HEALING EXPERIENCES OF BC FIRST NATIONS WOMEN: MOVING BEYOND SUICIDAL IDEATION AND INTENTION

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ABSTRACT

This study explores how five BC First Nations women moved through suicidal ideation and intention in their youth, and what has enabled them to move beyond suicidal states.

Unstructured interviews were conducted with five adult First Nations women who were self-identified as being suicidal in their youth. Phenomenological research methods (Giorgi, 1985; Moustakas, 1994) were used to guide the interview process, analysis and the interpretation of the transcribed interviews. Each interview was analyzed for themes and developed into a narrative, which was reviewed for accuracy by each participant. Twelve major themes were identified. These themes are the experience of suicidal ideation, intention, and/or attempts; the experience of an unsuccessful attempt; the experience of deciding not to attempt suicide; separation from circumstances and/or persons; the experience of connection to family, ancestry and culture; the experience of professional counselling; connection to spirituality; connection to elders and others; the experience of positive sense of self; learning from the past; setting goals, and letting go of the past. Several procedures were used to examine the validity of the analysis and interpretation, including checking the findings with the participants.

The five narratives describe a variety of processes and activities of healing for these five women. Their healing was, and continues to be, facilitated by a connection to Native spirituality, through prayer, being in Nature, engaging in rituals, healing songs, sharing with others in a spiritual space, and awareness of the Creator or other spiritual symbols. Many of these activities and experiences include family, elders, and community.
All participants reported that a connection to their cultural identity was an important part of their healing process.

All participants report an increased sense of personal empowerment and will to live, through experiences that have increased their self-reliance, helped them to express themselves, and experience personal responsibility. These experiences have involved elders or other role models, professional counsellors, and, sometimes, family and community. These women have a positive view of themselves and life and are committed to contribute to a positive future for themselves and other First Nations people. The findings of the study seem consistent with recent research findings about healing and wellness in First Nations people in BC (McCormick, 1997; McCormick, 1994; van Uchelen, 1996).

The findings appear to support the assertion that First Nations suicidality in youth is linked to a long-term cultural deterioration and the resultant loss of transmission of essential cultural beliefs, values and worldview (Brant, 1986; Duran & Duran, 1995; Ross, 1992; Royal Commission, 1995). The significance of cultural connections and Native spirituality may have implications for the intervention and prevention of suicide in First Nation youth.
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CHAPTER I
INTRODUCTION

Background Issues

There are four compelling reasons to investigate how young people from BC First Nations have experienced and successfully overcome suicide states of intense ideation and intention.

First, the incidence of suicide among First Nations people, especially in the 15-29 age group, in Canada and BC is disproportionately high when compared with their non-Native counterparts. This is a significant concern for First Nations and all Canadians. A study of Aboriginal suicide in British Columbia (Cooper, Karlberg, & Pelletier Adams, 1991) estimated suicide rates and numbers for all First Nations people in BC, regardless of Status or Band membership. For the period from 1984-89, the latest period for which data is available, the rate of suicide for First Nations people was about 23.6 to 27.4 per 100,000 for Natives versus 16.1 per 100,000 for non-Natives. Although this rate is nearly 50% higher, the researchers emphasize that this likely underestimates both the number of suicides and the population count of Natives. A 1995 report released by the BC Division of Vital Statistics (Tuk & Macdonald, 1995) indicates that the Status Native population comprises 2.7% of the total BC population, and accounts for 8.7% of total BC suicides. This report would suggest a suicide rate 3.6 times greater than the rate for the rest of the BC population.

The largest discrepancies in age specific suicide rates between Native and non-Native populations were for females and males age 10-19. For this age group, the suicide
rate for Native males was 8.3 times greater than among non-Native males, and the rate for Native females was 20 times greater than non-Native females. The highest suicide rate for both Native men and women was in the 20-29 age group. These statistics may have limited accuracy because research into suicide reporting, particularly youth suicides, suggest that suicides tend to be under-reported (Garland & Zigler, 1993).

Second, the prevention of and intervention in suicidal behavior in First Nations people has not been very effective. Although the incidence of intense suicidal ideation among First Nations youth is not known, we can safely assume that some ideators do not follow through with an attempt and/or that some attempts do not succeed. It is not clear why some attempts fail, or how those who choose not to attempt obtained the support they needed to prevent future attempts. Current counselling approaches appear to be underused, available resources are not accessed, and conventional support services do not appear to be effective for First Nations youth. According to a 1991 study by the BC Institute on Family Violence (Cooper, Karlberg, & Pelletier Adams, 1991), 50% of suicides appear to have been pre-planned, at least two-thirds of suicides have communicated suicide-predictive signs to friends or family, but health professionals were rarely consulted. However, it is not conclusive that family and friends are unable to offer the support necessary to youth, nor is it clear what form of professional help will be effective in prevention. It would be very useful to determine what processes and/or kinds of contacts with supportive individuals have served to enable First Nations young adults to move beyond suicidal states.

Third, First Nations psychologists and researchers studying First Nations peoples emphasize the importance of clarifying and correcting theoretical assumptions of what
motivates suicide in First Nations people (Duran & Duran, 1995; Brant, 1990). Rather than focusing entirely on the factors that appear to correlate with high risk of suicide in populations of Natives and Native youth, these researchers are encouraging a careful consideration of the long term historical impact and social changes that have been imposed on Native populations since White colonization of the Americas. Many of the externally imposed social changes in Native communities are now being recognized as leading to the predisposing conditions and factors that have increased the risk of suicide and other indicators.

Fourth, academics, researchers, and helping professionals are being encouraged to involve First Nations people and communities in developing strategies to assist in the prevention of and intervention in First Nations suicides (Health Canada, 1995; Royal Commission on Aboriginal Peoples, 1995). These recommendations follow from the recognition of the unacceptably high rates of First Nations suicides and of the need for additional training of First Nations people and communities in suicide prevention and intervention approaches (Cooper, Karlberg, & Pelletier Adams, 1991).

In studies about First Nations counselling approaches and practices (McCormick, 1994; Peavy et al., 1994), respondents specifically recommended studying what works best for whom and under which circumstances. If young First Nations adults are able to identify and describe what worked for them, it may increase the effectiveness of suicide prevention and intervention for other First Nations people, with positive implications for all suicidal youth. Current and proposed strategies and approaches could then be informed and improved by the perspectives of First Nations individuals who have successfully found healing.
Statement of the Problem

The recently published Royal Commission on Aboriginal Peoples (1995) suggests that the high risk of suicidal ideation and behavior in First Nations youth may be associated with difficulties in developing personal identity, self esteem, and cultural identity.

They (First Nations youth) have to deal with a surrounding society that devalues their identity as Aboriginal Persons; and they may have few supports or role models in families and communities battered by the ill effects of colonialism (p. 29).

The Royal Commission on Aboriginal Peoples (1995) concludes that further research is needed to explore how First Nations adults have understood the experience of being suicidal during their youth. An exploration of the experiences of those who have overcome high risk suicidal states might reveal whether a lack of personal or cultural identity contributed to their suicidal state.

This study investigates the ways in which five First Nations adult women in BC over 19 years of age obtained the support and/or healing necessary to survive times of suicide ideation and intent during their youth. To understand how the participants understood their experience of suicidality and recovering from suicidality, it is important to use a research method that respects the worldview of First Nations and retains the constructed meaning of the participants' experiences. For this reason unstructured interviews and a phenomenological design are used.
Definition of Terms

In this study, the terms First Nations, aboriginal and Native are used to refer to any person, of treaty or non-treaty status, who by ancestry derives from an indigenous tribal group. The researcher recognizes that specific First Nations groups and tribes have unique social protocols and belief systems. The interchangeable use of these terms is not intended to ignore tribal specificity nor to contribute to "pan-Indianism." It is hoped that descriptions and suggestions made in this study are made with appropriate limitation and regard to the unique practices and view of specific communities and tribal groups.

The term suicide is defined as "a conscious act of self-induced annihilation" (Shneidman, 1985, p. 203). A suicidal state refers to an individual's self-reported condition of seriously considering suicide as a remedy to a painful psychological state (Shneidman, 1985). The term "attempted suicide" is defined as an individual's effort to cease his or her existence that was interrupted and prevented by a circumstance, or an intentional or unintentional effort on the part of that person or others.

Reynolds (1988) is a psychologist who has developed instruments to assess suicidal risk in the adolescents. He refers to suicidal ideation as a phenomenological construct, which he operationally defines as "the domain of thoughts and ideas about: death, suicide, and serious self-injurious behaviors, including thoughts related to the planning, conduct, and outcome (e.g., response of others) of one's suicidal behavior" (p. 4).

Some variables, such as anxiety, depression, hopelessness and low self-esteem may co-vary with suicidal ideation, but are not in themselves predictive of suicidal risk (Reynolds, 1988). Intense suicidal ideation, however, is a critical element in the history
of adolescent and children who have attempted suicide, and is considered to be a primary marker for suicide risk (Linehan, 1981; Reynolds, 1991). For this reason, potential participants of the study were asked to identify themselves as experiencing suicidal ideation in their youth. It was believed that using suicidal ideation as a criterion for self-selection would identify participants that had been at significant risk during their youth. Rather than using formal instruments for assessing suicidal ideation, the research process examined the "data" of self-reports of suicidal ideation, and moving beyond a state of ideation.

For First Nations peoples, healing is understood in a holistic way and refers to processes that contribute to the return of a person to wholeness, in any and/or all aspects of mind, body, spirit, or emotions. "In the Native value system, any illness encountered, whether physical, mental, emotional or social, is thought of as disharmony with other forces" (Richardson, 1988, p. 229) or an imbalance in one's relationship with others, the environment, aspects of the self, or transcendental forces (Hammerschlag, 1988; Ross, 1996).

In this study, the researcher chose to use the term healing because of the meaning that the literature (Ross, 1996) ascribes to the term among First Nations people in the recovery from a wide range of psychological and social states of disharmony. The term "healing" was initially used in the letter of invitation because it was expected that First Nations participants would recognize this term and it would clarify the notion of "moving beyond" suicidal ideation as a longer term process. In each interview the term "heal" was introduced by the participants and subsequently used by both the interviewer and the participants.
The use of the word heal in this context refers to a return to wholeness. Therefore, healing does not simply suggest a recovery from pathology in the medical sense. A person who does not wish to live has experienced a loss and feels incomplete, and therefore in need of healing. This is consistent with a summary of Annual Medical Reports on the predisposing causes for suicide in Native youth in BC (Jilek, 1982). He cites personal loss and isolation and/or disturbed family network as the most importance psychosocial factors in suicidal behavior.
CHAPTER II

REVIEW OF THE LITERATURE

The following literature review emerged from an effort to provide a context for the research. The focus is on the psychological theories of suicide, suicide and youth, current understanding of First Nations suicide, and a summary of principles underpinning First Nations world view and healing processes.

The first section is a summary of some theoretical perspectives of suicide. Because the study did not intend to examine the suicidal process as a means of supporting or refuting theories of suicide, this section emphasizes theoretical models that provide a context to enhance the meaningfulness of the research findings. The second section summarizes some research on youth suicide, with an emphasis on suicide risk for First Nations youth. The third section offers a historical perspective about First Nations suicide, as well as a brief summary about the biases in past research and analysis of First Nations suicide.

The fourth section attempts to summarize key elements of First Nations worldview and principles of interaction. This information was gathered as the researcher prepared for the research interviews and analysis. A basic understanding of First Nations worldview is important in order to appreciate the holistic approach First Nations take to healing, and for understanding how communication among First Nations is influenced by their worldview. Although this section does not address the unique beliefs and protocols for specific First Nations groups, it should help orientate the reader and researcher to some of the core values, beliefs, and perspective of First Nations people in North
Theories of Suicide

Theoretical approaches to understanding suicide are generally based on psychodynamic, cognitive, learning, or sociological perspectives. Psychodynamic theorists view suicidal behavior as a consequence of internal unconscious motives. The motive is assumed to be hostility or aggression that is directed inwardly. Therefore, suicidal episodes are seen as intrapsychic struggles within the personality in the tentative balance between self destruction and self preservation (Pfeffer, 1986). Horney (1964) suggested that self-destructive tendencies result from abuse, neglect or rejection experienced in childhood. These experiences of interacting with others give the child information about his or her self-worth. These external judgements are introjected, creating a disparity between the child’s ideal and the real self. The resulting sense of worthlessness and intrapsychic tension can contribute to decreased will to live.

Cognitive theorists consider suicidal behavior to be a function of disordered thinking in solving problems and an attempt to communicate or solve a problem (Beck, Steer, Kovacs, & Garrison, 1985). Hopelessness is seen as the major precipitant of suicide in that one becomes suicidal only if there does not appear to be a solution to problems through living. Cognitive psychologists attempt to use counselling interventions that will increase a person’s sense of control and hope in life.

Learning theorists have attempted to conceptualize suicide as a function of personality, motivating conditions, reinforcement, environment and strength of past
responses in similar situations. Diekstra (1973) developed a social learning theory that proposes that suicidal responses may become a part of a person's repertoire for coping with crises. Once suicidal behaviors are in a person's repertoire, the likelihood of behaving in a suicidal way is determined by the person's expectations, other people's expectations, available means of suicide, and offers of support.

Sociological theorists view suicide in relation to a person's functioning and status in the social system. Durkheim (1951) posited that suicide was related to the degree of control an individual experienced by his or her social context. His theory has been the basis for almost all other sociological theories. His four categories of suicide are: altruistic, egoistic, anomic, and fatalistic. Altruistic suicides, such as hara-kiri in Japan and suttee in India, are viewed as responses to, and consequences of, social requirements. Egoistic suicide is defined as suicide that results from an individual's lack of connection to society, and consequent limited motivation to live. Anomic suicides result from loss of values and meaning when the individual's relationship to society is severely disrupted, usually through a sudden loss of a relationship, or a change in status or material security. Fatalistic suicide result from an individual's experience of hopelessness and powerlessness in situations of extreme loss of freedom and choice.

Shneidman (1968) developed a definition of suicide with categories that resemble Durkheim's. Shneidman posits that the egoistic suicide results from intra-psychic debate or conflict amongst the aspects of the self. The dyadic suicide is a consequence of interpersonal events and unfulfilled relationship needs. Ageneratic suicides are a consequence of the individual's actual or metaphorical loss of relationship to a group, including family, cultural and social groupings.
In Shneidman’s (1985) revised definition, he subsumes the social and sociological aspects of the dyadic and ageneratic categories under a clarified definition of egotic suicide: "suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution" (p. 203).

Shneidman (1985) argues that the immediate "issue" that precipitates the suicide is what is immediately and consciously important to the individual, although there may be several unconscious, precipitating, primary and exacerbating causes. He asserts that the individual’s perspective of the issue is a particularly important element in the study of suicidal states. Linehan (1981) further asserts that for clinicians or counsellors to begin to understand individual cases of suicide, a multiplicity of personal variables and social factors must be considered. This has necessitated the development of ecological theories that examine the complex interactions between a person and their environment (Bronfenbrenner, 1979; Felner & Felner, 1988).

The impact of White settlement on Native culture has led to many complex effects at the personal and social level, some of which are further explored in the third section of the literature review. These complex interactions of immediate and historical factors may be best understood with reference to the sociological perspectives and ecological models characteristic of the theories reviewed.

**Suicide in First Nations Youth**

The research on youth suicide in the general population has approached the study of suicidal behavior in youth from one or a combination of the theoretical perspectives in
the overview above. Dyck (1990) has identified common elements of the research findings to support a conceptual framework for understanding suicidal behavior. He discusses an adolescent’s life-enhancing or life-destroying behaviors in relation to many social variables and indicators. Predominant factors leading to significantly increased risk for suicidal behavior in youth are long-term family instability, parental loss, family breakup, and negative parent-child relationships (Dyck, 1990). Other risk factors include "psychiatric disorders", alcohol and substance abuse, access to firearms, and prior attempts (Garland & Zigler, 1993).

In the study of First Nations youth, the same factors, as well as other indicators of family and community health, such as high rates of alcoholism, substance abuse, child abuse, family violence, and homicide are also related to suicidal risk (Berlin, 1987). Because the incidence of these factors appears to be more frequent in the Native population and in Native families, it is not surprising that the rate of suicides for First Nations youth is significantly higher than for non-Native. What is not clear from the research is how the incidence of these factors or indicators of risk may reflect the long-term impact of the colonization of First Nations communities by European settlement.

The historical dismantling and rejection of Native spiritual beliefs has resulted in an erosion of the means by which First Nations youth are able to learn these beliefs from their families, communities and elders (Hammerschlag, 1982; Hodson, 1986). This perspective is also held by First Nations participants in a focus group in a National Study on Suicide Prevention (Wilson & Wilson, 1995).

The two most common causes of suicide are the rapid disintegration of traditional values and the breakdown of both the nuclear and the extended
family. When our young people experience the traditional ways of their grandparents, yet are driven toward another set of values, they develop fragile personal and cultural identities (p. 37).

First Nations children have been separated from their culture and families in many ways including being physically separated from their communities and natural settings of their ancestry. They have been placed in residential schools or foster homes. In Manitoba, Judge Kimelman’s (1985) report on the adoption of Indian children reached several conclusions about the psychological damage to children, including the likelihood that Indian children placed in white homes were likely to suffer emotional problems and turn to drug abuse and suicide. This finding is supported by research of suicidality in American Indian youth (Berlin, 1987), which concluded that adopted Indian children are at considerable risk for suicide because of cultural isolation, limited contact with their extended families, and their subsequent difficulty in identifying with tribal traditions. In First Nations communities where the negative impact of White colonization has been pronounced, First Nations children and youth have been raised in a context in which many traditional spiritual teachings have been lost or are not communicated between generations (Hochkiren & Jilek, 1985).

These various situations have likely had a profound effect on the development of identity because First Nations youth are often missing a strong cultural foundation of values and beliefs upon which they might develop of a positive personal identity (Ball, 1995; Hochkiren & Jilek, 1985). In theories of personality development, processes of identity formation, such as the building relationships with others and the clarification of personally held values and beliefs, are seen as central to the social and cognitive
development of the adolescent (Erikson, 1968). Although adolescents are moving to achieve independent personal identities, they do so within and in response to the social and cultural context of their family and community. The social context provides structure in the form of values, beliefs, and mores. The adolescent establishes their personal identity in relation to a cultural identity, as well as by making links between his ancestral past and his or her possible future identity (Erikson, 1968).

Among traditional First Nations peoples, spiritual practices and beliefs were closely integrated into daily activities in the family and community (Richardson, 1981). As a consequence of absent or inadequate cultural connections, young people of First Nation ancestry do not have an opportunity to experience the spiritual foundations and values of their culture. They often lose, or never establish, their spiritual connection to nature and the Creator (Hodson, 1986). "Native growth and development, traditionally, is based on Nature, and removal from nature diminishes one’s capacity for growth and the corresponding capacity to realize the Creator" (p. 187).

Hodson (1986) asserts that the increased sense of spiritual alienation experienced by First Nations youth potentially increases suicidality. Because the Native self is viewed in essence as a part of nature, the predominant Western perspective that self and nature are separate contradicts Native cultural identity and serves to alienate one from oneself, and possibly from authentic existence. "If one is separated, or alienated from one’s Great Spirit, one is unable to utilize the spiritual strength of The Creator, and thus, is susceptible to sickness or suicide" (p. 187).

In many First Nations families and communities, the cultural and social structure has been stressed, weakened or nearly eradicated, leaving youth, as well as entire
communities, without clearly established values, beliefs and traditions (Jilek, 1982; King, 1995). This has created conditions leading to higher risk of suicide for First Nations youth, as well as many other individuals in their communities.

Suicide in First Nations Populations

Although this study focusses on suicide among Native youth, it appears that similar processes have resulted in higher risk of suicide for the whole Native population. Historical records and writings have reported on several instances of high suicide rates in aboriginal populations throughout the world, beginning at the time of the earliest arrival of European explorers, continuing through the period of settlement of Native lands and continuing to present times (Berger, 1992). It has been suggested with increasing frequency, by both Native and non-Native professionals and researchers, that the occurrences of high suicide rate often relate to loss of social processes and traditions, the disruption of cultural stability, and the consequent lack of meaning experienced by the individuals (Brant, 1986; Duran & Duran, 1995; Jilek, 1982; York, 1989). However, it is notable that recent research reveals great variability in the suicide rate across tribes and geographical regions (Berlin, 1987; Cooper, Karlberg, & Pelletier Adams, 1991).

Research reveals that more traditional, less acculturated tribes have lower rates of suicides and other mental health indicators, lending further support to the importance of cultural values and traditional practices to community health (Berlin, 1987; Cooper, Karlberg, & Pelletier Adams, 1991). One might infer, therefore, that Natives choose suicide as a solution to cultural anomie or trauma, or their loss of connection to
community and society (Durkheim, 1951). Brant (1986) quotes Erik Erikson's (1968) description of collective trauma as:

Injuries that act to damage the bonds attaching people to one another, to impair the prevailing sense of group cohesion. Collective trauma works itself slowly into the awareness of those who come to suffer it, and so it may not be visible, and in the days and even months following discreet moments of disaster, but it is a form of shock all the same, a gradual realization on the part of an already numbed people that their community no longer exists as an effective source of support, and that an important part of their world has disappeared without so much as a sound. ... They have lost both the physical and spiritual health that comes from being in communion with one’s neighbors, who can be counted on to care. (p. 176)

Therefore, among Native populations, high rates of alcoholism and substance abuse, family discord, violence, and suicide may be manifestations of social disintegration, a breakdown of cultural connections, and a loss of personal meaning (Brant, 1986).

There are many specific examples of the negative impact of White colonization on Native way of life and social conditions. Ross (1992) provides an analysis of the physical changes in communities in Northern Ontario. He suggests that the formation of large reserve communities, which were intended to increase educational opportunities and improved housing, actually contributed to cultural and family disintegration. In addition, the school year disrupted the traditional family practice of hunting and trapping. Extended families who had previously lived in relative isolation from others were placed in close
proximity to each other. These living conditions were previously unknown to the tribes of Northern Ontario (Ross, 1992).

It was not long before many of the children, in whose interest these communities had been constructed, began coming home from school to find their parents undergoing a grotesque change. Denied access to their traplines, these men and women were robbed of virtually all sources of self-sufficiency, pride and esteem. The challenges and reward of their trapline lives were replaced by endless, empty days, welfare and a struggle with alcohol that quickly assumed the magnitude of an epidemic (p. 106).

Compounded by the loss of traditional culture, these disruptions and social changes lead to high rates of unemployment, domestic violence, poverty, and substance abuse (Berger, 1992; Duran & Duran, 1995). Some researchers have inferred that instances of high suicide rates directly relate to extreme shifts in financial standing towards wealth or poverty, dramatic changes in access to natural resources for food, removal of children from families, change in living density, and lack of meaningful work (Berlin, 1987; Brant, 1986; Ross, 1992; York, 1989).

Brant (1986) cites many examples of the impact of Western European settlement in Canada on Native cultures. For example, he relates the community relocation of the Grassy Narrow bands in 1963. In 1970, it was discovered that the river that sustained them economically was poisoning them with methyl mercury. "Prior to the relocation, 91 per cent of deaths in the community were due to natural causes. By the mid 1970's, only 23 percent of all deaths could be classified as being due to natural causes." Brant suggests that the balance were due to various other causes, including suicide.
Brant (1986) also refers to Wikwemikong, a reserve on Manitoulin Island, Ontario, which had two periods marked by increases in the incidence of suicides and suicide attempts during the 1970's and 1980's. Brand suggests that this phenomenon may be linked to the cancellation of Indian Affairs programs on the reserve as a result of a financial dispute between the federal government and the band during which a total of 110 jobs were lost and many support services were discontinued.

A recent case study (York, 1988) describes the impact of sudden wealth on the four Cree bands of the Hobbema area of Alberta:

As the oil money poured into Hobbema, the social upheaval was traumatic. Alcoholism increased, cocaine arrived on the four reserves, families broke apart, and the suicides mounted steadily. From 1985 to 1987, there was a violent death almost every week at Hobbema, and the suicide rate for its young men was eighty-three times the national average. There were as many as three hundred suicide attempts by Hobbema Indians every year. The oil money "stripped them of self-respect and dignity," a Samson band social worker said (p. 89).

Duran and Duran (1995) write extensively about domestic violence, alcoholism, suicide, and poverty in Native American lives as symptoms of inter-generational post-traumatic stress resulting from colonization and postcolonial hegemony, or processes of domination of the white culture. They believe that it is essential that future research into Native health, psychology, or social conditions considers and examines the impact of White colonization. As well, they provide a compelling argument for the re-examination of findings and theoretical assumptions derived from previous psychological, sociological,
epidemiological and anthropological research, as well as the psychological and educational testing of Native Americans (Duran & Duran, 1995). Their main premise is that these findings and conclusions have been culturally biased in several ways:

1. Test instruments have not been standardized or validated for the Native population. Therefore, conclusions drawn from research using these measures are not necessarily valid.

2. Careful examination of the written research assumptions and conclusions often reveals positive and negative stereotyping of Native people. At best, this type of generalizing limits the extent to which research deepens the appreciation and understanding of specific tribal groups, as well as the First Nation individual’s unique experience and relationship to his or her cultural values.

3. Many of the assumptions, conclusions and implications of research often ignore the influence of colonization on Native culture and community, and does not consider the impact of colonization on the development of current social problems. They cite many examples of research (Lester, 1989) that focus on social conditions as primary causes of high suicide rates, without addressing the impact of colonization in leading to these social conditions.

4. In many historical accounts, anthropological studies, (as well as in recent ethnographic research), the Native American worldview, specific tribal culture, and individual Native’s experiences have been viewed and examined from a Eurocentric, Judeo-Christian, positivistic and/or scientific framework. This limits our understanding of the Native experience, and,
consequently limits the development of effective prevention and intervention programs.

5. The actual research methods used are based on a scientific linear, positivistic philosophy that influences the collection of data, as well as the subsequent interpretation. This type of bias does not permit a valid phenomenological understanding of First Nations experiences.

The potential influence of cultural biases on previous research findings strongly supports the use of culturally sensitive approaches to research and analysis of findings.

**First Nations Worldview and Principles of Interaction**

Academic researchers in cross-cultural psychology and cultural anthropology have emphasized the importance of understanding the client's worldview (Sue & Sue, 1990; Torrey, 1986, Wohl, 1989). An effective therapeutic relationship is largely based on effective communication, and without understanding and accepting a person's worldview and values, it may be difficult, if not impossible, to communicate (Herring, 1990; Torrey, 1986). For the purposes of this paper, worldview includes the beliefs, values, attitudes and perceptual processes that are held by a group of people. Although there is not a single First Nations worldview because of the diversity of First Nations people, there are some common elements to the worldviews of most First Nations people across North America, and in British Columbia.

The aspects of the Medicine Wheel and the concept of connection between all existence are central to the First Nations worldview. Bopp, Bopp, Brown, and Lane
(1984) have developed a succinct handbook, *The sacred tree*, that describes the key principles of First Nations worldview and the Medicine Wheel as an organizing symbol. This handbook is widely accepted and used by First Nations people in Canada.

The Medicine Wheel describes the development and maintenance of all activity in terms of four aspects: mental, emotional, physical, and spiritual. In healthy individuals and communities, these four aspects are in a dynamic balance and in harmony (Richardson, 1981). The symbol of the Medicine Wheel informs and influences First Nations understanding of nature, relationships, communication, personal action, time, responsibility, wellness, and healing (Richardson, 1981).

For example, approaches to wellness and healing are understood to involve all four aspects of an individual. Ross (1996) lists the seven ways of healing through Cree teaching: crying, talking, dancing, singing, sweating, praying, and yelling. This reflects the Native emphasis on nonverbal and symbolic expression in addition to verbal communication (Brant, 1986). Particular combinations of approaches may be required to meet the specific requirements of a situation and to address the four aspects of the individual.

The principles of the Sacred Tree and the Medicine Wheel include concepts of wholeness, interconnectedness, change, cycles, and the reality of spiritual and physical existence. Wholeness encompasses the complex interconnectedness of the universe of transcendental forces, human beings and the natural environment (Hammerschlag, 1988). The cycle of an individual’s life is understood in relation to the lives of ancestors, the future lives of children, and the existence of all other life. Hodson (1986) explains how
Native spirituality emphasizes the existence of the Creator as manifested in Nature and how the self is seen as a part of nature.

The emphasis on harmony and connection supports consideration of all aspects of a person, as well as his or her community. Dave Courchene, Jr., speaks of the importance of connection to the spiritual aspect in community life (Royal Commission on Aboriginal Peoples, 1995):

Indigenous people had a way of life that was spiritually directed and reflected in the systems of education, governance, social relationships, economics and culture. The goal of the individual in the community was to live a life of harmony ... and peace with all creation ... The underlying premise upon which all else was based was to recognize and fulfil the spirit of life within oneself and with all others in the circle of individuals, relationships, community and the land (p. 79).

First Nations interactions are informed by worldview, particularly the concept of connection or wholeness (Brant, 1986; Ross 1994; Ross 1996). Some of the key principles of interaction are non-interference, non-competitiveness, emotional restraint, sharing, Native concept of time, Native attitude toward gratitude and approval, and Native protocol. A basic understanding of these principles is essential to appreciating how First Nations people communicate. A short synopsis of each principle is given below:

1. **Non-interference**

   Respectful interactions do not include telling people what is best for them or how to proceed. This principle also recognizes that a person is responsible for his or her own decisions and actions.
2. Non-competitiveness

Competing with others can damage individual and community relations. Cooperative effort is most conducive to positive interactions.

3. Emotional restraint

In daily interactions, emotional outbursts can disrupt community relations. However, there are culturally accepted activities, such as singing, dancing, drumming, ceremony, and ritual, in which First Nations people are able to release and express emotions.

4. Sharing and collectivism

Because all gifts emerge through connection with the universe, one has a responsibility to share inherited or acquired gifts and talents with others. Likewise, individuals who acquire material wealth are expected to share with their family, extended family, and community. One of the highest compliments is to have others declare that one cares for one's relatives.

5. Time

Time is viewed as cyclical and connected with universal processes that are not always apprehended by individuals. Therefore, there is a recognition that the future is uncertain and that events will occur at the appropriate time.

6. Gratitude and approval

Excessive displays of gratitude or approval of a person's performance are seen as potentially disturbing the cooperative and non-competitive atmosphere of the community. Furthermore, many services are performed out of sense of responsibility to others.
7. **Protocol**

There is a recognition that protocols for social interactions and community activities that are specific to individual tribes or groups.

**First Nations Approaches to Healing**

The following section presents some recent findings about how First Nations people describe and experience healing and wellness, First Nations recommendations for suicide prevention programs, and some programs in First Nations communities that demonstrate an integrated, holistic approach to healing.

Three qualitative studies in BC have been conducted to determine how First Nations people define and describe wellness, strengths, and healing. Using the critical incident research method, McCormick (1994) interviewed 50 First Nations adults about what facilitated their healing. Four hundred and thirty seven critical incidents were elicited in the interviews and subsequent analysis categorized the incidents into 14 categories. The categories were validated by two independent judges. The categories are participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, establishing a spiritual connection, establishing a social connection, involvement in challenging activities, self care, setting goals, anchoring self in tradition, exercise, obtaining help/support from others, and helping others.

Another study interviewed 31 First Nations people about their views on wellness and strengths (van Uchelen, 1996). Coding and analysis of the interviews identified several themes and categories. The main themes included coming through hardship, togetherness with Native people, aboriginal identity, cultural tradition, contributing to
others, living in a good way, spirituality, and illness. Upon further interpretation of the themes, the researchers concluded that there is a significant overlap in the participants' concepts of wellness and strengths, wellness is viewed in holistic ways and that these views are culturally anchored and diverse. The researchers strongly recommend promotion of First Nations wellness through supporting existing strengths, development of initiatives that use culturally anchored resources, enhance a sense of community, promote Native traditions, foster Native identity, support spiritual beliefs, encourage living in a good way, and emphasize contributions to others.

Finally, a recent study involved interviews of 25 First Nations adults about healing from suicidal states (McCormick, 1997). The analysis of the majority of 280 critical healing events categorizes healing through the development of self-esteem and self acceptance, obtaining help from others, changing thinking, connection to culture and tradition, expressing emotions, spiritual connection, future goals, learning from others/role models, and through participation in ceremonies. McCormick (1997) recommends the development of culturally appropriate peer-facilitated workshops to facilitate prevention of suicide and healing processes for First Nations youth.

In the three studies, it is notable that a connection to Native identity, culture, tradition, and spirituality appear to be the foundation of many of the healing processes and activities described by the participants.

As suggested by many researchers, the high rate of suicide in First Nations individuals probably reflects the trauma experienced by the community and culture due to European settlement and the multiple effects on Native populations (Berger, 1992; Berlin, 1987; Brant, 1986; Ross, 1992). If the high incidence of suicide in First Nations people
is a consequence of community trauma and loss of cultural identity, it would seem that
the community itself requires healing, and ways to re-establish processes of interpersonal
support within the community are essential. This is consistent with recommendations
made in a study of BC First Nations counselling approaches (Peavy et al., 1994) and the
1995 Royal Commission on Aboriginal Peoples.

In surveys and interviews about suicide in First Nations communities, 35
Aboriginal respondents in BC identified several approaches that might contribute to
prevention (Cooper, Karlberg, & Pelletier Adams, 1991). These include:

- recognition of suicide as a social problem
- making prevention a high priority
- fostering a positive self-image through the reintroduction of traditional
  practices which contribute to identifying a positive role and creating life-
  meaning
- providing opportunities to improve parenting skills
- consulting youth directly about their needs and helping them to engage in
  meaningful traditional and non-traditional activities
- employment of more Aboriginals in caregiver and administrative positions
- training Aboriginals to do culturally-appropriate, holistic counselling
- increasing the number of suicide prevention programs designed and offered
  by Aboriginals
- establishing crisis management teams in all communities
- exploring traditional healing methods, in addition to non-aboriginal
counselling approaches
- reduction of racism and stereotyping
- improvement of aboriginal quality of life through cooperative effort with Aboriginal communities and groups.

Consistent with the principles of First Nations worldview and the recommendations outlined above, some First Nations communities have developed community-based approaches to healing. An example of community healing has occurred over the past 10 years in the Enoch Band at Hobbema, Alberta (York, 1989). The community engaged counsellors at the local school in suicide and substance abuse prevention. Native prayer and ritual has been incorporated into school and social activities. The band is now successfully managing its own economic planning and investments. The community hired an addiction expert to design a community treatment program. Workshops and seminars were held to teach the community how to recognize signs of potential suicides and how to intervene. An increasing proportion of support activity is now provided by Native professionals from the community.

Berlin (1987) cites several examples of community involvement in and Native-led programs for suicide prevention in US pueblos and tribes. In one model, tribal elders may stay overnight with adolescents, who have been arrested and jailed, to intervene if suicide is considered. These elders continue to mentor the adolescents and re-involve them in tribal activities. In another situation, female tribal elders participated as advocates and listeners for young women who were suicidal.

In another program, Native counsellors use family role-playing as one approach to assisting substance-abusing adolescents to address family issues that might increase their risk of suicide. Finally, an early intervention program for Native adolescent women, who
are depressed and abusing alcohol, involves these young women in child care work, parenting seminars led by Native mental health professionals and group counselling. The results of several pilot projects of this program indicate that most of the women finish school and quit drinking.

Ross (1996) describes the community healing processes of Family Group Conferences in New Zealand and how and why these processes seem effective. The group conference designs and follows a detailed protocol of learning and healing in specific stages that takes at least two years. It is written as a contract between all participants of the group. Group participants include members of the immediate family, as well as representatives of the community. The Community Holistic Healing Circle program of Hollow Water, Manitoba also uses a holistic approach to sentencing and healing. Discussions occur in a healing circle, which follows a specific protocol for the communication process. Representatives of the circle include the offender, victim and other members of the community.

These examples emphasize community participation in the healing process of individuals. There is an inherent recognition that illness or imbalance of the individual is a reflection of the community’s lack of health. All of these programs are based on Native principles of interaction and several incorporate spiritual practices.

Summary of Literature Review

In conclusion, this literature review attempts to provide a context for the analysis of the research on how five BC women of First Nations ancestry have understood and moved beyond suicidal ideation and intention. High rates of suicide among First Nations
populations may be understood as an indicator of the extent of cultural loss experienced by many First Nations communities. The impact of cultural loss has many complex effects upon social structures, personal psychology, and learned coping strategies. First Nations youth, in particular, are highly susceptible to the loss of cultural transmission of beliefs and values that play a vital role in the development of positive personal identity. First Nations worldview provides a foundation for approaches to healing and recovering from cultural loss. Recently, the significance of the role of cultural connections to healing has been identified by First Nations individuals and applied by First Nations communities.
CHAPTER III
METHODOLOGY

Rationale for Method

This study was designed to involve and encourage First Nations women to tell their stories of healing, as they moved through and beyond suicidal ideation and/or intention. The use of unstructured interviews was seen as an effective way to facilitate this process. Phenomenological methods are particularly suited to researching experiences about which little is known or information seems biased (Colaizzi, 1978; Giorgi, 1985; Osborne, 1990).

The major goal of phenomenological research is to gain an understanding of the participant’s subjective experiences, by facilitating rich, detailed explorations and descriptions of the phenomenon under examination. Because the meaning of certain experiences are only fully understood by an examination of the participant’s subjective experience, methods such as the unstructured interview are used to allow the phenomenon to retain its essence and meaning for the participant (Colaizzi, 1978). In discussing approaches to understanding suicide, Shneidman (1985) emphasizes understanding the significance of the experience for the attempter or ideator. This appears to be consistent with a phenomenological approach to research. Therefore, it was hoped that a phenomenological analysis of healing stories might contribute to a deeper understanding of the process of moving beyond suicidal ideation and intention.
Bracketing of Presuppositions

In phenomenological research, the researcher is advised to identify her own assumptions in advance of the research process to limit the effect of bias on the process of data gathering and analysis (Giorgi, 1985; Moustakas, 1994). The following is a statement of the researcher's conscious exploration of assumptions and expectations of the research.

The study of how First Nations women have experienced suicidal ideation and/or attempts and have moved beyond suicide may further support recent studies about the importance of culture and spiritual practices to individual mental health, particularly for members of cultural groups that hold holistic views about health. Based on my reading about Native worldview and beliefs, I was prepared for the possibility that the participants may view "moving beyond" suicide as a "healing process" but did not assume that this would be the case. The literature suggests that the high suicide rate in First Nations may originate in long-term historical losses of cultural meaning. I recognized that this may or may not be borne out in the interviews. I have read extensively about the historical losses experienced by First Nations throughout North American, including loss of land, language, spiritual practices, ceremony, community structure, and family structure. I am deeply moved that these people have experienced such
extensive and long-term cultural trauma. However, I expected that each participant's experiences may reveal much more about the impact of cultural loss. Suicidality, suicide ideation and attempts seem to result from an accumulation of distant and immediate predisposing conditions. I expected that actual attempts are triggered by a significant precipitating factor, which may arise from a variety of situations or events. I assumed that wanting to die comes from an extreme sense of hopelessness about one's conditions, and possibly a sense of worthlessness as a person. As well, this state may also include a deep sense of meaninglessness or anomie about life. Therefore, the cultural losses of First Nations people may be seen as a primary cause of the high rate of suicides and attempts. I expected that interviewing adults about their adolescence might also reveal something about the relation between suicidality and developmental processes in adolescence, such as identity formation. I was not certain how people move beyond being suicidal and whether there would be any consistent themes. I expected that regardless of the processes and/or people involved, a person who has moved beyond wanting to die will have established a sense of hope and a sense of their value as a person. I do not know whether the processes identified by participants would include elements that are unique to First Nations. I hoped that the interviews might indicate that there are ways to improve the services and support provided to First Nations people.
Participants

Five female participants were invited to share their personal stories of how they coped with and overcame feeling suicidal and having suicidal intentions in their youth. Participation in the study required that participants must be women of First Nations ancestry, be willing and able to share a story of moving beyond suicidal intention during their youth, and be over the age of 19. All participants were between 30 and 45 years of age, of First Nations ancestry of five different tribal groups from different areas of the province, and were not suicidal at the time of the interviews. One participant is single, two are divorced, and one is married with two young children, and another has been married for over 20 years. Four of the women were raised in more traditional rural settings and came to an urban setting in their adolescence. The fifth was raised in the Vancouver area in a Native community. It was expected that the unstructured interview would give participants the opportunity to articulate their lived experience of suicidality and recovery while minimizing interviewer bias (Colaizzi, 1978; Moustakas, 1994).

Participants were identified through personal contacts of the researcher’s supervisor from the First Nations community in Vancouver. Each potential participant was given a letter of invitation, a consent form (see Appendix A), and a stamped envelope to be mailed to the researcher at the Department of Counselling Psychology. As responses were received, the researcher contacted potential participants to arrange for an interview. The first five participants to be interviewed are the subjects of this study.

Because participants were volunteers willing to share their stories and the focus of the research is how the participant "moved beyond" being suicidal, the participants were not considered to be currently suicidal. Furthermore, the faculty advisor had approached
only those potential participants who were believed not to be at risk. The advisor screened each potential participant by directly questioning them about whether or not they were suicidal. Had any participant appeared to be at risk at any time during the study, the researcher was prepared to halt the research process with that individual, follow the intervention protocol used in mental health centres, and ensure that the participant received the necessary support. The researcher has experience working directly with suicidal youth at the University of Alberta crisis centre and recently with the Delta Mental Health Child and Youth team. She is familiar with suicide assessment and intervention protocols and procedures.

**Interview Procedure**

The interview process consisted of:

1. A pre-interview discussion to outline and clarify the research objectives and process, to obtain informed consent, and to answer questions that might arise.

2. A tape-recorded unstructured interview, in which guide questions were used as required. The interview was conducted in the same meeting as the pre-interview discussion described above.

3. A post-interview follow-up meeting to validate the narrative derived from the interview.
Pre-interview Discussion

Each of five female participants who offered to participate were contacted by telephone to arrange for a convenient interview time. At the beginning of the first meeting, the researcher carefully reviewed the purpose of study, the process of the interview, and the follow up meeting. The researcher read the consent form aloud to each interviewee and offered to clarify any points. Each participant was assured of the confidentiality of the tape-recorded interview, that the recording would be destroyed upon completion of the research, that the transcription would not include names, and that her identity would be protected in the research report and any related publications. The researcher emphasized that, in the event that the process became uncomfortable, the participant would be able to stop the interview and request professional support, if necessary. Each participant signed a consent form to indicate their understanding, and received a copy of the signed consent.

The Interview

Interviews took between 45 to 90 minutes, with a mean length of 60 minutes, and were conducted in an office of the Counselling Psychology Department. The interviews were tape-recorded, identified using a number code, and stored in a secure place to ensure confidentiality. The tapes were erased upon the completion and acceptance of the research thesis.

Each interview was unstructured. The researcher began the interview by asking the participant to share a recollection of being suicidal in their youth, and how they moved beyond that time. At some point in the interview the researcher shared a copy of
the guide questions (See Appendix A) to each participant, inviting them to review the question and add information as necessary.

Patton (1990) categorizes this type of interview tool as a general interview guide. Although the interviewer may use the guide questions as required to encourage the participant to address aspects of their experience, it is hoped that the participant will address several, and possibly all, of the questions through an uninterrupted recollection of events. Other than the use of the guide questions, the interviewer following this method avoids responding in a directive manner which might lead the participant (LeCompte, & Priessle, 1993). "Eliciting narrative requires that the researcher relinquish control over the direction of the interview and attend to the asymmetrical relationship of power between interviewer and interviewee" (p. 165).

The researcher used methods of rapport-building, active-listening, immediacy, genuineness, and respectful appreciation for the participant's experience. The Epoche process (Moustakas, 1994) of phenomenological research encourages a self-reflective and open stance in the interviewer in which she attempts to eliminate preconceptions, judgements, and biases, and to be receptive to experiences as they occur and are perceived in the moment. As much as possible, the researcher assumed a position of "not knowing, thus limiting the expression of expectations and hypotheses".

Through the phenomenological approach, it was hoped that the interviewer would create and sustain a safe atmosphere in which the interviewee might tell her story. It seems that a safe atmosphere was achieved in each interview. Three of the participants indicated that they had shared more about their story than in the past, and one specifically emphasized that she felt safe to share. The opportunity for participants to share their
experience through narratives appears consistent with ways of sharing experiences and history through an oral, story-telling tradition among First Nations (More, 1985; Ross, 1992; Ross, 1996). This approach may have enabled the participants to engage more fully in the interview and follow up meeting.

Post-interview follow-up meeting

Each participant met a second time with the interviewer to review the narrative for accuracy in content and interpretation. This process took at least one hour. The accuracy of the themes identified through analysis of the transcriptions was checked with the each participant. This served to validate the research process, an essential step in phenomenological research (Karlsson, 1993; Kvale, 1983; Moustakas, 1994). Each participant had the opportunity to participate in the research process and clarify or correct any language that was inconsistent with their personal experience or with their relationship to their culture. Each participant received an honorarium of $40 at the completion of follow-up meeting.

Analysis of the Transcribed Interviews

The qualitative research method used in the study has been described as empirical-phenomenological-psychological (EPP) method (Karlsson, 1993; Moustakas, 1994). It is empirical in the use of direct observation and interviewer experience of participants' descriptions of their experiences (Giorgi, 1985). It is phenomenological in that the experience of the participants is seen as valid and real, and is the focus of the study. The phenomena are the participants' retrospective verbal accounts of experiences of being
suicidal and overcoming the intention to commit suicide during their youth. The researcher is required to be as open as possible and to avoid imposing biases and prejudices on the understanding of the interview or subsequent steps in the analysis (Karlsson, 1993; Moustakas, 1994). The approach is psychological in seeking to understand the participant’s descriptions of experience, action, thought and feeling, and to be able to communicate that understanding in way that is meaningful to the participant.

Each tape-recorded interview was transcribed verbatim. Although the process for analysis of phenomenological interviews has not been defined with absolute clarity, most researchers recommend some variation of a step-wise process of decontextualization and recontextualization. Processes were originally suggested by Giorgi (1985) and von Eckartsberg (1986), and further elaborated and applied by Karlsson (1993), Moustakas (1994) and Tesch (1990).

The steps used in this study were:

1. Reading through the interview and listening to the tape-recorded interview to attain an overall understanding. In this study, the researcher did this several times to ensure an immersion in the interview. Finally, the transcription was reviewed while listening to the tape-recorded interview to correct any errors in the transcription.

2. Rephrasing the interview into simple phrases and sentences using the language of the interviewee. These rephrased sections were used to generate a third person narrative that was reviewed, corrected, and validated by each interviewee in a follow-up meeting.
Example

Original

My father he ... I mean he would ... last time he was my father ...
like live-in father ... was when I was two. So he was virtually a
stranger, too. I mean I would see him on the weekends, once a
month or something, but still he was a stranger,

Rephrased

The last time her father lived with her, she was 2 years old. When
she lived with him again, she felt he was a stranger because he only
saw her on weekends, once a month or so.

3. Identification of key words and ideas in the transcribed interview and
rephrased text. This process made transitions in meaning more apparent,
which enabled the researcher to identify meaning units or sections of
constituent ideas. The meaning units were found to be quite large because
much of content of the interviews addressed events and explanations of
events. After dividing each interview into meaning units, the researcher
carefully checked and matched the corresponding rephrased text and key
ideas to each meaning unit.

The key ideas in the above example would be "father was a like a
stranger", and "had not lived with father from age 2 until 10", and "saw
father infrequently."

4. The meaning units were clarified by relating them to each other and to the
situation of the participant. The key ideas corresponding to each meaning
unit were further summarized as themes. The example given above would become the theme "relationship to father".

5. The themes corresponding to each meaning unit were refined through an iterative process of comparing each unit to other themes identified throughout the interview. To accomplish this, the research placed the key ideas and themes associated with meaning units on to 3" x 5" cards. The results were sorted and the identified themes for each interview were listed (See Appendix B).

6. The major themes of healing for each interview were identified by the researcher and confirmed by the participant in the follow-up meeting. A brief synopsis of each participant's healing process was developed (Appendix B).

7. Finally, the themes of each interview were compared to the other interviews and related to the purpose of the study. This process helped to identify themes common to all the interviews, as well as themes unique to each interview.

The synthesized meaning of each interview has been examined in relation to the other interviews. Because each participant shared a unique story, each narrative is viewed as a typological structure, or different instance of the same phenomenon. However, the analysis has revealed some common themes across the interviews.
Validation

Karlsson (1993) suggests assessments of validity by comparing the meaning derived independently by a second researcher or sharing the derived narratives with the participants. The second approach was used.

First, each interviewee met with the researcher for at least one hour to review the transcription, rephrased narrative, and categories of ideas. The interviewees confirmed the accuracy of each narrative with the exception of minor changes in wording. Each interviewee confirmed the identified themes. With respect to themes of healing, each interviewee emphasized the relevance and importance of Native spirituality and related practices to their healing process. The role of elders and cultural knowledge was also identified as significant. Additional areas of stated importance were the development of a positive sense of self, learning from the past, and letting go of the past.

Second, the transcribed interviews were evaluated independently by a Ph.D. level faculty member. The researcher's analysis was found to be consistent with the faculty member's analysis. Finally, a counsellor of First Nations ancestry was asked to independently review the identified themes for consistency with First Nations' perspectives of spirituality and healing.
CHAPTER IV
RESULTS

Overview of Themes

The purpose of the study was to learn more about the process of healing from suicidal ideation and/or intention of five First Nations adult women who have passed through times of suicidal intent during their youth. The following themes of experiences emerged through the analysis of each individual interview. The one exception is the experience of an unsuccessful attempt or of deciding not to attempt, depending on whether the participant had, in fact, attempted suicide. In the three instances in which no actual attempt was made, the interviewees were able to discuss what thoughts had stopped them from taking action. In the two instances in which attempts were made, each interviewee described the attempt and their experiences immediately following the attempt.

The remaining nine themes address the process of moving beyond suicidal ideation to a state of not being suicidal. In fact, it appears that each woman has higher self-esteem and a stronger sense of self direction. Sub-themes were specific to only some of the interviews.

1. The experience of suicidal ideation, intention, and/or attempt
   The experience of isolation or separation
   The experience of rejection

2. The experience of an unsuccessful attempt

3. The experience of deciding not to attempt
   The experience of responsibility and/or connection to others
   The experience of resolution to live
4. The experience of separation from situations or people
5. The experience of family, ancestry and culture
6. The experience of professional counselling
7. The experience of spiritual connection
   The experience of connection through prayer
   The experience of the Creator
   The experience of engaging in ritual
   The experience of being in Nature
   The experience of healing song
   The experience of healing circles
   The experience of spiritual symbolism
8. The experience of elders and others
   The experience of being supported
   The experience of learning traditional beliefs
   The experience of learning by example
9. The experience of a positive sense of self
   The experience of expressing oneself
   The experience of personal responsibility
   The experience of self care
   The experience of self confidence
   The experience of self-reliance
10. The experience of learning from the past
11. The experience of setting goals
12. The experience of letting go of the past

The Experience of Suicidal Ideation, Intention and/or Attempts

All interviewees were able to describe times of suicidal ideation, intention, and/or an actual attempt. Actual attempts include methods such as wrist slashing, taking pills, using a rifle. Three interviewees reported suicidality only in their adolescence, one reported suicidality in their adulthood, and one reported suicidality at both times. As
well, a significant separation and/or a situation involving abuse leads up to each suicidal intention or attempts.

Sub-Theme: The experience of separation or isolation

All five interviewees were traumatically separated for varying lengths of time from one or both parents in their childhood. In three cases, this separation occurred when the interviewees were taken from their home community. These separations were very significant for all participants. They reported feeling isolated, crying uncontrollably for long periods of time, and often thinking about suicide. One participant was completely isolated from any contact with First Nations people, after spending the first 10 years of her life in a traditional First Nations rural community.

Sub-Theme: The experience of rejection

In addition to the feeling of isolation that came with these separations, the participants usually reported feeling rejected or worthless because of how they were treated by new caregivers or guardians. For some participants, the experience of rejection was through passive neglect and for other participants it was through actively abusive experiences. In all cases, the moments immediately preceding an attempt involved intense and overwhelming pain and hopelessness.

One participant was separated from her mother, who was an alcoholic. She believes that her mother’s substance abuse made it difficult for her to be an effective parent. "I guess she (mother) didn’t or could not look after us so she signed over papers
for us. And then we moved in with my dad and (my stepmother)." She experienced her stepmother as verbally abusive and rejecting:

My stepmother would always make a point of making my brother and I feel really, really bummed. She made it sound like we should not have ever, sort of, lived. ... She devastated more than just our lives, ... She was the major reason why I had attempted suicide.

She felt rejected and unwanted. "Why was I brought into this world if nobody gave a hoot?"

Another participant remembers leaving her mother after a lengthy custody battle and being very suicidal, although she never followed through with an attempt. "When I was 10, I was separated from my mother. I cried for the whole year everyday after school, walking home by myself." She felt emotionally isolated and did not feel cared for: "I couldn’t rely on my family because they weren’t there to parent me anymore. My mother wasn’t there and my father and stepmother weren’t present either."

Another participant shared her experience of isolation from her family and community when she was sent to a residential school. She only saw her family during Easter and Christmas breaks, and over the summer. "I was raised in an Indian residential school and an institution for twelve years, away from my family." She reports that the experience at the school was traumatic in several ways. She experienced rejection at the school, both by peers and the supervising nun. "At the Indian school, ... we had a supervisor, a caretaker, and she was a nun who for some reason didn’t like me. She hated me. She made sure to treat me with a lot of disrespect and rudeness at every possible chance." She missed her mother and felt traumatized:
It was a very depressing and very traumatic time. It built up. Being a younger child from about age 6 to age 12 I used to cry myself to sleep every night, missing my mother. After that I stopped crying and just sort of resigned myself to the fate that we have no control over our lives.

In Grade 12, she gave up hope and developed a strong suicidal intention: "I hated myself and I hated the whole situation and I was fed up and felt helpless."

One participant was separated from her mother at birth and raised by her grandparents. Later, her mother took her from her grandparents and the community in which she was raised. This was a very traumatic experience for her, involving isolation and a repeated rejection by her mother.

I didn’t know I had a birth mother. I had never seen this woman in my life, ....So I was 11, ...I stayed with her for 2 months and then became a ward of (the government). I was put into a foster home and then into a Catholic Girls' school.

She felt isolated, controlled and marginalized.

I didn’t like the control that other people had over my life. I was in an environment where I was the only Native person. I sometimes felt that I was put on display if someone came. "Oh and this is our Indian girl."

During her adolescence, the participant experienced a close friendship with a young man. While she waited to hear from him, she began to feel the pain of rejection: "The pain was so intense. We had planned so many things together. We had the same interests and I guess what made it so difficult was that he was my first boyfriend." Eventually she became suicidal and attempted suicide: "I would sit by this phone night after night after
night and I'd cry. One day I just took a razor blade with me, .... the pain was so intense."

Another participant was raised by her sister. "I lived with my sister because my mom traveled a lot or she had to work in another town .... She was the wickedest, evilest woman I could have ever lived with." She found her sister expected her to care for her children and do a lot of housework. As well, her sister verbally abused her. "And she always said I was stupid and that's why I couldn't keep my grades up. Oh worse things ... 'That's why mom doesn't want to take you anywhere'." This participant felt rejected by her family and reports that her own self-esteem was very low. She feels that she has had a pattern of unhealthy relationships. Her intense suicidal ideation and intention occurred when she experienced the loss of her husband. She believes that this is a significant the turning point and beginning of her healing process.

It wasn't until years later that it occurred to me that the only way people would heal from their self-destructive ways or whatever you want to call them, their unhealthy living, is if something drastic happens to them,...

Like for me my divorce, my separation from the only man I ever felt like I loved.

Clearly, the childhood experiences of all five participants reveals predisposing conditions for suicidal risk, including abuse, family disruption and removal from home and community.
The Experience of an Unsuccessful Attempt

In three cases a suicide attempt was made but did not succeed. The emotional states of each participant was not improved and the response of others was not felt to be helpful. The unsuccessful attempt, in itself, did not appear to resolve the participant's suicidality. One participant feels that the outcome of her suicide attempt made her situation worse. Having no other First Nations people to communicate with, she did not feel understood. She felt controlled and continued to experience the isolation that had led to her attempt.

And now I had to deal with these people who sent me to psychiatrists, social workers, put me on all kinds of medication....And then I was labelled, ...to them meant that I was really mentally deficient or something.

Another participant, reports her confusion after her attempt. She was angry at herself and felt guilty about her attempt.

I was really, really upset at the whole thing and how things came about,... sort of angry and didn't know what I wanted or where I wanted to go or what to do...I think it hurt me more to have done that than to have actually succeeded in taking the overdose.

The outcome of neither of these participants' attempts was not particularly positive. Nonetheless, each of these women has found a way to move beyond further attempts.
The Experience of Deciding Not to Attempt

Sub-Theme: The experience of responsibility and or connection to others

In each instance where participants stopped themselves from attempting suicide, they experienced a sense of connection to and/or responsibility to others. It was this sense of connection and responsibility that helped them to continue living. One participant stated that she became intensely aware of her responsibility to her children just before she was going to attempt suicide. "And yet I'm glad I didn't die because nobody else could be as good a mom as I was to them."

Another participant, who thought about suicide nearly every day for a year, began to consider the potential impact of her suicide on her mother and other members of the family. Her brother had recently died and she had observed the effect on the family. "Though I felt like I didn’t want to be alive, it wasn’t an option because I couldn’t put my mother through that because I am very sensitive and caring about other people."

Another participant, moments from a planned attempt, felt a strong connection to her family and her love for them.

But upon really thinking of it,... thinking that once I had killed myself, how sad they (her parents) would be and how much they would miss me and how grieved they would be and how they would probably end up blaming themselves. When I thought about that, I worked that through really deeply in my mind, ...and came through with the feeling that I loved them and they loved me and I’m not going to do this to them even though it was like I had nothing to lose myself.
Another participant, after an earlier attempt, began to visit the cemetery and connect with her ancestors.

I think my connection to my childhood memories of my grandparents' spirituality,... of creating my own connection to the Creator, ....that I think is what saved me. I can't, ...I wished I could say someone took me by the hand and led me there but the persons who led me there were my ancestors, the training and teaching I had when I was younger.

Sub-Theme: The experience of resolution to live

Shortly after deciding not to attempt suicide, three participants expressed an inner resolve to prove something or to not want to show defeat.

But it made me feel that if I left, nobody would miss me. "Why do I want to leave? I mean, you would only make them happy." And then I thought, "Gee, I don't want to make them happy."

I had thought it through and thought I'm not going to let them win over me. I'm not going to let them defeat me.

I told my husband that I want to live and I don't need you in my life.

I want to out live that man and show him I can do better without him.

These statements suggest a sense of independence as well as a renewed will to live.
The Experience of Separation From Situations or People

As a part of their personal healing process, four of the participants needed to separate themselves from people or places. This separation, usually made at the beginning of the healing process, served to remove the participant from painful situations and allowed time for personal reflection. One participant completely severed ties with anybody that she knew at school: "I got through the rest of the year, graduated and left and never had anything to do with them again."

Another participant knew she needed to take time away from her family to gain clarity about her situation. Although her husband wanted to leave her, she moved past her suicidal intention by asserting her independence:

I had an idea in my mind where I was going and it was going to be away from here. It was going to be away from him, away from my children, away from anybody who hurt me because I don’t … If you don’t care enough about me to stay in my life when I need you the most I don’t want you in my life.

One participant, as an adolescent, left home and travelled a long distance to leave a physically and emotionally abusive situation: "I had to totally disassociate with time,… space and area. Not long after, I took off from … like I saved up all my money from summer, and (left)."

After an intense period of suicidal intention, one participant took time for herself and read self-help books before beginning her work with a professional counsellor. She was able to do this through the help of her family: "My family took my kids up North, like I said … I needed time to myself."
The Experience of Family, Ancestry and Culture

Four participants spoke of the significance of reconnecting to family, ancestry, and/or culture. Some elements of this theme include family relationships and activities, the significance of physical place of origin (the land), the connection between generations, traditional ways of living, sense of community, and Native identity. The importance of connection to ancestors, family, culture, as well as the future lives of children is seen as an essential manifestation of the Native concept of wholeness. The experience of reconnecting with cultural identity seems to be an important part of the healing process by contributing to the development or clarification of personal identity.

One participant returned home suddenly because of her brother’s unexpected disappearance from the community. Through the process of grieving this tragic loss, she reconnected with her elders and traditional beliefs: "I definitely had to have a connection to who I was and where I came from." Later in the interview she contrasts traditional life to her life in the city:

Before we could go out on the water and get salmon, smoke it, go hunting, get deer or whatever,... but in the city you are not as flexible....We don’t have the capacity,... only if we are at home. The views of life change from urban to rural,... or urban to reserve life.

Another participant found that her spiritual experience of praying to her ancestors central to remembering her cultural identity and feeling a sense of belonging:

I would take my lunch and sit there amongst the head stones and I would talk to the people (deceased Native ancestors). And um,...I would pray,...It was just a dialogue between me and the Creator. And I would
talk to my grandmother and my grandfather, ...although they weren’t there. And I think that’s what helped me get through. It was just a connectedness to who I was,... and to the land, and to where I was from, even though I was just a young girl.

Another participant describes how her experiences of learning about First Nations history helped her to understand herself, her family, and her ancestry:

And then I went to Native Ed and I took really deep intense Native studies, .... And that was an even more painful journey ... Now I knew why my family was like that .... They were sexually abused from the time the missionaries first started coming. And the missionaries and the fur traders, in fact ... All the studying that I learned was when the kids were taken away from the parents, they were being sexually abused by the ministers and the nuns. Before they even went to residential school, the fur traders were raping the women and selling them, ... and that wasn’t our way. That wasn’t our way. And I could now understand why my family was like that, ... and it wasn’t just my family, but everybody. All the First Nations people.

She says that: "Part of my healing journey was learning to accept myself as First Nations and as a woman."

Another participant describes the strength of family connections in resisting the effects of residential schooling: "I think the whole school system, the whole residential school assimilation process had tried to destroy it, break the ties, kill the bonds, set me
up as an individual on my own path ... But it was impossible." She rediscovered her ancestry through her mother and grandmother:

So, by getting in touch with the prayers of my grandmother to "Olal Kukpi" it made sense to me and I began to start picking myself up from there and going through the healing and learning some of the things from my mother.

She feels that her return to ancestral ways is essential to her identity:

I think that (Native spirituality) is so natural, so much a part of our lives and yet it was made illegal and all these things were banned and outlawed and it's against the law. Everything has been so distorted in our lives, it has been a real hard long journey putting the pieces of our real selves back together again.

For this participant the connection to culture and family is an integral part of her own identity.

Some of the events in this category were less positive. Connection with family for two participants includes childhood experiences of abuse and sexual abuse in their childhood. One of these participants reported sexual abuse throughout her extended family.

The Experience of Professional Counselling

Some participants spoke about the limitations of their experiences with counsellors, specifically not feeling understood by non-Native counsellors: "I didn't seem to really connect with her as I did with First Nations counsellors years later. It kind
of seemed like something’s weren’t reaching her." "When I actually slashed my wrists and I was on all this medication and getting this help, it just made me more angry because I didn’t think they understood where I was coming from, ...what I was about."

Two participants describe that the benefits of counselling were having their experience affirmed and having assistance in attaining personal insights. These participants undertook counselling shortly after experiencing the personal crisis of intense suicide ideation. For these participants an effective counselling experience was an important way to identify and express their feelings and begin the healing process.

I had never dealt with Indian school and I had always just bottled it in and it was a trauma for me that I couldn’t even talk about. It would get stuck in my throat and I felt like I was suffocating whenever I would start talking about it. So then at that point I started to get counselling from counselors. When I began my counseling and I went through a whole inner child healing and discovered that there were things that had happened to me that I had blocked out of my mind. And as I went through the counselling sessions, I was remembering them.

The Experience of Spiritual Connection

For all five women, the process of healing following their suicidality has been sustained through their connection to Native spirituality, as expressed through prayer, the Creator; being in nature; engaging in ritual; singing, and/or drumming; participating in healing circles; or understanding spiritual symbolism. The text and experiences described within the sub-themes overlap for some participants.
Sub-Theme: The experience of connection through prayer

All five participants pray to the Creator, as well as to their ancestors. This often occurs in natural settings. The quotes below suggest that prayer helps:

to express gratitude:

I said, "I can do this" and I thanked God, ...I thanked the Creator. I said, "Thank you, you are here. I know you heard me." I thanked my mom and my dad because I felt that they were there, they heard me.

release fear and anxiety:

When I pray, I can’t explain it, it’s like a conversation between me and the Creator. Now,... if I get overwhelmed, ...if I really get overwhelmed, I literally go outside and give it up. I don’t know, ...Just physically give it up. To me if I say, "Here take this. Take it all," it’s like I’m being vulnerable.

and to request healing:

So I prayed and I asked for a healing and I said okay I’m going to stay on the floor until I know you are healing me because I’m not going to get up until I receive a healing. The way I know I have received a healing is if you give me a song.

Sub-Theme: The experience of the Creator

Experiences included in this sub-theme include participant’s experiences of the Creator as well as their concepts about the Creator.
I believe that the Creator is non judgmental and that He is always there to help you, to guide you. He’s, ... or She’s, a combination of your conscience, your common sense and your compassion for yourself and others....With that you can become a good person or you can be a good person.

The participant’s awareness of the Creator supports the participant as a guiding presence and helped two participants in their decision not to attempt suicide. One participant often asks the Creator for a sign or answers to her problems. "It’s like a conversation between me and the Creator. I challenge him, I have that right ... 'You created me. I’m talking to you now and I want to know why.’ It’s really strange, the power of belief."

Sub-Theme: The experience of engaging in ritual

Another aspect of prayer may involve a ritual that the participant creates to release emotions or create a sense of spiritual cleansing. These rituals involve symbolic representations of release or emotion, removal of defect, offering thanks, or blessing.

I learned to take something from nature, ... and go alone by the water, ... especially if the water is running, ... and talk out all your grief, talk out all your sadness or your anger onto a rock or a piece of wood, dead leaf, dead flower and then, when you are finished it all, ... toss that into the water and release it. Say you are going to release it and you are not going to take it back.
And now I go out and smudge under the full moon and I feel really good.

**Sub-Theme: The experience of being in Nature**

Being in Nature is equated to connection to the Creator for all five participants. This was confirmed in the follow-up interviews. The Creator is considered to exist in all things, including oneself and all aspects of animate and inanimate forms. The appreciation and meditation upon natural creations is seen as one way of honoring and connecting to the Creator. It is also considered a form of prayer.

But going outside, ...Being outside in the air, being in the open, being in the sun, feeling the heat, ...I remember feeling the heat of the sun, ...And just praying and just loving the heat. I can just hear and see everything. That buzzing of the, ...I don’t want to say bugs, ...insects, the grasshoppers, and just the sounds, I can still hear that. I can still smell the dry hay. And that to me was my religious experience,...I would go out every morning and pray. I would go out every night and pray.

One participant found that she felt less isolated in the woods. "Like when I would really feel bad my favorite place was in the woods, so when I was by myself, ...even though I was crying, it was still somewhere and that felt safe." She also added that at this time in her life, it was "just me and the Creator."

**Sub-Theme: The experience of healing song**

One participant has the gift and responsibility of receiving and sharing songs to heal herself and others. She understands this gift as coming from the Creator.
I called it my healing song. I kept it to myself for 9 years. When I started sharing it in 1990 with my sister she started singing it at different places where it seemed appropriate, where people needed healing and it was very welcome. But you know it was also a real help for me as well. I prayed for "Olal Kukpi" and I asked for a happy song. I thought I'm becoming happy once again. I received another song, another drum song, and it's called the Song of Hope. That was tremendous for me. I get to share that whenever it’s appropriate, in circles or family gatherings.

Sub-Theme: The experience of healing circles

Gathering in circles to pray, smudge, drum, dance, sing, conduct ceremonies, and talk are a traditional way of gathering and sharing for many tribal groups of First Nations people. These circles are often referred to as "healing circles." One participant and her family meets regularly to participate and share many of these activities as a way of healing:

And I was starting to still go to a counselor and get some help and all this time always going back to my family and my sisters and brothers, ... and we’d have prayer circles and just sharing times and share our drum songs. By then we were all getting drum songs. It was so beautiful and so surprising because we never expected that. It was like a bonus because everything tried to wipe out our Indian culture and our language and our identities and yet in our healing that’s what helped to save us and helped to bring us to wholeness and healthiness again.
Circles are being used in a variety of Native counselling settings to create a safe, closed, and sacred space for emotional expression and healing:

We have healing circles at the Long House every Monday morning and every Friday morning. And there’s a woman’s warrior circle at the Pacific Spirit Centre every Thursday or Tuesday. I can go to any one of those anytime I want.

This participant states that she is able to verbally express her emotions in the spiritual context of the healing circle. "One day things start piling up again, then I go to circle and just let it out. Unload in the circle."

Sub-Theme: The experience of spiritual symbolism

Some participants shared descriptions of spiritual symbolism or experiences involving symbols, such as seeing signs in nature or in dreams that may be spiritually symbolic and significant.

For example, four is a sacred number representing the emotional, spiritual, physical, and intellectual aspects of life. Another significant sacred symbol is the tree described in detail by one participant. The branches are symbolic of a person’s ties to the outer world, in all four aspects. The ground is where life grows from and returns. When we return to the earth, we help others to grow. The rings on the tree indicate years of growth. The tree is used to teach the four stages of life: child, adolescent, adult, and elder. First, we are brought into the world as children, without control or power. Adolescents understand more than children but is still in the process of discovering his or her path. Obstacles are placed in the tree’s path, like knotholes, but a person continues to
grow. Therefore, trees like people look different, depending on what has altered their
growth. The adults are the third stage. Elders are at the outer layer, like the outer
branches of the trees that catch the rain, and snow, and sunshine. The branches of the
erlder trees cover and protect the tree that is growing, i.e. the child.

The Experience of Elders and Other Adults

This theme addresses the participant's experience of connection to elder Native
people or older adults as role models, to obtain support, or to learn spiritual teachings.
Four of the five interviewees report having a living or deceased relative who acts as a
positive role-model, guide, or teacher.

Sub-Theme: The experience of support

In some instances, the elder or other role model provided parental support and
care. For many of the participants, the elder or older adult provided support and a sense
of connection that helped mitigate their suicidal ideation and plans to attempt, during the
immediate suicidal crisis and through the process of regaining a will to live.

My great grandmother ... because, you know, of all the unconditional love
and the support that she gave in many respects. Not just the physical but
she was sort of the mother that I wanted and needed and she sort of filled
the gap.

I always knew that he (stepfather) and I had a special relationship and
probably because I was the youngest and we were very close....And my
brother and I were quite happy to transfer our loyalties because we didn't have a father figure in our life.

**Sub-Theme: The experience of learning traditional teachings**

For three participants the elder was a source of knowledge about traditional prayers and ceremony, as well as about spiritual beliefs.

She (grandmother) didn’t speak English at all but is a really remarkable woman. I was just drawn like a magnet to her and she is a very respectful woman of the environment and respectful of the Creator. She put me in touch with "Olal Kukpi".

My grandfather was also a traditional healer and there was a lot of ceremony in him and what he did. At least I think I had that somewhere in me. And that’s what I later sort of relied on, .. without me knowing it.

She (great grandmother) helped me with the cycle of life and how everything,... She just put it into a way that was understandable to me and that I wouldn’t be so grief stricken.

She (great grandmother) helped me understand that death was just a, as humans we just encompass these souls, but we always come back again.
Sub-Theme: The experience of learning by example

Several participants described how elders or older adults set examples of behavior for them. In some instances, this is positive role-modelling. "I know he took us for a lot of nature walks,...my stepfather,... and he would always say hello to people, and how are you doing and it came from his heart,... and he was never judgmental and he was never cruel,..." "I remember my grandfather going out on full moon nights and I vaguely remember him doing rituals."

In other instances, participants describe learning from older adult's or elder's examples of negative behavior and the consequences of their actions. One participant described her childhood experience of walking with her grandmother, who would carry a rope and routinely threaten to commit suicide. Other participants have described how they have learned how to treat their children through the negative examples of their own guardians or parents. These descriptions and insights are always made in a respectful and forgiving way, indicating that the participants have learned from the experience and resolved the past.

People like M. are around just to teach us how cruel people can be. You know. And looking at people like that, and,...to realize that people are like this because they are victims of their own society and if they are our own society what does that say about us?

The Experience of a Positive Sense of Self

This theme addresses experiences and insights that participants shared about developing a positive sense of self. The subthemes include expressing oneself, personal responsibility, self confidence, and self reliance reported by all five interviewees.
Sub-Theme: The experience of expressing oneself

Most participants share the importance of learning how to express themselves in contributing to their healing and self-esteem. This includes being able to identify feelings and to express emotions immediately and directly. "I think one of the big things about the healing journey is teaching people how to identify their feelings because sometimes I would get a whole pile of feelings and not know what I'm feeling."

This process appears related to resolving past experiences and being authentic. For example, one participant expresses herself in song and reports that, "when I could sing it without crying and weeping I knew that the healing had taken place." Another participant feels that she can be more authentic now that she has healed from the past. "I have let, ... my child come back out and I need to be my own natural person which is quite shy and quiet and sweet."

Sub-Theme: The experience of personal responsibility

Another sub-theme that contributes to personal empowerment is personal responsibility. This includes taking responsibility for how one's response to other people's behavior or emotional expression, to assert needs or desires, and to take responsibility for the impact of their behavior on others. It also includes accepting responsibility for one's future.

One participant has spent many years in counselling and in personal reflection to learn how to identify and express her emotions, and to take responsibility for how she feels in response to events and people.
It wasn't until I began to learn to identify my feelings that I could be more in control of them. I mean, nobody could make you feel the way you feel ... there is only one who is in control of those feelings. That was a big part of my healing journey.

Another participant feels that one of her strengths is being able to set personal limits for her behavior.

And the thing that I had on my side, is that I do believe in moderation and I do believe from my mother and from my own self that it can't get out of control. There has to be limits. So I made limits for myself.

Another participant clearly asserts her commitment to her future: "Nobody is going to be responsible for me, it is me that has to be responsible for me."

Sub-Theme: The experience of self care

This theme addresses how participants have taken care of themselves. For one participant, the ability to respect others begins with self-respect. "Now it's about taking care of me and I know that I have to respect myself before I can respect others." Another participant has actively tried to help herself and gain insight through reading. "I think that's where I learned a lot of things, sort of parenting myself, reading books and staying by myself." This participant also took care of herself by seeking out help, in the form of professional counselling, when she was in crisis: "(It) made me realize that I really need help because if I keep hurting myself by getting myself into these kinds of relationships then I don't want ... to live." Her ability to recognize her need for help and to get that help demonstrates insight, motivation, and self care.
Sub-theme: The experience of self confidence

This sub-theme includes participant's descriptions of feeling greater confidence in themselves. One participant shared that her self esteem was quite low in her childhood and youth and she worried about whether other liked her. She feels that she has moved beyond this and has greater confidence. She is more comfortable speaking up in groups, confronting people about racism, and expressing her needs. She is able to assert herself when necessary, and "would rather be know as a feminist, than as a doormat." "It doesn't matter whether people like me or not, because I like me. It took a long time to be there."

Sub-Theme: The experience of self reliance

Four out five interviewees identified processes of making their own decisions, taking independent action, and feeling comfortable being alone as significant in their healing process. One participant moved past the isolation and rejection she experienced as a child. She is self-reliant and confident in her ability to be happy without needing others. "I don’t need anybody telling me I’m a loner ... (that) I need people. I can survive. I’m okay ... I can do it because they’re (my ancestors) there; they are here with me. I feel more confident with myself." Some participants have shown self reliance by taking independent vacations or retreats, leaving unhealthy relationships, exploring personal interests, and getting post-secondary education.
The Experience of Learning From the Past

This theme includes insights about past events that reveal that the participant has gained some understanding about themselves and/or others. In many cases, the past events address events in participant’s relationships to family or marriage partners. Although these events do not appear to be directly tied to suicidal ideation or behaviors, it is an indication that these events are significant to the participant in making meaning about their lives and their story of moving beyond suicidal ideation.

I was very co-dependent before. It’s the co-dependent spirit that gets you so crazy and I think all the co-dependent people were raised in unhealthy situations like I was. Except I didn’t know that until after I began my healing journey.

The Experience of Setting Goals

Four of the participants have set personal goals that involve helping other First Nations people. The goal seems to stem from a sense of personal empowerment and expresses the participant’s commitment to self and others in a positive and hopeful way. All five women have been actively involved in determining their future and have chosen to return to post-secondary school to acquire the skills and knowledge to support others.

Examples

Hopefully by the time I get through this educational system, with my experiences … I’ll be able to help people. Maybe I’ll be their, Native Spiritual Advisor … To try to teach someone how to find it.
We need a strong voice in the First Nations community and I'm going to be one of them.... I have to try to create programs that will help them deal with their anger in a more positive way, because I handled mine all by myself.

I can feel more than the average person and that is what will help me deal with kids.

The Experience of Letting Go of the Past

This theme addresses experiences or insights that have allowed participants to move past painful experiences, forgive others or themselves, and move forward. One participant has confronted her parents about their lack of support and guidance in her childhood and has released a lot of her anger and pain. "But I realize ... everybody does the best that they can ... your parents even." Other participants recognize that they are responsible for and able to move past their painful experiences and have a positive view of the future. "It was only I that could have done something to let go of all that stuff, ... that is the past and leave it in the past and chalk it up to experience." "That's there, ... that was my experience and now I can say, 'Okay you just rewound the tape, you saw it again, now just go forward. Get on'."

Summary of the Experience of Healing From Suicidal Ideation

The first three themes that emerge through each of these women's stories suggest that suicidal ideation involves specific separations or losses, emotional experiences, and
outcomes of ideation. If the outcome is an actual attempt that does not succeed, it has created further confusion and pain. If the outcome of ideation has been as decision not to follow through with an attempt, it seems related to feeling emotionally connected and responsible to others, as well as an inner resolve to live.

Healing from suicidal ideation has been a lengthy process of several years for most participants, and continues to be an ongoing journey. Initially, most participants have temporarily or permanently removed themselves from situations and/or people. Three participants have actively sought out professional counselling. All participants needed to reconnect with ancestry, culture, family, and elders. Both professional counselling and reconnection with ancestry and family served to give the participants direct support and in making sense of painful experiences that relate to suicidal ideation and intention. Connection to family and elders is also an important way of learning spiritual traditions and beliefs. Participants often referred to learning other lessons in life through other’s examples of positive or negative role-modelling.

Participants emphasized connection to spirituality as a significant part of their healing. Native spirituality includes several different activities that were addressed by each participant. Some of these are connection through prayer, experiences of the Creator, engaging in ritual, being in Nature, using healing song, healing circles or through an awareness of spiritual symbolism. Many spiritual beliefs and practices were learned from elders or other older adults.

Through the processes of counselling and connecting to family, ancestry, culture, and spirituality, participants have reported healing from their suicidal states. They share insights into their own behavior and emotional response to events precipitating
their suicidal ideation and behavior. They describe their understanding about other people’s behavior and relationships to them. They feel empowered to express themselves as a way of coping with painful emotions or to assert their needs. They express significant motivation to live, to be responsible for their choices, and to make positive changes in their lives. This is evident in the experience of a positive sense of self, learning from the past, setting goals, and letting go of the past.
CHAPTER V
DISCUSSION

Re-statement of Purpose

The purpose of the study was to learn more about the process of moving beyond suicidal ideation by documenting the recollections and personal understanding of five First Nations adult women who have passed through times of suicidal intent during their youth. The accounts of the five participants provide a sampling of the First Nations' experience and perspective to those professionals, communities, and institutions involved in suicide prevention and intervention. The phenomenological approach of unstructured interviewing, analysis, and participant review of the narrative and themes helped to affirm and validate each participant's experience in a positive way. It is hoped that the resulting report of findings has presented each woman's story in an accurate and helpful way.

It is not possible, nor appropriate, to extrapolate these findings in an attempt to develop a general explanation of why suicide is prevalent among First Nations people. However, the analysis and interpretation of the participant's experiences reveal something of the quality of the suicidal state itself for these five First Nations women. As well, the themes of each story appears to confirm several elements in the healing process that were common for all participants.
Limitations

Because this is a phenomenological study, the participant's self-report is the primary source of information or data. The themes are drawn only from what has been remembered and described by the participants. Consequently, the participants' memories for experiences, as well as their abilities to articulate those memories in a coherent manner, can limit the research. In particular, many of the events involved intense emotional experiences that occurred in childhood or adolescence, and may not be fully reported.

It is also a limitation that the particular experiences of any one of the participants may be unique and do not necessarily relate directly to the other participant's experiences. Most of the major themes that were identified were drawn from experiences that were common to all five participants. In addition, most of the themes were confirmed by each participant as being highly significant to their healing process. The significance of these themes was also confirmed by two independent sources.

Obviously, the results of this study are not intended to be generalizable to First Nations youth throughout British Columbia because the study involved a small sample of five First Nations women from the Vancouver Lower Mainland. Although several of these women were raised in rural or reserve settings, all have spent most of their adult life in Vancouver. The small sample may not even reflect the entire population of urban First Nations women in BC who have been suicidal in their youth. As well, this study chose to focus on women and it cannot be assumed that the reported experiences of suicidal ideation and healing would be the same for First Nations men. Further research
might establish whether the experiences and healing processes for both genders of other First Nations youth in BC are similar to those identified in this study.

Discussion of Results

The analysis of the five interviews with women who have been suicidal in their youths generated twelve significant themes. The first three themes address experiences related to the immediate crisis of being suicidal, as described by each participant. They are consistent with research findings on risk factors for suicidal youth in both native and non-Native populations (Berlin, 1987; Garland, & Zigler, 1993), in that participants of this study identify significant separations and losses as leading to their suicidal ideation and or attempts. It seems particularly significant that every participant was separated from her mother at a young age and for several years following. In addition, some participants experienced a physical removal from their communities and contact with First Nations people. In five instances, participants where placed in living situations in which they experienced abuse. In the fifth situation, the participant felt neglected and without guidance or support. The loss and separation was experienced by each participant as isolating, and the new situation was experienced as rejecting. As young children and youth without a support system, these participants felt overwhelmed, unable to cope with their grief, and lost their will to live.

Fortunately, each participant has found her own way to move beyond her painful experiences, improve their self-esteem and establish a hopeful view of the future. Participants have described the process of moving beyond wanting to die as a long and painful journey of healing. Each participant has been and continues to be actively
involved in her ongoing processes of healing. Four participants took the initiative to separate themselves from the situation and/or people that were related to their suicidal crises. One person, as a young child, found that she was able to detach herself from the situation and develop a sense of positive spiritual connection.

Three participants sought help through counselling to assist them in identifying and expressing feeling, affirming experiences, and gaining insight. The experiences of these participants supports the value of counselling interventions as one means of supporting those in suicidal crisis. However, it also suggests the need for First Nations counsellors or counsellors who are knowledgeable and accepting of the First Nations worldview.

Support and insights have also come through communications with elders or older adults. Participants have also learned from other people's examples, and through learning about Native history or traditional practices. They have gained insight into their mental and emotional processes, and share experiences of learning from the past and letting go of the past. All participants have become more emotionally expressive, assertive, confident, responsible for their coping strategies, independent, and are empowered to set goals for themselves. Each woman has been an active participant in her healing and is empowered to maintain a positive life.

Learning through observations and insights about the consequences of behavior and decisions is an important aspect of each participant's story. Each participant views herself as a potential role model for others and is aware of how she teaches her children through example. Respect for ancestral traditions and responsibility to children seems to reinforce personal responsibility in actions and decisions. This is consistent with Native
traditions of learning through precedent and example and the concept of interconnectedness (Brant, 1986).

In addition to support from professionals, elders, family, and community, all participants identified their spiritual connection as being particularly significant to their healing processes. Their experiences include their connection to the Creator, being in Nature, prayer, singing, ritual, and sharing spiritual experiences with others in healing circles. The healing themes identified in these five interviews relate closely to healing categories identified by recent research on Native wellness and healing (McCormick, 1994, 1996; von Uchelen, 1996). The categories (McCormick, 1994) that were identified in that research include: establishing a connection with nature, learning from a role model, establishing spiritual connection, participation in ceremony, expressing oneself, setting goals, gaining an understanding, and obtaining help/support from others.

Likewise, the importance of tradition and ceremony has been emphasized by the focus group of First Nations people involved in the National Study on Suicide Prevention (King, 1995):

At times, when we look at our youth on a reserve, we see not a conflict of values, but an absence of values. We need to lead ceremonies that help balance out our lives and the lives of our youth. The healing system is a complete one, and the ceremonies go to the heart of tradition (p. 13).

The experience of the participants of this study suggests that the foundation of Native spirituality is found in one’s connection to and interdependence with nature, others and the universe as discussed by Hodson (1986). It is likely that the each participant’s connection to First Nations beliefs, values, and spirituality was lost or disrupted through
separation from family and/or community. As a consequence, the loss of connection to immediate family and/or community may have effected each participant’s identity development, as discussed by Jilek (1982), a BC psychiatrist who has worked for several years with First Nations communities:

The psychiatrist dealing with self-damaging young native persons finds them to be in a double identity crisis - both the general personal identity crisis of youth and the specific cultural identity crisis of Indian youth. Today a young native person is often alienated from his cultural traditions and cannot feel pride and respect for his people, nor can he identify with the culture and tradition of the majority of society (p. 121).

Each participant identified an earlier need for support and guidance. Although support was temporarily obtained in a few instances through professional sources, all participants described how long-term support and healing was obtained through spiritual practices and reconnecting with elders or family. Psychologists, such as LaFromboise et al.(1990), have observed that "Traditional ceremonies reinforce personal adherence to cultural values and remind participants of the importance of strengthening and revitalizing family and community networks" (p. 630). Each of the five participant’s stories confirm the complex relationships among their identity, culture, spiritual practices, and sharing with others in helping them to heal from wanting to die.

In summary, the healing processes described by each participant suggest recovery from suicidal states as well as recovery from a state of cultural disconnection. Based on these findings, it is impossible to attribute the participants suicidal states solely to cultural
loss. However, it would seem that the development or a strong positive cultural identity contributes significantly to healing from states of suicidality.

**Implications for Theory and Research**

The results of this study and the recent research on wellness and healing processes (McCormick, 1994; McCormick, 1997; van Uchelen, 1996) suggest several avenues of further research that may influence theoretical understanding of suicidality, as well as suicide prevention and intervention for First Nations youth in British Columbia.

First, the emphasis on healing through a connection with Native spirituality and belief systems for these women may have implications for the implementation of suicide prevention and intervention approaches for other First Nations youth. Each participant in this study validated the theme of spiritual connection as being especially significant to their healing process. This theme generated several subthemes describing aspects of Native spirituality. Further research might clarify the significance of the relationship between the expression of cultural identity in traditional practices, including Native spirituality, and the development of personal identity in First Nations youth. It may also be worthwhile to explore whether other individuals in North America identify spirituality as important to recovering from suicidality.

Another area of promising research would be an examination of how a childhood connection to elders and Native spirituality might mitigate the risk of suicide. Each participant in this study described an important connection to at least one elder and how the elder provided support, taught traditional beliefs and practices and served as a role model. Hochkiren and Jilek (1985) suggest that involvement of elders in community
functions can contribute to reinforcing inter-generational connections and traditional values. Research might be conducted to explore the role of elders in the community, and how youth perceive elders. Finally, anthropological studies could focus on exploring the ways that spirituality is transmitted between generations in First Nations communities.

Finally, each participants’ healing journey describes the development of a positive sense of self or identity. This sense of self has emerged through a combination of internal and external processes and is demonstrated through each participant’s expressed sense of meaning and commitment to their communities. Hammerschlag (1982), a psychiatrist who has extensive involvement with Native communities, strongly believes that the key to psychological survival for First Nations children and youth comes through the development of a "unique, positive, connected sense of self." He suggests that the negative aspects of the Native experience is a testimonial to the prevailing North American way of life and our disconnection from a credible past of meaning. If this is so, this may have implications for many North American youth, regardless of their heritage. Further research might explore the relationships among cultural meaning, identity development, and suicidal risk for a non-specified group of North American youth.

Implications for Practice

One of the goals of this study was to contribute to the improvement of suicide prevention and intervention in First Nations populations and communities. The participants of this study suggest that counsellors working with First Nations clients should be particularly aware and respectful of First Nations issues and worldview. The
Royal Commission on Aboriginal Peoples (1995), LaFromboise et al. (1990) and
McCormick (1994) specifically encourage culturally appropriate treatment and the
integration of traditional healing methods. Such an approach would likely involve the
client's family, elders, and community. LaFromboise et al. (1990) suggests that
counsellor training programs need to include direct experience of Native communities as
a way of helping counsellors learn how communities are organized and function.

Each participant emphasized the significance of cultural connection and spirituality
to their emerging positive sense of self. Some of the participants further emphasized that
no amount of counselling could have replaced their need for cultural and spiritual
connection. An area for further counselling research may be to explore how programs
that encourage youth to develop identity through various cultural connections, including
Native spirituality are implemented and evaluated. In relation to this topic, a deeper
exploration of Native healing practices might reveal whether there are processes of Native
healing that parallel effective counselling practice, or practices of Native healing that
significantly complement effective counselling.

Finally, it may be possible to identify a particular set of microskills or approaches
to professional counselling that are more likely to be effective with First Nations clients,
assuming that the counsellor is well-grounded in the Native worldview. Brant (1986)
identifies some key areas of the psychotherapeutic process that may differ for Natives. He
identifies these as:

- the importance of nonverbal and symbolic communication;
- the role of spiritual belief;
- the integration of mind, body and spirit;
the process of learning from the past;
- the need to make decisions in relation to others as well as the self;
and,
- the emphasis on collectivism and harmony, rather than on competitiveness and assertiveness.

**Personal Response to the Research Process**

The process of unstructured interviewing and phenomenological analysis of the each participant’s experiences of suicidal ideation and recovery was an intense and moving experience. Although I had previously been involved in and applied phenomenological research methods in two other research projects, the previous research did not address the kinds of sensitive issues leading to and surrounding suicidal experiences. I consider these earlier research projects as essential and valuable training in the process remaining unintrusive and open during unstructured interviews. I am deeply appreciative of the opportunity to have engaged in previous research using a phenomenological approach. I found myself experiencing deep empathic response to the participant’s story, both during each interview as well as in the subsequent re-listening and analysis. During the interview process, it was very important, as much as possible, that I restrain expression of empathic responses and allow the interview to proceed in an undirected manner.

I feel that each participant shared her story in an open and trusting manner. I believe that the sharing process was facilitated by unstructured interviewing, including the process of introducing participants to the research process and the rapport building that
occurs before the actual interview. Therefore, the unstructured interview appears to be an effective means of approaching very sensitive topics. I have found that my immersion in the transcriptions and analysis brought me into a deeper experience with each participant, and I feel I have had a unique opportunity to share in each of the participant's lives in recovering from suicidal experiences.
REFERENCES


Dear Friend:

You are invited to participate in research to determine processes of healing for First Nations youth in BC. I am conducting this research as a graduate student in the Counselling Psychology department, for the completion of a thesis.

You will be asked to participate in a 45-60 minute interview. In the interview, you will be asked to recall a time during your youth when you felt intensely suicidal. You will also be asked to describe how you were able to move beyond that time, and what processes were healing for you. The interview will be tape-recorded, transcribed, and number coded to ensure your confidentiality. The interview tape will be erased upon completion of the study.

The transcription will be used to develop a narrative summary of your story. You will have an opportunity to review this narrative during a follow-up meeting. You will receive a $40 honorarium for your participation and at the conclusion of the follow-up meeting.

The purpose of the interview is to develop an understanding of what can facilitate healing for First Nations youth who are suicidal. This understanding might contribute to the healing practices for First Nations people, as well as the training and practice of counsellors who work with First Nations youth. The focus of the study is on what processes and events allowed you to heal successfully. The study is not focusing on the negative factors concerning suicide.

The interview is intended to be a positive and empowering experience for you. Your participation in this study is entirely voluntary and you may withdraw at any time. If at any time you find the experience of recalling past events too stressful or uncomfortable, I will provide you with access to professional help.

All responses to this letter of invitation will be kept strictly confidential. If you wish to participate in this study, please complete and return the attached consent form to me in the self-addressed/stamped envelope. I will contact you to arrange for a suitable meeting time in the Department of Counselling Psychology. Thank you for your interest.

Yours truly,

Donna Paproski
Graduate Student
Department of Counselling Psychology
Interview Questions

What was your experience of wanting to commit suicide?
What was important to you at that time?
Upon reflection, have you decided what events or experiences enabled you to move beyond that place?
How did you overcome wanting to commit suicide? How did you heal?
Were there particular events that occurred that helped you?
Were there any people involved?
Tell me more about him/her/them.
What happened inside you that allowed you to heal?
What changed for you?
What is important to you now about your experience?
APPENDIX B

Synopsis of Healing Processes and Themes

Interview #1

This participant reports a strong connection to her great grandmother as a factor mitigating suicidality and helping her to heal. Her great grandmother’s teachings and counselling brought her personal insights about her connection to ancestors and her children. She learned about spiritual beliefs and metaphors about connectedness and the cycle of life.

The participant’s healing process included a physical separation from people and place, a struggle to survive as a teenager, and a drastic loss, through the unexpected death of her younger brother. This event and her interaction with her great grandmother raised her awareness about how she was living, her responsibility to herself, and her need and ability to take action to live differently. She has developed a strong sense of self-determination, responsibility to caring for herself and her children, and a hope for a positive future for herself and the world. She maintains this positive and responsible attitude through a cultural and spiritual foundation of beliefs in connectedness, responsible use of personal gifts, and cycles of life. She feels responsible for and committed to sharing her knowledge and experience to help other First Nations people.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Meaning Units</th>
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<td>Ideation/rejection</td>
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<td>Failed attempt</td>
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<tr>
<td>Separation from situation/native history</td>
<td>16, 17, 18</td>
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<tr>
<td>Connection to ancestry/native history</td>
<td>29, 30, 35, 40, 41</td>
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<tr>
<td>Connection to family</td>
<td>5, 10, 17, 19, 22, 24, 25, 26, 27, 29, 40, 41, 43, 44, 45, 46, 47</td>
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<tr>
<td>Learning from elders/learning by example</td>
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<tr>
<td>Learning from elders/support</td>
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<tr>
<td>Learning from elders/spiritual teachings</td>
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<tr>
<td>Spiritual symbolism</td>
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<tr>
<td>Setting goals</td>
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<td>Self-respect</td>
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<td>self-confidence</td>
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<tr>
<td>Self-reliance</td>
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Interview # 2

The participant has experienced a long healing process that was initiated through an unexpected separation from her husband. Through professional counselling, personal self-help, and Native Studies, she has come to understand her need to heal from unhealthy childhood and family cycles of sexual abuse and physical abuse. She identifies the historical abuse and racism of First Nations people as a source of the cycle of abuse that she and others have experienced in her community.

She has come to understand the connection between the dynamics of her marital relationships and her self-esteem and identity. She believes accepting herself as a Native woman has been central to her healing. She has found identifying, coping with, and expressing her emotions an important part of healing. She participates in Native spiritual practices and healing circles that allow her to heal through talking. She has made it a personal goal to teach other First Nations people how to cope and with and express emotions, and to be a leader in her community.

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<tr>
<td>Decision not to attempt/inner resolve</td>
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<td>Self esteem</td>
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<td>Healing circles</td>
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<td>Prayer</td>
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<tr>
<td>Setting goals</td>
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</tr>
<tr>
<td>Resolving the past</td>
<td>27, 57, 80</td>
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</table>
Interview #3

The participant identifies her connection with Native spirituality as being the most significant influence mitigating her suicidal ideation and contributing to her healing process. She explains how her spirituality is grounded in her childhood and teachings of her grandfather, a traditional healer. She believes that her spirituality connects her to her ancestors, the land and her personal and cultural identity. She says that her spirituality includes activities such as praying to the Creator, doing ritual, being in Nature, and watching for signs from the Creator in her daily life. Her spiritual practices are a part of her daily life. The participant also reports her healing process as involving separation from the situation, letting go or resolving the past, and the development of self-reliance and self esteem.

Themes

<table>
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<td>Ideation/rejection</td>
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<td>Outcome of attempt</td>
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<td>Decision not to attempt/inner resolve</td>
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<td>Separation from situation/people</td>
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<td>Connection to ancestry/native history/land</td>
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<td>Connection to family</td>
</tr>
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<td>Learning from elders/learning by example</td>
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<tr>
<td>Learning from elders/support</td>
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<td>Learning from elders/spiritual teachings</td>
</tr>
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<td>Prayer</td>
</tr>
<tr>
<td>Creator</td>
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<tr>
<td>Ritual</td>
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<tr>
<td>Nature</td>
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<tr>
<td>Resolving the past</td>
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<td>Learning from the past</td>
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<td>Self expression</td>
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<td>Relationships</td>
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<tr>
<td>Spiritual symbolism</td>
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<tr>
<td>Other spiritual experiences</td>
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<td>Setting goals</td>
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</table>
Interview #4

The participant identifies her spirituality as central to her healing process and mitigating her suicidality in her youth. She describes her spirituality as including prayers and conversations with the Creator and being in nature. She also reports how a role model and father figure, her stepfather, taught her respect for self and others. She describes how her healing began through an emotional and psychological separation from the situation and connected through her self reliance and her connection to the Creator. She continues to rely on herself and her spirituality to maintain her esteem and identity.

<table>
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<tr>
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Interview #5

The participant identifies her connection to and love for her family as mitigating her suicidality in her youth. She describes how life at a residential school was central to her loss of cultural, spiritual and personal identity in her youth and that this happened to all her brother and sisters. She describes how her healing began through a physical separation from the situation, followed by a drastic awareness of the impact of her time at the school. At this time, she made a spiritual connection through prayer and received a healing song from the Creator.

She believes that her Native spirituality is central to her healing process, which she shares with her entire family and community. She describes her spiritual activities as including prayers to the Creator, healing songs, ritual and being in nature. She also reports how her mother and grandmother have taught her prayers and traditions of her Native spirituality. She see the healing songs and prayers that she is taught as gifts that she is responsible to share with others. Her spirituality is a central part of her identity.

Theme

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