clarity of events. The incidents and the category were sufficiently clear and distinct to remain intact.

Expert Commentary

Another test for soundness used in this study was expert validation. This analysis puts research into the context of the field by asking people who are experts in the field to determine whether or not these categories are valid and useful to them. Experts are asked to bring their relevant experience to bear (Cronbach, 1971) by explaining whether or not the findings of a particular study are consistent with what they have found from their own experience. Expert validation is an important test for soundness because experts have experience witnessing events that the average person would not see. Experts are able to provide collaborative evidence and content validity to the results of an investigation. In this study, the researcher asked two First Nations mental health professionals who are considered experts at helping First Nations people with mental healing to determine whether or not these categories are useful to them. The two First Nations mental health professionals possessed magistral degrees in the helping professions, and had approximately 25 years' combined experience in facilitating healing for First Nations people within British Columbia. The researcher conducted an interview with each of the two experts and after

describing each of the categories, asked the experts to go through each category and assess their usefulness. The instructions were simply to consider each category and state whether or not they had used the category to facilitate healing and if so, comment on its usefulness. The results of interviews with experts confirmed that each of the 14 categories in the category scheme were useful and valid to their practices. Comments made by these experts conveyed the message that all of these categories can lead to healing and have been used at one time or another by them to facilitate healing. Comments made to me by the experts such as "this is the way the elders taught us" and "we must never lose our connection with Mother Earth" reinforced the significance of the healing approaches described by the participants. This analysis adds further strength to the soundness or validity of the categories and the category scheme.

Support of Related Literature

Another method used to check for the soundness of the categories is agreement with previous research. If a category disagreed with previous research, there would be a good reason to question its validity. It could not be automatically dismissed, but it would be more questionable because it contradicts prior evidence from other studies. If a category of event agreed with previous research, there would be good reason to be more confident that it is sound. If a category of event was novel, neither confirmed nor disconfirmed by previous

research, it would stand alone as a possibility to be confirmed or disconfirmed by future research. To assess agreement, the categories formed were compared with previous research and informed opinion. In this analysis twelve of the fourteen categories agreed with previous research and informed opinion. This finding can therefore increase our confidence that these categories are well founded. As no mention could be found for the remaining two novel categories (self care and helping others), they stand alone as a possibility to be confirmed or disconfirmed by future research. Reference to relevant research and informed opinion for the twelve supported categories are as follows:

Established social connection

Becoming socially connected with other people is one of the keys to healing for First Nations people. Lafromboise, Trimble & Mohatt (1990) state:

It is clear that the role of therapy in traditional American Indian society has been to reaffirm cultural values and consider the individual in the context of the community (p. 633).

Seeing the individual in the context of the community is an important concept in First Nations worldview as pertains to healing. Western psychology often strives to strengthen the client as an individual, whereas First Nations psychology encourages the client to transcend the self for the purpose of becoming connected to the people and world beyond the self (Katz & Rolde,

1981). One of the goals of healing must therefore be to establish and maintain a social connection with others.

Anchoring oneself in tradition

This category is also supported by other studies in the literature. Anderson (1993) found that personal and cultural identification is an important theme in the foundation of a culturally sensitive counselling framework for First Nations people. For over one hundred years the majority culture attempted to separate First Nations people from their culture and traditions. Understandably, this action has adversely affected the cultural identification of generations of First Nations people.

Many American Indians attribute their psychological or physical problems to human weaknesses and the propensity to avoid the personal discipline necessary for the maintenance of cultural values and human respect (Lafromboise et. al., 1990, p.630).

Those who have found the strength and discipline to become reconnected and anchored in tradition and culture have found it to be an effective path to healing.

Exercise

Exercise is mentioned in the context of the Medicine Wheel model which stresses the importance of keeping the physical dimension of the self in balance (Bopp et al.,1984). In a broader context, exercise is seen as facilitative to healing particularly as it pertains to its role in the reduction of stress (Long & Flood, 1993).

Involvement in challenging activities

Many of the ceremonies and rituals described by McGaa (1989) in his book on Native American healing mention the beneficial effects of challenging the self by exercising patience and self-discipline. These are challenging activities that reward the person with improved self esteem and mental health. In a different cultural context, this finding is similar to the studies showing the psychological benefits derived from self encounter and self challenge (Reser & Soherl, 1988).

Expressing oneself

The ability to express oneself and to do so symbolically is something that First Nations people have maintained (Hammerschlag, 1993). It might seem strange to a non- aboriginal person to believe that healing can occur by going into

the forest for the purpose of crying or screaming, but many First Nations use techniques such as this because of the recognition of the need to cleanse themselves of bad emotions. This teaching is also included in the traditional teachings of the Medicine Wheel. The Medicine Wheel stresses the need for keeping the emotional self in balance (Bopp et al., 1984). Western counselling is also finding that the psychological and physiological effects of the expression of emotion is a key element for change (Hess & Kapas, 1992; Moreno, 1946).

Obtaining help/support from others

The theme of obtaining help/support from others is prominent in the literature. Lafromboise, Trimble & Mohatt (1990) state:

When problems arise in Indian communities they become not only problems of the individual but problems of the community. The family, kin, and friends coalesce into an interlocking framework to observe the individual, find comprehensible reasons for the individual's behavior, draw the individual out of isolation, and integrate the individual back into the social life of the group (p. 630).

This approach to healing ensures that individuals need not cope with their problems alone but do so with the help of friends, extended family, and community. Ross (1992) mentions the following value as an aspect of First

Nations culture that should not only survive, but should be adopted by the majority culture:

An insistence on family and community responsibility for the mental, emotional, spiritual, and physical health of each member (p. 98).

Participation in ceremony

Healing through participation in ceremony has frequently been mentioned in the literature. In reflecting on the importance of ceremony and ritual Hammerschlag (1993) states:

The enduring gift of Native Americans is the importance of ritual. They invest our lives with meaning. They illuminate and ultimately define our realities because they mark the milestones by which we define ourselves as individuals and participants in a community.

One of the more prominent ceremonies or rituals described in the healing literature is the Sweat Lodge ceremony. This ceremony is often considered to be a cleansing or rebirthing ceremony. Elements of this ceremony such as the darkness and the drumbeat are likened to the experience of being in the womb of Mother Earth. The process of sweating can represent the intermingling of the participant's life fluids with that of Mother Earth's. Powerful images such as these help to facilitate healing for those who participate in the Sweat Lodge ceremony and other First Nations ceremonies.

Setting goals

Setting goals was stressed in the literature concerning the Medicine Wheel. The Medicine Wheel is considered a framework for stressing the development of goals (Bopp et al., 1989). The process of setting goals is seen as an important step in most counselling approaches. In a broader sense, goals can have a motivational, educational, and evaluative function in the counselling process (Cormier & Hackney, 1987).

Gaining an understanding of the problem

The act of naming what is wrong with a person has a therapeutic and healing effect for the person (Torrey, 1972). Understanding relieves anxiety and provides a person with hope that he or she can deal with the problems.

Establishing a Spiritual Connection

Healing through establishing a spiritual connection was mentioned in the research literature. As Dugan (1985) states: "It is to the great spirit, perceived everywhere, that the Indian turns to in times of need" (p. 93). The inclusion of spirituality in the process of healing adds that fourth element to the human dimension that is often neglected in Western counselling, which tends to focus

only on the mental, physical, and emotional. For First Nations people spirituality is seen as a universal aspect to healing that overlaps with all dimensions of everyday life.

Spirituality or holiness is seen as the essence of healing for Native people.

This means to manifest wholeness in spirit and bring it into our bodies, our families, our communities and our world (Medicine Eagle, 1989. p.60).

Learning from a role model

Role modeling is seen as one of the themes that form the foundation for a culturally sensitive counselling framework as suggested by Anderson (1993). The Western practice of mentoring also draws strongly on the principle of role modeling as it is an important component in mentoring others.

Establishing a connection with nature

The First Nations philosophy concerning nature has traditionally been one of accommodation and respect. In talking of the majority culture's relationship to nature Ross (1992) states: "We must modify our insistence of manipulation and mastery in the direction of accommodation and respect" (p. 67). In respecting nature, First Nations people see nature as providing a sort of blueprint of how to

live a healthy life. Nature is another important resource in the facilitation of healing for First Nations people.

In summary, the tests employed in this study support the soundness and trustworthiness of the category system. It is therefore possible to say that the categories can be used confidently. Soundness and trustworthiness were supported by virtue of a high percentage of agreement obtained by independent judges in using the category scheme to consistently place the incidents. The soundness of the category scheme was also supported by the test of introducing withheld incidents to the established scheme. This test of comprehensiveness or completeness did not result in any new categories being formed, thereby supporting the soundness of the category scheme. The soundness and trustworthiness of the categories was also supported by testing the participation rate, validation by experts, and the agreement of previous literature. The participation rate was determined by checking for the agreement among the participants in reporting the same thing. In all categories a number of participants reported the same thing, with 5 categories showing a participation rate of 50% or higher. Expert validation was obtained when two First Nations mental health experts were able to report that all 14 categories would be valid and useful to them in their work. An examination of related literature demonstrated that 12 of the 14 categories dovetailed with other research found in the literature.

This agreement of previous literature also supports the soundness of the categories.

EXAMINATION OF THE OUTCOMES

This study has addressed the question of what has facilitated healing for the First Nations people of British Columbia. The focus has been on what was done to facilitate healing. Participants in the study provided 437 critical incidents of what was done and what action was taken to facilitate healing. A scheme of categories was established to organize this data so that it could be of use to both theorists and practitioners. This section will briefly discuss the outcomes or results of those actions taken to facilitate healing. The reason for examining outcomes along with the facilitating events is to attempt to discern a general trend concerning the beliefs about healing held by First Nations people. From an ethnopsychiatric perspective, knowledge of these beliefs is an essential key to understanding what is apt to work in facilitating healing for any group of people. For one to be an effective healer, it is necessary to share some of the person's worldview, especially that part of the worldview concerning illness and healing (Torrey, 1972). By examining the sorts of things that people stressed in the 437 events, and by organizing these outcomes into categories, it has been possible to construct a framework of principles or beliefs held by the First Nations people of British Columbia concerning healing. Five categories have emerged as a result of

this process. It should be noted that these categories are not conclusive findings of the study but are still exploratory and serve only to provide a tentative organization of the outcomes. There is, therefore, a certain degree of overlap between the categories. These five categories will be presented by providing a brief description of the category and an indication of the type of events within each category.

Empowerment (227 incidents)

This large category refers to the individual being empowered in some way. This category includes outcomes in which the person was provided with optimism, motivation, strength, self-confidence, self-respect, self-esteem, in which he/she was assisted in helping to solve a problem. Empowerment is brought about by the participant obtaining strength or a sense of power through his/her own actions or the actions of others.

Examples

When I do something for someone else it makes me feel good because it gives me power.

I was recognized by another clan because of the service I provided to them. This was a tremendous honour and really did something for me. To be held in such esteem by another group of people was good for my self esteem.

The counsellor taught me how to make my own decisions. He didn't tell me what to do but told me what my options were and I had to make the decisions. This gave me more personal power than I had before.

Cleansing (72 incidents)

This category refers to eliminating or getting rid of bad energy, spirits, or emotions, and includes outcomes such as elimination, purging, relieving pressure, and releasing emotions. Cleansing can occur through a wide variety of means and can apply to physical, emotional, mental, and spiritual cleansing. Often what leads to cleansing is the expression of emotion such as pain, anger, or fear. Belief in the healing powers of cleansing are prevalent among First Nations people, but this belief is not prominent in Western approaches to healing and can, therefore, be considered an important contribution of First Nations culture. Much of the practice of cleansing for First Nations people is expressed in a symbolic way and may not be clearly visible or understood by non-Native people.

Examples

I cleanse myself with water. In my culture you cleanse yourself with water, your eyes, your face, your ears, your hands. Instead of going to the river you can go to a tap and use the cold water and cleanse yourself. You would say prayers while you are doing this as it is a thank you for all that we are given. I have done this regularly like praying and it has helped me to be strong and to heal.

Bathing helped me because it was a cleansing time. Whatever it was that I wanted removed I could cover my body with mud or sand and then go into the river and wash it away. I did this for a month. This helped because I had to put a name to what it was that I wanted to get rid of and then washed it away. The physical washing affected the emotional and spiritual by washing and cleansing them as well. I would do this bathing the first thing before the sun was up and the last thing before the sun was down. In the city I can do this by washing with just water from the tap.

We had to tell our story over and over again because of all the different groups we were in. Each and every time that I told my

story I remembered something else and then that comes out and I can deal with it . It was slowly cleansing to keep telling my story.

I sit by the water when I'm really upset. The river behind our house was really rough. I imagined the troubled water just taking all of my problems away. The rougher the water the calmer I felt because it pulls the problems away faster.

Balance (105 incidents)

This category refers to having attained balance in one's life. This category includes outcomes such as attaining harmony, centering and grounding of oneself. The individual attained perspective, meaning in their life, calmness or peacefulness. The individual may also have managed to develop a certain part of him/herself such as the emotional or spiritual dimension. Balance is an important concept presented in the First Nations model of the Medicine Wheel; it is thought that to live life in a healthy way a person must keep the four parts of the self in balance. It is like the four legs of a table: If a table has only 3 legs instead of four, or has one or more legs that are shorter than the others, the table will wobble and will be unable to support any weight. Similarly, if a person has the physical, spiritual, mental or emotional dimension of the self missing or undeveloped then he/she too will not be able to function properly. This belief is

not prominent in Western approaches to healing but could be considered an important contribution of First Nations knowledge. The following examples illustrate some of the ways in which participants attained such balance.

Examples

I have obtained balance by looking at creation. Forests for example are very important in my healing because they have everything and they are all interconnected. There are all different elements but they are living in harmony and are interconnected. So many parts of myself have been like loose ends going off in different directions. To be able to bring all of these things together has been very important to me. I am striving for this more within myself. Plants don't grow exactly side by side but it all fits and it all works. I am learning to keep the parts of myself in balance.

I took a program at College that helped me to realize what my career/life options were and that I could start to take care of myself. I learned that I could also look after myself in a balanced way. I became more in tune with my body and my emotions. I realized the balance and the connection between my emotional state and my physical state. Physical symptoms became warnings that I wasn't

attending to emotional problems. This realization was very helpful to me in my healing.

Discipline (11 incidents)

Through obtaining and exercising discipline, participants reported that they were more in control of their lives. Participants felt more self-control and felt proud of their accomplishments in obtaining discipline. This provided people with optimism and confidence in their abilities to deal with future problems. Although discipline was often represented as physical challenge, it was also manifested in spiritual, mental, and emotional ways. This concept of discipline as a key to healthy living has been a traditional value of First Nations people in the past and may eventually gain greater recognition as healing for contemporary people as well.

Examples

Exercise in general helps a lot because it teaches you about dealing with problems the right way. Exercise is hard and dealing with problems is hard. There are steps on how to do them but sometimes I would get caught up in doing them the wrong way and not get anything out of them. I had to learn to do exercise right and this

taught me to deal with problems properly. I guess what I learned was discipline in dealing with things.

Cold water helped me a lot either by swimming in a cold river or by using cold water at the end of a shower. It teaches a person discipline and it also bring things to base existence and calms me. It's like it helps me face the cold hard facts. It would remind me that I was the only one who could make the decision not to drink. No one else is going to be able to stop me. Cold water grounds me and reminds me of my responsibility.

Fasting - not eating for 24 hours has helped me. This is when it is combined with lots of prayer. I'm not exactly sure why it works but it does work. Church leaders have told me that if you fast - whatever you are praying for will happen if it is a worthwhile cause. It has added strength to my request and helped me to be more spiritually disciplined.

Belonging (22 incidents)

In this category the person achieved a sense of belonging or connectedness to something or someone. This category includes outcomes such as belonging to

family, community, culture, traditions, and all of creation. This desired outcome illustrates the collective orientation of many First Nations people. The extended family, friends, and members of the community are seen as a natural support for First Nations people and illustrate the importance of belonging. Similarly, it is seen as desirable for many First Nations people to be connected or to belong with nature and with spirituality, and ultimately, to be a part of and belong to all of creation. This belief touches on a broader cultural issue for First Nations people because of the historical events of the past 200 years. The Federal Government's policy of assimilation has had devastating effects on the unity and sense of belonging for the First Nations people of Canada. The Government and Church were successful at separating First Nations people from their culture, language, religion, families, communities, and land. First Nations people have recognized the overwhelming need to be reconnected and to reclaim that which was taken, and are now acting to reconnect and strengthen those bonds

Examples

Getting together with my birth Mom was healing in knowing who my people are and knowing where I belong and who my relations are. It's been healing in that I belong somewhere. Belonging in a family and community has been very healing because in the non-native environment I didn't belong. I can be proud of who I am as a

native person and everything that we have gone through. Despite our differences we are still family and we are still strong. I ran away when I was 6 and my adopted family said that I should wait until I graduated and then they would help me to find my birth family. They did help me but it was three years after graduation before I was ready to have them help me.

Getting in touch with my culture has really helped in healing. It has given me a sense of belonging to something, a purpose.

Based on the results of this analysis we can say that an effective healing program for First Nations people would invoke empowerment, elimination, balance, discipline, and belonging.

SUMMARY

In response to the question addressed to First Nations people of British Columbia: What facilitates healing for you?, participants responded with 437 critical incidents. The 437 critical incidents were organized into 14 categories which are described in this chapter. Tests were employed in the study to support the soundness and trustworthiness of the category system. It was determined that the category system can be used confidently. Finally, a

framework of healing beliefs was provided based on an analysis of the healing outcomes of the critical incidents.

CHAPTER V

ORGANIZATION AND ANALYSIS OF THE HEALING CATEGORIES

The previous chapter introduced fourteen categories of incidents that facilitated healing for First Nations people along with a preliminary presentation of healing outcomes. This chapter examines four complete narratives in an effort to provide meaning and action to the categories by showing them in context. A preliminary organization of the categories is presented based upon this examination as well as a list of themes that emerge in successful First Nations healing.

Narrative Accounts

The following healing stories told by the participants are presented as much as possible in the words of the participants. It was necessary to edit some of the transcripts for the sake of clarity. I provide a running commentary on the narratives to highlight and summarize key concepts necessary to understand the analysis at the end.

Narrative account # 1

Four or five years ago when my wife and I separated was the most devastating time in my life so far. One Christmas in my second year of University she told me it was over between us and we could not go any further. There was a lot of hurt for me that I had to go through. My wife and I separated and I was feeling devastated, depressed and hurt.

This participant's separation from his spouse left him feeling devastated.

Moving home helped me. I moved home to be with my family, to get rid of the hurt, and to phase it out of my life. I talked to my parents about it and to my brothers and friends to find out how to go about healing and how you handle something like that. Their support made me feel more confident about solving my problem.

In moving home this participant was able to talk with relatives about his problems and express his emotions. This gave him the social support he needed to help him understand his problem.

I started getting involved with my elders at home. I went to their meetings whenever they got together. I spent time with them and asked them questions about why things were done a certain way. Through not being idle and by spending time with them and in learning traditional ways, I began healing and feeling good about myself again. I started working the things out that needed to be worked out.

He had a breakthrough when he began to learn and practice his traditional ways under the guidance of his elders.

I was always able to speak our language. The time I was able to spend with the elders (2 1/2 years), I learned that there is something else besides being fluent in a language and that is knowing how to use it. Even though it is the same language you can use it in so many different ways to achieve different ends. I guess the whole process helped me to become whole again inside. I knew what it was like to be traditional, to get up at a traditional feast and be able to speak and I think that was the healing process for me to get out and do what my elders did. In a round about way they counselled me through my hurt by learning traditional ways.

By learning how to use his Native language he reinforced his connection with tradition. In doing this he obtained a sense of belonging and direction. He stated that "the whole process helped him to become whole again inside". He experienced a new and healthier life by becoming whole and balanced.

The elders told me that when I speak to them I am never wrong and that anything I have to say has some good to it. When I wrote speeches they told me that something was a good idea and this is how it could be improved. They showed me how I could add to my speeches. They would never say that this is what you forgot or that something was wrong. This really helped me to feel good about myself and what I had done. By the end of the second year I was feeling good about myself. I spent enough time with them that I was no longer moping or feeling bad about the thing that happened to me in my life.

It was his elders' unique way of constructive teaching, counselling, encouragement without overt criticism that really impressed this interviewee

One of the things that the elders did for me that helped me was that they taught me that my hurt was not the only hurt that anyone has ever gone through. A lot of people have gone through that hurt.

Everyone has experienced a lot of hurt and you can't keep it within you and you can't just forget about it. You have to get it out.

The elders encouraged him to look beyond himself to see that his pain was not the only hurt in the world. He felt reassured by this and motivated to deal with the hurt.

I learned from the elders that in everything that you do the Creator will be present. This helped me because it made me think about myself, because even though I was hurting I can go to the Creator to help me. They didn't just tell me to go to the church and straighten my life out there - that's not what they did. They taught me by example. As a result of spending time with them I was able to build up my spiritual self to a point where I was able to reach that superior being to help me with the healing process. They did this indirectly. They did it by example.

This participant learned a great deal from the elders' way of teaching by example. Through this he learned the importance of establishing a spiritual connection with the Creator.

I received a general message from the elders that I should go beyond myself to help others with their healing. In doing this I helped myself because I felt that I could do something useful and it helped me to not worry as much about my own problems.

The elders once again encouraged this person to transcend or "go beyond the self". In this case the purpose or means was in helping others with their healing. This activity signified a new and healthy change for the participant.

Doing the community speeches helped me to put my problem into perspective. The break-up with my wife wasn't the end of the world. Life goes on. There were things that I was expected to do in the village. If I sat around and moped and worried about my problem and kept to myself, I would not be considered an asset to the community. I had to get out and face the music that my marriage was done with. I had to go on with my life. I was a valued member of that community and I had a role to serve and could not stay within myself.

Again the participant was encouraged to "not stay within myself" but to get out and establish a social connection with people in the community.

Something that really helped in those 2 1/2 years was that I never heard anyone say after a speech that I had made that I was wrong. That was a big sign to me. At the end their encouragement was getting stronger and they said that one day I would be wise. This was quite a compliment coming from elders. I knew then I didn't have to worry about the breakup. This role gave me a new purpose and meaning and I didn't have to worry about the loss in my marriage.

In addition to the absence of any criticism, this participant benefited from the encouragement he received from the elders. He derived new purpose and meaning in life from his role as a community spokesperson.

Those 2 1/2 years with the elders helped to tie things in for me. Those 12 years of public school and many years of university were years gaining knowledge. Those 2 1/2 years helped me to put this knowledge into proper perspective. At any one time and on any one day I can only spend 5-6 years in the classroom passing on knowledge as a public school teacher. The rest of the time I am also living a life that is meaningful to my community and to me. That is where the wisdom comes in by using that knowledge in proper

perspective. That to me helped me more than anything I ever learned.

The participant was able to live a healthier more meaningful life by extending his knowledge outward to others.

Something that helped with my healing was in learning that there is always someone there that cares. There are a lot of people who care and there is always someone who has the answer that you don't have and that you only need to reach out for that answer to get that healing.

This participant found it reassuring to know that he could get help/support from others.

Knowing that the elders cared was healing. I worried about being socially accepted after the marriage break -up. At the wedding there are big speeches that you have to do everything in your power to keep that marriage together. It's up to you and if you don't then you are a failure and that stuck out in my mind. I was afraid that I wouldn't be accepted after the break -up. I was accepted and they

even started depending on me. They told me I could do the job so I must have been on the right track to be called upon.

It was healing and comforting for the participant to feel accepted by his community.

Something that helped me was solitude. Out in the open ocean in my boat or drifting down the river or sitting on the bank I would find peace. This settles my heart down when I'm hurting a lot. Nothing is threatening me. I would sit there until I had to go home. There is a difference between solitude and loneliness. Loneliness is being alone. With solitude you are not alone. Animals wouldn't interfere with my life the way things would in the city- telephones ringing, cars going by.

This participant found solitude and comfort in nature which served to take the hurt away.

Something that helped me was the noise of the water. Rivers slow me down. I can sit and go the same pace as the river and enjoy it and the sound. In the ocean it's the sound of the waves hitting the

boat. Those noises are much more relaxing than the noises in the city. The water helped to calm me inside and it gave me strength.

The participant obtained comfort and strength from water and nature.

Learning to open up my heart to nature helped. The elders have a name for that which means heart opened up. When I opened up my heart to the beauty and peace of nature it made me feel good. Problems aren't that great that you can't solve them once you have reached that level where you can go with the flow of nature.

The participant was able to put his problems into perspective as a result of the insight he obtained through his connection with nature.

The Northern Lights helped me in my healing. In the city it's difficult, especially in winter. Up north in the winter times I would lie down on the living room floor. I had windows that were high so that I can lie down and watch the Northern Lights in the sky. This goes on for hours and is really soothing. It calmed me down and gave me strength.

Again he obtained comfort and strength from nature.

Narrative account #2

The hardest time was when I broke up with my wife. I had been drinking and doing drugs. My homelife had collapsed. I tried to deal with problems on my own and it wasn't working. One night my wife and I decided our marriage was over and I should leave.

In the beginning this participant felt angry, lonely and had a low sense of self esteem

Going home was probably the thing that saved me. When we broke up I jumped into my truck and was planning on ramming it into something and killing myself. While I was driving I recalled that I used to go to my Mom and tell her what was wrong so that's what I did. When I got there I couldn't say anything to her I just hugged her and she hugged me. I went outside and my sister seemed to know what was wrong and she hugged me and I cried for the first time. Just knowing that someone loved me made me feel that it was worth living. After that I was able to put the pieces back together and start to look at alternatives. Mom didn't really understand why we were breaking up but just her being there and knowing that she cared for me and would look after me when I

couldn't be alone helped a lot. This is what I needed because my self esteem was so low and I just felt like a total failure. I had failed the kids and I had failed my wife. Knowing my family still loved me helped to pull me through that.

This participant obtained social support as a result of going home. He found he was able to express his emotions there and still feel loved and accepted. With his sense of self affirmed in this way, he began to reverse his way of life.

The thing that helped a lot was water. I would go to the river or to the lake or something. I would just sit by the river and watch the water flow. The water was continuously flowing whatever happened even if there was a snag or something it would just flow around it. If a rock was sticking out of the surface the water would flow around it. It made me feel that's how I should be and that I should carry on.

From nature/water the participant learned to "flow around obstacles". There is a First Nation's belief that nature can provide people with directions on how to live a healthy life. This symbolic interpretation of natural phenomena is a powerful healing resource for First Nations people.

I used to go out to the trapline with my Dad and he said that the Indian people would thank the water for letting them cross it safely by giving it an offering of tobacco. I also did this to help in my healing. When I sat by the water I would throw some tobacco in the water as a type of prayer. At this stage in my life I was very disappointed with organized religion. The Roman Catholic faith I had been brought up with didn't appeal to me. I didn't know much about Native spirituality. I had thought it was quaint and no longer applied to people but when my faith in the church was gone, my faith in nature was still there and putting the tobacco in the water helped me to realize this. I think in a way it strengthened my Native spirituality again.

This participant made a strong spiritual connection with nature and water in a way that he had not been able to do with Roman Catholicism.

When I went into the bush I was able to think about what I had done to bring this on. I didn't feel good about myself but being outside and not having anyone to judge me made me realize that I wasn't all that bad. I had screwed up but I wasn't a total sinner or failure or other stuff I had thought about. Nature was forgiving and accepting. It made me feel that I was part of the whole thing and I

had a right to be there. Knowing that I had the right to be there gave me the feeling that I was OK. I was part of it and it was OK to be me. This helped me to heal a lot.

He felt a strong sense of acceptance in his new spirituality

Rocks helped me in my healing in different ways. Rocks that stick out of the water seem to be strong. They have a power. Sometimes a rock had a positive force so I would put it into my pocket and then later put it down somewhere calm. I wouldn't chuck it like I would some rocks. It would be like a sponge because it could absorb my prayers and I could leave it somewhere. I put all of my force in the rock and it was good energy. I was putting some of myself back into creation. Giving back something that I had received felt very healing.

This participant believed that rocks have a power and "positive force" that helped him in his healing. Empowered by the rocks, he began to live a healthier life by "giving back something" and "putting some of myself back into creation".

With bad feelings the wind would help. It felt like the wind just blew them away. It just dissipated because it felt like creation was

so big my problems would just disappear and be absorbed. It was like the whole of creation was absorbing my bad feelings. The wind could take away my problems only if I threw them into the wind. In my mind I had gathered problems and feelings up and threw them into the wind. If you don't throw them up into the wind it won't work.

This participant also believed that the wind and creation itself could cleanse bad feelings. He saw the wind as a positive helping force.

At times I felt confusion and I didn't have a clue what I would do with my life. Once I was driving down the Liard Highway and I was really troubled. I felt like dying because there was nothing that I could do and I had no plans for my life. I parked the truck and decided to walk up this hill. On top of the hill there was a clear pond filled with clear water. It was a sunny day with blue skies and the water seemed as clear as glass. The aspen trees had turned yellow, a beautiful gold colour. The water was so clear I could see a big rock at the bottom that was sort of drawing me to it. I thought about just jumping in the water and drowning. The water was drawing me into it. I could see that if I wanted to end my life it would be so easy. I stood there for 5-10 minutes just staring into the water. Then I looked down on the ground and there was a big rock

beside me. I picked up that rock and threw it into the water. That was what the water wanted. It wanted something added to it. That rock must have weighed about as much as I did because when I threw it in to the water it made a huge splash. At the same time that feeling of wanting to jump in there disappeared. It was like that water had got its wish and had something in it now. I walked away from there and got back in the truck and went home. As I drove home I realized that I had to do something about my problem with addictions first or I wouldn't go anywhere. Throwing the rock in there was like the turning of a page. It was like things just seemed to fall into place after that. The water wanted my energy or force but when I saw this rock beside me I realized that it had the same kind of force so I threw that rock in there and the water was happy. I didn't have to put my life into the water so now I could put my life's energy into something else. I could go on living.

The participant felt a positive helping force in the rock and water. When he threw the large rock into the water. He realized suddenly that: " I didn't have to put my life into the water so now I could put my life's energies into something else". Until then that something had been alcohol. This man attributed his new awareness to the spirits of the rock and water.

I go to high spots to help with my healing. This past summer I worked for B.C. Parks. I had planned to bring my kids to be with me but I didn't know if I could do it. To calm my doubts I climbed this mountain and sat up there and prayed and things became clearer. I was able to see through some of the problems that I didn't think could be solved. Sitting up there thinking things through helped me to come up with a game plan. Being on the mountain and connecting spiritually helped me to see farther. When I can physically see farther it helps me to see farther within myself.

This participant obtained further spiritual guidance by praying on the mountain.

One of the things about going to a treatment center that helped a lot was that it stressed the AA program and going to meetings and talking about feelings. I never did talk about feelings before because I didn't think it was of any use and it wasn't manly or something.

Talking about my feelings helps but it's still difficult to do.

In the treatment center & AA, he found an appropriate outlet for expressing his spirituality. Overall he felt a much stronger sense of self-worth and acceptance than ever before.

The AA helped a lot. I can put it in my own interpretation. AA just makes suggestions but it is spiritually based. It has put me in touch with what I call the Creator. It reinforces the idea that God loves me no matter what I do. Because before I didn't feel that I was worth being loved.

The participant was also able to strengthen his spiritual connection and feeling of self acceptance through his involvement with AA.

Narrative Account # 3

A bad time was when I was 21 and all of my childhood problems and painful memories began affecting me. It affected my mental health and my view of life and how I should cope with it in a negative way. I was very depressed during this time and was seriously considering suicide.

In his early 20's this participant was quite depressed and often suicidal.

My grandmother thought it would help me if I learned to look around and see how other people deal with their problems. I started to pay attention to things around me so from this I started seeing

other people drinking and using drugs and being violent and dying from it. This made me more determined to do something about my own drinking problem and to deal with things differently.

The participant obtained direction and guidance from his grandmother.

I was having a hard time going to work because I was drinking a lot to avoid thinking. I was given the option of going to a treatment center or being fired. I went to Roundlake Treatment Center for First Nations people. It was there that I went to a Sweat Lodge Ceremony. It was explained to me that it was like going into the mother's womb again. I really benefited from this ceremony. I went in thinking about being reborn again. I was given another opportunity to get a new start to life. In the sweat an image came to me it was of my dead grandfather. He told me to keep going with life and not towards death like many of our people were doing. That stuck with me and helped me to stay away from drugs and alcohol for 10 years straight. Seeing that image of my grandfather stuck with me.

In the Ceremony the participant felt a sense of being reborn from the image of the spirit of his grandfather who told him to continue on the path of life.

I had this recurring dream of a bear and a wolf. In the bear dream the bear chases me up a tree. I had run half way down a hillside and it chased me up a tree. A curved tree like you see growing on a hillside with a curved trunk. As I run I can see the bear behind me even onto the tree where it was pushing on the trunk to try to knock me out of the tree. This happens again and again that I kept dreaming about this bear and then in one dream I just decided to drop out of the tree and face the bear. The bear just smelled me that's all it did and then it turned around and went back up that hill. I realized that this had to do with my fear. That bear was an image of fear to me and that there were a lot of things I was afraid of that I wasn't ready to confront yet but when I finally did it wasn't as hard as I thought it was going to be. This realization helped me to get past the fear and to start doing the things I needed to do to deal with my problems. I learned not to be afraid of transition.

He looked to his dreams for guidance. For example, when he finally confronted a bear who had been pursuing him in recurring dreams, he found he could confront more issues in his actual life. This helped him overcome his fears and gradually see through his real problems.

I was looking for positive helping images in my life because my grandmother told me to look for them. In one dream I was running and running and running and I couldn't seem to stop running. Every time I looked over beside me there was a wolf running alongside me just keeping pace with me. It made me feel more confident to face my problems to know that the wolf was always beside me.

Dreams were a powerful force in his life. After the bear, the wolf began to appear in his dreams.

I used to take a walk in the bush where it was isolated. During the time that I was depressed I would walk along the power lines behind my village. One day I was sitting in a favorite spot there thinking about what I should do about pain that I am carrying around when just then a bear came crashing out of the bush, crossed the clearing, and went crashing back into the bush on the other side. When I walk through the bush it is really tangled and tough to walk through. Watching the bear encouraged me to go straight forward and not be afraid of sobriety. At that time everybody else was poking fun at me and saying that I must have thought I was better than them because I stopped drinking.

Thinking and acting like that bear taught me that it was okay to take big steps. This helped me to feel a lot better about not using alcohol but in finding straighter paths to deal with my problem. My grandfather's guardian spirits were the wolf and the bear and I think that they are for me now too.

He felt a major transformation occur when he watched the bear crash straight through the tangled bush. He suddenly realized that he needed to do the same thing with his own life and that alcohol had been his major obstacle. Like the bear, he needed to find the straighter path.

Other times going to the sweat lodge helped me with not drinking. Being encased in darkness with the heat and the sound of the drum made me feel like I was being held without really being held by anyone. It made me feel like being an infant again and seeing things like a child rather than someone who has been through a lot of horrible things. Coming out and cleaning in cold water was like rebirth. This is concrete and not really part of the thought process it gives me comfort and security. The experience of the sweat stays with me and comforts me.

His experience in the Sweat Lodge ceremony enabled him to feel a sense of renewal and optimism.

When I was being ridiculed for being sober I had a regimented exercise routine. I would run hills and I would look at the hills as being problems. As I got to the hill I would think that this hill is a problem and I'm going to climb it bit by bit. When I got to the top I would often have a solution to the problem or at least a better understanding of ways of dealing with it. It was always hard going up but going down was easy. I would usually go to small hills around my village but if I had big problems I would find a big hill which I could then run up, walk up or crawl up if it was really steep. I would build good energy doing the hills by exercising and taking the toxins out of my body. It helped me to look at problems that way. I used it as a metaphor because if I can climb hills I can face problems the same way. Climbing hills like facing those problems would made me stronger in mind, body and spirit.

The participant began to feel stronger by exercising and meeting challenges he set for himself.

Exercise in general helps a lot because it teaches you about dealing with problems the right way. Exercise is hard and dealing with problems is hard. There are steps on how to do them but sometimes I would get caught up in doing them the wrong way and not get anything out of them. I had to learn to do exercise right and this taught me to deal with problems properly. Just exercising doesn't really help because I have to exercise with metaphors for getting over the problem. That's what really helped me. Once in my community there was this police officer who was giving me a hard time. I had received a weight set for Christmas. I was so angry at this cop I went down and I pushed weights for 2 hours. My anger was so powerful that I still felt angry even after those 2 hours. This didn't work because all that I was doing was just straight physical exercise.

He found that exercise made him feel strong in his mind, body, and spirit.

Cold water helped me a lot either by swimming in a cold river or by using cold water at the end of a shower. It brings things to base existence and calms me. It's like it helps me face the cold hard facts. It would remind me that I was the only one who could make the

decision not to drink. No one else is going to be able to stop me.

Cold water grounds me and reminds me of my responsibility.

The participant used cold water to calm himself down so that he could think clearly.

In my first year of sobriety in the late spring, I really wanted to go back to drinking again because everybody else was doing it. I was rocking the boat by not drinking. I talked to my Uncle who had been sober for 7 years and he told me to go to this small river behind our village and pick a spot that I liked and sit there. He said to ask myself the question that I needed to find the answer to and then wait for the answer. I watched that river and saw how it runs and how it goes over rocks and around rocks. The water would behave differently all the time. As I sat there and heard the sound of the water it made things peaceful because it hushed the air. I thought about drinking. In looking at the river I saw that I could take a sip of the river or I could drink the whole river but it wouldn't matter because that water will keep flowing. I thought if you got all of our people lined up on the bank and if they tried to drink they wouldn't be able to because that river would keep on flowing. With alcohol one drink is too much and one million is not

enough. This is what kept going through my mind. But if we lined up our people on either side of the river and had them drink the water and bathe in the water and fish in the water that's a lot better. The question of going back to drinking again was answered when I thought of that river being all liquor. Trying to drink up the river wouldn't accomplish anything because the river is too powerful.

He resolved himself not to drink after obtaining valuable insights from the river.

Water can fill any capacity. You can move water any way you want but it always goes to the bottom line. It looks for the easiest route down and that's right down to earth. That's what it has done for me. Its brought me back to the earth again. I want to be like water and be connected with the earth because it gives me strength and helps me to lead a good life.

He obtained strength and direction through his connection with water/nature.

When I first moved to Vancouver and was attending the Native Education Center I lived down in the skids in a hotel room in the East side. One night before Christmas the loneliness really hit. I

had been in my room and it was around 11 o'clock and I had been crying. I remembered the wolf and how it goes out and howls until its mate answers or its family group answers. I went down to the waterfront late at night and I did exactly that - I screamed and hollered and cried my eyeballs out until I let people know back home that I really missed them. This felt good to do this. The next day I got a letter from back home and I thought that the Creator is right. I just have to go out and express myself like the wolf. It may have been a coincidence but I saw it as a sign. Going out and screaming was good. If I did it in public it would have created tension for people. Wolf howl when they are lonely so its alright to be sad and lonely and let people know so the wolf really helped me.

The participant experienced a breakthrough when he was able to express his loneliness and sadness by crying like a wolf. Realizing that he could express his emotions and call out for help allowed him to feel connected with his distant family.

Mountains have helped me. One time I was really anxious in remembering the sexual abuse I had experienced as a kid. I was at my Dad's house and feeling sad and I looked out the window at this snow capped mountain. It was beautiful and it was solid and it had

been there a long time. At different times of the year it looks different, sometimes it is mostly snow and other times it is mostly green. That helped me that day to think about that mountain that was put there by the Creator. Sometimes we are given a huge problem to deal with for a reason. Without seeing that mountain I don't think I would have survived that day. I wanted to be like that mountain. The mountain will always be there, it doesn't go anywhere but it changes how it looks. It has strength and beauty. The problem I have with those memories will always be there but some days it will look a lot better than other days. I am learning to be like that mountain.

The participant obtained a sense of strength from the mountain.

Narrative Account # 4

My problem was deciding what I should do whether to continue living with my husband or to leave him and to go to school. This was very hard on me and I was very stressed because my husband wasn't there and my family wasn't there for me. I had no one to lean on and I felt overwhelmed. I didn't have any skills of my own to support myself or my kids.

When this participant, a woman, was alone and in the city, she felt a great sense of isolation and lack of confidence.

Talking to people helped, especially talking to my sister. I told her what I would like to do and I got reassurance from her that it was possible to survive this. She would question me about my relationship. We talked about coping skills and she showed me how she was coping. That's what I was looking for. Because she worked in the band office she knew the routes to go for help. She was also a model for me. The ways that she coped made her a role model for me to follow. My sister knew me and knew strengths in me that I didn't see and she told me these things. I felt better about myself and my abilities to face this problem.

Fortunately, she was able to turn to a sister who also helped her to understand her problem and served as a role model for her.

My aunts and uncle provided me with guidance in different ways. They let me talk about my emotions which was good. They also gave me directions as to what I should do with the kids. That was helpful and reassuring to me. The most important thing that they did for me was to give their permission and approval for me to

leave my husband and to go to school. I felt I had to get this permission for my sake, my husbands' sake and the kid's sake. This really relieved anxiety for me. They also went and spoke to my husband about this. This was helpful to me because I felt relief that he knew that they knew why we split up.

Her relatives, especially an aunt and uncle were also extremely helpful to her.

I asked my aunt and uncle for stories about things that happened in the past that would relate to my life situation and would help me to reduce the stresses. They gave me examples of other person's lives - parts of legends. The example of another person's life made me aware that this wasn't an original problem. It had happened before and had been dealt with before. This released the stress of thinking that I was the only one struggling. It also gave me confidence that I could make it through. This lifted my depression. It was not as heavy as I was before.

When she listened to her traditional legends and learned her traditional ways she realized that she was not alone in experiencing difficulties and was able to put her problem into perspective.

Something that helped was taking a walk and looking at nature. My sister and aunts looked after the kids and this gave me time to get out into nature. When I looked at nature it released me from thinking about what was bothering me. It released me from everyday life and showed me that there is also life out there. Life goes on and it never stops, it doesn't all stop just because you do. If I left my husband life would continue and it doesn't really matter how we think about it life goes on.

Like participants #1 and #2, she also gained strength by establishing a connection with nature. She claimed that it set her on a path to a healthier lifestyle.

Walking in the woods helped me to get out of myself. Getting out of myself made me realize that things happen on their own. Things don't happen all together. I was getting all of my problems and putting them all together and trying to deal with them that way.

The result was that I couldn't think of how to do anything because it was all mixed up. By getting outside of myself I was able to look at them differently and separately. I was then able to feel better about moving ahead and dealing with them.

As a result of getting beyond herself, she felt she could better understand her problem and set goals for her future.

In nature it doesn't matter what you do or what you say, because no one will judge you. I could holler, cry or whatever I wanted. This was really good, because it helped me to get my emotions out and that relieved stress.

Nature helped her express her emotions, because she felt that it would never judge her or reject her.

The biggest attraction in nature is water. I grew up near water so any time I hear water in any way it attracts me. When I get close to a river or a stream it affects me spiritually because it is a cleansing element. You can wash physically, spiritually, mentally or emotionally. Listening to water would release me emotionally by letting me cry or laugh or let out whatever emotion needed to be expressed. I remember walking by water and feeling release by crying. I feel better afterwards.

The participant attained cleansing and balance from the river by washing herself mentally, physically, emotionally and spiritually.

I always used my grandmother as a model in coping with problems because I felt that she was strong and she was independent and I used her as a role model. If she could do it then I would do it too.

The participant saw her grandmother as a role model for inspiration.

I went to resources in the community who were leaders. The school administrator encouraged me to get an education because in bettering my education I could better my children's education. He went to University too and he was also a role model for me. He had information about programs and funding. He also told me what to expect. Talking to him was very helpful because he gave me information and motivation that made it easier to go to University.

The participant used a community leader as a positive role model.

After my separation one of the things I did that helped in my healing was to get involved in extra-curricular activities like ceramics and ball room dancing. They helped me to get out of my shell and to build self confidence. I'm still not a good dancer, but I went for three years because it helped me to feel more in control and

confident in myself. These activities helped me to feel OK to be myself in a social situation and that helped me in my healing.

The participant was able to "get out of her shell" and grow as a result of involvement in social activities.

The Peer Support training I took helped because it showed me how far I had come and what I had been through. Helping others helps me to know that I have learned a lot. I didn't know how to ask for help before. The Peer program showed me that I can do it now, I still hesitate, but I can do it.

In helping others, the participant learned how to ask for help and feel better about her own accomplishments.

EXAMINATION OF THE NARRATIVES

An examination of the four narratives provides information that adds detail to what is known about the facilitation of healing for First Nations people. Firstly, the fourteen categories previously presented are seen in action as methods of healing utilized and described by the participants. It is also possible to see a logic or division in the healing process when the process is examined from beginning to

end. Lastly, an examination of themes that emerge in the narratives provides new insights that further describe what facilitates healing for the participants.

Division of the healing categories

There is a division and logic to the healing process of the four narratives. In the beginning of the healing process, most participants described themselves as withdrawn, self confined, disconnected, out of balance, angry, hurt, and sad. By the end of the healing process, participants described themselves as feeling connected, accepted, balanced, and generally positive. A study of the stories of the participants reveals four divisions of categories in the healing process. Those four divisions can be described as: separating from the unhealthy life; obtaining social support and resources; experiencing a healthy life; and living a healthy life. This organization of categories is by no means exhaustive, nor is it intended to represent a strict chronological sequence. As demonstrated by the narratives, it is not necessary for someone to progress through these divisions in the order presented.

Separating from the unhealthy life

In this division an individual first identifies the problem, and expresses his/her emotions. The individual learns to determine, clarify, and make sense of the problem by talking with others about it, or through observing other people or

even something in nature that helped them to understand the problem. He/she expresses emotion by various means such as talking, crying, singing or screaming. He/she also feels a need to keep parts of himself/herself in balance. At this stage, understanding the problem is separate from the expression of emotion about it. The former is the cognitive aspect of the self, while the latter is the emotional part of the person. An example of the division of separating from the unhealthy life can be seen in the first two narratives when, after recognizing that they were in need of healing, the two participants each returned home where they were able to talk about their problem, understand it and express their emotions. Being able to separate from the unhealthy life is an important first step in the healing process for all four participants.

Obtaining social support and resources

In this division the individual seeks help/support from others, and establishes social connections with others. This support takes the form of encouragement, motivation, acceptance, validation and reassurance. The individual feels socially connected when he/she is able to get beyond his/her own world through social interaction. This transition can be seen in the accounts of all four participants who sought out friends, family, and community members for help and support as well as the need to "get beyond themselves".

Experiencing a healthy life

In this division the individual is able to live a fuller life doing many or all of the following: participating in ceremony, learning from a role model, establishing a spiritual connection, establishing a connection with nature, and anchoring oneself in tradition. Participation in ceremonies such as the Sweat Lodge Ceremony helps individuals to feel grounded and connected to a healthier life. Role models provide guidance and instruction about healthier ways to live their lives. Finding some spiritual connection gives individuals an additional sense of balance. Often Nature offers calmness, strength, and guidance. The feeling of integration with one's culture provides a strong sense of direction and belonging. For example, the first participant experienced a healthier life through knowledge of traditional ways. The second participant experienced a healthier life through reconnecting with his spirituality. The third participant experienced a healthier life through participation in a Sweat Lodge ceremony and from the helping images he derived from it. The fourth participant experienced a healthier life through observing role models who showed her how to live.

Living a healthy life

In this final division, the individual moves on to goal setting and becomes involved in challenging activities, exercise, engaging in self care and helping others. He/she also takes steps to ensure that he/she is able to live and maintain the new life experienced in the previous stage. Many feel optimistic and

empowered by this new involvement in challenging activities and in a new sense of discipline. Exercise ensures that one feels a stronger physical being. This overall self care affirms self worth and reinforces respect for self as well as for others. Helping others provides individuals with an opportunity to reach out to the larger community and to feel empowered in doing so. There are several examples of how the participant started living a healthy life. The first interviewee started living a healthy life by "going beyond himself and helping others". The second participant challenged himself by learning to express his emotions to other people. The third participant established a regular exercise regime where he was able to balance the physical aspect of himself and acquire discipline. The fourth participant continued to challenge herself through extra curricular activities and goal setting.

Examination of the healing themes

An examination of themes that emerge in the narratives provides new information that further describe what facilitates healing for the participants. The first observation or theme derived from the four narratives is that there is a broad spectrum of healing resources available to First Nations people. For example, within the category of Nature, participants obtained healing from animals, rocks, water, mountains, the wind, the earth, and the sky. Within the category of ceremonies, the Sweat Lodge ceremony alone can provide participants with

cleansing, catharsis, spiritual connection and empowerment. This multitude of healing resources contrasts with the limited mental health approaches provided to First Nations people by the majority culture. Relative to the variety of approaches that are used by First Nations people, Western mental health approaches are apt to be viewed as restrictive in what they have to offer for healing.

A second observation derived from an examination of the narratives is that First Nations people have a different way of seeing the world. As was described in the background of this paper, a different set of cultural beliefs or worldview has implications for the provision of healing services. For example, the ability to see nature as being capable of speaking to you about your problem and providing direction and guidance in healing is a view that would be foreign to most Western mental health practitioners. Participants range from believing that they were literally in contact with the spirit of a rock, to a more general belief that nature provides them with healing images, symbols and metaphors. There is a commonly accepted belief amongst First Nations people that the natural world contains the blueprint for how we should live our lives. Such differences reinforce the belief that healing practices are culturally bound.

A third observation or theme is that the participants seem to expect that whatever is healing should help to put them in balance. This is a concept inherent in the Medicine Wheel. The First Nations Medicine Wheel teaches that the separate entities of the self—mental, physical, emotional, and spiritual—are equal and part of a larger whole. It is necessary to keep all four parts of the self

in balance in order to become healthy and remain healthy. It is therefore expected that any therapy or healing approach should ultimately address all four areas of the person. If an approach does not accomplish this the client might well feel incomplete. When people with this cultural expectation encounter Western therapies, a conflict emerges. Because most Western therapies tend to focus on a single dimension of the person, such as the case with affective therapies such as Rogerian therapy, the First Nations client often leaves feeling that only one part of the self has been attended to.

A fourth observation is that self transcendence followed by connectedness seems to be a desired route by which participants gained the necessary insight into the nature of their problems and the direction for how to live their lives. Participants were often urged by elders and family to "get out of their self" in order that they might find the peace, understanding, strength and guidance necessary to find and follow the path to a healthy life. In transcending the self, the participants would then connect with healing resources such as family, nature, community and spirituality. When participants state that "It made me feel that I was part of the whole thing" and "I was part of it" they are referring to this phenomena. To feel connected it is necessary to become part of something such as nature, the spiritual world, the family, the community, the culture. This is not possible if the individual does not first go beyond his/her own self. If the person is self absorbed and confined within the self then he/she will not find healing. This view of self transcendence contrasts with western mental health approaches

which often stresses the need to strengthen the self or the ego so that the individual can master their environment.

A final observation is that throughout these incidents we can observe that the participant acts as an agent of his or her own healing. They are not acting as a patient or victim but as an agent on their own behalf. It is also significant that other people treat them as their own agents. This is exemplified by statements made to participants such as:

I received a general message from the elders that I should go beyond myself and help others with their healing. In doing this I helped myself...

In summary, through examining the accounts of healing as told by four individuals, it was possible to develop general categories or divisions that encompass the specific categories. The discussion of five themes that emerged from the narratives also provided new information about the features which facilitate healing for First Nations people. As well, this discussion served to sharpen several differences in healing approaches used by First Nations people and Western mental health practitioners.

CHAPTER VI

DISCUSSION

Summary of Results

Through interviews with 50 participants, 437 critical incidents were elicited reporting what facilitated healing for First Nations people of British Columbia. The 437 critical incidents were placed into 14 categories that were found to be reasonably reliable. These categories are: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing a spiritual connection, obtaining help/support from others, self care, setting goals, anchoring self in tradition, and helping others. These categories were organized into four divisions : separating from an unhealthy life, obtaining social support and resources, experiencing a healthy life and living a healthy life. A preliminary examination of the healing outcomes for First Nations people was thought to invoke empowerment, cleansing, balance, discipline, and belonging. Distinct themes in First Nations healing were also developed as a result of analyzing narrative accounts of participants. These themes are: a broad spectrum of healing resources are available to First Nations people; First Nations people have a different way of seeing the world which has to be understood before effective

counselling services can be provided; First Nations people expect that whatever is healing should help them to attain and/or maintain balance; self transcendence followed by connectedness is a common route to healing for First Nations people, and First Nations people act as agents for their own healing.

Limitations

There are a number of factors that limit this investigation. A primary limitation of the study is that the results cannot easily be generalized at this time. In addition to only interviewing First Nations people from British Columbia it should be noted that a high percentage of participants in the study were university students (38%). This could also be described as a delimitation because it was known at the onset that this study would only provide an initial set of categories that describe healing and not a definitive description of effective and ineffective healing techniques for all First Nations people of British Columbia. Future studies will be needed to determine generalizability of the categories and to begin to utilize the categories to further develop theory and practice. Another limitation of the study is that the categories were derived from self reporting rather than by observation. Critical incidents obtained through self reporting are limited to the events that people are able to remember during the interview. It is likely that some events were not mentioned because they had been forgotten by the participant. Another limitation of the use of self reporting is that participants

could only report what they could articulate. This may have excluded some events from being revealed. The focus on healing events as opposed to healing relationships is also a limitation of the study because relationships are more enduring than events. This study did not focus on the question of who was helpful in facilitating healing but on the action taken to facilitate healing for the participant.

Implications for theory and research

The results of this study confirm and extend the research pertaining to the facilitation of healing for First Nations people as described in the review of the literature. The most important implication is that it provides an empirical basis for what has previously amounted to opinions from researchers. Previous scholars have stressed a number of factors that they believed facilitated healing for First Nations people. Those factors are: knowledge of First Nations culture and traditions, obtaining help from others in dealing with problems, interconnectedness, spirituality, exercise, expressing oneself, healing ceremonies, gaining an understanding of the problem, role models, and nature. These factors were empirically supported in this research by the following categories: anchoring self in tradition, establishing a social connection, establishing a spiritual connection, exercise, setting goals, obtaining help from others, engaging in challenging activities, expression of emotion, participation in ceremony, gaining an

understanding of the problem, learning from a role model, and establishing a connection with nature. This research has gone beyond the twelve existing categories by providing two new categories: self care, and helping others. All fourteen categories therefore represent ways to facilitate healing for First Nations people. This study addresses the criticism of cross-cultural counselling research in general, and First Nations counselling research in particular, that states that most of the research in these fields is merely speculation with little or no empirical data to support it (Dauphinais, Dauphinais, & Rowe, 1981; Casas, 1985; Ponterotto & Casas, 1991).

Mental health services provided to First Nations people have been based on the wholesale adoption of Western approaches without regard to their efficacy with First Nations people. This research does not advocate abandonment of Western theory and therapeutic approaches, as they can be successfully utilized with First Nations people. Although this research supports the use of some Western approaches, it also does not advocate that such approaches be utilized in a wholesale manner as they tend to assist with just one part of the healing process. Western approaches/techniques can instead be used to assist with and supplement the First Nation practices described in this study. Western approaches can provide helpful tools in healing if they are integrated in an informed manner. Rogerian therapy might, for example, be helpful to facilitate expression of emotion. It would not, however, be suitable as the entire approach to healing as it only focuses on one aspect of the person. Behavioural therapy

might be used to facilitate action for a client but it again should not constitute the entire approach to healing.

The findings of this research indicate that the view of the means and ends of counselling for First Nations people differs from Western therapeutic approaches. The aim of healing for First Nations people, for example, is concerned with attaining and maintaining balance between the four dimensions of the person: physical, mental, emotional, and spiritual. Western therapeutic approaches could be seen as imbalanced as they overemphasize one dimension of the person by focusing, for example, on feeling or on cognitive modification. Another difference in the view of the means and ends of counselling is that effective healing for First Nations people focuses on interconnectedness rather than on autonomy which is a more common goal for Western therapy. For First Nations people, connecting with family, community, culture, nature, and spirituality all seem important in successful healing. Similarly, First Nations healing requires the individual to transcend the ego rather than strengthen it as Western counselling aims to do. These three differences are ingredients of the healing process that require further theoretical research. This study serves to open up theoretical debate over the differences in the means and ends of counselling.

The results of this study suggest that it is necessary to understand the belief system and worldview of a culture before applying theories and techniques of healing. Belief systems, decision making strategies, models of problem solving,

assumptions about how problems arise, and how change occurs are all connected to how we see the world (Torrey, 1972; Ibrahim, 1984). Lack of knowledge of First Nations values, belief systems, and worldview can, for example, lead to faulty assumptions concerning the diagnosis of the problem, and the strategy used in solving the problem. This lack of knowledge can also mean that both therapist and client will overlook the wonderful variety of healing methods available to First Nations people. Nwachuku & Ivey (1991) in their promotion of culture-specific counselling, argue that counselling research must first start with an exploration of the natural helping styles of a culture before developing theories and approaches for it. This is contrasted with the belief that Western counselling theory can be adapted to fit any specific culture (Gaines, 1992). There clearly exists a value in mobilizing the belief system and healing resources of participants to facilitate healing for them. To ignore these belief systems or to impose a contrary one is to potentially overlook important healing resources and undermine the working relationship between counsellor and client.

Some of the healing practices utilized by First Nations people warrant further research. One example is the importance First Nations people place on the mobilization of social support. For many of the participants, the healing process started when the individual started making contact with family and friends. This practice needs to be explored and applied to a broader theory to see how it works for other populations.

Another implication for theory is that the categorical map presented in this research supports a form of healing that resembles a rite of passage. The concept of "rite of passage" originally presented by van Gennep (1960) is a process of transition whereby the individual moves from one state of being to a new state of being. Based on an extensive analysis of ceremonies and the content and order of the activities associated with these ceremonies, van Gennep was able to discern three phases of transition: separation, transition, and incorporation. Separation means to separate from the present life or way of being. Transition required the dying of the old life and the birth of a new one. Incorporation means that the individual is incorporated or reincorporated into the community in his/her new state and new way of being. These three phases developed by van Gennep parallel the four divisions of healing categories presented in the present study. Further, within the incidents under the categories, there are numerous references to content that are similar to images of a rite of passage. For example, the phase of separation from the present life or present way of being is very similar to the division described as "separating from an unhealthy life". A healing practice associated with separation from an unhealthy life is expression of emotion. The individual learns to rid himself of the old unhealthy life or "bad spirits" by such means as ritual cleansing in water. Transcending or "getting outside the self" is an important component to this process. The phase of transition is similar to the division of "obtaining social support and resources" combined with "experiencing a healthy life". The practice of participation in ceremony is characteristic of this

phase. Ceremonies such as the Sweat Lodge ceremony described by some as "returning to the womb" symbolize a transition for participants. The last phase, incorporation, signifies the incorporation or reincorporation of individuals into their new way of being. This phase is very similar to the division "living a healthy life". The category of helping others, for example, provides individuals with an opportunity to reach outward to the larger community and to connect with it in a new way that is empowering and affirming. Healing images utilized by First Nations people such as "washing away bad spirits" or "returning to the womb" provide a promising resemblance to the phases described in "rite of passage". It is possible that rite of passage may be an expected part of healing for First Nations people. A preliminary examination of First Nations ceremonies such as the Sweat Lodge Ceremony or the Vision Quest Ceremony reveals that the phases of separation, transition, and incorporation provide a relevant framework to these ceremonies. It is possible that the structure of First Nations ceremonies which developed over thousands of years provide the individual with a metaphor or framework to describe other effective healing practices. These divisions or phases of healing therefore suggest a promising framework from which further research and theoretical development can take place.

Implications for Practice

There are two key points concerning this study that have implications for practice. Firstly, this research presents a map of what facilitates healing for First Nations people. This map describes categories of healing and does so in an interpreted form that depicts how individuals go through the healing process. As this map did not exist previous to this research, it is now possible for practitioners to utilize this map in their practice of facilitating healing. This practical map has implications for counselling, counsellor training, program development, and community based initiatives.

Secondly, the map of healing presented in this research indicates that an abundance of healing resources exist for First Nations people. This finding has the potential to change significantly the way First Nations communities view the nature and source of mental health services provided to them. It also has the potential to change the way mental health professionals from the majority culture view the scope and nature of the delivery of services they provide to First Nations people.

Counsellors could utilize the findings of this study to develop techniques or interventions to help First Nations clients. A counsellor who is unfamiliar with First Nations culture could assist in mobilizing healing resources for their client by referring them to culturally appropriate sources of help. A counsellor with more knowledge might make more concrete suggestions such as encouraging the

client to watch a river flow for a few hours or attend a Pow Wow. All fourteen categories would provide areas about which counsellors could obtain knowledge in order to help facilitate healing for their clients, either directly or through referrals. These categories could also be of benefit in assessing the effectiveness of individual counsellors in working with First Nations clients or in sensitizing counsellors to the factors involved in facilitating healing for First Nations people.

A formal training program could be established to train First Nations counsellors that would use as its curriculum this categorical map of what facilitates and hinders mental healing amongst First Nations people. Counsellors might, for example, receive training in how to assist/encourage clients to attend healing ceremonies, learn how to express themselves, set goals, help others, or reconnect with their tradition and culture.

Upon the basis of this practical map it would be possible to design a culturally relevant program to assist First Nations people to attain healing. Programs could be developed to include some or all of the fourteen categories that facilitate healing. A treatment program, for example, might provide options for participants based on individual needs and preferences. Opportunities might be provided for participants to participate in healing ceremonies, for example. Another participant in the same program might work on establishing a connection with nature or on expression of emotion.

This research suggests some promising approaches to healing that might be facilitated by members within a community setting. Community leaders might,

for example, organize members to recognize, make available, and encourage various paths of healing. This might mean setting aside undeveloped areas of land so that community members would have the opportunity to utilize nature in healing. Ceremonies could be made available to members of the community. Elders and families could be recognized and supported in their role as care givers to community members. Initiatives such as these would strengthen community purpose and provide access to healing resources.

Implications for further research

Additional research needs to be done if counsellors and programs wish to utilize the map of healing presented in this study. It will be necessary to examine the effectiveness of such practice and programs to see if the map can be revised, refined or extended.

A primary limitation of this study is that the results cannot be easily generalized at this time. Future studies could be conducted to determine generalizability, perhaps utilizing a survey instrument which could be developed for that purpose. A survey instrument based on the categories would allow a large number of First Nations people to be surveyed to determine if the categories are applicable. This could be used with First Nations people throughout British Columbia as well as other parts of Canada. Future research might also examine if categories of healing events differ with age, gender, geographical location, and

education. The ethnic identity development of participants in the sample could also be examined as another possible source of variation in reported events.

Future research might involve replicating this study to determine if new information and healing categories could be obtained. Replication might help to refine, extend, or revise these categories to further our understanding of healing for First Nations people.

Future research might utilize results of this study to develop a test to measure the working alliance that can be developed between First Nations people and non First Nations counsellors and facilitators. Such a test could increase counsellor awareness of the needs of the client and provide the counsellor with direction to improve the working alliance. For example, a difference on the counsellor/client score about the importance of 'establishing a spiritual connection' might indicate that the client needs to work more on this method of healing while the counsellor, in addition to recognizing the importance of this method for the client, might help the client by suggesting ways to meet this need. Such a test might also indicate to a client that although he/she places considerable importance on the healing powers of expression of emotion, he/she is not utilizing this method. Such awareness would hopefully lead to a negotiation between counsellor and client followed by an appropriate plan of action to utilize this method of healing.

A further examination of the healing stories related by the participants could be initiated to further develop the concept of a First Nations plot for

healing. Similar to the phases developed by van Gennep, and the divisions of healing presented in this research, further examination of a First Nations plot for healing should prove extremely useful to both research and practice.

Summary

This study explored the facilitation of healing for First Nations people living in the province of British Columbia. The purpose of the study was to develop a reasonably comprehensive scheme of categories that would describe, from the perspective of First Nations people, what facilitates healing.

The research method involved interviews with First Nations people who were in a position to observe what facilitated their own healing for them. The Critical Incident Technique (Flanagan, 1954) was utilized to elicit 437 incidents from 50 participants. Fourteen categories emerged from an analysis of the incidents reported. Several procedures were used to examine the soundness and trustworthiness of the categories. The results indicate that healing can be facilitated in the following ways: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing spiritual connection, obtaining help/support from others, self care, setting goals, anchoring self in tradition, and in helping others. A preliminary examination of the healing

outcomes of these facilitating events suggests that an effective healing program for First Nations people would invoke empowerment, cleansing, balance, discipline, and belonging.

Narrative accounts were analyzed for the purpose of revealing an organization for the categories. Four divisions of categories emerged as a result of this analysis: separating from an unhealthy life, obtaining social support and resources, experiencing a healthy life and living a healthy life. Further analysis of the narratives revealed five overall themes which serve to enhance the categories and outcomes presented in this research. Those themes entail: A broad spectrum of healing resources are available to First Nations people, First Nations people have a different way of seeing the world which has to be understood before effective counselling services can be provided, First Nations people expect that whatever is healing should help them to attain and/or maintain balance, self transcendence followed by connectedness is a common route to healing for First Nations people, and First Nations people are observed to act as agents of their own healing.

The findings of this study contribute to the field of counselling psychology by providing a reasonably comprehensive scheme of categories and themes that describe, from the perspective of First Nations people, what facilitates healing. This study suggests promising developments in First Nations healing that have implications for both research and practice.

REFERENCES

- Anderson, B.M. (1993). Aboriginal counselling and healing processes. Unpublished master's thesis, University of British Columbia, Vancouver, B.C.
- Andersson, B. & Nilsson, S. (1964). Studies in the reliability and validity of the critical incident technique. Journal of Applied Psychology, 48, 398-403.
- Atkinson, D.R., Morton, G., & Sue, D.W. (1989). Counseling American Minorities (3rd ed.). Dubuque, IA: William C. Brown.
- Attneave, C.L., (1983). American Indian and Alaskan Native Families : Emigrants in their own Homeland. In M. McGoldrick (Ed.). Ethnicity and Family Therapy, New York: The Guilford Press.
- Axelson, J. (1985). Counseling and development in a multicultural society. Monterey: Brooks Cole.
- Beadle, A.R. & Lee-Son, J. (1992). Native Health Workforce Study. Vancouver, B.C. : Native Brotherhood of British Columbia. p.6.
- Bell, J. (1991, January-February). To find a Cure. Arctic Circle. pp 14-19.
- Bellett, G. (1994, June 4). Culture loss linked to poor health, BCMA official tells royal commission. The Vancouver Sun. p.D4.
- Blue, A.W. (1977). A study of Native elders and student needs. United States Bureau of Indian Affairs Educational Research Bulletin, 5, 15-24.
- Bopp, J., Bopp, M., Brown,L., & Lane, P. (1984). The Sacred Tree. Lethbridge, Alberta: Four Worlds Development Press.
- Casas,J.M. (1985). A reflection of the status of racial/ethnic minority research. The Counseling Psychologist, 13, 581-598.
- Cormier, J., & Hackney, J. (1987). The professional counsellor: A process guide to helping. Toronto: Allyn & Bacon.
- Corsini, R.J. (Ed.). (1984). Current Psychotherapies (3rd ed.). Itaska, IL.: F.E. Peacock.
- Cronbach, (1971) Test validation. In R. L. Thorndike (ed.) Educational Measurement. Washington, D.C.: American Council on Education.

- Crouse, R. H. (1982). Peer network therapy: An intervention with the social climate of students in residence halls, Journal of College Student Personnel, 23(2), 105-108.
- Dauphinais, P., Dauphinais, L., & Rowe, W. (1981). Effect of race and communication style on Indian perceptions of counselor effectiveness. Counselor Education and Supervision, 21, 72-80.
- Darou, W.G. (1987). Counselling the Northern Native. Canadian Journal of Counselling, 21, 33-41.
- Dillard, J.M. (1983). Multicultural Counseling. Chicago: Nelson Hall.
- Dinges, N.G., Trimble, J.E, Manson, S.M.. & Pasquale, F.L. (1986). Counseling and psychotherapy with American Indians and Alaskan Natives. In A.J. Marsella & P. Pederson (Eds.) Cross cultural counseling and psychotherapy. (pp. 243-277). New York : Pergamon.
- Draguns, J.C. (1976). Counseling Across Cultures: Common Themes and Distinct Approaches. In P. Pederson, J. Lonner, & J.C. Draguns, (Eds.), Counseling Across Cultures. Honolulu: University of Hawaii Press.
- Dugan, K.M. (1985). The Vision Quest of the Plains Indians: Its Spiritual Significance. Lewiston, NY. : Edwin Mellin Press.
- Epes-Brown, J. (1989). Becoming part of it. In D.M. Dooling & P Jordan-Smith (Eds.). I became part of it: Sacred dimensions in Native American life. (pp.9-20). San Francisco: Harper.
- Everett, F. & Proctor, N. (1983) Providing psychological services to American Indian children and families. Professional Psychology: Research and Practice, 14(5), 588-603.
- Favel-King, A. (1993). The treaty right to health. In The Path to Healing : Report of the National Round table on Aboriginal health and Social Issues. Royal Commission on Aboriginal Peoples. Ottawa, Ontario. Canada Communication Group Publishing.
- Fisher, R. (1977). Contact and conflict: Indian - European relations in British Columbia, 1774-1890. Vancouver: University of British Columbia Press.
- Flanagan, J. (1954). The critical incident technique. Psychological Bulletin, 51: 327-358.

- Gaines, A.D. (Ed.) (1992). Ethnopsychiatry: The cultural construction of professional and folk psychiatries. Albany: SUNY Press
- Guilmet, G. M., & Whited, D. L. (1987). Cultural lessons for clinical mental health practice: The Puyallup tribal community. American Indian and Alaskan Native mental health research, 1(2), 1-141.
- Haig-Brown, Celia (1989). Resistance and renewal: Surviving the Indian residential schools. Vancouver: Tillicum.
- Halfe, L. (1993). Native Healing. Cognica, 26(1), 21-27.
- Hall, E.T. (1973). The Silent Language. New York: Anchor Press.
- Hammerschlag, C.A. (1988). The dancing healers: A doctor's journey of healing with Native Americans. San Francisco: Harper & Row.
- Hammerschlag, C. (1993). Theft of the spirit: A journey to spiritual healing with Native Americans. New York: Simon & Schuster.
- Hanson, F.A. (1975). Meaning in Culture. London: Routledge and Kegan Paul.
- Heelas, P. & Lock, A. (Eds.) (1981). Indigenous psychologies: The anthropology of the self. London: Academic Press.
- Heinrich, R.K. & Corbine, J.L. (1990). Counseling Native Americans. Journal of Counseling and Development, 69(2), 128-133.
- Herring, R.D. (1989). The American Native family: Dissolution by coercion. Journal of Multicultural Counseling and Development, 17(1), 4-13.
- Hess, U. & Kappas, A. (1992). The facilitative effect of facial expression on the self generation of emotion. International Journal of Psychophysiology, 12(3), 251-265.
- Hodgson, J. & Kothare, J. (1990) Native spirituality and the church in Canada. Toronto: Anglican Book center.
- Ibrahim, F.A. (1984). Cross Cultural Counseling and Psychotherapy: An Existential Psychological perspective. International Journal for the Advancement of Counseling, 7, 159-169.
- Ibrahim, F.A. (1985). Effective Cross-cultural Counseling and Psychotherapy: A Framework. The Counseling Psychologist, 13, 625-683.

- Ibrahim, F.A. (1988, August). World view in Psychotherapy: Assessment and Implications. Presentation in a symposium. (Chair, Donald L. Freedheim), on "Worldviews: Implications for Psychotherapy" at the annual meeting of the American Psychological Association, Atlanta, GA.
- Jilek, W. (1982). Indian healing: Shamanic ceremonialism in the pacific northwest today. Surrey: Hancock House.
- Jilek-Aall, L. (1976). The Western Psychiatrist and his Non-Western Clientele. Canadian Psychiatric Association Journal, 21.
- Katz, R., & Rolde, E. (1981). Community Alternatives to psychotherapy. Psychotherapy, Theory, Research and Practice, 18, 365-374.
- Kim, J., & Berry, J.W. (1993) (Eds.) Indigenous psychologies: Research and experience in cultural context. London : Sage Publications
- Kluckhohn, F.R., & Strodtbeck, F.L. (1961). Variations in Value Orientation. Evanston, IL. : Row Peterson.
- LaBarre, W. (1964). Confessions as cathartic therapy in American Indian tribes. In A. Kiev (Ed.) Magic, faith and Healing. (pp. 36-49). New York: Free Press.
- Labott, S.M., & Ahleman, S. (1990) The physiological and psychological effects of the expression and inhibition of emotion. Behavioural Medicine, 16(4), 182-189.
- Lafromboise, T. (1988). Cultural and cognitive considerations in prevention of American Indian adolescent suicide. Journal of Adolescence, 11(2), 139- 153.
- Lafromboise, T., Dauphinais, P., & Rowe, W. (1980). Indian students' perception of positive helper attributes. Journal of American Indian Education, 19, 11-16.
- Lafromboise, T., & Dixon, D. (1981). American Indian Perceptions of Trustworthiness in a counselling interview. Journal of Counseling Psychology, 28, 135-139.
- Lafromboise, T., Trimble, J., & Mohatt, G. (1990). Counseling Intervention and American Indian Tradition: An Integrative Approach. The Counseling Psychologist, 18, 628-654.

- Littrell, J., & Littrell, M. (1982). American Indian and Caucasian Students' Preference for Counsellors: Effects of Counsellor Dress and Sex. Journal of Counseling Psychology, 29, 48-57.
- Locust, C. (1988). Wounding the Spirit: Discrimination and Traditional American Indian belief systems. Harvard Educational Review, 58, 315-330.
- Long, B., & Flood, K. (1993). Coping with work stress: Psychological benefits of exercise. Work and Stress, 7(2), 109-119.
- Margolis, R.L. (1986). An investigation of the influence of cross cultural training on counsellor perception of minority client problems. Unpublished master's thesis, University of British Columbia. Vancouver, B.C.
- McGaa, E. (1989). Mother Earth Spirituality: Native American paths to healing ourselves and our world. San Francisco: Harper & Row.
- Medicine Eagle, B. (1989). The Circle of Healing. In R. Carlson & J. Brugh. (Eds.). Healers on Healing. (pp. 58-62).
- More, J.M. (1985). Cultural foundations of personal meaning: their loss and recovery. Unpublished master's thesis, University of British Columbia, Vancouver, B.C.
- Moreno, J.L. (1946). Psychodrama. (Vol 1). New York: Beacon House.
- Neligh, G. (1990). Mental health programs for American Indians : Their logic, structure and function. American Indian and Alaskan Native Mental Health Research, Vol 3, monograph 3, 1-280.
- Nelson, S.H., & McCoy, G.F. (1992). An overview of mental health services for American Indians and Alaskan Natives in the 1990's. Hospital and Community Psychiatry, 43(3), 257-261.
- Nwachuku, U.T., & Ivey, A.E. (1991). Culture-specific counseling: An alternative training model. Journal of Counseling and Development, 70, 106-111.
- Paterson, D. W. (1990). Identified problems, preferred helpers, and helper qualities: A cross-cultural comparative study of perceptions. Unpublished master's thesis, University of British Columbia, Vancouver, B.C.
- Pederson, P.B. (1991). Multiculturalism as a generic approach to counseling. Journal of Counseling and Development, 70, 6-12.

- Pederson, P.B. (1993). Culture-centered counseling skills. Personnel and Guidance Journal, 56, 480-483.
- Ponterotto, J.G., & Benesch, K.F. (1988). An organizational framework for understanding the role of culture in counselling. Journal of counseling and development, 66, 237-241.
- Ponterotto, J.G., & Casas, J.M. (1991). Handbook of racial/ethnic minority counseling research. Springfield, Ill.: Charles C. Thomas.
- Primeaux, M.H. (1977). American Indian Health Care Practices: A Cross cultural perspective. Nursing Clinics of North America, 12, 55-65.
- Redhorse, J.G., Lewis, R.L., Feit, M., & Decker, J. (1978). Family behavior of urban American Indians. Social Casework, 59, 67-72.
- Redhorse, Y. (1982). A cultural network model: Perspectives for adolescent services and para professional training. In S. Manson (Ed). New directions in prevention among American Indian and Alaskan Native communities. (pp.173-185). Portland, OR: Center for American Indian and Alaskan native Research.
- Reser, J.P., & Soherl, L.M. (1988). Clear and unambiguous feedback: A transactional and motivational analysis of environmental challenge and self-encounter. Journal of Environmental Psychology, 8(4), 269-286.
- Ross, R. (1992). Dancing with a ghost: Exploring Indian reality. Markham: Octopus.
- Schwartz, T., White, G.M., & Lutz, C.A. (Eds.) (1992) New directions in psychological anthropology. Cambridge: University Press.
- Spang, A. (1965). Counselling the Indian. Journal of American Indian Education, 5, 10-15.
- Strong, S.R. (1971). Experimental laboratory research in counseling. Journal of Counseling Psychology, 18, 106-110.
- Sue, D.W. (1977). Counseling the Culturally Different: A conceptual analysis. Personnel and Guidance Journal, 55, 10-15.
- Sue, S., Allen, D.B., & Conaway, L. (1978). The responsiveness and equality of mental health care to Chicanos and Native Americans. American Journal of Community Psychology, 6(21), 137-146.

- Sue, D.W., (1981). Counselling the Culturally Different: Theory and Practice. Toronto: John Wiley & Sons.
- Sue, D.W., & Sue, D. (1990). Counselling the Culturally Different: Theory and Practice. (2nd ed.). Toronto: John Wiley & Sons.
- Torrey, E.F. (1972). The Mind game: Witch doctors and psychiatrists. New York : Emerson Hall
- Trimble, J.E., (1976). Value differences among American Indians: Concerns for the concerned counselor. In P. Pederson, J. Draguns, W. Lonner & J.E. Trimble. (Eds.). Counseling Across Cultures, Honolulu: University of Hawaii Press.
- Trimble, J.E. (1981). Value differentials and their importance in counseling American Indians. In P. Pederson, J. Draguns, W. Lonner & J.E. Trimble. (Eds.). Counseling Across Cultures, Honolulu: University of Hawaii Press.
- Trimble, J.E., & Hayes, S. (1984). Mental Health Intervention in the Psychosocial contexts of American Indian Communities. In W. O'Conner & B. Lubin (Eds.). Ecological Approaches to clinical and community psychology, (pp. 293-321). New York : Wiley.
- Trimble, J.E. & Fleming, C.M. (1990). Providing counselling services for Native American Indians: Client, counselor, and community characteristics. In P.B. Pederson, J.G. Draguns, W.J. Lonner, & J.E. Trimble. (Eds.), Counselling across cultures. (3rd edition) (pp.177-204). Honolulu:University of Hawaii Press.
- van Gennep, A. (1960). The Rites of Passage. Chicago: University of Chicago Press.
- Vontress, C.E. (1976). Racial and Ethnic Barriers in Counselling. In P. Pederson, J. Lonner & J.C. Draguns, (Eds.). Counseling Across Cultures. Honolulu: University of Hawaii Press.
- Wachtel, P.L. (1977). Psychoanalysis and Behavior Therapy: Toward an Integration. New York: Basic Books.
- White, J.L., & Parham, T.A. (1990). The psychology of Blacks. Englewood Cliffs, N.J: Prentice hall.

Wohl, J. (1989). Cross cultural psychotherapy. In P.B. Pederson, J.G. Draguns, W.J. Lonner, & J.E. Trimble. (Eds.), Counselling across cultures. (3rd edition) (pp.177-204). Honolulu:University of Hawaii Press.

York, G. (1990). The Dispossessed: Life and death in Native Canada. London: Vintage U.K.

Youngman, G. & Sandongei, M. (1974). Counseling the American Indian Child. Elementary School Guidance and Counseling, 273-277.

APPENDIX A

LETTER DESCRIBING THE STUDY AND CONSENT FORM

THE UNIVERSITY OF BRITISH COLUMBIA

Department of Counselling Psychology
Faculty of Education
5780 Toronto Road
Vancouver, B.C. Canada V6T 1L2

Tel: (604) 822-5259
Fax: (604) 822-2328

Dear _____,

You are being asked by a mutual contact to participate in my doctoral study. This research is being conducted to determine what helps and does not help mental healing to occur for First nations people of British Columbia.

Participation will involve a 45-60 minute interview. In the interview, you will be asked to recall a time in which you have required mental healing. You will then be asked to identify the factors that either helped or hindered this healing process. Interviews will be tape recorded, transcribed and given a number code to ensure confidentiality. The tapes will be erased upon completion of the study. The total amount of time that will be required of you will not exceed one hour. You will receive a \$20 honorarium upon completion of the interview.

The purpose of these interviews is to develop a categorical framework of what facilitates and hinders mental healing for First Nations people of British Columbia. The development of such a framework may have an indirect benefit to you. In addition to impacting upon the theory of counselling First nations people, it could also impact upon the practice and training of counsellors who work with First Nations people.

Your involvement is entirely voluntary and you may withdraw from the study at any time. All responses will be kept strictly confidential. A dummy number will be the only means of identification once the interview is completed.

If you would like to participate in this study, please complete and return the attached consent form to me in the self addressed/ stamped envelope and I will contact you to arrange a suitable interview time.

Thank you for your time and interest.

Respectfully,

THE UNIVERSITY OF BRITISH COLUMBIA

Department of Counselling Psychology
 Faculty of Education
 5780 Toronto Road
 Vancouver, B.C. Canada V6T 1L2

Tel: (604) 822-5259
 Fax: (604) 822-2328

**STUDY: THE FACILITATION AND HINDRANCE OF MENTAL HEALING FOR
 FIRST NATIONS PEOPLE OF BRITISH COLUMBIA**

INVESTIGATOR: Rod McCormick (Tel: 822-4685)
SUPERVISOR OF RESEARCH: Dr. Larry Cochran (Tel: 822-6139)

This research is being conducted as one of the requirements for Rod McCormick for the doctoral degree in Counselling Psychology. The research is to determine what helps and does not help mental healing to occur for First Nations people of British Columbia. Participants are asked in a 60 minute interview to recall an incident in which they have required mental healing. Participants will then be asked to identify the factors that either helped or hindered this healing process. Interviews will be tape recorded, transcribed and given a number code to ensure confidentiality. The tapes will be erased upon completion of the study. The total amount of time that will be required of each participant will not exceed one hour. Each participant will receive a \$20.00 honorarium upon completion of the interview.

The research investigator will be happy to answer any questions you might have concerning the study either before or after the interview. It is important to note that your participation is voluntary and that you have the right to withdraw from the study at any time without prejudice of any kind.

**I HAVE READ AND UNDERSTOOD THE ABOVE AND CONSENT TO BE A
 PARTICIPANT IN THIS RESEARCH.**

I ACKNOWLEDGE RECEIPT OF A COPY OF THE CONSENT FORM.

Name of Participant:
 Address:
 Telephone Number:

Signature _____ Date _____
 Researcher: Rod McCormick (822-4685)

APPENDIX B
CARD DESCRIBING RESEARCHER'S
BACKGROUND

"Saygo", Greetings,

My name is Rod McCormick and I am investigating the facilitation and hindrance of healing for the First Nations people of British Columbia. This research is part of my doctoral work in counselling psychology at UBC. I am First Nations and a member of the Mohawk Nation (Kahnawake Band). For the past year I have been working in the First Nations Longhouse as the counsellor for First Nations students at UBC. I have 5 years experience working as a counsellor with First Nations people.