

Counselling First Nations:
Experiences of How Aboriginal Clients Develop, Experience, and Maintain
Successful Healing Relationships with Non-Aboriginal Counsellors in
Mainstream Mental Health Settings,
A Narrative Study

by

Gail E. Howell-Jones

B.A., Loyola College, 1974
M.A., University of British Columbia, 1997

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

In

THE FACULTY OF GRADUATE STUDIES

(Educational and Counselling Psychology and Special Education)

THE UNIVERSITY OF BRITISH COLUMBIA

December 2005

© Gail E. Howell-Jones, 2005

Abstract

Aboriginal people in Canada experience disproportionately high rates of family violence, suicide, substance abuse, and mental health problems such as depression and posttraumatic stress disorder. However, although culturally based healing resources for aboriginal people are inadequate to meet the need, available mainstream mental health services are underutilized by aboriginal clients. Therefore, while building on previous research looking at the problems faced by mainstream services and non-aboriginal counsellors in engaging and helping aboriginal clients, this research assumed there have been successes and examined aboriginal experiences of successful engagement and healing within such contexts. The methodology for this study is a narrative based approach that meets the mandates for ethical and appropriate indigenous research as described by those of authority in the field of indigenous research, and answers the question: How do aboriginal clients develop, experience, and maintain successful healing relationships with non-aboriginal counsellors in mainstream mental health settings? Narrative analysis of interviews with seven aboriginal mental health clients who believed they had a positive counselling experience in a mainstream setting produced findings that suggest common themes of interaction and discovery mark successful counselling relationships. Generally clients described an increased sense of connection and belonging, harmony, integration of traditional aboriginal and non-aboriginal practice and beliefs, self-acceptance, understanding, and balance as critical. However the defining characteristic of a successful counselling experience was expressed as the capacity of the counselling relationship to increase each client's clarification of how aboriginality is meaningfully and uniquely understood. These findings have implications for mainstream mental health services and indigenous research in general.

Table of Contents

Abstract	ii
Table of Contents	iii
Acknowledgments	iv
Chapter I: Introduction	1
<i>Introduction</i>	1
<i>Purpose of the Study</i>	3
<i>Rationale for the Study</i>	5
<i>The Researcher</i>	11
<i>Assumptions</i>	11
<i>Approach to the Study</i>	13
Chapter II: Review of the Literature	16
<i>First Nations' Belief Systems</i>	16
<i>Relationship and Connection</i>	18
<i>Knowledge</i>	20
<i>Spirituality</i>	22
<i>Summary</i>	23
<i>Mainstream Mental Health Services to Aboriginal Peoples</i>	24
<i>Biomedical versus Holistic Orientation</i>	25
<i>Individual versus Community and Family Oriented Treatment</i>	26
<i>Segmented vs Integrated Services</i>	28
<i>Poor Understanding of First Nations Beliefs and Needs</i>	30
<i>Cultural Safety</i>	31
<i>Summary</i>	33
<i>Dominant Culture Research with First Nations</i>	34
<i>Inside- Outsider Considerations in Indigenous Research</i>	37
<i>Kaupapa Maori Research: A Model for Indigenous Research</i>	39
Chapter III: Methodology	46
<i>Narrative Methods</i>	46
<i>Narrative Methods and First Nations Belief Systems</i>	50
<i>Narrative Coherence</i>	50
<i>Narrative Sequence</i>	51
<i>Narrative Heart</i>	53
<i>Summary</i>	54
<i>Validity in First Nations' Research</i>	54
<i>Ironic or Simulacran Validity</i>	56
<i>Paralogic or Lyotardian Validity</i>	57
<i>Rhizomatic Validity</i>	58
<i>Voluptuous Validity</i>	59
<i>Summary</i>	59
<i>Ethical Considerations</i>	60

<i>Credibility</i>	63
<i>Methodological Rationale</i>	65
<i>Participant Descriptions</i>	68
<i>Lindsey</i>	69
<i>Jack</i>	70
<i>Kim</i>	70
<i>James</i>	70
<i>Lisa</i>	71
<i>Sal'duba</i>	71
<i>Livina</i>	72
<i>Chapter IV: Results</i>	73
<i>Narratives</i>	74
<i>Jack: I Don't Want to Hear Them Say No, That Can't Be Real</i>	74
<i>Orientation (placing narrative in context)</i>	75
<i>Abstract (overviewing the narrative)</i>	75
<i>Plot (describing narrative action)</i>	76
<i>Resolution (resolving the narrative)</i>	77
<i>Coda (reflecting on the narrative following the event)</i>	78
<i>James: I Looked Back on My Life as if It Was Like a Big Failure When I</i> <i>Think I Was Dead Myself</i>	80
<i>Orientation</i>	81
<i>Abstract</i>	81
<i>Plot</i>	82
<i>Resolution</i>	82
<i>Coda</i>	84
<i>Lisa: I Learned to Be Racist against Myself</i>	85
<i>Orientation</i>	85
<i>Abstract</i>	86
<i>Plot</i>	86
<i>Resolution</i>	87
<i>Coda</i>	89
<i>Kim: Alone and Finding the Way In-Between</i>	91
<i>Orientation</i>	91
<i>Plot</i>	92
<i>Resolution</i>	93
<i>Coda</i>	94
<i>Lindsey: I Thought the World Was a Bad Place</i>	95
<i>Orientation</i>	95
<i>Abstract</i>	96
<i>Plot</i>	97
<i>Resolution</i>	98

<i>Coda</i>	100
<i>Sal'duba: A Man is Supposed to Do It on His Own</i>	101
<i>Orientation</i>	102
<i>Abstract</i>	102
<i>Plot</i>	102
<i>Resolution</i>	105
<i>Coda</i>	106
<i>Livina: I Keep Looking for Something</i>	107
<i>Orientation</i>	108
<i>Abstract</i>	108
<i>Plot</i>	109
<i>Resolution</i>	110
<i>Coda</i>	110
<i>Factors Influencing a Positive Experience with Non-Aboriginal Counsellors in Mainstream Mental Health Settings</i>	112
<i>Engagement</i>	113
<i>Meeting Stated Aboriginal Needs for Culturally Sensitive Services</i>	117
<i>Resolution: Clarification of Aboriginal Self</i>	131
<i>Summary</i>	137
Chapter V: Discussion	139
<i>Implications</i>	142
<i>Practice</i>	143
<i>Research</i>	146
<i>Implications for Further Study</i>	148
<i>Limitations</i>	148
<i>Overall Recommendations Arising from the Study</i>	149
<i>Clinical</i>	150
<i>Education</i>	151
<i>Research</i>	151
<i>Policy</i>	152
<i>Counselling First Nations: A Personal Reflection</i>	152
References.....	155
Appendix A: Poster.....	166
Appendix B: Consent Form	166
Appendix C: Ethics Approval.....	166

Acknowledgements

None of this would have been possible without help and support.

I have greatly appreciated and learned to count on the ongoing patience and encouragement of my advisor Dr. Rod McCormick who has been unwaveringly helpful, calm, and non-judgmental. My committee members, Dr. William Borgen and Dr. Marvin Westwood have also been remarkable in their willingness to work with me outside the box and in.

To my friends, colleagues and managers at work in White Rock and North Delta who have always asked how's it going just the right amount of times and been unstinting in their encouragement and support.

To my amazing daughter Katie, who has had to navigate her teenage years with a mother who needed to study even harder than she did and who probably ordered in food too often, I acknowledge my indebtedness and my respect for her moments of unanticipated wisdom.

Most importantly, I want to thank the participants in this study who provided wisdom so freely and with such enthusiasm and good nature. Each one of you has opened my eyes by opening your hearts, has revitalized my perspective on people and their worlds, and has given me the priceless gift of your experience and thoughts. I only hope that the results of our joint efforts will contribute to a larger understanding and appreciation of how people can connect and support one another.

Chapter I: Introduction

Introduction

Literature looking at the provision of mental health services to aboriginal peoples in Canada consistently documents several things. To begin, mental health issues such as family violence, suicide, depression, posttraumatic stress disorder, and substance abuse are over represented among aboriginal people compared to other cultural and ethnic groups (Aboriginal Healing Foundation, 2000; Kirmayer, Macdonald, & Brass, 2000; Nelson & McCoy, 1992; Sal'I' Shan Institute, 2002; Smye & Mussell, 2001). Further, the Sal'I' Shan Institute's presentation to the Romanov Commission (2002) speaks clearly for the aboriginal community in declaring that the, "foundations of personal and collective health of Canada's Aboriginal people have been undermined by their multi-generation experience of lost lands, lost resources, lost cultures and lost autonomy" (p. 3). Mental health problems are currently understood to have a significant social, historical, and political component, but in general the mental health system, including counselling and other forms of mental health support, does not systematically integrate socio-political variables and approaches. The predominant model in mainstream mental health continues to be based on a western medical paradigm that is individualistic and biologically based. Paradoxically, there are also approaches based upon a stereotypical or "essentialized" aboriginal identity (Waldram, 2000). Essentialization is equally problematic because it does not recognize important distinctions between aboriginal cultures or individuals (Smith, 1999). As Smith (1999) writes, "although the term indigenous people has come to commonly signify the collective "experiences, the issues, and the struggles of some of the world's colonized peoples and enable their collective

voices to be heard” (p. 7), the pluralization of ‘people’ is a deliberate and important recognition that in spite of commonalities, there are also real differences (Kirmayer, Brass, & Trail, 2001). Further, while First Nations have persistently articulated clear guidelines for appropriate service delivery, Smye and Browne (2002) contend, “aboriginal perspectives and knowledge remain largely absent from the dominant discourse around mental health care – an absence that arises from persistent sociopolitical marginalization” (p. 43). Most mental health services are delivered by non-aboriginals who have little or no understanding of aboriginal beliefs, values, or practices or of the historical and current context of aboriginal mental health issues, nor an appreciation of the differences represented in the larger aboriginal community.

The above lack of understanding appears to significantly contribute to an underutilization of mainstream mental health services and resources by aboriginal peoples, a high treatment drop out rate, and an aboriginal experience of mainstream help as ineffectual (Aboriginal Healing Foundation, 2000; Kirmayer, Macdonald, & Brass, 2000; McCormick, 1996, 1998; Oleman, 2003, personal communication; Sal’I’Shan Institute, 2002; Smye & Mussell, 2001; Trimble & Flemming, 1990). Consequently authors such as Smye and Mussell (2001) contend that additional monies and services are only part of the answer to the mental health challenges facing aboriginal peoples. While existing resources need restructuring to meet the needs of this growing and diverse population, this restructuring should be based upon research documenting what is already working. In conclusion, research needs to illustrate this and provide concrete examples and guidelines for what works and how appropriate services are already delivered to aboriginal people in the real world of community mainstream mental health.

Purpose of the Study

The purpose of the present study was to elicit descriptions of successful counselling partnerships between aboriginal clients and non-aboriginal mainstream mental health workers in order to begin to understand the common variables contributing to those relationships. The hope was to provide a context within which mainstream mental health practice can better facilitate and support aboriginal mental health in ways that are inviting to aboriginal clients. The goal was to provide practical models for mental health services that neither reflect inappropriate mainstream models nor assume cookie cutter cultural models, but rather are based in actual and successful front line practice. Therefore although policy change is critical, (Mussell, 2003, personal communication; Smye & Mussell 2003), the primary focus of this study was the clinician, not the policy maker.

This inquiry was designed to contribute to the field of counselling psychology in a number of ways. First, the intent was to provide information that will help aboriginal peoples successfully access and benefit from mainstream mental health services, including those of counselling psychologists. Aboriginal peoples have provided clear statements about how their mental health needs can be met, but in my experience as a mainstream mental health therapist, these guidelines have not made their way into the general mainstream mental health service literature or into the understanding and competency of most mainstream mental health service providers (McCormick, 1995, 1998; Smye & Mussell, 2001). This study attempted to afford the Aboriginal people interviewed an opportunity to express in concrete and anecdotal form, the process, and experience of a helpful counselling relationship. As a result, this study may offer some

clarification of what is needed to be culturally competent when working with aboriginal people.

Second, the study may add to the general body of knowledge concerning indigenous research as conceived and carried out by a non-indigenous researcher. I made an effort to carry out this research in a culturally appropriate way, one that was informed by First Nations cultural values and practice. Some of the ways in which research has misrepresented aboriginal peoples and devalued their knowledge are addressed in the literature review for this study. Thus, the study contributes to the expertise of counselling psychologists in relation to both practice and research.

In summary, this study endeavoured to provide a beginning for experienced based discussion and practice of successful service delivery to aboriginal clients by mainstream mental health clinicians, using a research method and process that is culturally appropriate. The intent was to provide both aboriginal and non-aboriginal mental health practitioners and researchers with increased understanding of how the best practice guidelines and the promises and intents of mental health policy may be played out in actual clinical practice. This research had two equally important aspirations: (a) to conduct research in a manner that was respectful of First Nations beliefs and practice, and (b) to inform and encourage mainstream mental health practice around culturally viable service delivery to First Nations clients. Therefore, this research meets some of the priority needs for aboriginal mental health services as laid out by Smye and Mussell (2001), namely evidenced based practice models about what is working in respect to culturally safe, integrated, and useful mental health services. Both indigenous research

and clinicians may benefit, but more importantly, I hope this research will benefit aboriginal peoples themselves.

Rationale for the Study

First, although strategic plans for health service delivery highlight aboriginal health, there is little research about how mainstream mental health services can actually deliver these priorities in daily practice (Aboriginal Health Plan, 2002; Fraser Health Authority Strategic Plan, 2002; Paul, 2004, personal communication; Royal Commission on Aboriginal People, 1993). Although aboriginal peoples have engaged in numerous discussions and produced many guidelines for mental health service, there is relatively little information available to clinical staff in mental health centers as to how these guidelines can best be implemented, little shift in the way mental health service is delivered, and little or no training in aboriginal mental health offered to those supposed to deliver the services (Sal'I'Shan Institute, 2002; Smye & Mussell, 2001).

Second, according to a number of researchers, First Nations' research likewise remains focused on pathology rather than wellness and strengths, and likewise reflects a western research model that itself is criticized by indigenous authors (Chrisjon, Young, & Mauran, 1997; Bishop, 1996; McCormick, 1996, 1998; Smith, 1999; Smye & Brown, 2000). McCormick (1998) writes that an analysis of American Psychological Association journals over the past 20 years shows an actual decline in cross-cultural research in general and others similarly observe that, "local or indigenous knowledges are even more at risk now than ever" (Smith, 1999, p. 100). The paucity of First Nations research is reflected in the paucity of clinical information available to mainstream mental health

providers and the subsequent poor accommodation of those services to First Nations culture and experience (Sal'I'Shan Report, 2002; Smye & Mussell, 2001).

Nevertheless, there were several important reasons for conducting a study of how mainstream mental health services could become accessible and useful to Aboriginal clients. Twenty-one of the 26 aboriginal groups consulted in producing the Aboriginal Wellness Plan (2002-2003) described mental health as a concern. An evaluation by the Tsewultun Health Centre found that 87% of the respondents reported experiencing at least one mental health problem and 71 % described two or more emotional issues (Aboriginal Health Plan, 2002). Reflecting the plight of indigenous peoples everywhere, First Nations' people continue to experience a high incidence of physical, mental health and social problems (Aboriginal Peoples Survey, 1991; Duran & Duran, 1995; Royal Commission on Aboriginal Peoples, 1995; Smith, 1999; Smye & Mussell, 2001). The overall mental health of aboriginal peoples is significantly worse than that of non-aboriginals in almost every area of mental health (Kirmayer, 2001; Smye & Brown, 2002). Aboriginal offenders continue to be over represented, especially for crimes of a sexual nature (McGovern, 1998) and Native Americans have the highest rate of violent crimes of any group, with homicide and suicide rates three to seven times the American national average (Evans, 1997). In Canada, the Aboriginal People's Survey found 36% of the British Columbia's aboriginal people (on reserve) indicated suicide as a problem and the overall provincial suicide rate among aboriginal people is three times higher than for non-aboriginals (Health Canada, 1995). Compared to the overall Canadian population, the suicide rate for First Nations teens in British Columbia is eight times higher for First Nations females and five times higher for First Nations males (Assembly of First Nations,

2002). Overall rates of family violence lead the Royal Commission on Aboriginal People (1995) to conclude, "violence has become so pervasive that there is a danger of it coming to be seen as normal" (p. 6). Some front line workers estimate eight out of ten First Nations adults have experienced violence or abuse (Sal'I'Shan Report, 2000) while other studies have put violence towards First Nations women at around 80% (Evans, 1997; Hudson, 1998).

Moreover, although in traditional cultures such behaviours were almost nonexistent and strongly sanctioned, there is considerable evidence that the legacy of colonization is expressed in the intergenerational trauma and abuse that pervades contemporary First Nations families and communities (Ross, 1995). Childhood sexual and physical abuse is deemed significantly higher in Aboriginal populations (McCormick, 1995; Research from the Centre for Studies of Children at Risk, 1998). Evans (1997) states that adoptions and foster home placements for American Indian children remain high, with these children still taken into foster care at well over four times the rate of non-Aboriginal children. Addressing a gathering at the Museum of Anthropology at the University of British Columbia, British Columbia Premier Gordon Campbell similarly reported that in some British Columbia communities more than 40% of First Nations' children are in care although they only represent 8% of B.C. children (September 11, 2002). There is clear evidence that childhood trauma, marginalization, and poor social conditions such as experienced by aboriginal peoples lead to and exacerbate mental health problems in all populations (van der Kolk, 1999). The cultural discontinuity historically experienced by aboriginal peoples has also been linked to high rates of depression, alcoholism, suicide, and violence (Kirmayer, Brass, & Tait, 2000).

On the other hand, a study by Chandler and Lalonde (1998) involving 196 bands, concluded that the presence of indicators of cultural continuity such as community control of police and fire, education and health, existence of local facilities for cultural activities, self-government, and involvement in land claims was associated with a lower level of suicide in communities compared to those where the indicators were not present.

However, in spite of the acknowledged and urgent mental health needs of aboriginal populations there are few trained aboriginal mental health practitioners. Although Peters and Demerais (1997) note that 87% of First Nations parents and older teens interviewed at a friendship center favoured having native counsellors for native families, McCormick (1997a) found that the majority of aboriginal people must see a non-aboriginal counsellor. While service delivery models that reflect predominantly western European concepts have been assessed as largely ineffective in responding to the needs of First Nations (McCormick, 1996, 1998; Smye & Mussell, 2000; Trimble & Flemming, 1998), the Sal'I'Shan Report to the Romanov Commission (2002) states, "there is no evidence of collaboration and co-operative action to address mental health/wellness challenges between First Nations and Aboriginal communities and their governments and organizations" (p. 35). The same reports concludes:

There is no significant evidence of evaluation conducted to assess and evaluate program conception, design, delivery, and outcome in First Nations and Aboriginal contexts. Information describing how prevention, intervention, treatment, and follow-up work is done, and discussion of strengths, weaknesses, and potential ways to make improvements to what was done is not available for any Health Canada programs earmarked for First Nations purposes (p. 36).

In summary, although aboriginal peoples have provided clear guidelines for service delivery and while there are many written reports available, mental health services continue to employ a model that results in the underutilization of mental health services by aboriginals (Kirmayer et al., 2001; McCormick, 1996, 1998; RCAP, 1993, Smye & Mussell, 2001). Moreover, as Waldram (1994) observes, much of literature that examines healing for Aboriginal people relies more on opinion and conjecture than on research. Therefore there is little empirical evidence to support suggestions about how to be more effective with aboriginal clients. In particular, studies looking at strength, healing relationships that work, and mainstream approaches that are effective are lacking (Nechi Institute, 2001; Waldram, 2001; Wohl, 1989).

The above findings have serious implications for the future health and leadership of the country as well as for First Nations. Not only do aboriginal communities and individuals experience a significantly greater number of mental health problems than the rest of the population, they make up an increasing percentage of Canada's population. Currently 17% of the country's aboriginal people live in British Columbia, with almost 200 bands with 33 language groups representing a culturally diverse community of over 94,000 status Indians as well as 70,000 non-status Indians and Metis (Smye & Mussell, 2001). The 1991 Canadian census showed that Aboriginal populations were the fastest growing segment of the population and predicted exponential growth into the 21st century (Wieman, 2000). The status Indian population alone increased by 41% between 1989 and 1999. The Royal Commission (1995) identifies that over half (56.2%) of the population is under 25, with approximately 192,530 falling into the 0 - 15 age category. Clearly, there

are urgent and compelling reasons for culturally appropriate research around First Nations concerns.

In summary, the rationale for this study was that while mental health concerns and treatment needs continue to be significant for aboriginal peoples, existing mainstream services are woefully underutilized (Kirmayer et al., 2001; McCormick, 1996, 1998; RCAP, 1993; Smye & Mussell, 2001). Although there is much information on how to make services more culturally appropriate and accessible, the actual process of doing so has apparently not filtered down to clinical providers, evident from the large drop out rate and the reported ineffectiveness of treatment. Consequently, the over all consensus is that there is a need for more available, culturally safe, and pertinent resources relating to aboriginal mental health (Sal'I'Shan Report, 2002). Among others, Peters and Demerais (1997) report that the Greater Vancouver Mental Health Service found its most successful partnerships developed informally, "from the bottom up, initiated by line workers who have recognized a need to solve a shared system problem" (p. 34). Therefore, it seems appropriate to analyze and operationalize successful healing relationships between aboriginal clients and non-aboriginal counsellors from this front line level. Thus this current study intends to provide concrete case examples of counselling relationships between mental health services and aboriginal clients that work, and in doing so create a basis for future decision-making, program development, and clinical practice.

The research question was: How do aboriginal clients develop, experience, and maintain successful healing relationships with non-aboriginal counsellors in mainstream mental health settings?

The Researcher

As I will address in the literature review, although an outsider to the aboriginal community, my world, and the world of some aboriginal individuals is commonly the world of mainstream community mental health. I have worked as a therapist in community mental health for almost 10 years. Most of the clients I saw in one position were individuals where historical trauma was implicated in current mental health issues. Aboriginal clients have been few, which, given the amount of trauma experienced by many aboriginal individuals, made me curious, led to my interest in this research topic, and helped form the research question.

I have had the privilege of working with the aboriginal liaisons for the Fraser South Health Authority, a health authority that includes four reserves and has stated as a priority mandate, the development of viable aboriginal mental health resources. I also have had the benefit of close professional association with 2 cross-cultural psychiatrists, themselves respected in the aboriginal communities of northern British Columbia.

My undergraduate degree in sociology was focused on the sociology of knowledge, a phenomenological approach to understanding and respecting the dialectic of subjectivity and commonality in both individual and community worldviews. I believe all of this 'history' has provided some solid preparation for conducting this research and understanding the methodology employed.

Assumptions

There were a number of underlying assumptions in this study. One of the assumptions of this researcher was that mainstream mental health services have the potential and the responsibility to provide for aboriginal peoples. This has not been a

successful endeavour as aboriginal peoples do not use mainstream mental health services in spite of the fact that there are numerous mental health problems, a shortage of aboriginal mental health practitioners, and a lack of treatment options in aboriginal communities (McCormick, 1996, 1998; Sal'I Shan Report, 2002; Smye & Mussell, 2001). Although some authors caution against stereotyping aboriginal identity, many more argue that a collective identity is both a valid construct and a connective tissue that facilitates healing (Kirmayer et al., 2000). Therefore this researcher acknowledges the reality and the importance of that identity and its significance in developing culturally resonant mental health services. A related assumption is that historical colonization and ongoing marginalization continue to have psycho-social consequences that significantly affect the mental health of aboriginal peoples and therefore the current biomedical model of mental health and mental health service to aboriginal peoples is inadequate.

In relation to clinical practice this researcher assumed that non-aboriginal mental health practitioners are capable of providing service to aboriginal communities and individuals, especially in partnership with and under the mentorship of aboriginals themselves. Further, I continue to believe that such successful partnerships and approaches can provide models for clinical practice. Last, I hold that services are better designed when such designs are based in what is already working, rather than what is missing or wrong.

Likewise, although a great deal of past and current research with indigenous peoples has not been acceptable or useful to the indigenous participants and their communities, it was the assumption of this researcher that a non-indigenous researcher could carry out indigenous research that was respectful and of value to the indigenous

community. In relation to this, ideas around being an outsider to the culture under study are discussed in Chapter II. The history of academic research with indigenous peoples also strongly suggests the two have only an uneasy alliance. For this I apologize and hope that the benefits of the research to the aboriginal community will balance any lapses. Last, it is the assumption of this researcher that we have much to learn from our therapeutic relationships with aboriginal peoples in terms of holistic and multidimensional conceptions of people and approaches to health, learning that will increase our understanding and appreciation not only of the richness that is our world, but ourselves.

Approach to the Study

In its approach, this research attempted to comply with the mandate of indigenous research as described by authors such as Bishop (1996), Smith (1999) and Chrisjohn, Young, and Maraun (1997). These authors make a clear distinction between indigenous research and research with indigenous peoples. The former refers to any research with indigenous peoples as its focus and has been the subject of extensive criticism from indigenous and non-indigenous alike (Bishop, 1996; Chrisjohn et al., 1997; Smith, 1999). The latter refers to research guided by principles based upon concerns with the survival of indigenous cultures and languages, their struggle to become self-determining, and their need to take back control of their own destinies (Bishop, 1996; Commanda, 1998; Chrisjohn et al., 1997; Smith, 1999).

Similar in colonization history and current concerns to the aboriginal peoples of Canada, the Maori people of New Zealand have formalized a research approach based in the Maori way. The Kaupapa Maori research model appears to fit the demands of

Canada's aboriginal peoples for research that respects the knowledge and process of indigenous peoples, acknowledges the power differentials implicit in most research originating in western academia, benefits and is accountable to the aboriginal community from conception to realization and the dissemination of results, and situates First Nations concerns within a historical and political context (Chrisjohn et al., 1997; Smith, 1999).

Bishop (1996) suggests that indigenous research using Kauppapa Maori guidelines can best be carried out through the co-joint construction of meaning, through power sharing, and through creating collaborative stories. Narrative methods engage participants, are considered a viable way for all individuals to express themselves, are believed useful in exploratory research, and are congruent with the values espoused by many First Nations as well as western researchers (Arvay, 2000; Duran & Duran, 1995; Jules, 1999; McCormick, 1995; Smith, 1997, 1999). Bishop concludes that,

narrative inquiry addresses Maori concerns about research into their lives in a holistic, culturally appropriate manner because storytelling allows the research participants to select, recollect, and reflect on stories within their own cultural context and language rather than in the cultural context and language chosen by the researcher. It does so by recognizing that other people involved in the research process are not just informants, but are participants with meaningful experiences, concerns, and questions (p. 24).

Jules (1999), who used unstructured interviews to explore and understand leadership as seen by three native elders, writes, "I selected a research method that relates most closely to the Native Indian method of storytelling" (p. 47) as well as being a "type

of interview (that) would be less threatening” (p. 48). Story, concludes Bishop (1996), is a research approach that opens up the “complexity of human experience” (p. 26) where the storyteller is a gatherer of experiences and truth is no longer a reality to be understood and interpreted, but mutually evolving. This is in opposition to modern positivist research that aims for ‘truth’, essence, and simplicity.

In summary, the research approach chosen for this study was one that had potential for accurately representing First Nations’ experience and concerns and therefore for producing research from which more respectful and useful collaboration regarding health, psychology, and intervention could be made. Narrative methods also meet the mandate for academic research which as I noted earlier, was of concern to me. In discussing the methodology and procedure for the present study in Chapter III, I will draw connections between certain First Nations’ beliefs, a Kaupapa Maori orientation, and narrative approaches to research.

Chapter II: Review of the Literature

There are many areas of research and clinical literature that could enlighten the topic under investigation, but certain areas have been noted repeatedly in the writings of both aboriginal and non-aboriginal researchers, educators, and clinicians as critical to any discussion of aboriginal concerns or any participation in indigenous research. Although aboriginal peoples are diverse, there are shared values and strengths that are considered part of a collective identity, and therefore, awareness of aboriginal beliefs and values is considered important. Recognition of colonization and its effects as well as an understanding of the ongoing marginalization of aboriginal peoples must be part of that awareness (Duran & Duran, 1995; Ross, 1992, 1996). Literature documenting the challenges facing mental health service delivery to aboriginal people is also foundational to the argument, including literature on cultural safety (Smye & Browne, 2002). Last, it is deemed important to have some understanding of what constitutes indigenous research and some of the challenges facing a non-indigenous researcher (Bishop, 1996; Smith 1999).

First Nations' Belief Systems

As Kirmayer, Brass, and Tait (2001) remind us, "the very notion of 'aboriginality' is a social construction that serves as a 'dividing practice' that both marginalizes and unites" (p. 13). In reality, people who can be identified as aboriginal come from diverse backgrounds and life experiences. British Columbia alone is home to 196 First Nations, separated into 26 tribes with clearly defined cultures, cultures further distinguished in being urban or rural and on reserve or off reserve (Elder Tom Oleman, Surrey Memorial Hospital Grand Rounds, May 8, 2003; Waldram, 2000). McCormick (1998) likewise

suggests that the effects of acculturation have had differing impacts on aboriginal identity, making it difficult to describe an aboriginal belief system with one clean sweep. Therefore, although the construction and use of an aboriginal identity is seen as helpful in terms of psychological coping and community organization and thus contributing to aboriginal mental health, it also can obscure individual variation and the “constant flux of personal and social definitions of self and other” (Kirmayer et al., 2001, p. 14).

However, regardless of the acculturation histories and variation in cultural paradigms, many authors maintain that aboriginal and non-aboriginal worldviews are dissimilar in how each proposes the nature of the relationship between people, between humans and the external world, and between different aspects of the self (Bishop, 1996; McCormick, 1998, 1998; Smith, 1996, 1999; Smye & Mussell, 2001; van Uchlen et al., 1997). Therefore although individual differences between First Nations cultures themselves cannot be ignored, they share values and beliefs that are fundamentally similar to those held by indigenous cultures around the world and fundamentally different from those held by European cultures (Duran, 1995; Evans, 1997; McCormick, 1995, 1998; Ross, 1992, 1996). Researchers are directed to consider these different cultural protocols, values, and behaviours as integral to the research design and necessary in designing and carrying out viable research with indigenous peoples (Duran, 1995; Evans, 1997; McCormick, 1995, 1998; Ross, 1992, 1996; Smith, 1999). Thus while I do not presume to understand or explain a First Nations worldview nor wish to assume similarity where there is difference, I will speak to what has been helpful for me in becoming more open around traditional indigenous values and potential research

approaches, in particular beliefs about relationships and interconnectedness, knowledge, and spirituality.

Relationship and Connection

While European thought may be shifting into a more relational paradigm, the basic cultural paradigm remains strongly influenced by individualism (Smith, 1999). On the other hand, although there is strong support for individual autonomy, indigenous cultures tend to define the self relationally (Kirmayer et al., 2001). First Nations' cultural belief systems, embodied in the Medicine Wheel, represent beliefs about relationships, about connection and balance between mind, spirit, body, and emotion, as well as the cyclic nature of human experience (McCormick, 1995). As Ross (1996) explains, Europeans might have relationships but Aboriginals are relationships, and this creates a fundamentally different way of being in the world, whether in respect to time and space or relationships between people. For example in First Nations' communities the extended family serves as the governing force of society, providing important direction, modeling, and moral guidelines (Duran & Duran, 1995; Evans, 1997; McCormick, 1995; Ross, 1992, 1996). Therefore, as cited in McCormick (1995), "the theme of interconnectedness is prevalent throughout most First Nations cultures and has been aptly described as a series of relationships, starting with the family, but reaching farther and farther out so that it encompasses the universe" (p. 260).

Ross (1996) writes, "the need for healing can be explained by the fact that the client/community has lost the ability to be in harmony with the life process of which the client/community is part" (p. 15) and concludes that for First Nations, "isolation and alienation are seen as the disease" (p. 65). Many studies looking at healing among First

Nations people likewise identify strength in their cultural community (Evans, 1997; Heavy Runner & Sebastian-Morris, 1997; McCormick, 1995). An analyses of interviews with 16 female and 15 male aboriginal participants of varied cultural backgrounds living in Vancouver's downtown east side, provided van Uchelen et al. (1997) with a similar set of common beliefs about health and healing. Using systematic qualitative analyses in a grounded theory approach, the research team identified six wellness clusters, namely a sense of community with other First Nations people, aboriginal identity, cultural traditions, contributing to others, spirituality, and living in a good way. Duran and Duran (1995) found that, "tribes with high traditional integration and low acculturation stress experience much lower levels of alcohol and drug related problems than tribes with high acculturation stress and low traditional integrations" (p.105). The interconnection of First Nations individuals and their community was poignantly brought to my attention when I spoke with a First Nations counsellor about my initial research interest in how First Nations men survived childhood trauma. She said that although I might speak with individuals, the community as a whole would reflect the individual's pain or anger, feelings that would not likely be acted out towards me, but towards others in the community. Further, while I might not be made aware of this dynamic, it could undermine an already fragile healing process.

Relational priority also influences the research partnership, but until recently this partnership has been guided solely by western ideas on individualism and objectivity (Smith, 1999). For example McCormick (1998) explains that whereas distance between participants is the western norm, in many indigenous cultures a dual relationship is actually sought out precisely because of the reciprocity and connectedness. Therefore,

while research guidelines are desirable, McCormick (1998) suggests that because they reflect the beliefs and values of the culture that created them, they may be problematic when "members of one culture are asked to evaluate the behaviours of members of another culture" (p. 284).

Knowledge

A relational perspective affects how knowledge is shared and may create additional dilemmas for western researchers. Although in indigenous cultures certain knowledge is held sacred and subject to formal processes of transmission, the benefits of knowledge itself are perceived as belonging to the whole community, intended for and accessible to all. The Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples signed in Whakatane, New Zealand (1993) declares that indigenous peoples have exclusive rights to their cultural and intellectual property and that governments and states need to, "develop policies and practices which recognize indigenous peoples as the guardians of their customary knowledge and have the right to protect and control dissemination of that knowledge and that indigenous peoples have the right to create new knowledge based on cultural traditions" (p. 119). Many believe that the promises outlined in this treaty have not been upheld and unsurprisingly in Canada, First Nations peoples feel similar dissatisfaction with processes relating to ownership of both their land and the commodification of their traditional knowledge (Assembly of First Nations, 2002; RECAP Final Report, 1995).

Contrasting ideas about the purpose and ownership of knowledge are reflected in the different vocabularies of indigenous and non-indigenous peoples. For example, Smith (1999) contends the term *sharing knowledge* better fits with an indigenous perspective

than the term *sharing information*, because sharing knowledge is less superficial and includes, “theories and analyses which inform the way knowledge and information are constructed and represented” (p. 16). Smith explains that for indigenous researchers sharing goes beyond informing a select few to “demystifying knowledge and information and speaking in plain terms to the community” (p. 161). M. Crooke (personal communication, June, 2002) elaborated on the idea of sharing, explaining the appropriateness of the researcher offering some service other than the ‘research results’, back to the community. Among indigenous peoples sharing knowledge may also involve a long-term commitment, with researchers establishing relationships that extend beyond the research relationship, again often violating western academic practice (Crooke, 2002; Smith, 1999).

However, in spite of promises by governments and other institutions, indigenous peoples everywhere believe the legitimization and ownership of their knowledge has not yet been realized. Therefore, while indigenous research does not preclude academic investigation and writing, it does uphold the belief that there are alternative routes to knowledge, as well as different processes, relationships, and obligations relating to the sharing of that knowledge. Furthermore indigenous peoples insist these differences be respected and accommodated. In stark contrast to western ideas about knowledge as connected to control, profit, and political or economic power, Smith (1999) summarizes the ongoing challenge of indigenous research as an important way to “demystify and decolonize” (p. 15).

Spirituality

Traditional western ideas about personality maintain the separation of mind, body, and spirit. Indigenous tradition acknowledges no such division of spiritual and psychological reality (Bishop, 1996; Duran & Duran, 1995; Smith, 1999). Rather individuals are perceived as a totality of mental, physical, emotional, and, spiritual aspects, all inseparable, accessible, and equally legitimate. Spirituality is as crucial and universal as thought or emotion. Moreover, connection with this dimension of personality and existence is considered a vital part of individual and community health (Anderson, 1993; Duran & Duran, 1995; McCormick, 1995; Ross, 1992, 1996).

Spirituality is still expressed and experienced in a variety of ceremonies and rituals such as the Vision Quest, the Sweatlodge, and the Spirit Dances (Duran & Duran, 1995; McCormick, 1995). Traditionally an important vehicle of healing was the dream and dreams continue to play an important role for many First Nations people. In these and other ways, belief in the actuality and accessibility of both natural and spiritual worlds brings spirituality into the everyday reality of First Nations cultures (Duran & Duran, 1995). Further, in discussion with a number of First Nations individuals it has been brought to my attention that traditional spiritual practice is not only an integral part of healing processes, but an important way First Nations peoples differentiate from the dominant culture, and thus a crucial factor in moving individuals and communities from powerlessness to autonomy. Among others, Smith (1999) confirms this, arguing that, "the values, attitudes, concepts and language embedded in beliefs about spirituality represent, in many cases, the clearest contrast and mark of difference between indigenous peoples and the west" and are "critical sites of resistance for indigenous peoples" (p. 74). At the

same time, one First Nations mentor reminded me that things like the healing circle can be “made larger” and thus “gifted to the dominant culture”. This mentor made the point that such sharing may be one of the few things that can be given “from strength” rather than held as resistance.

Summary

Five categories emerged out of McCormick’s (1995) critical incidents study of the mental healing experiences of 15 First Nations men and 47 First Nations women:

Cleansing (getting rid of bad energy or emotions), Empowerment, Balance, Discipline (self control), and Belonging (connectedness to someone or something). Using qualitative retrospective interviews to explore how 26 Great Basin Native Americans got through hard times, Evans (1997) similarly found that what emerged in terms of survival and healing was reconnecting to community and spirituality as part of, “a life process of striving to find the right path and a move away from the dark side of life” (p. 28). The dark side was described as a place where others were not, where one was not there for oneself, and where one had a lack of belief in the Creator or God. Conversely, the three elements constituting a “bridge” to the right path were others being there to provide support, a belief in God or the Creator, and lastly individuals being there to provide support for themselves. Evans (1997) identified that the support of the extended family and knowledge of the balance between the physical and spiritual world were fundamental to health. Studies like this consistently highlight the importance of balance, spirituality, and community to First Nations people, and consequently, research or clinical approaches that do not acknowledge, incorporate and reflect these important cultural values are unlikely to capture First Nations concerns or contribute to their resolution.

Mainstream Mental Health Services to Aboriginal Peoples

Mental health interventions that assume majority values may not fit well with traditional aboriginal cultural values or with contemporary aboriginal reality. Kirmayer (2000) contends that while the dominant culture values self-efficacy, individuality, personal responsibility and achievement as mental health markers, other cultures may see transcending the ego and participation in family and community as more important. Further, aboriginal mental health is considered by a large number of authors to be inextricably linked with social, economic, and political conditions that for aboriginal people continue to fall behind the national standards (McCormick, 1996, 1998; Sal'I'Shan Report, 2002; Trimble & Flemming, 1990). Aboriginal people are the largest at risk sub group for homelessness, experience proportionately greater incidence of cardiovascular disease, diabetes, and dental problems and have disability rates twice as high as those of non-aboriginal people (Sal'I'Shan Report, 2002). Nevertheless, mental health service provision to aboriginal peoples is constrained by its biomedical model, individualistic orientation, and fragmented delivery system. Of the approximately 250 systems of psychotherapy most are based in the belief systems of the majority culture (Aboriginal Healing Foundation, 2001). While rapid social and cultural change has challenged aboriginal identity, in most cases mental health services have not been adapted to the needs of aboriginal people (Kirmayer et al., 2001; Smye & Mussell, 2001). Cultural influences are especially complex in urban centers where services are perceived as inaccessible or culturally insensitive (van Uchelen, Davidson, Quressette, Brasfiels, & Demerais, 1997). Finally, most mainstream mental health practitioners lack understanding and acceptance of aboriginal cultures.

Biomedical versus Holistic Orientation

The summary of the focus group recommendations on aboriginal mental health (Ministry of Health Planning, 2002) suggests that the biggest issue for the focus group participants was the need for the mental health system to view mental health in relation to harmony or disharmony between the mental, physical, spiritual, and emotional parts of an individual. Mainstream mental health may be moving towards acknowledging more holistic determinants of health and recognizing that mental health originates in a variety of psychosocial as well as biological factors, but the model of service delivery is still strongly rooted in a biopsychiatric disease model (McCormick, 1996, 1998; Peters & Demerais, 1997; Sal'I'Shan Report, 2002; Trimble & Flemming, 1990). Relatively little attention is given to the physical, environmental, and historical conditions that have contributed to aboriginal mental health problems and there are few services for those with complex needs such as for the mentally handicapped, individuals suffering with Foetal Alcohol Syndrome or Foetal Alcohol Effect, HIV/AIDS, or for those in need of housing or employment (Sal'I'Shan Report, 2002). This report also highlights the need for mental health problems to be viewed less as medically defined disorders, and more as a "by product of the colonial past with its layered assaults on Aboriginal culture and identities" (RCAP, 1995, p. 21).

In summary much of the available information regarding service provision to aboriginal people in Canada is limited to topics influenced by psychiatry and pays little attention to physical, environmental, and political contexts. Not surprisingly service delivery models that reflect this predominantly western perspective have been largely ineffective in responding to the needs of First Nations and consequently instead of

framing mental health problems as medically defined disorders, many believe it more appropriate to focus on mental health as a bio-psycho-social concern (McCormick, 1996; Smye, 2000). For example, in contrast to a biomedical approach, the Meadow Lake Tribal Council responded to high suicide rates on the reserve by making child care guided by First Nations culture, traditions and values, a reality in their community. It was also to have a training program to certify aboriginal people in the daycare field and initiated a close partnership with the child development center at the University of Victoria. This approach stands in stark contrast to how suicide would be addressed under the influence of a western medical model where individual assessment of risk, psychiatric intervention, counselling, and possible hospitalization would be more likely responses.

Individual versus Community and Family Oriented Treatment

Smye and Mussell write that kinship/family is considered to be a core institution of Aboriginal society. The Royal Commission on Aboriginal Peoples (1996) likewise concludes that "kinship is central to all social needs, including governance, economy, education and healing" (p. 244), and consequently all recommendations around aboriginal mental health support the use of the community, including family, elders, chiefs and councils in assessing and treating a range of mental health concerns (Sal'I'Shan Report, 2002; Smye & Mussell, 2001). Aboriginal healing promotes the idea of bringing together many forces and parts of a community to enable healing. One mainstream approach that supports a collective orientation is called Network Therapy, a model that likewise utilizes a network of family, friends, and relatives as a social support system. Nevertheless, individual treatment models are more characteristic of western counselling approaches. Western approaches involve mainly the therapist and the client

and are usually premised on the confidential nature of that one to one counselling relationship and although family or group counselling are increasingly common western treatment modalities, western ethics around individual rights, autonomy, and confidentiality more often take precedence (Boone, Minore, Kall, & Kinch, 1997; McCormick, 1998). In contrast, in traditional aboriginal therapeutic approaches, both community and relatives are asked to be involved as a matter of course. Therefore many authors question the wholesale adoption of western ethics when dealing with Aboriginal clients (Boone et al., 1997; McCormick, 1996).

The literature on aboriginal health contains clear examples of successful mental health interventions involving aboriginal communities. Some of the more well known include Hollow Water Community Holistic Circle Healing Model that operationalized aboriginal healing circles to work through issues involving the abused, the abuser, and any others touched by the abuse, the Fishing Lake Métis Settlement initiative that focused on reducing violence and the Alkali Lake community mobilization to reduce alcohol abuse (Smye & Mussell, 2001). A number of studies have also discussed the importance of family and community in finding and maintaining health and wellness of First Nations individuals. Van Uchelen et al. (1997) found that strength and wellness were experienced by the aboriginal people they interviewed as being connected to community in several ways, namely, feeling part of the larger aboriginal community, identity, participating in traditions, and contributing back to the community. Traditional and current aboriginal healing practices call upon these strengths. Heavy Runner and Sebastian-Morris (1997) summarize the importance of family and extended community when they write that aboriginal people heal better when they heal together.

Segmented vs Integrated Services

Peters and Demerais (1997) write, "there is little appreciation by First Nations peoples of why it is seen as helpful or necessary to build jurisdictional walls between the component parts of solutions to problems that have multiple interacting causes" (p. 29). Although concepts such as continuity of care and 'seamless' access to services have been well intentioned, there is still considerable fragmentation due to poor integration between aboriginal and non-aboriginal health providers, between various components of the system (e.g. hospital and community), and between mental health and other systems such as justice, education, and social welfare (Boone et al., 1997). This lack of integration and cooperation also effects funding. In a talk at Surrey Memorial Hospital (May, 2003) Elder Tom Oleman noted that regionalization poses problems when funding bases for smaller communities shrink regardless of need, and similarly Peters and Demerais (1997) discuss how a potentially positive initiative such as regionalization can further marginalize communities when community is defined geographically rather than also on ethnicity, age, economic status and so forth.

The Ministry of Health Planning focus groups (2002) recommended comprehensive services delivered on a continuum, including mentoring and support programs, the establishment of points of contact within the broader mental health system, increased cultural sensitivity and awareness for the mental health system, the building of trust with aboriginal communities, improved assessment tools, support for families, prevention focus, consistent aboriginal representation on advisory committees, increase in the number of allowed counselling visits, the inclusion of HIV/AIDS treatment, the acceptance of traditional or complementary medicines, the need for plain language, the

need for current information available in hard copy as well as websites as many families have no access to computers, and an awareness of the many significant social causes for mental illness. However, in the opinion of authors such as Peters and Demerai (1997) and in my experience as a mental health clinician, a reorientation to a more integrated paradigm will involve a major shift for the mental health system.

In their discussion of the difference between multidisciplinary mental health teams and interdisciplinary mental health teams, Boone, Minore, Kall, and Kinch (1997) elaborate on some of the challenges involved in such a shift. These authors contend that multidisciplinary team approaches reflect the medical model of service compartmentalization. Team members come together with specific tasks defined by their professions, work under the leadership of an individual who takes on that role by virtue of profession. Boone et al. (1997) label this kind of problem solving 'constrained' and maintain that it hinders community interaction and networking, and makes it difficult for individual health professionals to be seen as other than a member of the oppressing culture. On the other hand, an interdisciplinary approach is viewed as 'unconstrained' and characterized by shared purpose, creativity and leadership responsibilities that shift according to the knowledge of an individual about a particular thing or by virtue of an individual's relationship to the client or client population. The above authors argue that an interdisciplinary approach is more congruent with service delivery to aboriginal peoples but difficult to implement because of entrenched beliefs about the superiority of individual professions and a lack of understanding of professions other than ones' own.

Smye and Mussell (2001) discuss three levels where there are impediments to providing integrated mental health services to aboriginal peoples. At the macro level

federal -provincial jurisdictional debates lead to funding deficits and poor policy. The resultant abrogation of responsibility for health concerns of aboriginal peoples have been discussed by various authors and have a major impact on how mental health services are delivered. Issues concerning the flow of services between community and various agencies including hospitals, the justice system, children's services, and social services make up the meso level of integration or segmentation. Although recent mental health policy values continuity of care, such as when protocols are developed to ease communication and transitions between hospitals and community or between one service provider and another, Peters and Demerais (1997) maintain that there is still significant "fragmentation in service types and target population"(p. 30). Lastly, micro refers to acknowledgement of and respect for family and community in addressing mental health assessment and treatment and was discussed in the previous section.

Poor Understanding of First Nations Beliefs and Needs

Waldram (2000) questions the basis on which mental health professionals think they know about Aboriginal peoples. After a comprehensive literature search for empirical studies focused on characteristics of aboriginal identity Waldram concluded that little therapeutic work is based on empirical studies but represents observations generalized by the authors from "circumscribed clinical experiences with specific aboriginal groups" (p. 151), frequently supported by aboriginal scholars. The result, observes Waldram, is the proliferation of handbooks and 'cultural cheat sheets' that "allow therapists to fool themselves that they have achieved 'cultural competence'" (p. 154). The aboriginal participants in the Sal'I'Shan (2002) survey supported this, indicating they felt the traditions, values and health concerns of First Nations are poorly

understood, respected or considered by many health providers. In view of elicited aboriginal experience and findings such as Waldram's (2000), authors like Beadle and Lee-Son (1992) argue that there is a need for health professionals who understand aboriginal culture and social issues in order to communicate and provide service to aboriginal people. The Sal'I'Shan Report (2002) likewise recommends that community caregivers receive training and develop skills not only in individual and family counselling, but also in social network therapy and community development.

Cultural Safety

Waldram also suggests that although the "notion of aboriginal 'culture' is reified in the day-to-day processes of the therapeutic encounter" (p. 145), "cultural identity is not fixed, but rather shifts and is often context specific" (p. 155). Discussing what cultural competence means in the clinician's or therapist's office, Waldram (2000) suggests cultural competence be addressed from two perspectives, that of a cultural specific and that of a cultural general model. In the culture specific approach the practitioner or researcher is encouraged to understand the beliefs and practices of specific cultures. On the other hand, proponents of the culture general model maintain that competency requires more than understanding and emphasizes the development of self-awareness and knowledge and skills for work in complex multicultural settings without a focus on specific cultures. Waldram suggests that the bulk of counselling literature with respect to aboriginal peoples has been culture specific and the result is a proliferation of cultural specific handbooks without socio-political context. As an example of the problems with this approach, Waldram discusses a prison program based upon cultural specific definitions of aboriginality. Although successful for some, the

program was criticized by Inuit and other aboriginal inmates as being meaningless to their unique cultural beliefs, practices, and language.

Authors concerned with aboriginal research and mental health practice also contend it is insufficient to simply gain some understanding of aboriginal cultures, values, and practice, and been strongly argue that indigenous research and culturally competent counselling also require understanding and acknowledgement of the historical, social, and cultural marginalization of aboriginal peoples, as well as the legitimacy of aboriginal knowledge and cultures (Bishop, 1996; Chrisjohn et al., 1997; Smith, 1997, 1999; Smye & Mussell, 2001).

Cultural safety likewise suggests that although cultural specific knowledge is an asset, it is more critical to have a culture general perspective. Developed by a Maori nurse leader (Ramsden, 1993) in relation to healthcare discourse in New Zealand, cultural safety is derived from the idea of a mandatory standard of safety in nursing and, “therefore aims to counter tendencies in healthcare that create cultural risk (or “unsafety”) – situations that arise when people from one ethnocultural group believe they are demeaned, diminished or disempowered by the actions and delivery systems of people from another culture” (Smye & Browne, 2002, p. 47). Cultural safety is viewed as an interpretive tool or lens through which one sees the importance of historical, social, economic, and political structures as they impact on the mental health and well being of aboriginal people. Cultural safety in service delivery implies service providers ask a series of moral questions that will ‘unmask’ the ways current policy and practice create “unsafety” for aboriginal people. The idea of cultural safety also has implications for research practice (Smye & Browne, 2002). Cultural safety prompts a critical look at whether the consultative process between policy makers and aboriginal people is meaningful or simply political and queries the benefit and risks of the current mental

health care system. Culturally safe policy making and mental health practice promote decisions based on understanding the relationship between social problems such as poverty, homelessness, poor education, and psychological concerns such as depression, violence, and abuse. Consequently the lens of cultural safety is one that supports the concerns and mandates of aboriginal research (Bishop, 1996; Chrisjohn et al., 1997; Smith, 1997, 1999; Smye & Browne, 2002; Smye & Mussell, 2001).

Summary

The literature consistently proposes four major obstacles in developing mental health services for aboriginal clients. First, the primary model of service remains a disease based model driven by psychiatry and does not reflect the more holistic understanding espoused in traditional aboriginal values (Sal'I'Shan Report, 2000; Smye & Mussell, 2001). Second, the emphasis on individual assessment and treatment also contrasts sharply with the articulated preference of aboriginal clients for an approach that involves family and communities in assessment, treatment, and maintenance. Third, service delivery remains fragmented at all levels in spite of calls for integrated approach. Finally, most mental health workers are deemed to have little knowledge or understanding of aboriginal values, practice and concerns, and even fewer understand mental health in the context of the aboriginal community or as a result of historical and current oppression and discrimination (McCormick, 1996, 1998; Trimble & Flemming, 1990). Where service providers attempt to practice with competency, their efforts may be undermined by the systems within which they work, systems that continue to impose western values and views of mental health and obstruct alternate approaches (van Uchelen et al., 1997).

Dominant Culture Research with First Nations

Smith (1999) begins a discussion of research with indigenous peoples stating that as it has been and continues to be, “an important part of the colonization process” the word itself, “is probably one of the dirtiest words in the indigenous world’s vocabulary” (p. 173). Chrisjohn et al. (1997) argue that research has “trivialized the experience of First Nations peoples by reducing the long term consequences of colonialism to a handful of western derived culturally myopic variables” (p. 245), and therefore maintained the “marginalization of First Nation’s people by designating them as subjects of academic adventure” (p. 245). Criticisms of research with indigenous peoples include it being carried out by institutions and individuals with no understanding of indigenous cultures, for the benefit of the researcher, using methods that have limited capacity to reflect indigenous realities (Bishop, 1996; Chrisjohn et al., 1997; Smith, 1999). The choice of topic alone may be a primary way indigenous peoples are misunderstood and marginalized. For example, there appears to have been a concentration on pathology in research involving First Nations’ individuals and communities and in spite of increasing calls to begin to acknowledge and represent the strengths of First Nations’ people, this tendency to perpetuate negative stereotypes persists (Evans, 1997; Stauss, 1993; Stout & Kipling, 1999; Smye & Mussell, 2001). Waldram (1994) documents 30 years of research into ‘Indian’ characteristics and values, but contends that in spite of many published articles, few have been based in empirical research, leading Commanda (1998) to conclude that, “though methodologically correct according to the respective disciplines, research has created oppressive images about various segments of the human populations, including First Nations people” (p. 16). Further, although Satzewich and Wotherspoon

(1993) observe, "of all the ethnic categories in Canada, it is unlikely that any other has stimulated as much academic research" (p. xi), Smith (1999) more recently adds that in spite of this and while there appears to be extensive literature detailing their lives, "there are few critical texts on research methodologies which mention the word indigenous or its localized synonyms" (p. 5).

Smith (1999) argues that research, "brings to bear, on any study of indigenous peoples, a cultural orientation, a set of values, a different conceptualization of things such as time and space, subjectivity, different and competing theories of knowledge, highly specialized forms of language, and structures of power" (p. 42). Thus indigenous and non-indigenous interests and thoughts on an issue may be radically different, the topic of study acceptable within a particular discipline low on the indigenous community's research agenda, or the proposed method incompatible with the culture under investigation (Smith, 1992). Such observations fuel ongoing debate as to whether research founded in the epistemology of non-indigenous cultures is even capable of representing indigenous experience and concerns (Duran & Duran, 1995; Naples, 1994; Ross, 1996; Smith, 1997, 1999). Consequently, while First Nations recognize research can be a tool for enhancing individual and community empowerment, they have made it clear they will no longer tolerate externally driven research efforts that do not include their active involvement (Commanda, 1998). Indigenous peoples are demanding research designed, carried out, and disseminated by themselves, or at least with their close participation, guidance, and mentorship. As Duran and Duran (1995) summarize, First Nations have determined, "it is no longer acceptable for psychology to continue to be the enforcement branch of the secularized Judeo-Christian myth" (p. 7).

In response to questions about culturally appropriate research methods, Smith (1992) outlines four potential approaches. First, there is a 'mentoring model' in which authoritative people in a culture guide and sponsor the research. Second there is the 'adoption model' in which the researcher is incorporated into the daily life of the people under study and sustains a life-long relationship that extends beyond the boundaries of the research. The third model is a 'power sharing model' where researchers seek the assistance of the community in the development of a research enterprise. The fourth model discussed by Smith is an, 'empowering outcomes model' that focuses on what the individuals being studied wish to know and what will have beneficial outcomes for them. However, Chrisjohn et al. (1997) warn, research carried out following the "established canons of academia will have the same kind of outcomes . . . criticized earlier and rather than providing a voice to First Nations individuals and communities, once again we will be silenced" (p. 157).

In summary, Duran and Duran (1995) write, "the study of cross-cultural thought is a difficult endeavour at best" (p. 5). Those wishing to engage in competent research with First Nations must become cognizant of First Nations belief systems, but also embrace the legitimacy of non-indigenous knowledge, the critical importance of relationship and connection in indigenous culture, a willingness to address power differentials, and a commitment to social action and change (Bishop, 1996; Ross, 1996; Smith, 1999). In conclusion, while for some, historical and ongoing betrayals leave no room for non-indigenous researchers, the broader consensus is that although western perspectives, processes, and objectives require significant shifts to fit with or be of use to

indigenous cultures, a partnership based on indigenous interests is possible (Bishop, 1996; Chrisjohn et al., 1997).

Inside- Outsider Considerations in Indigenous Research

Premised on the idea that no one can ever be fully inside or understand another's world, constructivist paradigms suggest outsidership is an issue for all individuals and all research. Nevertheless, given the phenomenological differences between indigenous and non-indigenous worldviews, insider/outsider questions will likely be considered particularly salient in indigenous research. According to many, western thought remains inextricably pervaded by Cartesian logic, relying on dualistic categories such as good/evil, male/female, inside/outside and holding there is 'A Truth' to be discovered (Ross, 1996; Smith, 1999). Outsider status in research becomes most problematic when a similar bipolar separation of "insiderness" and "outsiderness" is adopted and less problematic when insider and outsider are viewed as complex, and constantly changing and being re-negotiated relationships between self and other (Naples, 1997).

Naples' (1994) discussion of an Iowa study looking at how economic and social restructuring is reshaping the lives of rural America reflects the actuality of a fluid rather than a rigid delineation between insider and outsider. Observing that among the participants there was a strong sense of being outsiders to their community, Naples wrote, "one theme pervading the data gathered in the field is the extent to which residents with a diversity of social, economic, and demographic characteristics experienced feelings of alienation from the perceived community at large" (p. 71). Naples concluded, "the concept of 'outsider phenomenon' highlights the processes through which different community members are created as others" (p. 71).

Indigenous approaches to research also portray multiple ways of being an insider or outsider to the indigenous community. With respect to New Zealand's indigenous peoples, Smith (1999) remarks that being a Maori is not the same as being Maori, and McCormick (1998) points out there may be significant but unacknowledged differences between individuals of First Nations' descent, differences based in part upon individual levels of acculturation into either mainstream or First Nations culture. First Nations peoples who have been brought up in western culture or been trained in thinking and procedure by western institutions frequently struggle with issues of 'otherness' such as identity and loyalty, leading McCormick (1998) to conclude, "the acculturative status of First Nations clients is a particularly important consideration because two centuries of assimilation have had differing effects on First Nations people in this country" (p. 288). Therefore even seemingly cohesive communities can roil with insider-outsider positioning.

Further while the insider/outsider question is frequently conceived of as a problem, many maintain the value of outsidership when less privileged groups are struggling to be heard and the outsider has privilege within the dominant community and hold that viewpoints on the acceptable fringe of any culture gain power when relayed through those in a more privileged position. Saleebey (1994) refers to the value of outsidership, writing, "the stories that some people tell have no currency in the larger world of people and events, particularly the stories of individuals and subcultures outside the dominant institutions" (p. 7). Smith (1999) likewise contends, "academic research can legitimize innovative, cutting-edge approaches which can privilege community-based projects" (p. 125), and Fine (1996) concludes, "bartering privilege for justice, we re-

represent stories told by the subjugated Others, stories that would otherwise be discarded. And we get a hearing...it becomes scholarship" (pp. 79–80). Additionally, Evans (1997) suggests that the openness of her First Basin Youth participants was partly because she was an outsider and not perceived as a threat, and "they had nothing to lose by sharing their stories with me" (p. 180).

In conclusion, the question of whether or not an outsider can do indigenous research is complex, and generally answered with a qualified yes. However, it is deemed unlikely that the management of insider/outsider concerns will be achieved through holding to dualistic thinking, but rather through seeing the status of insider or outsider as a fluid, complex, and multi-layered relationship with self and other, a perspective articulated in indigenous beliefs and suggested by post-modern narrative theory. As Merton (1972) reflected, we are all both insiders and outsiders and perhaps "the more effective intellectual position to strive for is the one that allows for an assessment of 'distinctive contributions ... to social knowledge' offered in our roles as Insiders or Outsiders" (p. 41).

Kaupapa Maori Research: A Model for Indigenous Research

According to Smith (1999) local approaches developed by one group of indigenous peoples can make a positive difference to the lives of all indigenous peoples by supporting and strengthening international indigenous developments. The colonization history and the current struggles and concerns of the Maori people of New Zealand are strikingly similar to that of Canada's aboriginal peoples (Smye & Brown, 2002) and therefore theoretical and methodological frameworks developed by New Zealand researchers offer potentially useful approaches for First Nations research reform in

Canada (Chrisjohn et al., 1997; Duran & Duran, 1996; Smith, 1997, 1999; Smye & Browne, 2002).

Kaupapa Maori research emerged in the 1980's as a "theory and practice of social and cultural transformation for Maori" (Smith, 1997, p. 102). Kaupapa means a plan, a philosophy, or a way to proceed. The approach requires that researchers go beyond understanding and superficial collaboration to sincerely acknowledging the politics of power and race and actively working towards repairing the effects of historical racism, discrimination, and cultural genocide (Smith, 1997, 1999). Kaupapa Maori is research that is carried out with the full involvement of the indigenous community and concerned with, "bringing to the centre and privileging indigenous values, attitudes, and practices rather than disguising them within Westernized labels such as collaborative research" (Smith, 1999, p. 125). According to Smith (1999b) Kaupapa Maori research is 'culturally safe', relevant and appropriate while satisfying the rigors of academic investigation.

Although Kaupapa Maori research strategy appears to translate well into a First Nations belief system, the use of a Kaupapa Maori orientation in this research is not intended to impose on First Nations research a Maori instead of a western European perspective and process. Rather, it is included because Kapupapa Maori provided me with an important learning and thus became a catalyst for clarifying my beliefs and practice around First Nations as well as posing some critical moral questions regarding motivation and accountability in this research. Reflecting First Nations practice and concerns, the Kaupapa Maori research matrix embodies the development and maintenance of whanau relationships, a focus on participant driven initiation and process, and the idea of participatory consciousness.

Whanau relationships. Originally intended as a cognatic descent category, the term has undergone transformation and nowadays is used more widely to refer to, “collectives of people working for a common end who are not connected by kinship, let alone descent” (Bishop, 1996, p. 217). Whakawhanaungatanga “is the process of establishing relationship literally by means of identifying, through culturally appropriate means, your bodily linkage, your engagement, your connectedness and therefore (unspoken) commitment to other people” (Bishop, 1996, p. 215). Whanau also delineates the sometimes complex linkages and series of rights and responsibilities, commitments, obligations and supports within a relationship of common interest. First Nations likewise hold to the rights and responsibilities of relationships and the positioning of human beings within a community of relationships starting with the family and going out into the universe (McCormick, 1995). Likewise, for many aboriginals, community appears to mean more than ones cognatic descent. Van Uchlen et al. (1997) note that although the participants in their downtown eastside Vancouver study were from different bands and nations, they were grounded in the community of which they found themselves a part, their whanau of interest.

In its metaphoric sense whanau may also be used to describe and explain the relationship among research participants. In a research whanau individuals take on different positions within the collective so that leadership roles shift collaboratively within the collective. This is a configuration of leadership similar to Boone, Minore, Katt, and Kinch’s (1997) distinction between multi-disciplinary and interdisciplinary delivery of mental health services to northern First Nations. In a whanau as in an interdisciplinary team, individuals are positioned according to who they are rather than what they are and

the researcher is therefore free to assume any position designated by the needs of the whanau. Jules (1999) writes that similarly, Native Indian leaders were not elected or appointed, "but recognized when others looked to them. Choices were often self evident, emerging from the natural order and the laws of nature" (p. 45). Leadership qualities that emerged out of Jules interviews with First nations' elders were closeness to the people, serving as leaders not bosses, informing, possessing humility, not externally given credentials.

Participant driven approaches to power and control. Bishop (1996) contends that a danger in comparing Kaupapa Maori research with the international literature on participatory or collaborative research is a tendency among researchers to construct a 'grand narrative' type of recipe for research practice where once again outsiders control what constitutes reality, legitimacy, validity and authority for other people. Conversely, a Kapupapa Maori position promotes an "epistemological version of validity, one where the authority of the text and the agreed upon agenda of the research project emerges out of the stated interests, concerns, and needs of the participants and carried out with acknowledgement and awareness of power and control as they manifest in all aspects of the research process, specifically initiation, benefits, representation, legitimization and accountability (Bishop, 1996). Salter (1998) discusses how in casual conversations with friends and the family of his Maori wife, "from somewhere came the idea that it would be really interesting to explore our own stories" (p. 7). Decisions about how to proceed were arrived at consensually and the process continued to be collaborative. Salter noted that in acknowledging the connection between participants tended "to remove any possibility of

domination by an individual and (gave) rise to a jointly constructed agenda and mutual feelings of ownership of both the process and the co-constructed stories" (p. 8).

Participatory consciousness. Reissman (1993) among others focuses the discussion of subjectivity onto the research process, from what interests the researcher, to what the researcher hears, requests elaboration on, or pursues. Reissman holds that subjectivity is also intimately involved in what participants believe is being investigated and in how and what they choose to articulate. Subjectivity is intrinsic to how the researcher then writes, edits, and disseminates the information, permeating the process of transcribing and analyzing. Reality as depicted in the research continues its metamorphous through the subjectivity of those who look at the research results. Thus Ross (1996) relates, "an old Cree man (here I go!) told me: "You cannot pass along what another person really told you; you can only pass along what you heard"" (p. ix). Traditional native teachings have long assumed that people have different perceptions of what takes place, and according to Ross (1996) information is also best shared in ways that reflect this belief, including leaving it open to listeners to take whatever meaning they wish to find in what they have heard, and the storyteller will never say, "That's not what I mean" (Ross, 1996, p. ix).

Rejecting positivistic inquiry, post-modern approaches to research acknowledge the inevitable subjectivity of human experience while at the same time strategizing to minimize the impact of the researcher and maximize the experience and expression of the other research participants. According to a number of authors, a critical aspect of managing consequences of subjectivity in research is an attitude of reflexivity. Engaging in reflexivity, researchers consciously pay attention to and attempt to make transparent

the ways in which their personal and cultural lenses construct their understanding while obstructing other understandings of a particular experience (Bruner, 1990; Gergen, 2002; Smith, 1992, 1999).

On the other hand, (1992) argues that postmodernism has simply “borrowed the idea (not the fact, but the idea) that the knower is separate from the known. Knowing as distancing became the epistemological stance in the study of human behaviour as well, a distance that could be crossed, first by objective methodology and now, presumably, by subjective methodology” (p. 4). Heshusius (1998) writes that a “long, long list of questions develops in my mind when I read the concerns around subjectivity and bias” (p. 3) and concludes that there is neither ontological nor procedural subjectivity. Trying to account for subjectivity is impossible because the act of knowing is an act of wholeness and if one accounts for all of one’s subjectivity, it would “simply be all of me” (p. 3).

Heshusius concludes that a focus on methodological issues created by the objectivity-subjectivity split keeps researchers from the important questions in real life. Rather than ‘alienated consciousness’ Heshusius (1992) supports the idea of participatory consciousness. The act of participatory consciousness refers to “relatedness, equality, care and a full somatic presence” (p. 4) with the knower an integral part of what he or she wishes to know. In participatory knowing one becomes ‘enchanted’, that is aware of “the unity of self and other, which involves a morality of relatedness and care” (p. 4). Likewise traditional indigenous knowing is participatory, for everything is inextricably interwoven with everything else. Heshusius (1992) further reminds us that monologues on a researcher’s subjectivity can be irritating and counterproductive. She observes, “When a researcher tells me about subjectivity ‘I feel somewhat put down’. It is as if I am

not capable enough to do my own knowing. It restricts the possibilities of my participation and interpretation. It restricts me as a knower..... When researchers force me to listen to their subjective parts it paralyzes my own sensitivity, my own initial non-cognitive knowing of reality” (p. 7). In discussing his experience as a co-participant in Maori research, Salter (1998) also concludes, “this means that my own position is congruent with those of the co-researchers, and implies connectedness, engagement, and involvement with them in their own cultural worldview” (p. 4). Heshusius (1994) describes this as, “the recognition of the deeper kinship between ourselves and others” (p. 17).

The research on aboriginal mental health compellingly argues that mainstream mental health services do not meet the considerable and stated mental health needs of aboriginal peoples. The research also suggests that research with aboriginal peoples as a focus has often been inappropriate in content and methodology and therefore has continued to marginalize and alienate these peoples. The literature review thus makes a strong case for more appropriate mainstream services designed on a foundation of culturally relevant and congruent research. This study intends to begin to address both concerns by exploring aboriginal mental health needs and potential solutions, using a research approach designed to fit with aboriginal perspectives and communication style.

Chapter III: Methodology

Although a number of authors indict most academic research for misrepresenting aboriginal knowledge, denying the authenticity of aboriginal experience, and misconstruing aboriginal practices and beliefs, narrative theory and methodology are acknowledged by indigenous scholars as being a good fit with indigenous perspectives and goals (Archibald, 1999; Bishop, 1996; Crooke, 2000; Jules, 1999; Salter, 1998). According to Jules, aboriginal cultures were traditionally oral cultures where knowledge was transmitted in the form of stories. Storytelling is a form of teaching still used by many aboriginal North American Elders today and therefore stories are held to be an appropriate venue for indigenous research (Archibald, 1999; Bishop, 1996; Crooke, 2000; Jules, 1999; Salter, 1998).

Narrative Methods

Although some authors use 'narrative' synonymously with 'story' because hearing and recording stories is often the way narrative research is conducted, narrative research represents much more than simple story telling (Arvay, 2000; Bishop, 1996; Bruner, 1990; Reissman, 1993). After considerable investigation of narrative and narrative method, the researcher Riessman, construes story as a "limited genre" and narrative as a larger socio-cultural discourse, a web of culturally constructed beliefs about self and others, in fact, all that a particular individual or society holds to be true about the nature of things. As Reissman concludes, "narrative truth is excruciatingly complex" (p. 150) and consequently narrative research deliberately creates multi-textured accounts that combine many perspectives, including but not limited to those of the participants and researcher. Narrative research often brings the voices of relevant scholars or other

authorities into the study and thus although each single voice has authority, collaborative and multivoiced narrative research contextualizes individual voices and experience within a broader understanding (Arvay, 2000; Bishop, 1996; Crook, 2000).

Further, Lyotard (1993) argues that among the most important questions for post-modern societies are who decides which positions or accounts of reality are legitimate and which are 'noise' (anything that doesn't qualify as knowledge). According to authors such as Carby (1982) the power differential between dominant and marginalized groups compromises any theory founded on 'the notion of simple equality' (p. 214). Therefore, in addition to acknowledging complexity and subjectivity, Smith (1999) concludes it is "critical that researchers recognize the power dynamic which is embedded in the relationship with their subjects" (p.176). However many indigenous writers remain sceptical and continue to challenge researchers to put their theories into practice by refusing to suppress indigenous knowledge as 'noise' and bringing to light the power relations between dominant and non-dominant cultures (Gergen, 2002; Smith, 1999). Such challenges inform critical debates about what western perspectives actually offer to cultural research and accordingly researchers are urged to develop and use methods that are compatible with their theories as well as with indigenous cultures.

Gergen suggests that while "cultural research projects seem to give voice to the respondents, (they) then replace it with method determined realities insinuate themselves between the researcher and the culture under study" (p. 2). Likewise, narrative researcher Arvay (2000) pointedly asks, "why do we not acknowledge the gap between our epistemology and our research practices?" (p. 13). A number of mainstream research projects reflect the depth and complexity of full bodied narrative research. Lather and

Smithies (1997) research with a support group of HIV positive women included the women's first hand accounts of their lives and what they wished to share with the world about their conditions, the experiences and understandings of the investigators, as well as more formal academic and scientific materials. The entire report was given to the participants for their comments before it went to press. Arvay's (1997) investigation of the experience of secondary posttraumatic stress among female trauma therapists and Fox's (1996) investigation into child abuse both integrate collaborative, narrative, and multivoiced approaches. Arvay (1997) utilized a six stage collaborative narrative approach: setting the stage, the performance, transcription, collaborative interpretive readings, writing the narratives, and sharing the story. Fox's research employed lengthy open-ended interviews and a participant observer session in which Fox attended a therapy session with the convicted sex offender. The text was published in three columns representing the three voices, the survivor, the abuser, and the investigator. While the selection and arrangement was Fox's, each participant was able to read and comment on the materials, a process that had effect beyond the strict confines of the research in allowing space for a variety of emotions to be expressed. The process appears to work for indigenous research as well. After spending a significant amount of time with the Great Basin people and with the participation of the community, Evans (1997) used retrospective interviewing to elicit and combine the perceptions of 26 Great Basin reserve youth, six mentors, and five Elders in narratives of what got the youth through hard times. Jules (1999) used unstructured interviews where Elders discussed their life experiences around leadership that they felt others needed to hear about. The responses were compared with other statements made by leaders and with those made in the

literature. In all these examples, multivoiced narrative approaches provide opportunity for a larger socio-cultural discourse to emerge, be heard, and shared.

If as Smith (1999) believes, research methodology must be “based on the skill of matching the problem with an ‘appropriate’ set of investigative strategies.” (p. 173), narrative inquiry offers an investigative strategy that matches many of the expressed concerns and mandates of First Nations. First Nations writers support the notion that counter-stories are powerful forms of social resistance repeated and shared across diverse indigenous communities (Crooke, 2000; McCormick, 1995). Research methods that individualize knowledge and do not incorporate community perspectives, involvement, and social change will not likely capture the essential coherence of contemporary indigenous reality, for as Kirmayer et al. (2001) argue, many indigenous issues are structural and systemic but may remain hidden in individual accounts.

Collaborative, multivoiced, narrative research is a viable response to a number of the concerns expressed by indigenous peoples in respect to research with indigenous peoples (Smith, 1999). Narrative methods fit well with oral traditions that are still a reality in the lives of many indigenous peoples, and actively embrace concepts such as mentorship and power sharing that have been laid out by many indigenous authors (Chrisjohn et al., 1997; Smith, 1999). Collaborative narrative research represents research that recognizes in its practice, the ‘excruciating complexity’ of human experience, provides for the contextualization of personal stories within a historical and political framework, and considers accountability to the participating community an important part of the process (Commanda, 1998; Chrisjohn et al., 1997; Duran & Duran, 1995; Smith, 1992, 1999).

Narrative Methods and First Nations Belief Systems

Narrative form has the potential to capture indigenous experience through its defining qualities of coherence, sequence, and an ability to evoke a response in all participants (Arvay, 2000; Bruner, 1996; Mischler, 1986; Riessman, 1993).

Narrative Coherence

Grotstein (2001) poetically states that coherence represents, “the human and yet more-than-human capacity we have in our innermost souls to harness infinity, complexity, and chaos and render them meaningful along the variegated dimensions of understanding within the human wave band” (p. xxiii). Likewise narrative theorist Reissman (1993) contends that the purpose of narrative analysis is to “see how respondents in interviews impose order on the flow of experience to make sense of events and actions in their lives” (p. 2). As Crook (2000) writes, “I can say, ‘tell me about that’ and have the participant cover all my outstanding queries in their own words, in their own time and order, and with their own point of view rather than ask questions that shut down the interview and confining it to those questions” (p. 18). Coherence is how the individual makes meaning and conceives unity to otherwise unconnected and free flowing information (Coffey & Atkinson, 1998). Narrative coherence is often judged by its multi-dimensionally, as in Reissman’s discussion of global, local, and themal coherence. Global coherence represents the over all goals of the narrator such as wanting to tell one’s story or justify something, local coherence is seen in the narrators use of language and linguistic forms, and themal coherence refers to content. Reissman maintains that the more resonant each perspective is with the others, the deeper the narrative’s coherence and the more strongly the reality of the narrator is reflected.

Indigenous research mandates suggest there are additional and crucial requirements for coherence. Coherence is evaluated in how the research narratives are situated in regards to questions such as those proposed by Smith (1992): who has helped define the research problem, for whom is the study worthy and relevant and who says so, which cultural group will be the one to gain new knowledge from this study, to whom is the researcher accountable, and who will gain the most from the study? Further narrative inquiry in indigenous research needs to be evaluated in how well it provides individual events with a larger historical coherence that may be more difficult to describe (Smith, 1999).

Narrative Sequence

Linear sequence is so intimately involved in European cultures that narrative theorists such as Reissman (1993) suggest that sequence is a necessary (if not sufficient) definition of narrative. However this conceptualization may be problematic in narrative approaches with indigenous peoples because the chronological question, 'then what happened?' is exploding with western assumptions. Tedlock (1989) similarly suggests that researchers run the risk of imposing inappropriate structural coherence on the expressions of research participants by limiting the organization of narratives to prose as defined in western culture. Although it may appear to have less culturally imposed structure, thematic analysis of narratives, where one event is linked to another in a system that may or may not be chronological, can also be chock-a-block full of western assumptions of causation and have minimal significance to the indigenous participant. Asked to provide some 'theme' to her life narrative, the Pomo Medicine Woman Mabel,

replied, "Theme. I don't know about theme. That's somebody else's rule" (Sarris, 1993, p. 9).

Coffey and Atkinson (1998) suggest that sequence may be viewed as key happenings with an often non-sequential internal logic that makes sense to the narrator. As Arvay (2000) explains of the stories of the women she interviewed, "their tales are not modernist tales with a clear plot line, building to a crisis point and ending with a resolution. Their stories are post-modern tales – issues were left unresolved, in a chaotic bombardment for the reader to disentangle. Their accounts were contradictory, like 'real life', life in process, a chapter not yet finished" (pp. 22–23). No rules.

Thus, rather than western derived understandings of narrative sequence or causation, I suggest that the essential flow of First Nations reality is better understood as linking, interconnecting, interrelating, and transformative movement (Smith, 1999). In First Nations' narrative research it may be more valuable to attend to and interpret movement as part of a matrix of relationships rather than along a western designed continuum. The importance of movement as opposed to position is also inextricably woven into many Aboriginal languages (Ross, 1996). While adjectives and nouns are static conclusions about things rather than descriptions of things, Ross explains that when "speaking Mi'kmaq, you can go all day without saying a single noun" (p. 10). Ross continues, "the use of verbs rather than nouny subjects and objects is important: it means that there are very few fixed and rigid objects in the Mi'kmaq world view. What they see is the great flux, eternal transformation, and an interconnected order of time, space, and events" (p. 115). Further, "all existence is seen as energy – or spirit – manifesting itself through matter by organizing and re-organizing that matter in ever-changing but

patterned ways” (Ross, 1995, p. 112). Every person is seen as a thing-which-is-becoming not a thing-which-is. Ross concludes that, “if we truly recognized that we occupy a universe of constantly transforming things, people, and relationships, then we would have no choice but to discard our heavy reliance on nouns to capture and describe it (p. 119).

Narrative Heart

The anthropologist Behar (1996) writes, “and so begins our hardest work – to bring the ethnographic moment back, to resurrect it, to communicate the distance, which too quickly begins to feel like an abyss, between what we saw and heard and our inability to do justice to it in our representations” (p. 90). Talking of her research with co-researcher Esperanza, Behar concludes, “readers need to see a connection between Esperanza and me despite our obvious differences, and they need to see a connection back to themselves as well” (p. 16). Narrative methods allow evocative and connective text as it “draws us in, it evokes imagery and emotion” (Arvay, 2000, p. 5). Among others, Behar calls the expression of and invitation to emotion, ‘heart’.

The narrative construct of ‘heart’ resonates with First Nations’ belief that the narrator has a responsibility to move an audience (Ross, 1996). First Nations peoples call this ‘heart speaking’, a way of communicating where a speaker settles both heart and spirit into a respectful, honest, and feeling state. Smith (1999) writes, “often the audience may need to be involved emotionally with laughter, deep reflection, sadness, anger, challenges and debate” (p. 161). Narrative researchers hold responsibility for facilitating the expression of ‘heart’. If that can be achieved it is understood that the presentation will be strong, and the “audience will thus be respected, honoured – and moved” (Ross, 1996, p. 164).

Summary

Narrative methods appear to be consistent with First Nations' belief systems as discussed in much of the literature on aboriginal culture and perspective (Smith, 1997, 1999; Ross, 1996). Reflecting the verb-world of Aboriginals, the narrative researcher's primary focus is not on each separate thing, but on "all the movements and relationships between things" (Ross, 1996, p. 239). Narrative methods promote the generation, co-construction, and transformation of discourse through and within the research relationship and therefore are responsive to indigenous demands for social action and change. Researchers are called upon to both listen and tell with heart. Sarris (1993) reminds us that above all, a narrative can be, "envisioned as a dialogue of discovery of the Self and the Other", a perspective that also brings back into the analysis, the subjective, sometimes passionate, reflections of discourse that result from an ongoing collaborative research relationship.

Validity in First Nations' Research

While validity in positivistic inquiry rests upon a belief in objectivity, order, and the possibility of one 'Truth', narrative inquiry demands interaction, assumes interference, acknowledges it is never value free, and views truth as plural not singular in nature. As a result validity in narrative research must, as Lather (1993) contends, be "radically reconceptualized," with a shift, "from issues of validity – whether the map fits the territory – to the challenge of useful intelligibility, of credibility. How can the story I am telling with this particular theory or piece of research be used, by whom, and for what purposes?" (Gergen, 2002, p. 8). Consequently, theorists such as Riessman (1993)

suggest 'Trustworthiness' rather than 'Truth' may be a more appropriate post-modern criterion of validity.

Traditionally trustworthiness has been represented as positivistic 'Truth' and evaluated through the discourse and interests of the dominant culture. Indigenous research endorses an epistemological version of validity that evaluates trustworthiness from the perspective of the culture under study (Smith, 1999). In relation to indigenous research trustworthiness is assessed not only in terms of the research's capacity to accommodate indigenous experience and concerns, but in its potential as a catalyst for socio-political change (Bishop, 1996; Smith, 1999). For example, Kaupapa Maori research promotes constructions of trustworthiness organized around what is usefully intelligible and trustworthy to the Maori community in five areas: initiation, benefits, representation, legitimization, and accountability (Bishop, 1996).

In mainstream research, Reissman (1993) discusses validation contexts that fit Kaupapa Maori traditions as well as the requirements of indigenous research as articulated in the writings of First Nations writers such as Chrisjohn et al. (1997). A criterion of persuasiveness or plausibility is evaluated through the question, 'is the argument reasonable and convincing?' If the researcher can take the results back to the participants and have them recognizable by those participants, the research meets the criterion of correspondence. Validity as coherence is achieved when the narrative hangs together as thickly as possible in terms of global, local, and themal aspects, and when pragmatic validity is measured by the extent to which a particular study becomes the basis for others' work. Gergen's (1993) discussion of validity similarly suggests that research should "reveal the nature of relations between culture and mental process, in

particular new views of human conduct that may offer new alternatives for cultural action" (p. 9), a discussion that resonates with the thoughts of indigenous authors who assert that validity in research rests in large part upon its usefulness as a basis for social change such (Chrisjohn et al., 1997; Smith, 1999).

Answering the self-posed question, "what might open-ended and context sensitive validity criteria look like?" (p. 2), Lather (1993) construes validity as "problematic in a deep theoretical sense, rather than as a technical problem" (Mischler, 1990, p. 417). Lather's discussion reflects critical elements of indigenous world-views in that it incorporates ideas of complexity and relationship in four post-modern frames, that of ironic validity or validity as simulacra, rhysomatic validity, paralogic validity, and voluptuous validity. Each frame addresses the concerns and approaches of First Nations researchers as well as satisfying academic demands and capturing the excruciating complexity of narrative research and post-modern thought.

Ironic or Simulacran Validity

French social theorist Baudrillard (1988) argues that post-modern culture is one where the distinctions between real and unreal are blurred because the boundary between the image and the reality has broken down and signs of the real are substituted for the real itself. The defining characteristic of a simulacra is that while it is self-referential, it functions to conceal that it is neither an original nor based upon one and thus simulacrum are taken for the genuine article (Lather, 1993). In the society of the simulacra, identities are constructed by the appropriation of images and simulacra replace the events of everyday life. Disneyland, the 'noble savage', the Indian Princess, the Squaw, and the

'drunken Indian' are examples of simulacra. They represent no reality but are nevertheless portrayed, commodified, and taken as real.

Arvey (2000) writes, "the researcher writes text knowing that it is an illusion to think that one can recover the story as given" (p. 24). Research with ironic validity likewise assumes that there is no absolute, no 'original' referential experience against which other experiences may be measured or discussed and therefore such research implements a strategy that proliferates forms of experience. Research with ironic validity recognizes that results cannot be measured against any simulacra of 'Truth' but instead be acknowledged as a legitimately original rendering of experience. In this way research with ironic validity recognizes that all versions of knowledge are equally real and does not strive to promote its version as simulacra.

Paralogic or Lyotardian Validity

Lyotard (1993) also claims that in post-modern society knowledge has become fragmented as modernist big truths disappear. Meaning becomes flexible and transient, and little narratives with limited validity in time and place replace grand narratives. Although Lyotard holds there is a diversity of forms and elements, the fragmentation of meta-narratives is viewed from a more positive perspective. As Klages (2002) suggests we should not "lament the idea of fragmentation, provisionality, or incoherence, but rather celebrate (it)" (p. 2).

Research with paralogic validity is research with a high tolerance for ambiguity. The goal of research aiming for paralogic validity is not only to acknowledge but to "foster difference and let any resulting contradictions remain in tension. Mixing and converging little narratives paradoxically gives birth to new meanings and Lather (1993)

suggests a research design with paralogic validity will create enough tension to allow new narratives to emerge, rather than be abstracted or imposed by the researcher.

Lyotardian research strategies use openness to counter interpretation, do not resort to meta-narratives, and heighten sensitivity to difference “rather than evoking a world we already seem to know” (Lather, 1993, p. 4). Such strategies suggest collaborative and multivoiced research designs with a proliferation of perspectives. Lyotardian ideas of validity meet with First nations’ agendas for research that deconstructs and decolonizes (Bishop, 1996; Salter, 1998; Smith, 1999).

Rhizomatic Validity

Crooke (2000) remarks, “layering meaning is the aboriginal way” (p. 26). In contrast, Baudrillard (1998) suggests that in the society of the simulacra, ‘reality’ is one-dimensional and grand narratives provide “simplified pictures in terms of which we carry out our interactions with others” (Gee, 2001, p. 3). Thus the stigmatization and marginalization of groups and individuals is maintained through research formed from simulacra (Gee, 2001). On the other hand, research with rhizomatic validity reveals multi-dimensional and fluid patterns and openly eschews descriptive boxes and linearity in favour of multivoiced and relational complexity. Lather (1993) describes this layering of reality through the metaphor of the rhizome, a root system that acts “via relay, circuit, multiple openings, as crabgrass in the lawn of academic preconceptions” (p. 5).

Rhizomatic validity is about moving from “hierarchies to networks ... rather than a linear progress rhizomatics is a journey among intersections, nodes, and regionalizations through a multi-centered complexity” (Lather, 1993, p. 5). Acknowledging, incorporating, and describing the rhizome connecting an individual or culture is in accord

with narrative research and the traditional aboriginal emphasis on the complex and inter-relational quality of human experience.

Voluptuous Validity

Voluptuous validity incorporates the 'female' into traditionally male positivistic and dry inquiry, representing what Behar (1996) calls heart, Heshusius (1992) describes as enchantment, and First Nations people describe as 'heart speaking'. Voluptuous validity challenges researchers to put color, texture, and passion back into research. An example of voluptuous validity is Collins' (1990) discussion of the 'ethic of caring' as a methodological strategy with three interrelated dimensions, emphasis on individual uniqueness, appropriateness of emotions in dialogues, and the capacity for empathy. Collins maintains that the ethic of caring as a methodological strategy may provide a more "reliable vantage point from which to assess 'how things work' than objective positivist models" in that the use of dialogue, emotion, and empathy help "clarify the relationship between individual narratives and broader processes like racialization and the 'outsider phenomenon' that are hidden from an individual knower's direct sight" (In Naples, 1994, p. 89).

Summary

In narrative research validity issues are best conceptualized as multidimensional questions of trustworthiness or credibility. As well as meeting standards of academic credibility, indigenous research needs to credibly reflect what is important to the culture under study as well as meet the approval and requirements of its members. Thus credible and trustworthy indigenous research needs to have the collaboration of the indigenous community, reflect its values and beliefs, and represent a participant driven agenda that

will benefit that community. Validation frameworks that acknowledge and hold the research accountable to these challenges seem better suited to indigenous research than do measures of validity that continue to look to positivistic inquiry as models.

Ethical Considerations

In theory, psychological ethics and adherence to the principles of aboriginal research consistently appear to overlap (Bishop, 1996; McCormick, 1996; Smith, 1997; Smith, 1999). Most have been discussed in other parts of this work and will not be repeated here. Ethical research guidelines as well as the guidelines for ethical indigenous research were maintained by a collaborative approach and by not directly approaching and soliciting individuals. Rather, participants for this study were recruited via word-of-mouth by members of my established network. Posters were distributed through the network as well as sent to a variety of community resources such as the Residential Abuse Program, the Men's Resource Centre, the Men's Sexual Abuse Services in Vancouver, and band offices within reserves in the Fraser Health Authority. So that interested potential participants could further discuss the research without commitment, contact numbers, an email address, and an informational poster (see Appendix A) were provided to individuals in the established network to share with potential participants. Several potential participants utilized this pre-commitment option and contacted the researcher by telephone before deciding they wished to be involved. As each participant in the study had, by their own description, positive and supportive counselling in place, there was little concern that the participants would not have support if issues arose as a result of their participation. They were encouraged to contact the research or research advisor if they had questions or concerns regarding the research.

Data Collection

The method for collecting data from each participant was the same. Each of the participants was interviewed regarding his or her positive experience with counselling in a mainstream setting with a non-aboriginal counsellor. The interviews were intended to be as open and comfortable as possible. This was accomplished by spending some time with informal conversation, providing refreshment, and having the interview take place in a private but somewhat familiar environment. Introduction to the researcher by an already trusted liaison was also employed.

The interviews occurred in several locations convenient for and acceptable to the participants, namely in private rooms at aboriginal centres (unnamed to maintain confidentiality as some participants were from small local areas), a therapist's office, and on college campuses. Each setting met with ethical research standards regarding privacy and safety. All interviews were tape-recorded and although field notes were not taken during the interview my impressions were recorded directly afterwards and primarily focused on my experience of the interview and my observations of the participants' verbal and non-verbal language. The interviews were transcribed by two mental health administrative support workers, both of whom have taken a transcription course and therefore were able to carry out the transcription with attention to confidentiality and accuracy. The transcriptions were checked against the audio recording by the researcher. The researcher's academic advisor read the transcript of at least one interview and was satisfied the researcher allowed the participants to recount their experience freely.

The initial interview was informally structured with an initial question statement read and participants encouraged to begin where they felt the story began for them.

During the first interview the confidentiality agreement and release of information was also read to participants, any questions answered or clarification provided, and some basic demographic data taken. Participants were asked to provide the nation or band to which they belonged, their status, the circumstances of their growing up (on reserve, off reserve, in biological family or foster care/adopted family), and the nature of their mental health concern or diagnosis. Each participant was given a contact number and encouraged to call or email the researcher with anything else they might wish to add or any additional questions. As each participant involved in the study currently had a mental health worker or therapist, no list of support was offered.

The purpose of the second interview was to check the accuracy of the initial analysis with the participants and change it if it did not adequately capture what the participant had intended. Not all participants responded to contact around the second interview, but those who did indicated the summary reflected their experience. Upon completion of the study, participants will be provided with a copy of the research and they have been encouraged to contact the researcher at any time with additional questions or amendments. The rationale for this third potential communication is that the researcher hopes the research will form the basis for recommendations to the health region on how to provide better mental health service to aboriginal peoples and therefore should be open to ongoing input. Further, continued opportunity for engagement with the researcher is one precept of aboriginal research (Smith, 1999). Most participants indicated they were interested in reading the recommendations.

Credibility

I have tried to maintain research credibility throughout the study, both in regards to the principles of aboriginal research as outlined in the literature review in Chapter II and in regards to the precepts of academic narrative research as discussed earlier in this chapter. Where there might be a conflict I decided to give precedence to the requirements of the former. This was based on my commitment, desire, and goal to do research with aboriginal people that would not contribute to the existing lack of trust and respect for academic research held by aboriginals and aboriginal researchers (Chrisjohn et al., 1997; Smith, 1999). As far as I know, there were no such conflicts in this research process.

In terms of academic narrative standards, I have maintained credibility by making the study multivoiced, collecting information from a variety of resources, taping and transcribing the interviews, maintaining field notes (Nagy, 2000; Reissman, 1993). I also tried to maintain credibility through the validity criteria as explicated by Lather (1998) and discussed earlier in this paper, namely ironic, paralogic, rhizomatic, and voluptuous. Although the interviews were relatively unstructured and process oriented, in order to meet these criteria, the introductory question was consistent and focused.

Transparency was maintained in a number of ways. The participants were offered an opportunity to review the data and the core narratives were discussed with them. The participants were encouraged to offer changes to the data at this point, to clarify, or expand upon a point. Both because subjectivity is a reality and because I believe it should be embraced (Heshius, 1992, 1994), I also recorded my own experience over the course of the study. Speaking of my own experience may be of help in understanding the

research but also in contributing to the literature on the experience (pitfalls and joys) of conducting aboriginal research as a non-aboriginal researcher.

My examination of the literature on aboriginal research, and perhaps more importantly, my conversations with aboriginal people before the 'formal' interview process, led me to understand that credibility as an aboriginal researcher would also need to be based on respectful collaboration, including choosing a research topic with the guidance of aboriginal people, approaching the listening and analysis with openness and genuineness, sharing my own experience, and staying connected with the community beyond the end of the research (Smith, 1999). Although the last can be the most difficult for a non-aboriginal researcher, Naples (1994) maintains that boundaries of community are flexible and may intersect to form legitimate sub-communities of common interest and need. While I am an outsider to the larger aboriginal world, one shared place of intersection is the mental health community. As Bishop (1996) also suggests this meets an important requirement of a whanau relationship and my engagement in that whanau will continue beyond the formal research process through my work as a mental health therapist. I intend to provide the outcomes of this research to the mental health region and remain involved in and advocate for mainstream mental health services that are appropriate, available, and culturally safe. I have agreed to organize an aboriginal mental health day for my mental health community that will bring mainstream mental health workers together with aboriginal people to begin a grass root dialogue.

Of utmost importance was my entering into the conversations and other connections with openness, with respect, and with heart, not only in regards to the individuals involved but in acknowledgement that the culture would likely have

perspectives and 'rules' slightly different than mine. In the tradition of Heshius (1994, 1992) I embraced rather than wrestled with subjectivity, allowing myself to become, in Heshius words, 'enchanted' with the stories I heard and the people I encountered.

Methodological Rationale

Indigenous peoples question research process and methods that neither respect alternative knowledge and ways of doing things, nor provide benefit to indigenous communities. The method chosen for this study was intended to consider these concerns adequately.

In respect to questions regarding appropriate indigenous methodologies, a number of authors suggest that narrative approaches closely parallel traditional First Nations communication and belief systems (Commanda, 1998; Crook, 2000; Jules, 1999; Smith, 1999). The collaborative narrative method chosen for this research also has potential for assuring the voices of all participants are heard and for placing individual stories within a socio-political context (Bishop, 1996; McCormick, 1996; Smith, 1997, 1999). Narrative methods appear to offer great potential for accessing, analyzing, and sharing knowledge (Arvey, 2000; Bishop, 1996; Reissman, 1993). In particular collaborative and multi-voiced methods may 'still our theorizing voices', voices that can easily suppress the voices of research participants rather than allowing space for those voices to emerge (Bishop, 1996; Smith, 1999).

Therefore the research topic was finalized only after some preliminary consultations with several First Nations people in British Columbia. The research question metamorphised through an initiation phase that was an ongoing networking and exploratory process spanning a period of approximately one year. Thus the requirement

that aboriginal research questions develop out of the aboriginal community and involve collaboration with that community to achieve their final definition was accommodated (Bishop, 1996; Smith, 1997, 1999). In this initiation phase questions about relevant research areas and acceptable process were explored. Research goals and design were also consistently considered and re-considered with input from aboriginal people and my aboriginal research advisor. When I spoke with other aboriginal individuals about my finalized research hopes and goals, I received a great deal of encouragement and positive feedback, all of which supported the relevance of this particular research to the aboriginal community. Further, as encouraged by aboriginal authors, this study is designed to focus on strengths and what works, rather than pathology and what is wrong (Nechi Institute, 2001; Waldram, 2001; Wohl, 1989).

I tried to develop whanuu relationships as described by Bishop (1996). During the research year I began by contacting and speaking with individuals within the aboriginal community of British Columbia as well as individuals involved in mainstream mental health settings where there was an aboriginal presence or clientele. I also attended a number of aboriginal sponsored events focused on discussing the challenges facing aboriginal individuals with mental health concerns and led by native leaders such as elders and aboriginal program administrators. Among these events were a full day workshop held at the Aboriginal Friendship Centre in Mission, an in-service conducted by Elder Tom Oleman at Surrey Memorial Hospital, and educational groups provided by mental health professionals at aboriginal meeting centres.

First Nations' research also needs to be evaluated according to meaningful validation criteria that reflect the cultural belief system of First Nations. As discussed

earlier, Lather's (1993) framework of ironic, paralogic, rhizomatic, and voluptuous validity standards may be a meaningful way to validate First Nations' research and this research attempted to meet these validation criteria. The results are presented as mini-narratives rather than one grand overriding master narrative. Although themes are illuminated across narratives, I have tried to maintain the dignity of individual stories. I made an effort to temper potential academic dryness through the use of readings and language with a whiff of the poetic and I have generally used first person in my discussions. In finalizing the research question and in reviewing results, I have endeavoured to incorporate feedback and perspectives from within the aboriginal community to enhance my basic understanding.

Likewise a number of authors believe that indigenous research must in fact go beyond simply recognizing personal beliefs and assumptions, to facilitating decolonization through attending to questions such as who defined the research problem, for whom the study is worthwhile and relevant, who says it is so, what knowledge will the community gain from the study, what are some likely positive and some likely negative outcomes from the study, how can the negatives be eliminated, to whom is the researcher accountable, and what processes are in place to support the research, the researched, and the researcher (Bishop, 1996; Chrisjon, Young, & Maraun, 1997; Smith, 1999). Accordingly, authors such as Smith (1992, 1999) and Chrisjohn et al. (1997), validity rests not only in accurate representation, but in the research's potential for fostering beneficial social and political change. The capacity of this research to meet that requirement was also considered. I believe that there will be benefits to the aboriginal community, that the research can make a difference in how mental health services are

provided to that community, and that cultural awareness and respect for aboriginal culture and language among mainstream mental health practitioners will be increased. I will present my research to my mental health teams and have committed to collaborate with the mental health aboriginal liaison in organizing an aboriginal mental health day for mainstream mental health employees in the health region.

Indigenous research is intended to benefit the indigenous community according to the beliefs and principles of that community, beliefs and principles that may conflict with those of the researcher and the researcher's institution and culture (Smith, 1999). These mandates were viewed by me as important considerations in determining the research method. I believe that the methodology and process of this research at least attempts to address the mandates for indigenous research using a recognized academic approach.

Participant Descriptions

The research question for this study is: How do aboriginal clients develop, maintain, and experience successful healing relationships with non-aboriginal counsellors in mainstream mental health settings? As described in the literature review, to answer the question while remaining true to the precepts of aboriginal research (Smith, 1999) I used narrative based research approach involving in depth interviews with seven participants who believed they had experienced such a therapeutic relationship.

Given that aboriginal peoples have experienced significant and varied cultural and individual disruptions, there is no standardized way of defining 'aboriginal'. Therefore, seven individuals self-defined as aboriginal were recruited out of an initial 12, and represented both status and non-status, a variety of early experiences, male and female

gender, traditional and non-traditional aboriginal lifestyles, and a number of different nations and or bands. All participants considered that they had experience of a positive counselling relationship with a non-aboriginal counsellor in a mainstream mental health setting.

Below I present a brief introduction to the participants, presented in no particular order and with as much identifying information as possible eliminated. At the initial interview all but one participant chose a pseudonym; that one individual insisted on using the given name and I have respected the decision. The following descriptions include some demographic data, although in order to maintain confidentiality, individuals are not identified by nation or band. Participants defined themselves as Salish, Carrier, Stalimx, Nakadla, Telescotin, Kitselas, and Stol'o. The descriptions of 'diagnosis' were recorded as characterized by the participants, not by the assessment of the researcher.

Lindsey

The first participant is a 33-year old status female diagnosed with a major depressive disorder and obsessive compulsive tendencies. Her primary mental health contact is a psychiatrist, to whom she was referred by her family doctor. She grew up on reserve in a fairly traditional family and has some postsecondary education. She recalls always having a sense that she was different because she worried so much. There is a family tendency towards mental health problems, with several family members suffering depression and bipolar disorder. She has utilized both traditional aboriginal and mainstream mental health services, and while continuing to be quite involved in aboriginal services and beliefs, holds there are 'scientific' explanations for almost everything.

Jack

Jack is a 34-year old status male brought up off reserve but in a family of traditional spirit dancers and drummers. He has been diagnosed with a psychotic disorder (currently managed with medications and therapy), had a troubled early family life, and a history of substance abuse. His introduction to mainstream mental health services occurred when he was admitted to the psychiatric ward of a hospital, hallucinating, paranoid, and suicidal. His main contact with mainstream services is his mental health worker, but he uses support from and has become more involved in the aboriginal spiritual community.

Kim

Kim is a 41-year female with status who was brought up in a white foster home, but intermittently and unsuccessfully attempted re-integration into her biological family. Originally she encountered mental health due to her brother's mental health concerns and later because of her abusive adult relationships. She became involved with learning about her aboriginal heritage when she took some aboriginal culture courses as part of a post secondary training program. Some of the course work triggered memories of her own early abuse and neglect and subsequently she worked with the counsellor in her college.

James

James is a 39 year old status male of two aboriginal parents. He has been diagnosed with possible mild foetal alcohol effect, and with anxiety and depression secondary to posttraumatic stress disorder subsequent to the abuse he experienced in his family of origin and his years on the street. His mental health contact is his therapist at a mental health centre. He lived many years in the downtown eastside of Vancouver where

he was significantly involved in an addicted lifestyle. He has utilized non-aboriginal resources such as AA, residential treatment, and mental health services. Although he does not participate in many cultural group activities he considers that the traditional skills and beliefs he learned from his grandparents would allow him to live independent of the modern world and he takes pride in many practical and spiritual aspects of his heritage. He is currently in a stable relationship with an aboriginal woman.

Lisa

Participant five is a 29-year old status female with depression and interpersonal problems. Her primary mental health contact is a psychiatric nurse. She was adopted into and brought up in a white family and did not realize she was aboriginal until her late teens. Both adopted parents were alcoholics and made clear their contempt for non-Caucasian ethnic groups, especially aboriginals. She has reconnected with her biological family but states they are also a pretty dysfunctional family. Nevertheless she reports that in connecting with her biological family she experienced a sense of belonging that encouraged her to investigate her aboriginal heritage. She has a long history with mental health services.

Sal'duba

Participant six is a 49-year old non-status male with a history of severe drug and alcohol abuse, a long history of depression and anxiety, suicide attempts and interpersonal difficulties. His mental health contact is a therapist at a mental health centre. His father was native, his mother British and he was brought up in a northern community where the family hid their aboriginal roots and presented themselves as Polynesian in order to be better accepted. Violence was a daily part of his young life and

the abuse of substances started when he was young. Although he remains heavily involved in AA and NA, he is also beginning to explore his aboriginal heritage and believes that there is a greater purpose to the events of his life.

Livina

Livina is a 30-year old status native woman diagnosed with depression secondary to posttraumatic stress disorder. Her mainstream counselling is through a non-profit community agency with a therapist contracted by the Residential Abuse Program. She grew up off reserve in foster care and later on her own, only at 18 discovering her native roots. She was severely abused as a child and did not seek counselling until quite recently when she saw an advertisement for the residential abuse program (RAP) while in a shelter for abused women. This participant has made a life for herself that includes both aboriginal and non-aboriginal supports and is becoming more deeply involved in the aboriginal culture, although cautious of some of what she perceives to be less than genuine and meaningful manifestations of aboriginal cultural behaviours and beliefs.

Chapter IV: Results

As discussed in previous chapters, narrative analysis takes many forms and shadings, leading authors such as Coffey and Atkinson (1998) to argue that narrative styles and analysis “defy summary definition.” Nevertheless these authors do “outline a simple approach to doing research” (p. 54), where the elements or structural units of the narrative can be seen as “answers to the audience’s implicit questions” (p. 58). In this model, the Abstract answers the question, what was this about, the Orientation addresses who, what, when, where, the Complication or Plot focuses on, ‘then what happened?’, Resolution tells the reader what finally happened, and the Coda provides a narrative finish or reflection. However, as these authors also suggest, such structural units are there entirely to “help us think about our data, in order to facilitate more general and more sociological kinds of analysis” (p. 58) and thus such a ‘simple approach’ reflects the larger socio-political mandate of aboriginal research and an additional question of, “so what?”. That question is primarily addressed in this in the discussion and in the recommendations.

As indicated in the last chapter I will therefore present the results in keeping with the narrative frameworks presented by Mischler (1986) and Coffey and Atkinson (1998). Accordingly, I used a structured narrative analysis to reduce the interviews to core narrative elements. Each of these core narratives answered smaller questions and contributed to answering the larger research question. Some of the core narratives may lack one of the elements and the elements appearing in their final sequence may not have been presented in that order in the interview.

To develop the core narrative I read the interview transcripts several times and pulled out statements representing the essential or core messages as, in my mind, they reflected the research question. The core narratives were given to the participants to review and provide feedback as to whether or not the narratives reflect what the participant intended to make known in response to the research question. Two participants provided feedback and the research was reviewed by three additional people of authority in the aboriginal community. Themes generated by the participants were also extracted and will be discussed in order to answer the research question more directly: How do aboriginal clients develop, maintain, and experience successful healing relationships with non-aboriginal counsellors in mainstream mental health settings?

Narratives

Jack: I Don't Want to Hear Them Say No, That Can't Be Real

Throughout the interview Jack spoke gently and at times anxiously of his healing journey including overcoming addictions and the effects of residential schooling, living independently, and helping others as a peer support worker. Jack has traveled a long road to find sobriety and mental stability, experiencing several psychotic and suicidal episodes and a break in relations with his family before engaging with the mental health system. He is pleased to have reconnected with his mother and grateful for the support of his mental health worker and his extended family, as well as a healing ritual he marks as a turning point in his recovery.

Orientation (placing narrative in context).

"Nobody wanted me around when I was there. I lived with almost all my family just not saying nothing and being there, being sick and hallucinating. My mom - when I was sick she didn't want me around she didn't know what was wrong with me I guess that's why."

"I don't know, I mean I was so sick, he [uncle] was telling me about bad spirits, and that I could hear them and stuff."

"I just couldn't, I don't know how you say it, listen - or knowing what he was talking about cause I was so far gone, sick."

"But then every time I tried to get help, I think they thought I was just on drugs hallucinating."

"Yeah, it was scary, hallucinating and not knowing what was going on."

Abstract (overviewing the narrative).

"It seemed so real like evil was after me or something - it seemed so real so I tried to get help all the time."

"I just don't wanna hear them say no that can't be real."

"Plus my uncle says you know not to tell anybody about it."

Plot (describing narrative action).

“When I was about my teen-age years that’s when I first got sick and I was doing drugs and then I went (pause) starting hallucinating so I had to quit wouldn’t come out of my room for six months, ha ha in my mom’s house and she took me to the doctor they kept me there and then they let me go a couple of months later, and then I went back trying to get back and they wouldn’t help me anymore.”

“No, I lived with my mom when I first got sick, and I never looked for help or anything, my mom brought me to a psychiatrist and I told them everything that was going on and then they referred me to the psychiatric ward and they put me in the quiet room and I didn’t want my mom to leave me in there.”

“He [uncle] talked to me a lot, told me ‘you’re not crazy just hearing things’ - took me out to the creek swimming and stuff, but then he did that when I was sick too and it didn’t have an effect on me (little laugh). I didn’t wanna hear it. Whadda ya saying to me? I was just lost.”

“I think I told him [uncle] one of my psychotic thoughts or something and then he kind of stayed away for a while.”

“I didn’t tell the doctors or my worker cause I didn’t know if they would believe me or not. But they might but I didn’t want to tell them.”

“Or they might just say oh you’re - that’s not real - it’s the medications. Or they might push my belief out - that’s what I’m thinking.”

Resolution (resolving the narrative).

“He [mental health worker] helps with the medications and keeping me stable and activity you know like my peer support is through Mental Health.”

“I think he knows when you’re sick.”

“At first it [uncle’s perspective] wasn’t helpful but then later it became helpful. You start realizing you know it’s not just, I’m not just crazy or you know I don’t know how you say it, I believed him you know. Like he’s telling me you’re not crazy and it’s just things spirits and things ...so it could help me deal with it a little better.”

“Yeah, my mom and them make the strips [basket weaving] and then I just have to put it together. Someone was showing me, then I was going right at it cause I wasn’t feeling good (small laugh). I got let’s see nervous or paranoid then and that kept me busy so I wouldn’t think about it.”

“He [mental health worker] doesn’t talk to me about spirituality. Just mental health or when we talk we talk about when we’re traveling or stuff. I never mention it to him. I tell him I go singing and drumming with my dad. I can talk to him about other things like basket weaving things that I do crafts and stuff.”

"I kind of believe what my uncle says... I don't really tell the Mental Health about that part, my uncle helped me and I'd rather talk to my uncle about it."

"I'm not sure, I don't know if the doctor will agree with that or not that he's helping, but he [uncle] he helped me one day. I was feeling really terrible and he prayed for me, him, and his wife and then ever since that day, everything just like came off and I was symptom free after that day. I don't know, I'd probably still be - I don't know what would be going on."

"I got a phone call about giving in to supportive housing, and I asked him [uncle], do you think I should go live on my own there, he said 'yeah yeah', and then he supported me and he said I should and then I did and then he'd come visit me every other week or something - stay for a day or two and then he'd leave. It brought my mother close to me, living on my own. Cause she lives out of town, and then when she comes she stays with me."

Coda (reflecting on the narrative following the event).

"Yeah, I, honestly I kind of have a spiritual belief and then my medication keeps me from getting sick again or helps me stabilize and the spiritual belief helps me open. I think that's how it works."

Narrative summary: Integration. When speaking with Jack I experienced the remarkable integration he has achieved between his aboriginal spirituality and the

western interpretation of his diagnosed mental illness, both in terms of how he makes meaning of it and how others react.

Jack felt he could not be observed as a whole person by either his aboriginal or mental health community. Jack expressed concern that if he revealed his spiritual side within the mental health system, his belief would get pushed away, either with words or with increased medication. Without the support of mental health Jack acknowledges he would likely slip back into psychosis or lose some of the structures that help with wellness. Without his spiritual beliefs he would feel closed and empty and perhaps lose some important family relationships. However, his untreated psychosis precluded any meaningful understanding or participation in spirituality. In both cases he would miss the connections and wholeness that have become important to his well being. For Jack a significant factor in his healing has been finding a way to incorporate the perspectives and demands of these two communities into a single supportive narrative.

This narrative reflects how for Jack, resolution entailed defining a symbiotic relationship between mental health and aboriginal beliefs. His current support system therefore represents greater wholeness and balance. Although Jack sometimes experiences pressure from both sides to accept their version of things, working with mental health and stabilizing the worst of his psychotic symptoms has allowed Jack to engage in exploring the meaning and nature of his aboriginal self and find ways to use his cultural activities to support wellness. Jack shares a narrative with other mental health clients in reaching psychological stability, finding the right diagnosis and medication, and maintaining a sense of self efficacy while dealing with a medical system. However this

shared psychiatric narrative is shadowed by his struggle to organize and support his wellness within the demands and perspectives of two cultures.

During the interview Jack became acutely aware of how he has at times separated out parts of himself in order to do this and although he still feels that his uncle is the more appropriate connection around his spirituality, he acknowledged that he could take a risk and share more than the superficial aspects of this with his mental health worker. He feels able to come to this resolution this because of the relationship the worker has built with him through interest, sharing, genuine acceptance, and long term continuity.

James: I Looked Back on My Life as if It Was Like a Big Failure When I Think I Was Dead Myself

Throughout the interview James expressed pride in the changes he has made and continues to make. His journey through chaos, addiction, and despair started when he was very young. The child of alcoholics, he recalls having a lot of trouble trying to integrate into the public schools, feeling acceptance by neither native nor non-native. He describes his youth as about hate and anger and he became an alcoholic himself between the ages of 10 and 12, explaining that at first drugs seemed to 'hide a lot'. James also recalls the traditional teachings he received from his grandmother, great-grandmother, and aunts when he was sent to them because he was so hyperactive his parents could not control him. From these elders he learned traditional survival skills that to this day increase his sense of security, safety, and self esteem. James made several attempts to heal, but nothing really worked until he came to a decision to go into residential treatment for his addictions. He states that the decision just came from within and once he makes up his

mind about something he does it. This strength, he believes, comes from his grandmother.

Orientation.

"Drugs seemed to hide a lot, like seemed to suppress a lot of my feelings and stuff that I was feeling, that I really didn't understand and wasn't able to control, so I just stayed high stayed drunk."

"They sent me to my grandma's I was so hyperactive they could never keep control of me."

"I grew up more traditional with my Grandmother, my grandmother and great-grandmother, all my great aunts, like tanning hides and making moccasins. And things like that."

Abstract.

"I'd get into a lot of trouble when I was a kid. And integrating natives into the public schools, that's when I was going, so I was getting it from the kids and from the teachers, and ah that kind of made me just hate everybody. My parents were alcoholics to on top of that, so I didn't learn much about love and respect and caring. All I had was anger and plus I had curly hair so they didn't like me on the reserve either."

Plot.

"I don't know if I was dead or not I went into like nowhere just my mind I felt like I had my hands in everything but it wasn't. It was it's just my mind kind of looking back on my life I didn't accomplish much so I was given the decision to come back uhm and make it right, like a second chance almost, and from there I went to Miracle Valley Treatment Centre Drug and Alcohol Centre spent a year there."

"We (first counsellor) didn't really build up any kind of relationship. It was all just surface, he never really got to know me. I really never got to know him."

"She [one therapist] could have sat back and thought about what I said and thought about the possibilities but she was kind of close minded, real close minded. That's when it just hit me, you know I don't want that woman, because every session after that I felt like well—just a pot head."

"When I started feeling my own emotions, they were really confusing."

Resolution.

"I had no idea I had so much until I got into treatment, like I'm still getting rid of a lot of garbage and it's been 10 years, there's so much garbage inside that I don't even know where it's all stored kinda. I just keep getting rid of bag after bag after bags and I feel lighter and lighter, it kind of leaves a lot of space for just filling up with something else kinda, cause I'm constantly tossing things out and bringing new things in day by day like I'll realize what, just one little situation, on how much how much I can make it mean to

me on the inside, if that makes any sense. Like watching my kid out in the grass playing with a little army tank or soldiers - it's imagination at work I just look outside. Before that it would just be a kid playing in the grass that's it."

"It scared me so bad that I wanted to stay there until something happened right. I didn't know what I was going to be or whatever but once something happened and that wasn't until I kind of opened my heart up and lay down on the lawn after oh about 11 months going through alcohol counselling and seeing a counsellor and I laid on the grass and I opened my heart to the Creator who's native, a native's belief that was bestowed on me by my grandparents. And I did that and nothing happened till I woke up the next morning and my room just seemed so clean and shiny and from then on I knew I was ready to go on. But I believe that happened through drug and alcohol counselling and getting time to realize that there's a different life out there than the one I was living."

"Yeah, yeah, putting all the pieces together I have all the pieces, and all the feelings, emotions and stuff like that but I'm kind of like putting it all together."

"New and improved. After digging around for a while I find I find that I'm more interested in what I am. I like to find out more and she helps me out with that."

"I think it's what she does with the information that I give her too - kind of interprets it and puts it in its right perspective and then gives it back, I can decide if that's what I feel and if it's not we can dig around some more and maybe come up with something else."

"She makes me realize that I matter."

"Organizer of the internal stuff I guess."

"I think I've worked out a lot of mine. It wasn't all mine, it was other peoples, I was just carrying the load."

Coda.

"It's all coming together."

Narrative summary: Understanding. As a child, acceptance in neither white nor aboriginal worlds built confusion, anxiety, and a sense of worthlessness. For James, healing has been a powerful spiritual journey starting with an experience after an almost fatal overdose in which he was given the choice to make his life right. Later he recounts a second significant and cleansing experience in the treatment centre where he opened his heart to the Creator and realized he was ready to go on.

His current therapeutic work is not only about making sense of the internal chaos, but developing a spiritual container for his experience and feelings and a belief in himself supported by his knowledge of traditional aboriginal life skills. While he shares much in common with other men who have experienced traumatic pasts, like a river running through the common story, were questions around identity, value, and understanding - why he should matter. He fears doing anything to loose himself again after a long struggle to develop a meaningful life with satisfying relationships. Part of the answer has

come from knowing traditional life skills taught to him by his grandparents and great-grandparents, part reflects his profound spiritual belief, and part is the self understanding and belief he matters gained from his counselling experience. Resolution was bringing all the pieces together in a meaningful narrative from where he can begin to make sense of the mystery of his being. His counsellor facilitated this through collaboration and unconditional respect.

Lisa: I Learned to Be Racist against Myself

During the interview Lisa moved back and forth between describing her ambivalent feelings towards her biological and adoptive families and expressing the positive changes she has made. She was raised in a white family with parents who were overtly racist and as a result, she grew up hating aboriginals. Further, her adoptive parents were functional alcoholics, so although things looked okay, for the children it was a nightmare behind closed doors. Because her biological mother had lost status, Lisa was classified as 'Canadian' on her birth certificate and she only realized her aboriginal heritage when she found out her biological family name and went searching. Lisa has been treated in several mental health centers and seen a number of counsellors. Her biological family also has many problems. Currently she is involved in an educational program and is in a stable relationship with children.

Orientation.

"Yeah and I was raised in a family that was racist."

"I think I also get the fear of being asked about my [biological] family because they have so many problems."

“There’s a lot of anger and hatred involved because my mom has three kids put me up for adoption then went on and had another one.”

Abstract.

“It’s really hard when you’re taught one way and you have to change your own thoughts and come up with your own ideas, you know, it’s a really difficult thing to change, so you know I was almost ah ‘oh great now I have to go around beating the shit outta myself’. Cause I was supposed to be you know, racist against myself, right, it was a terrible feeling, cause for so long I was well I’ve been taught to hate myself right and it was a battle all the time.”

Plot.

“I think is started off pretty negative in [name of mental health centre]. The guy I saw there was uhm I guess I couldn’t connect with him properly or something, I don’t know, he, he liked to do the um how do you put it - ah if I walked in and I was and he’d say how are you feeling today, I’d go like oh man I’m just totally depressed everything sucks and you know this and that. He would like ‘Ahhhhh, stick that lip out a little farther ha, pity me’, and he would talk to me like that.”

“And that’s exactly it, nobody was listening to me, I don’t know how many doctors I’ve gone through you know stuff like that. Like nobody would listen.”

"In [geographical area] they went in a little bit deeper into me - going I don't think I have bipolar disorder. What is wrong with me? And they started to take the initiative to look a little deeper and see what was going on."

Resolution.

"Oh if I go in and actually told her that she would be sitting around most with like tears in eyes like it was almost like she was really, really involved emotionally more like a friend or an acquaintance that I could I could say anything and I'm not going to get a negative response to it, it's going to be ok well you got yourself in a rut or whatever, you know, she never condemns me for anything that I told her that I did if I shouldn't have done it or you know and stuff like that she was always really close and you know you could she actually really, really reacted to the things I told her to, that you know like if I walked in a told her that my son was that sick, it would affect her you know and it just makes you feel like yeah she actually cares about what I'm saying, she listened to me."

"I also got involved in the community dealings and volunteer work and the woman I working with in mental health knew the woman that I was volunteering with and the fact that she had a really good insight to what my private life was about, that I didn't talk about really I think helped quite a bit. She really focused on helping me in the areas that I needed help."

"So this woman would phone me everyday, you gotta get out, you gotta get out, you gotta get out, you gotta get out you know she spent so much of her time just trying to make

sure I was doing what I was supposed to be doing outside of seeing her you know and stuff like that so it was really amazing.”

“I used to volunteer for Santa Claus Parade every year and what we did is the group that I volunteered with handed out free hot chocolate you know. D would show up - she’s getting her hot chocolate from me and introduce her kids and her husband to me you know and she’d be like Oh [name] this is my husband [name], you know just I was like anybody else out there actually letting me meet her family you know Like she didn’t try to hide it she didn’t go Lisa’s working there so I can’t take my kids over there she’s a client I can’t go there. She wasn’t doing that you know.”

“I had an emergency if I was I really gotta just go in and just kind a blow some steam, she’d go like well I’m all booked up so how about you come in at lunch hour and I’ll spend my lunch hour with you as long as you don’t mind me eating while we’re talking.”

“I was seeing Lisa at the time when I actually met my whole biological family up in[location] and went and visited up there and everything and ah she, she really said that really brought a lot out in me too, it gave some closure to me- it gave me a lot of answers.”

“Yeah so it really started to make me think and realize and get to know my sister and my brothers and stuff up there a little bit. The search is to really understand myself a little bit more, to realize well I get this quality from my family, you know not because I grew up

here but because over there these people are really like that and that's where I get it from. You know and it was just a really cool feeling and it kept me kept me focused on who I was and what I wanted to do and stuff you know, it was just like you know, and I keep talking about moving back up there and all, but I'm going, 'can't do, can't do.'"

"Well in some ways, like I look at it like that it's the kind of thing you should be proud of. It was a neat feeling and just knowing the whole family and realizing that this is where I truly belong and stuff was a good feeling."

"I have a little bit more understanding of who I am and in some ways almost like why I do some of the things I do."

Coda.

"I guess in some ways it [being aboriginal] feels like you almost belong to an entirely different community."

"I look at one of them and I think "wow it's just it's so different and in some ways just to understand my own biological family I have to get a little more personal with it."

"I felt so homesick - it feels like homesickness to go back [to her dad's reserve], it doesn't make sense cause I don't really know any of these people. I never lived there but so much of me wants to be there all the time."

Narrative summary: Acceptance. Lisa struck me as woman involved in an ongoing struggle to find and love herself. In her own words, she felt damned either way – both by biology and upbringing – and realizes there is dysfunction in both families. Further, in spite of experiencing an almost immediate connection with her biological family, Lisa remains quite anxious that others will learn about some of the problems in that family. Her life and healing have reflected a struggle to undo the internalized hate for aboriginals she learned when young, so eloquently stated, as needing to unlearn “being racist against myself.”

A large part of a positive counselling experience has been the counsellor’s encouragement of Lisa to reach out and explore aboriginal culture. Valuing aboriginal culture as well as support for Lisa as a person of worth and potential, has helped Lisa develop a more positive sense of herself. Lisa’s narrative shares with others, a kind of self hate due to childhood experiences where she was not admired or felt loved. However, more specifically these early experiences taught Lisa that aboriginality was not worthy of anything but hate and disdain, and this was a reality at the core of her being, something she had no power to alter. Lisa’s healing journey has been complicated by this and her narrative resolution importantly reflects a growing acceptance of herself through a more positive recognition of her aboriginality. The narrative is replete with little anecdotes where the benign, admiring, and accepting behaviours of the counsellor have helped Lisa with this healing re-imagining of herself.

Kim: Alone and Finding the Way In-Between

Kim grew up in a number of foster homes, never knowing her biological mother until her early teens. Her childhood was hard, because in spite of a good connection with her foster mother, reintegration attempts with her biological family were abusive, traumatic, and unsuccessful. Eventually she was fostered in the home of an aunt where she came to know her brother, soon diagnosed with a chronic mental illness. Kim was only 18 at the time, but lacking the support of a close extended family, she had to take a large role in finding and negotiating help for her brother. She also experienced abusive adult relationships. Some of her family live on a reserve where according to Kim, although they sing and dance, there's no "real traditional aspect of it." It was her brother's story she originally intended to bring, but as the interview progressed, it evolved to inextricably include Kim's story and thus although it is mainly Kim's story that is presented here, the two stories remain intertwined because Kim continues to feel the loss of a strong family connection when she is left caring for her brother without much support.

Orientation.

"When I went to go and visit my dad, you know, she [stepmother] kind of told me she didn't really want me around, so I phoned up my foster mom and told her, you know, I am...I feel lost and I don't feel like I belong here and I want to come home so I went back home but I kept trying...I kept trying, you know, to get to know, I needed to...find out where my roots were, you know, what my family was like."

Abstract.

"But for us kids who were taken away from that it was harder to get back into that family and never did achieve that closeness that I see other people in the same family have."

"I don't have like a, um, an understanding of my own culture."

Plot.

"And, um, so I was living with my foster mom and they tried to get a counsellor in to help me, but there was no way she was going to get me to talk. And it wasn't that I was, you know, purposely shutting my mouth. I just...it was...I don't know, it was too soon or too painful. Um, I just didn't want to talk about it, and I didn't want to think about. And I don't even remember the kind of things that she would say to me or ask me, but I remember any conversations with her. A lot of the stuff that she did was, you know, having me carve out like Christmas trees out of wax, you know, making candles and...and, you know, I didn't find any purpose in that either, so, um, I remember, you know, she just stopped coming around because she wasn't getting anywhere with me."

"I'm not really Stolo but it's the closest thing. And, um, since I live around here, you know, I thought when the instructor was showing, um, a video one time about a community where...where the...this guy was getting charged with, um, sexually abusing his daughter, or niece or...no it must have been his daughter. And after that...or before she put the video on she said to...if anybody's got, um, issues with abuse or anything like that, and you know, you'll...it will seem like it triggers with this video...and throughout the entire course, you know, it's always a tad good if you have issues and you want to continue on...you just got to deal with them right away before, you know...or else you

would be...you won't be able to help anybody else because you will be stuck at a place where they are stuck at and you won't be able to move on with them. So, at the end of that semester I...I said, you know, um, I have issues that I have to deal with."

"So that's why when I'm, um, when I talk to a counsellor, it doesn't make a difference to me, you know, whether or not they have that First Nations culture."

"Because I am still trying to learn it myself."

Resolution.

"I ended up in a, um, transition house a few times. That's where I learned about the cycle of abuse...of abuse, and...and, um, things like that. Um, so that's another thing that, you know, one of things like that I learned about. I started getting into different programs, you know. And the last one was...was the bridging programs for women who have been abused and some pre-employment and that was the kind of things that showed me, you know, the barriers to achieving my goals, not...not just for work, but for a lot of other things, you know, and, um, I used that, you know, to basically turn my whole life around and...I got rid of everybody in my life including the guy I was going out with and kind of generally cleaned up everything. And I ended up coming back to college."

"And it was kind of...what was needed for me to get in touch with that little person and, I guess I was, um... the safest place I could be to actually accept, you know, that...that I really did hurt, and I had a right to feel hurt. And I didn't need to feel ashamed about, you know, what I was going through, or...and it wasn't my fault, and I always knew that, but,

um, the adult in me knows that but I made up, you know, that past emotional or little girl in there didn't know it. And she didn't want didn't even want to look at it, I guess. I don't know. But that's...that's what I could see was and that's what the counsellor did for me, you know, made me look at her and give her a hug, you know, made me think about her."

Coda.

"Well, yeah. I...I do, you know, kind of want to learn more about my culture but, um, I can't say that I can't put that culture in every other aspect of my life because for me it would just be an adopted one or you know, at just a passing interest. It's...it's just not there for me. I was like...I was taken away when I was a baby, and I don't even remember my parents when. First thing I remember was just looking around that corner and seeing my brother and sister, and 'Who is that?'"

"I don't feel like I've...I was never raised there, and I wouldn't know how to live there..."

I am still, you know, going through that identity search."

Narrative summary: Belonging. Although still more comfortable in the white community, Kim defines herself as one of the 'in-between persons', those who are at home in neither white nor aboriginal worlds and who seek to find a place of belonging. As a child, Kim was pretty much left to her own resources and as she said a number of times, became a master analyst at figuring things out for herself. She observes the supportive network of many traditional aboriginal families and wistfully acknowledges that she does not have this support although she has attempted to connect with her

biological family around the care of her brother and continues to search for meaningful cultural contact. Throughout the interview I experienced Kim as a sensitive almost painfully shy woman who seemed both lost child and strong and capable woman. I felt for the child who remains somewhat let down by her aboriginal culture and while a stranger to it, nevertheless seeks to link to something in that culture. In spite of describing herself as white-washed, Kim's narrative contained fine threads of longing to belong. Counselling allowed her to get in touch with her emotional self, explore life paths, understand her relationships, and explore ways to belong. Her involvement with mental health has also provided a support network in regards to her brother.

Lindsey: I Thought the World Was a Bad Place

From her earliest years Lindsey was aware that something was not right inside. She experienced worry about almost anything, a 'terrible' loneliness, and a 'tendency towards perfectionism'. In spite of relationships and career achievements these feelings continued to haunt her, until this apparently unexplainable sadness and pain drove her to consult with her family doctor who later referred her to a psychiatrist. Lindsey retains many of her aboriginal values, beliefs, and behaviours but sets her mental health issues in the hands of western medicine which has provided a framework for her feelings that makes sense. At times however, she has utilized traditional aboriginal practice to augment the medical treatment.

Orientation.

"I lost my sister to a drunk driver uhm she was a passenger in her boyfriends car and he had been racing someone, a friend and crashed so at the time I was 16 and she would

have been 20 almost 21. And that really set me back, and I think that at that point that's when I would not hide that I was depressed, because it was ok then to say everything sucks because they took a look at my situation and I could say yep, well look how could you say it's not an awful world, so I actually had a valid reason."

"I would loose a hairbrush and use that as an excuse to be upset and having a tantrum. Uhm just kind of trying to find a reason."

"I don't really have a cultural upbringing, you know its sort of all ingrained. Like I don't even practice my culture because I've grown up with it so I don't need practice. The things I take for granted, everyday, for instance, I don't eat in the dark, well, If I were to think about it I would say well, of course I can eat in the dark because I want to you know nothings going to happen to me uhm you know people eat in the dark all the time, but I still don't do it because growing up we always closed the curtains so the ones on the other side wouldn't be drawn to us. Uhm and it's just engrained, it's not something I've decided to believe it's just something I do, and sure if I was out with like non native friends, sure I'd eat in the dark but I don't do it all the time. (laughs) and I don't do it at home, and I wouldn't want my son eating in the dark."

Abstract.

"I guess I actually had a Mason jar and I would collect pills from different places and I never intended to kill myself, but it was like making a statement to myself, like saying look this is how much I hurt, uhm I wish I could die."

"If I were to let my culture put a name to that they would probably say that I was Indian sick and want me to go in the long house well, that I should become a spiritual dancer."

Plot.

"My school counsellor had referred me to I guess it's the Mental Health Centre in [location], to a counsellor, so I tried one counsellor there and didn't like her, she wanted to talk about my sister's death my father's death and I cultural ways of dealing with that and so I didn't wanna, I didn't wanna talk about it and cry with someone because my culture gave me that anyways, you know we would have a burning for the relative we would have a memorial uhm so I kind of had an outlet for that stuff and it was done the way that I felt it should be done."

"I didn't feel that respect for the counsellors I had seen as a teenager, I felt that they wanted, I thought it was kind of a pop psychology type of thing that they were doing that they wanted me to feel loved, and warm and fuzzy and I just wanted to get a handle on things."

"Uhm and also my sister my older sister has Downs Syndrome so I think the counsellors often thought that that was a problem too. However, all my friends knew my sister. They'd all been to the house, they were all used to me being unusual and I kind of liked having one more thing that was unusual. Also in my culture my sister is very special with a really special insight, really special sight, so my culture took care of the things that the counsellor wanted to adjust, and so I didn't really want to do that so I tried another counsellor and it was the same thing. He wanted to do these exercises about

external things and to me those were things I'd already gone over and over again and even though I felt I had fixed them myself."

"They'll [aboriginal healers] cleanse you, they'll feel if there's a bad thing on you and remove it and that's like a pick me up and it keeps you going for maybe a week, you think I feel good, it's nice that someone acknowledged me acknowledged something bad on me and took it away, so it's a good short term thing but it doesn't keep you."

"I got into a relationship when I was 21 and it was really terrific... it really troubled me that I could look at all of these blessings I had and not feel it for some reason, I think my fears, my anxiety had gone away uhm I can't think of any I had at that time. But it seemed like things were on track and I still didn't feel good, something was off."

"I was really, really deeply depressed, umm at that time I had actually like I was so lonely and so in pain really in pain."

Resolution.

"I went to my family doctor at that time and kind of tried to explain to him that things didn't seem good even though they were. He was our family doctor and friend of the family and he said I wondered when you would come to me about depression?"

"He was friends with our family and he had been one of the first doctors in this area uhm to work with aboriginal people like I think he had some kind of contact with [name of band] or something so he knew everyone, he knew our committees, he knew our culture."

“My family doctor was very, very helpful to me because he was used to hearing extreme things. I knew that he didn’t look down on me I knew that he had pride in me about things like for instance even though I was in real pain I never turned to drugs, even though I was so depressed I never bothered drinking because I valued myself.”

“He just took for granted of course I’d lost lots of people you know lot of native people all pray to accidents, drinking deaths, whatever.”

“He knew the cultural factors that might come into things, uhm, (long pause), he knew my strength because he knew my community, he saw what could have been what I could have been doing and I wasn’t.”

“I’m well aware that you shouldn’t hear voices (laughs) and I would be really afraid of telling a scientist, a doctor that I heard voices and trying to prove to him that I did. At the time I did prove to myself that it happened but I’m not interested in trying to convince anyone, and so there’s some things as much as I like my psychiatrist I can’t share everything with him, He would think I was crazy.”

“Yes, and you know one thing that kind of helped me to bond with him was that I feel that he’s heard so much that maybe he would be open to not thinking that some of my beliefs are unusual or weird or crazy.”

“Another thing that the western professionals have shown me is how to watch out for myself. Because I can’t rely on people in my community to notice that I’m not well uhm because they may attribute the signs to other things.”

Coda.

“I wouldn’t have just up and out of the blue gone to a psychiatrist especially not since I hadn’t had great experience with counsellors but the doctor knew me well enough.”

“I think what I’ve depended on in relating to the psychiatrist for instance was that I could present myself as a well person and that would make me feel secure enough to tell him that I’m not well.”

“I can’t rely on people in my community to notice that I’m not well because they may attribute the signs to other things.”

“I don’t know if I think the psychiatrist appeals to the more aggressive side of me rather than the spiritual side so in a way I kind of keep them separate.”

Narrative summary: Clarity. Lindsey’s narrative is a story of her struggle for clarity. For many years she struggled alone, knowing something was not right, but having no satisfactory context or resolution for the pain. In spite of her ‘analytical’ side, Lindsey is deeply connected to her aboriginal culture, she finds ease in many of the rituals and solace through her spiritual beliefs, and she has always been aware that some of what she experiences cannot be explained easily by western medicine. However, she is also aware

that her mental health concerns respond best to 'scientific' measures and she trusts her mental health to western science. A strong subtext to Lindsey's narrative is her search for clarity, to find a way to balance her mood, as well as the scientific and spiritual aspects of herself. I sensed some ongoing confusion in relation to some of the less easily explained experiences she has had. Resolution began with the family doctor's understanding of her aboriginal community and his parallel understanding that her mental health concerns are best treated from the perspective of western medicine. She feels understood by her family doctor in a way she does not feel understood by anyone else, including her current psychiatrist, or by much of the aboriginal community.

Sal'duba: A Man is Supposed to Do It on His Own

Although his father is native, Sal'duba was raised in Northern B.C. in a white community. His earliest memories are of being called Mr. Nobody, being told he would never amount to anything and that his father hated his guts, stating, 'you're not my son'. Sal'duba's sense of worthlessness drove him to use copious amounts of alcohol and drugs on a daily basis. His life on the street was dangerous and violent and he came close to dying many times as a result of suicide attempts and various other accidents. He did not grow up with any aboriginal beliefs but he remembers that he liked to hang out with 'natives' because "for some reason Natives understood me ... spiritual and down to earth at the same time." Eventually he turned to Christianity and although it was many years before he began counselling with mental health, through that began his long road to recovery.

Orientation.

"I felt like I was worthless, you know."

"Then you drink and you only feel good for a little and after that it's...its all pain again.

But the only good part was you were oblivious."

"But, ah, no I didn't grow up with any Aboriginal, ah, beliefs. I didn't really - have grown up with any kind of beliefs. Except for when I went to Sunday School. As a kid, I used to...there was always something in the back of my mind that there was a God out there somewhere."

Abstract.

"I have been to so many counsellors, and I have never been to mental health because I thought the stigma attachment that was, 'Oh, you're crazy.'"

"Yeah. I didn't want any labels of a person that needed help."

"Ah, I was always at the belief of you tell no one nothing and you pull yourself up by your own boot straps and you handle the pain till the day you die."

Plot.

"The spirituality in my life it gave me hope. Something to look forward to."

"So I wasn't living my own life, I was living in someone else's words."

“And here’s me, you know, a crazy mixed up soulster and doing an investigation on myself, you know.”

“Because I always figured that I had to be strong and do my things myself. So I refused to ask anyone for help most of my life.”

“We both know what’s going to happen here? And I am just going to end up dead if you don’t stop this.’ So after 10 years of praying, I am not going to pray no more. That’s it. So I will drink myself death or I am going OD or I am going to die somehow unless you do something to stop this, you know. It’s just that I had enough. I am not asking you anymore.”

“I said, ‘God. I don’t want to spend the rest of my life going here and say, ‘Hello. My name is Bill, and I’m an alcoholic ‘cause I don’t want that crap. I want total miracle.’”

“I started reading this Bible and that’s all. I started making this spiritual connection with God and praying.”

“Over and over again. So many times and it almost brings me to weeping when I think of how much somebody cared about me to...to, you know, like God, just to have someone there at all of those times, you know. It’s just crazy, you know. After all the times I had a gun to my head and a knife to my back like I was drug dealing on the streets and stuff and

all of those ODs and car accidents and all the times I was standing on a window ledge or a bridge ready to jump and changing my mind, it's just...just too much to me a coincidence."

"But the reason I was going for counselling course back then is I was too proud to ask for help and too scared and I thought that a man was supposed to do it on his own. So I thought all the stuff I learned from counselling, I can use it on myself. But lo and behold I found out that you cannot counsel yourself."

"Because I always thought I was going to be somebody somewhere down the road in my life. And I didn't want that being on my record like, 'Oh, he was a crazy person in a nut house,' or something, you know."

"I didn't need one more thing that people could use against me."

"I trusted no one or nothing. Like I say I was just a loner. It took a long time to get that trust."

"I almost felt like I was getting the brush-off there. And, she said, 'Oh, you can just call me if you want.' And I don't think that's going to help me talking to someone on the phone, I mean, you know, find out more about things that I want to know about, you know. It's...you can only get that talking, you know, one on one, right?"

Resolution.

“But after a while I thought, ‘I don’t want to just handle the pain. I wanna live.’”

“I realized that I wanted to take a chance. I want a new life and a new life is risk.”

“Um, I am starting to, ah, learn more about that side of me. I met an Aboriginal lady in detox in Prince George and became very friendly. And she told me that, ‘I will never whole unless I get in touch with that that part of my...my life and my soul in that Aboriginal part. So I’ve been going to some of these healing circles that they have every Wednesday? It’s that 12-step group.’”

“It just feels so spiritual. It’s just awesome, you know. How humble some people are in that room, you know. Just totally able to share with no ambitions most of the time. It’s just such a freedom there and such an acceptance. So I’ve learned a little more in about the Aboriginal ways, you know.”

“I just kept going back to these, ah, 12-step meetings. And, ah, so trust slowly came by going to AAs over and over again.”

“She seemed to have a lot more experience, and she would take the initiative more in speaking and sharing all kinds of information with you. That got me interested in my life.”

“Where did all of this... this pain come from? So I started searching instead of me being hunted down by pain. Now I became the hunter. Always I was looking for where it was coming from, you know. I started doing the hunting. The hell with this. I am going to search this pain and I want to track it down - where this is coming from. And, ah, declare a war on it sort of speaking, by getting all the tools I can to help me to deal with why it's there.”

“So, ah, you know, that's a real proud thing to get in touch with, you know. They have a very gentle understanding spirit and, ah, I am proud to be part of that, you know. And I want to do my (unclear) be able to help also in the Native community.”

Coda.

“There are always problems in life. It doesn't matter if you love God or not. It just helps me get through what you didn't already see that you had problems.”

“Have faith and you will get through it. And that's the difference between having spiritual relationship and not having spiritual relationship. Not having one is that hopelessness.”

“I don't think I would be happy otherwise because I think its part of my destiny.”

“Like to be talking like I am now is a total miracle. I told nobody nothing. I wouldn't say nothing.”

“Well, I just kinda missed an appointment with her about a week ago, and I’ve just been putting it off and putting it off. Just kind of reminded myself that, yeah, I want to stick with that counselling at mental health.”

Narrative summary: Connection. Sal’Duba struggled with a belief that he needed to do it on his own and a fear that one more negative label would be attached to him if he asked for help through mental health. On top of that he trusted no one. He used his strength, his intelligence, and his survival skills to avoid accepting help, going so far as to take a counselling course for the sole purpose of counselling himself. Sal’Duba’s narrative tells of this lonely journey from isolation and pain to connection and hopefulness. Although there are still dark moments, Sal’Duba is no longer alone; he has his mental health therapist as well as support from aboriginal 12 step groups. He has also started to connect with the aboriginal community for spiritual support and social activities. Resolution for Sal’Duba has been a process of developing trust in others, of opening himself to the Creator and making a coherent and meaningful life narrative.

Livina: I Keep Looking for Something

Throughout the interview Livina seemed to struggle with anger and frustration. She spoke quickly. She was raised in foster care and only started to investigate her aboriginal roots as a young adult of 18. She has never been to her mother’s reserve and did not speak much of her early years. Rather a great deal of her story revolved around the reasons she chose mainstream mental health over aboriginal services, mostly her lack of trust in aboriginal services and her expressed frustration with some of the less genuine

and respectful aspects of aboriginal cultures as she experiences them. At the same time she expressed great pride in her own ability to powwow dance and in some of the beliefs and behaviours of her father's reserve.

Orientation.

"I was raised off reserve, so I am as 'White wash' as they come. You know, I am almost feel white in a native body."

"So if this person asks me, 'Well, how come you don't get help, and how come you don't get counselling through Native people?'" "But seeing how the residential schools had had taken children off the reserve and...and did a whole bunch of craziness to them. I thought, 'Well, why would I rely on someone who doesn't know what they are doing themselves?'"

Abstract.

"And this is where there's a lot of the negative part gets pulled out from underneath because I am thinking, 'You know what? You're no better than I am. Your parents are in residential schools. Your family is all messed up because of the residential schools. And that makes you look down on me. No. I look down on you because you are relying on this crazy smudge to heal you.'"

"Oh, it is. I have...I have this crazy strength, and the people who taught me how to powwow dance...I have got this crazy thing inside of me, and I don't know where it came from or where it developed, but I'm too good for that. So I don't want be taught by

some maniac who has been taught by someone else, and I don't want that bad negative thing of me dancing. So when I'm dancing, I dance my own beat."

"I keep on looking for something; I don't know what it is. And I don't know where it is or who's holding it."

Plot.

"Well, you should go to a sweat, or you should go this and you should do that." But really that's not who I am up from our reserve."

"And I did think of talking to this counsellor before but something in the back of my mind kept on saying, 'No. That's not right. You know, give the other way a shot and see how it goes.' So back to my...my little thing there where I said that I am 'White washed', is I've been raised with facts, I've been raised with, you know, there has to be an answer. So I've had this since I was a child and I thought, 'You know what, man? I wanna to see the facts, and I wanna know it.'"

"We might as well pull in the big guns, man, because, you know, I would rather rely on [name of mental health centre] than some maniac at some crazy [aboriginal] organization thinking that she knows it all."

"Well, I think that the positive thing...I think my biggest fear was passing on this crazy memories to somebody who doesn't deserve to hear this. I think for like 10 years I

thought the same way. I thought, 'You know what? I can't pass on these crazy memories onto someone who has worked hard in their life and needed their training in this field.'"

"I think that is one of the key things that First Nations people are. And, you know, they don't want to bring somebody else down."

"And I am thinking, 'You know what? Maybe I found it, and I lost it but I forgot what it was because I just keep on doing the same on flippin' thing. Just out there trying to find something and to feed that - that hunger for it.'"

Resolution.

"And when I read that pamphlet of that residential healing scope program, and it was offered through [name of mental health centre] the facts that opened my mind to it, it was...was 30 years of information being collaborated to help people like myself. When I saw that, I was like, 'I am calling. I don't care if...I am gonna call because, you know what, I'm 30, and they might not know the answers before me, but maybe I can help change that.'"

"And the crazier thing is that, I am on the bus and every now and again, it's just like, 'They are all messed up, man. You know, at least you're trying.'"

Coda.

"I thought of retiring up there [reserve] and see how it goes when I am older, but for now, I choose not to."

“Um, the smell of the air up there, and my family that are up there that misses us. And, I can’t describe it, but I have this real urge to go up there and go hunting and go fishing. Stuff like that, that’s what makes me miss home.”

“Yeah. Yeah. And I was just like scared. You know, it’s a rush. It’s rush to the point and was telling this to [counsellor] before that, healings gotta be the most highest drug I’ve ever been on.”

“I’ve got this ongoing drama, ‘Go out, forget about it, throw in the towel. It ain’t going to help.’ And I don’t know, I think it’s...I think it’s going to help. So it’s just a long road to success. But my whole life has been a long road, so if it takes twice that amount to...to recover, it’s good.”

Narrative summary: Seeking harmony. Livina bristled with passion, anger, and energy, all of which strongly underlay her narrative. She said she dances to her own music, eschewing the rules and finding her own song, her own dancing resonance. Livina seemed to me to be a resolution still weaving its pattern, determined to form smoothly into something meaningful to herself. She considers her resolution as a journey to create harmony out of dissonance, reflected by an often difficult and frustrating process of sorting through beliefs, feelings, people, and places to do this. Livina holds she has finally found places and people to help with the process and in having another boy child, trusts to a future where harmony with meaningful purpose will be.

Factors Influencing a Positive Experience with Non-Aboriginal Counsellors in Mainstream Mental Health Settings

In the previous section of Chapter IV I developed individual core narratives as suggested by Coffey and Atkinson (1998) and in accordance with validation criteria as discussed in Chapter III. However, in conducting this research I also found many similarities between narrative accounts that specifically answered the research question. In this section, I will address the research question directly, namely: How do aboriginal clients develop, experience, and maintain successful healing relationships with non-aboriginal counsellors in mainstream mental health settings?

The answer to the research question as expressed through each individual narratives, revealed a common and coherent process of engagement and resolution. Although Lyotardian validity (Lather, 1993) cautions against grand narratives, a cross narrative thematic process did assert itself in the results and was validated by those participants who were willing to discuss the results, as well as by three other reviewers, both intimately a part of aboriginal communities by birth or adoption.

The results reveal two matrices of themes, those relating to engagement in mainstream services and those relating to resolution (both narrative and healing). A positive counselling relationship appears to begin with engagement. Once engaged, participants identified a positive healing relationship as one that embodies holistic approaches, relationship strength, connection to the aboriginal community and resources, and respectful acceptance of aboriginal practice and spirituality. However, the defining feature of narrative resolution and a positive healing experience was the capacity of the counselling relationship to facilitate understanding and clarification of how individuals

experienced themselves as aboriginal. This process of defining an 'aboriginal self' may also represent the most powerful distinction between counselling aboriginal and non-aboriginal clients. Although the specifics of clarification were unique and not always in favour of traditional aboriginal ways, each participant identified this as a critical process. Below I review each of the above themes in relation to this study and the existing literature on aboriginal engagement in mental health services.

Engagement

Boone, Minore, Katt, and Kinch (1997) found that although continuity of care and 'seamless' is often intended, in reality most aboriginals have difficulty connecting with mainstream mental health services. This finding has been echoed in the over all literature on indigenous health (Kirmayer et al., 2001; Peter & Demerai, 1997; Smye & Mussell, 2001) and most currently through the researcher's conversations with aboriginal people. Further, many of the participants in this research study expressed finding the mental health system unfamiliar and unfriendly:

"Every time I tried to get help, I think they thought I was just on drugs hallucinating."

"I almost felt like I was getting the brush-off there. And, she said, 'Oh, you can just call me if you want.' And I don't think that's going to help me talking to someone on the phone, I mean, you know, find out more about things that I want to know about, you know. It's...you can only get that talking, you know, one on one, right?"

“That’s when it just hit me, you know I don’t want that woman, because every session after that I felt like well—just a pot head.”

“I was kind of hesitant on the building because it looks like a jail.”

Several participants hinted at a more insidious barrier, namely the lack of trust many aboriginals feel towards mainstream services, especially government services. As one participant put it: “I thought with non-aboriginal counsellors, I thought they were more inclined to release information to the government and kind of use people ... it doesn’t matter how many sheets of paper I sign up at the place and the government wants to find out something about me, they can go right in and get any information they want”. More than one participant remarked on the stigma attached to mental health services a feeling that was articulated by one man who stated that perhaps even more than a non-aboriginal, he already had enough negative labels: “I didn’t need one more thing that people could use against me”. Another participant reflected, “Maybe it’s unconscious in the back of their mind. It was the white man and stuff that caused all the pain in their families years ago.”

Conversely, engagement was represented as a process beginning with knowledge or contact outside of the formal mental health setting. Sometimes this was as simple as coming across printed information or other resources:

“And when I read that pamphlet of that residential healing scope program, and it was offered through [name of mental health centre] the facts that opened my mind to it, it

was...was 30 years of information being collaborated to help people like myself. When I saw that, I was like, 'I am calling. I don't care if...I am gonna call because, you know what, I'm 30, and they might not know the answers before me, but maybe I can help change that.'

"I ended up in a, um, transition house a few times. That's where I learned about the cycle of abuse...of abuse, and...and, um, things like that. Um, so that's another thing that, you know, one of things like that I learned about. I started getting into different programs, you know."

A number of participants indicated that they began to view mainstream services as a possibility through someone already part of the aboriginal community:

"He was our family doctor and friend of the family. He knew the cultural factors that might come into things, uhm, (long pause), he knew my strength because he knew my community, he saw what could have been what I could have been doing and I wasn't."

"I wouldn't have just up and out of the blue gone to a psychiatrist especially not since I hadn't had great experience with counsellors but the doctor he knew me well enough."

"Yeah. I was there [aboriginal centre] and he said, 'You might want to check out mental health.'"

Just as frequently however, the engagement process began when an 'outsider' entered the community for brief periods, provided a needed service and became perceived as trustworthy (culturally safe). In essence a whanau is created through common interests. For example in one instance in this study a mainstream professional provided informational sessions around health issues relevant to the community. Some of the sessions I observed were attended and traditionally facilitated by elders or other respected people in the community and touched on a variety of topics ranging from understanding trauma to how to stop smoking.

"I think it was because of meeting that lady from mental health because[X's] groups are on Friday mornings... and I liked what she had to say and I started speaking to her. And that's how I eventually got here."

"I was attending [name of counsellor] groups in the morning here and there was a lady there from mental health. And, um, she said, 'Come speak to me after the meeting here if anyone feels they need further help.' And she kind of steered me in that direction as well."

As many previous studies suggest, these participants' narratives reflected the various levels of distrust with which aboriginals view mainstream services and service providers (Aboriginal Healing Foundation, 2001; Sal'I'Shan report, 2002). However, when information and clarity about the nature of services was increased or when

relationships were more informally developed and nurtured, the participants in this study did access those services.

Meeting Stated Aboriginal Needs for Culturally Sensitive Services

Holistic approaches. Even when mental health services are accessed, a number of authors have found there is an aboriginal dropout rate greater than in the non-aboriginal population. This is generally believed to be a consequence of services that have not been adapted to the needs or culture of aboriginal people, especially in relation to promoting holistic perspectives to assessment and treatment (Aboriginal Healing Foundation, 2001; Kirmayer et al., 2001; McCormick, 1996; Sal'I'Shan report, 2002; Smye & Mussell, 2001). The Ministry of Health Planning (2002) document also suggests that the biggest issue for focus group participants was the lack of holistic approaches in mental health.

The narratives of the participants in this current study reflect literature urging implementation of holistic perspectives and approaches to care. Participants articulated appreciation of supports for various aspects of their lives and being. For example the availability of transportation, job search, career planning, education, gym passes and social groups were all identified as important contributions to developing and maintaining engagement with mental health services:

“They do bowling or go out and do something. I’m looking for that.”

“It’s a good experience to be with Mental Health, they brought me into remission supported me with my medications, and I’m living on my own. Mental Health is part of that supportive housing, taking care of myself now.”

“All kinds of things, you know, to help a person like, ah, ease into society.”

“I don’t even know how to drive right now. I don’t know how to drive because I haven’t had the opportunities or even employment is...is hard because the opportunities aren’t there and don’t have the skills to get where we need to go.”

“So I have two counsellors and I have the woman’s circle just in case I need it.”

“It’s [counsellor’s] way is get me involved in school.”

Thus the findings of this study strongly support the importance of holistic treatment and perspectives when engaging with aboriginal clients. One participant expressed this: “No, she’s not taking anything away, she’s giving.”

Relationship. Indigenous literature also reflects the importance of relationship in aboriginal belief systems and aboriginal well being (Kirmayer et al., 2001; Ross, 1996; Smith, 1999). Likewise in this study, the holistic nature of the counselling relationship itself was noted as crucial. Although relationship is universally considered a critical therapeutic factor, explicit in the findings of McCormick (1996, 1998) among others, is

that dual relationships are not only more accepted, but often sought after in aboriginal communities. This was reflected in the stories of many participants who generally recalled that counsellors who were more open in sharing their experiences and life outside of the counselling situation were more successful in developing and maintaining a positive relationship with their aboriginal clients:

“When I was a kid this happened to me and this is the way I felt. And you can say, when I was a kid this is how I felt, because this is what happened to me and you kind of get a little bit of understanding and just build it from there.”

“I don’t know, when I go to talk to my caseworker, he usually gives me my injection and then we sit down and have a talk for about ½ hour or so and he accepts, the way he talks to me it’s like he’s accepting me. I appreciate how he listens, he gives feedback and we talk, we just don’t talk about mental health issues, and he’s just like acknowledging me as a person. You know, what he does and what I do.”

He’ll start talking about the subject, tell me how his experience with it was.

“It’s not a one sided information session or like I’m not just telling her everything ... and she’s not afraid to tell me some things she went through so it kind of builds up trust.”

“She’s been through a lot also eh. Sharing that with somebody else kind of breaks the barrier down, it’s not a one sided information session.”

“He knew my strength because he knew my community, he saw what I could have been doing and I wasn’t ...I could present myself as a well person and that would make me secure enough to tell him I’m not well.”

“I also got involved in the community dealings and volunteer work and the woman I working with in mental health knew the woman that I was volunteering with and the fact that she had a really good insight to what my private life was about, that I didn’t talk about really I think helped quite a bit.”

While it seemed hard for the participants to pinpoint concretely what created a positive relationship in terms of behaviours, a relaxed environment, talking about every day things, and understanding that there is more to the individual than illness, were all mentioned as contributing to a positive experience.

“It just shows, you know, she has toys there and she can tell you that she has different types of people that come in here.”

“She’s not fake. With her I can sit in her office and do anything I want to relax. I can put my feet on her desk.”

“I’m not told I have to go anywhere, by anyone, that helps a lot.”

“So the first time I saw her, I looked into her eyes and I thought, ‘Man, you give me one little piece of hesitation, man, I’m outta here because I don’t want to pass this craziness on, and I don’t want to talk about.’”

“It’s [counsellor’s] way is get me involved in school and then you know, why don’t you, you know, go down to the Indian Friendship center and go to cultural night or something, you know, maybe you’ll meet other people down there and maybe you’ll, you know just get a little bit more familiar with other people and stuff and maybe you know it might become a little clearer to you as to who you are and just maybe reach out to that community a little bit more you know, because she also senses that I wanna know and I don’t wanna know.”

Several participants mentioned the importance of questions as a way of facilitating engagement because questions made them feel that the counsellor was interested in and listening to them:

“The more questions you ask the more interested you are, in helping to understand the person that you’re with.”

“She asks me to explain and the way I explain doesn’t sort of match up with the feeling, I’m kind of mixed up that way.”

“The other one was older I think with more experience. And she would tell me a lot about myself.”

“You know, I sat there and looked at her, and she was straightforward and so was I. And all I thought was, ‘You know what? If she has the time to listen to me, and this is her profession, then take it for a run because, you know what, I ain’t getting any younger.’”

“She always asks me what I’m feeling.”

“He asks me questions about what I’ve been doing, I don’t know, he asks me questions, or brings up subjects or if I say something he’ll start talking about the subject tell me how his experience with it was.”

For Lisa in particular, who had learned to “be racist against herself”, the foundation of her narrative resolution was the acceptance and respect she experienced in the relationship with a counsellor who recognized and interacted with Lisa inside and outside of the counselling office and supported her in many areas. Lisa noted her counsellor, “really, really reacted to the things I told her ... like if I walked in and told her my son was that sick, it would affect her, and it just makes you feel like yeah she actually cares about what I’m saying.” Of great importance to Lisa were the times when her counsellor recognized her outside of the office and introduced her to her own family, “just like I was anyone else there.”

Connection to the aboriginal community. Throughout the literature, connecting with the community has been identified as important to aboriginal mental and physical health and healing. Often the extended family serves as the governing force of society, providing important direction, modeling, and moral guidelines (Duran & Duran, 1995; Evans, 1997; McCormick, 1995; Ross, 1992, 1996). Ross (1996) concludes that for First Nations, "isolation and alienation are seen as the disease" (p. 65). Many studies looking at healing among First Nations people likewise identify strength in their cultural community (Evans, 1997; Heavy Runner & Sebastian-Morris, 1997; McCormick, 1995; van Uchlen et al., 1997). Duran and Duran (1995) also found that, "tribes with high traditional integration and low acculturation stress experience much lower levels of alcohol and drug related problems than tribes with high acculturation stress and low traditional integrations" (p. 105). Evans (1997) study strongly suggests that survival and healing from trauma was inextricably attached to reconnecting with the community. Smye and Mussell (2001) write that kinship and family is the core institution of aboriginal society. Given the preponderance of similar findings, the Royal Commission on Aboriginal Peoples (1996) recommends that mental health services use community, including family, elders, chiefs, and councils in assessing and treating mental health concerns. In my own experience, given the bureaucracy in both mainstream and aboriginal communities, this is difficult to accomplish. Systems to facilitate such connections and interactions needs to be addressed in policy but is not the subject under discussion in this paper.

Likewise the participants looked toward their aboriginal communities for more than guidance and superficial support in that there was a clear if sometimes undefined longing for connection to those communities:

“Um, the smell of the air up there, and my family that are up there that misses us. And, I can’t describe it, but I have this real urge to go up there and go hunting and go fishing. Stuff like that, that’s what makes me miss home.”

“Not to have other people behind me, you know, it’s...it’s hard, you know, because I know, um, from seeing other families like First Nations are always like extended family and everyone pulls together and...and, you know, it kind of spreads the burden out that much, you know, farther to, without that is.”

“I felt so homesick—it feels like homesickness to go back [to her dad’s reserve], it doesn’t make sense cause I don’t really know any of these people. I never lived there but so much of me wants to be there all the time.”

“I feel lost and I don’t feel like I belong here and I want to come home so I went back home but I kept trying...I kept trying, you know, to get to know, I needed to...find out where my roots were, you know, what my family was like.”

A helpful counselling relationship was seen as one that included gentle and non-judgmental encouragement of clients exploring and participating in cultural activities.

This included providing information, expressing interest in this aspect of their client's lives, and actively networking with the aboriginal community to provide the client with information and access to aboriginal resources and supports. For many it meant bringing family and other supports on board or back into the picture. Livina remarked, "So I have two counsellors and I have the aboriginal woman's circle 'just in case I need it'". Jack's narrative resolution importantly included reconnection with his mother and his uncle.

Although connection to the community was common to resolution as described by the participants in this current study, for most participants connection to mainstream mental health services was equally important. Narrative resolution included clients moving towards understanding and managing their mental health concerns in a more western context. Generally the mental health community was trusted to see or provide support for mental illness, recognize symptoms or be the primary treatment providers:

"I can't rely on the people in my community to notice that I'm not well because they may attribute it to other things."

"They would probably say that I was Indian sick and want me to go to the long house."

"But seeing how residential schools had taken children off the reserve and did a whole bunch of craziness to them, I thought, 'well why would I rely on someone who doesn't know what they are doing themselves?'"

Perfectly expressing the balance, one participant concluded, "I think without him I might not have got stable because he's like a spiritual dad" and a moment later, "Probably without mental health I'd probably still be really sick."

Spirituality. The literature on aboriginal health and healing almost unilaterally describes spirituality as essential to aboriginal wellness, and spiritual ceremony as a significant way to express and benefit from this dimension of being (Duran & Duran, 1995; McCormick, 1995; Smith, 1999). McCormick's (1995) critical incidents study of mental healing experiences found cleansing (getting rid of bad energy or emotions) as one of five categories identified as significant. Evans (1997) found that survival and healing importantly included movement away from the 'dark side' where one had a lack of belief in the creator or god towards the "right path" where one was connected to the creator. Likewise, spirituality permeated each interview regardless of how the participant had been raised or what their current situation was:

"The spirituality in my life it gave me hope. Something to look forward to."

"I was always opened to the creator - it's just a matter of letting... of believing it - let it work for me. Instead of just being there, I turned, I turned my way to just believing."

"They'll [aboriginal healers] cleanse you, they'll feel if there's a bad thing on you and remove it and that's like a pick me up and it keeps you going for maybe a week, you think I feel good, it's nice that someone acknowledged me acknowledged something bad on me and took it away, so it's good short term thing but it doesn't keep you."

"Like he's telling me you're not crazy and it's just things spirits and things ...so it could help me deal with it a little better."

The core narratives all contain reference to the struggle to find a place for aboriginal spirituality, with the integration of mental health and spirituality one of the greatest challenges to successful resolution. Many participants felt that spirituality belonged in the aboriginal community whereas the mental health community was more helpful with the "mental illness." However, not only did the participants desire to have their spiritual beliefs allowed and respected; they also strived to achieve understanding and integration of their psychiatric concerns and symptoms with their spiritual beliefs.

Although most participants did not express a need to have their counsellors know a great deal about specifics, systems and individuals that invalidated the expression of aboriginal spirituality were avoided or approached with extreme caution and anxiety and in general this remained the part least likely to be shared with non-aboriginal counsellors. Paradoxically the ability to find a way to achieve an integrated mini-narrative utilizing the resources and perspectives of both communities appeared critical to resolution and not experienced as divisive or problematic. Therefore, it appears crucial that mainstream mental health services employ the wisdom and authority of healthy elders and others from within the aboriginal spiritual community to facilitate this apparently critical process.

"I just kind of accept those three supernatural experiences as being a glitch in energy you know there's gotta be some explanation, but I don't want to have to convince my psychiatrist that there's an explanation."

"I'm well aware that you shouldn't hear voices (laughs) and I would be really afraid of telling a scientist, a doctor that I heard voices and trying to prove to him that I did. At the time I did prove to myself that it happened but I'm not interested in trying to convince anyone, and so there's some things as much as I like my psychiatrist I can't share everything with him, He would think I was crazy."

"I'm not sure, I don't know if the doctor will agree with that or not that he's helping, but he [uncle] he helped me one day. I was feeling really terrible and he prayed for me, him, and his wife and then ever since that day, everything just like came off and I was symptom free after that day. I don't know, I'd probably still be - I don't know what would be going on."

"I didn't tell the doctors or my worker cause I didn't know if they would believe me or not. But they might but I didn't want to tell them."

"Or they might just say oh you're - that's not real - it's the medications. Or they might push my belief out - that's what I'm thinking."

“I don’t know if I think the psychiatrist appeals to the more aggressive side of me rather than the spiritual side so in a way I kind of keep them separate.”

“A little bit of learning for myself that I didn’t know that really that I’ve been hiding my spirituality from the Mental Health. It’s just something I do and I didn’t know I uh I won’t share with them.”

“My medication keeps me from getting sick again or helps me stabilize and the spiritual belief keeps me open.”

“I don’t really tell the Mental Health about that part, my uncle helped me and I’d rather talk to my uncle about it.”

Many aboriginal participants in the Sal’I’Shan (2002) survey indicated they felt the traditions and values of First Nations are poorly understood and accepted by health care professionals. In this current study narrative resolution included the client’s sense that spirituality and other traditions were accepted and encouraged by their non-aboriginal counsellor, even when that counsellor had little cultural specific knowledge. A participant explained what appears to be a common problem with imposing one cultural belief system on another.

“I tried one counsellor there and didn’t like her, she wanted to talk about my sister’s death, my father’s death, and I had cultural ways of dealing with that.”

“A lot of the stuff that she did was, you know, having me carve out like Christmas trees out of wax, you know, making candles and...and, you know, I didn’t find any purpose in that either, so, um, I remember, you know, she just stopped coming around because she wasn’t getting anywhere with me.”

“Well, you should go to a sweat, or you should go this and you should do that.” But really that’s not who I am up from our reserve.”

Therefore the significant characteristic of a positive relationship in terms of spiritual practice was not so much the mental health professional’s actual knowledge of spiritual practice as that individual’s acceptance and acknowledgement of the relevance of those practices to the client. Reviewing some of the literature on cultural safety, Smye (2004) acknowledges that “cultural safety was not in fact an entity, fact, or process that could be identified in any realist sense....but constructed through interactions within particular contexts” (p. 269). The idea of practice following a more cultural general model finds support in the literature on cultural safety (Smye & Browne, 2002) and cultural competence (Waldram, 2000) and was reflected in the current study.

“You believe in what you believe. Like no judgment on what you believe in, whatever your beliefs are, I believe in the creator and ah, [counsellor] she doesn’t dwell on it she doesn’t ask me why.”

"Gotta keep your spirit intact. I think she understand a lot of that. Because I'm mostly so honest. I'll uhm tell uhm I'm spiritual so ah and it's working great for me so I don't want to sway each way."

"Yeah, thinking maybe I might share some with my worker about my spirituality, he probably, he's pretty open minded I think he'll support me and encourage me more to take part in cultural activities."

Resolution: Clarification of Aboriginal Self

Aboriginal identity has frequently been cited as closely tied to aboriginal health and healing (Duran & Duran, 1995; van Uchlen, Davidson, Quressette, Brasfield, & Demerais, 1997). Participants in this study similarly described a positive counselling relationship as one that facilitated this process of clarifying an understandable and meaningful aboriginal self. From all participants I heard of the struggle to discover inner balance and begin to acknowledge, accept, clarify, and integrate an aboriginal identity into their larger human identity. This held true for those who grew up in non-aboriginal homes and communities as well as for those from more traditional backgrounds.

Although individual resolutions illuminated primarily one theme, most of the participants touched upon each. Resolution involved themes of connection, belonging, harmony, integration, self-acceptance, understanding, and balance as expressed in the individual narratives and are elaborated below.

Connection. Counselling relationships that fostered but did not force connection with the aboriginal community were viewed as positive. Further, as described the

participants in this study, neither narrative resolution nor emotional healing appear to be accomplished through the isolated and individual relationship of counsellor and client, but through some variation of collaboration between the mental health and aboriginal communities.

Counsellors who showed appreciation for cultural practice and facilitated connection to the aboriginal community through sharing knowledge of aboriginal resources, but who did not directly work within or force an 'aboriginal approach' were seen as positively influencing healing. Most participants felt that culturally specific practices were best left to the aboriginal community. Therefore the interviews supported cultural general over cultural specific competency and the ability to create cultural safety was discussed more frequently than the need for specific cultural knowledge.

"I think that just by putting my daughter in an aboriginal preschool has opened the doors a little bit more, you know we're getting more involved that way and stuff like that so, it's like a little baby step thing through it, you can't change everything overnight anyway you know."

"I got a phone call about giving in to supportive housing, and I asked him [uncle], do you think I should go live on my own there, he said 'yeah yeah', and then he supported me and he said I should and then I did and then he'd come visit me every other week or something - stay for a day or two and then he'd leave. It brought my mother close to me, living on my own. Cause she lives out of town, and then when she comes she stays with me."

"It's [counsellor's] way is get me involved in school and then you know, why don't you, you know, go down to the Indian Friendship center and go to cultural night or something, you know, maybe you'll meet other people down there and maybe you'll, you know just get a little bit more familiar with other people and stuff and maybe you know it might become a little clearer to you as to who you are and just maybe reach out to that community a little bit more you know, because she also senses that I wanna know and I don't wanna know."

Belonging. Although similar, connection and belonging seemed to express different depths. Connection was often described in relation to information and resources. Belonging implied a sense of coming home to the aboriginal community and had a more emotional flavour.

"I'm not really Stolo but it's the closest thing. Well, yeah. I...I do, you know, kind of want to learn more about my culture but, um, I can't say that I can't put that culture in every other aspect of my life."

"I look at one of them and I think "wow it's just it's so different and in some ways just to understand my own biological family I have to get a little more personal with it."

"Yeah so it really started to make me think and realize and get to know my sister and my brothers and stuff up there a little bit. The search is to really understand myself a little bit

more, to realize well I get this quality from my family, you know not because I grew up here but because over there these people are really like that and that's where I get it from."

"And I want to do my part - be able to help also in the Native community."

"Well in some ways, like I look at it like that it's the kind of thing you should be proud of. It was a neat feeling and just knowing the whole family and realizing that this is where I truly belong and stuff was a good feeling."

Harmony. Counselling relationships that facilitated a sense of peace between the inner and external reality of the participant or that provided a symbiotic relationship between aboriginal and non-aboriginal beliefs, were viewed as positive relationships.

"I powwow dance. So when I'm dancing, I dance my own beat."

"I don't know where that's coming from, but I believe that I am going to have another boy. And maybe not anytime soon, but sometime I will try again and see how it goes because I am not going through this healing for nothing."

"My medication keeps me from getting sick again or helps me stabilize and the spiritual belief keeps me open."

“It’s kind of scary sometimes, but, you know, I think I’m over it in the long haul. And priceless. And there is nothing I would trade in this world for it, you know.”

Integration. Integration was the felt sense of internal coherence and conversely a decrease in internal chaos.

“Organizer of the internal stuff, I guess.”

“And they slowly help people, ah, integrating to, ah, a meaningful life.”

“Yeah, yeah, putting all the pieces together I have all the pieces, and all the feelings, emotions and stuff like that but I’m kind of like putting it altogether.”

Self-acceptance. Cultural safety was experienced as part of a respectful therapeutic relationship, rather than a political stance. Counsellors aided self acceptance by their ongoing positive regard for the individual client, their active interest through questioning, and by sharing information about themselves.

“New and improved. After digging around for a while I find I find that I’m more interested in what I am. I like to find out more and she helps me out with that.”

“Um, I am starting to, ah, learn more about that side of me. I met an Aboriginal lady in detox in Prince George and became very friendly. And she told me that, ‘ I will never be

whole unless I get in touch with that that part of my...my life and my soul in that Aboriginal part. So I've been going to some of these healing circles that they have every Wednesday? So, ah, you know, that's a real proud thing to get in touch with, you know. They have a very gentle understanding spirit and, ah, I am proud to be part of that, you know."

Understanding. Understanding reflected awareness of many aspects of self, relationships, choices, and the contextual nature of the mental health or lifestyle concerns.

"And she would tell me a lot about myself. And tell me things I couldn't even pinpoint myself. And I just thought it was amazing."

"I have a little bit more understanding of who I am and in some ways almost like why I do some of the things I do."

"She opens, she kind of opens me up I guess."

"I think it's what she does with the information that I give her to kind of interprets it and puts it in its right perspective and then gives it back, I can decide if that's what I felt and if it's not we can dig around some more and maybe come up with something else."

"It wasn't all mine, it was other peoples, I was just carrying the load."

Clarity. Clearly a positive counselling relationship is experienced as one where clarity regarding wholeness and balance are facilitated.

“Other than smoking marijuana once in a while, the rest of those drugs just terrify me more than anything, cause I figure I will lose my own self again, I can’t afford to lose my own self, especially when I’ve created so much to live for.”

“I had no idea I had so much until I got into treatment, like I’m still getting rid of a lot of garbage and it’s been 10 years, there’s so much garbage inside that I don’t even know where it’s all stored kinda I just keep getting rid of bag after bag after bags and I feel lighter and lighter, it kind of leaves a lot of space for just filling up with something else kinda, cause I’m constantly tossing things out and bringing new things in day by day.”

Summary

A positive counselling relationship as expressed through participants’ narratives represented perceived increases in clarity, self-acceptance, connection, understanding, integration, and belonging. Although these may be themes common to successful counselling with non-aboriginal populations, the critical distinction for the participants in the study was related to discovering ways to acknowledge and integrate conflicting definitions of reality, to use the resources of aboriginal and mental health communities appropriately and satisfactorily, and to situate themselves as aboriginals. This was clearly expressed by participants as they described the process of understanding, accepting, and

integrating their personal, mental health, and cultural histories. Narratives were resolved in as much as individual mental health concerns were integrated and balanced within a formulation of self that included decisions around what aboriginal heredity and identity meant. A positive counselling relationship was foremost a relationship that allowed this process.

Chapter V: Discussion

This chapter is divided into three sections. The first section is a review of how a positive therapeutic relationship is developed and experienced by aboriginal clients who see non-aboriginal counsellors in mainstream mental health settings. The second section discusses implications and recommendations. The last section reflects upon the personal effect of this research on the researcher. As revealed in the participants' narratives, a positive counselling relationship with a non-aboriginal counsellor in a mainstream mental health setting reflects a process that is multifaceted not one dimensional. Resolution reflected integration not separation. Therefore the discussion needs to be qualified by a reminder that although for practical purpose, the themes are discussed as discrete, they are better characterized as interwoven and complementary. Further, in spite of commonalities, narrative resolution represented uniquely coherent mini-narratives, both voluptuous and rhizomatic, and therefore, as discussed in Chapter III, valid by Lather's (1998) criteria.

This study supports literature suggesting that there are challenges in developing mental health services for aboriginal clients. It also supports my original assumption that viable and positive healing relationships exist in mainstream mental health settings. The theme of engagement presented in the last chapter highlights the difficulties facing both aboriginal clients and mainstream services in providing access to and information about mainstream services, offers a strong argument for creating better access and information, and provides some suggestions for doing so that have worked for actual aboriginal clients.

The primary model of mainstream service does not reflect the more holistic understanding of people and the world espoused in traditional aboriginal values (Sal'I'Shan Report, 2000; Smye & Mussell, 2001). The emphasis on individual assessment and treatment (including limits to confidentiality) also contrasts sharply with the articulated preference of aboriginal clients for an approach that involves connection with family and communities in assessment, treatment, and maintenance of mental health. Highlighting the importance of a holistic perspective with aboriginal clients, participants in this study reported that they were more likely to continue with services that provided multidimensional approaches to healing. Participants also testified that engaging in activities representing the body, mind, emotions, and spirit supported the integration of their aboriginal identity into their current life and self concept. Subjectively, as I listened it did seem as if the participants had recreated themselves as more integrated and whole people. The active support of this integration was a defining feature of narrative resolution and a crucial variable in a positive counselling experience.

Mental health workers generally have little knowledge or understanding of aboriginal values, practice and concerns, and even fewer understand mental health in the context of aboriginal spirituality or as a result of historical and current oppression and discrimination (McCormick, 1996, 1998; Trimble & Flemming, 1990). In this study, engagement with mainstream mental health services appeared to be better maintained with counsellors who communicated respect for and broad understanding of aboriginal culture and values. However, the literature suggests that even where service providers attempt to practice with competency, their efforts may be undermined by the systems within which they work, systems that continue to impose western values and views of

mental health and obstruct alternate approaches (van Uchlen et al., 1997). Similarly, although over all the individual counselling relationship was most important, participants in this study also acknowledged the negative effect of the system. For example, a couple of participants mentioned frequent changes in psychiatrists or other workers extremely difficult.

While the participants in this study identified elements of a successful counselling relationship similar to those acknowledged as essential to any helping relationship, within these more universal themes, complexities that reflect the unique historical and current struggles of aboriginal peoples were inextricably woven. The effects of colonization appeared to add another layer manifest in all the narratives. Internalized self-hate and a belief that aboriginal cultural beliefs are unacceptable, even pathological, needed to be overcome for healing to begin. This was manifest in Lisa's growing up with adults repulsed by aboriginality. It was more subtly expressed by others who described how they hid this part of themselves from their mental health professionals for fear cultural beliefs would be considered 'crazy' and medicated away. Participants commonly referenced having the freedom to explore and begin to come to terms with how traditional aboriginal beliefs, heredity, and practice uniquely fit for them, as an integral function of a positive counselling relationship.

Thus the narratives presented in this study reflected many different ways of understanding and embracing aboriginal culture. A positive counselling relationship supported this through a number of concrete avenues, including providing information on aboriginal resources and showing interest in and respect for aboriginal beliefs as presented by the individual client, to whatever degree the client chose. The participants

described engaging more readily with counsellors who were more 'active' in asking questions and in sharing their own experiences and thoughts. Resolution, as conveyed by the participants, was a process of acknowledging and beginning to come to peace with ambivalence and paradox, challenges that seem to be at the core of aboriginal struggles resulting from trauma and cultural discontinuity. A positive counselling relationship was experienced as one where such challenges were accepted, respected, and processed.

The most complex theme woven within narratives was the journey each participant made towards accepting and shaping an individual aboriginal identity. This process of accepting and clarifying the aboriginal self was also one of the more complex aspects of a positive counselling relationship. It involved a number of processes, including helping clients sort through their varied life experiences, encouraging knowledge, and pride in aboriginal traditions, supporting client's struggle with integration, and mirroring positive regard for the aboriginal. Spirituality was almost always expressed as part of this conceptualization. Resolution coalesced around the themes of connection, belonging, harmony, integration, self-acceptance, understanding, and balance. The question, "how am I," appeared to be the defining question in this process. Beginning to answer it appeared to be the crucial key to answering the research question.

Implications

This research has a number of implications, those that are related to practice, and those that are related to research.

Practice

Although aboriginal people have difficulty connecting with mainstream services, both information about resources and human bridges increase the likelihood aboriginal people will utilize the resources of mainstream mental health. In fact, at times the choice is mainstream over culturally specific services. Most striking is how easily mainstream mental health services could begin to become more user friendly for aboriginal people.

Clinical. The narratives provided in this study strongly suggest that engaging and working with aboriginal people requires first and foremost a genuine person who is able to hold positive regard for the human at the core of the story, of the culture, of the trouble. As simple and obvious as this might sound, in practice, western approaches to mental health treatment are frequently based on distance, on pathology, and on methods that may forgo fluidity in favour of rigid limits, timelines and guidelines or 'best practice' models that do not fit with aboriginal cultures.

Although some participants identified the counsellor's knowledge of aboriginal culture as helpful, most participants were more impressed by mental health professionals who were open to other perspectives and who expressed sincere respect for aboriginal cultural practice. The participants expressed preference for mental health professionals who were more active in providing information and asking questions. Participants also felt more positively about counselling relationships with professionals who were reciprocal in sharing some personal information.

Closely related was the counsellor's ability to facilitate connection to and collaboration with the aboriginal community. Most participants stated they valued information on aboriginal services, supports, and benefits and wished that individuals and

organizations provided more, especially as it was noted more than once, this information is readily available in regards to services to other cultures. This was especially critical to those participants who had been brought up in non-aboriginal communities.

Counselling psychology. One of the unique features of counselling psychology as a discipline is its focus on the individual as a whole being with many parts and aspects. This perspective fits easily with aboriginal belief systems and the expressed needs of the participants in this study for holistic approaches to mental health care. Part of resolution for the participants in this study was the mental health professional's understanding that healing is a relationship, completion of the person in all areas, not just a cessation of acute symptoms, a new medication, a therapeutic technique, a bus pass, or support with housing.

Counselling psychologists are also perhaps more inclined to practice from a wellness-based perspective, rather than from a model immersed in definitions of health and wellness as delineated by psychiatric diagnosis. Nevertheless, as the discipline has evolved, counselling psychologists increasingly also have a good understanding of mental illness and interpersonal dysfunction, once again allowing counselling psychologists to view clients and their concerns more holistically.

Further, in my experience, counselling psychologists are trained to consider gender and culture as significant factors in assessment, treatment, and client counsellor relationship. Although this has increasingly been acknowledged by other psychology disciplines, I believe it remains more intrinsic to the counselling psychology discipline and should be held to in the treatment of aboriginal clients.

What may fit less well are some of the more active case management issues around housing, work, leisure, and other activities of daily living, that although considered important to health and well being, are not always seen as part of the counselling process. Thus the importance of counselling psychologists as part of interdisciplinary treatment team cannot be underestimated.

Counselling Theory. This study also has implications for the counselling theories that inform our practice. Although no single theoretical perspective stood out, over all, clients described therapeutic relationships that had much in common with Rogerian client centred models. However, most participants also articulated a preference for more direction in the therapeutic encounter than is generally found in a pure Rogerian model. For example some clients indicated that questions, advice and information, were helpful in moving towards resolution. Understanding of the dynamics of early experience and the effect of those experiences on adult functioning also seemed important to the participants, lending credence to the relevance of practice based in attachment theory and object relations theory. However, issues around therapeutic boundaries, transference and counter-transference that is part of such models need to be re-considered. Most participants articulated a preference for more flexible boundaries and according to some of the authors cited in the literature review, dual relationships are actually sought out in aboriginal communities. Further, ideas around transference are very much situated in a western European paradigm and cannot be imposed on relationships with those of a fundamentally different belief system. In summary, western theories of development and change, like western notions of health and healing process, may not always be relevant in working with aboriginal clients. Rather it is important to enlarge our theoretical

perspective to acknowledge the core principles of traditional aboriginal beliefs and incorporate this understanding into existing theoretical models.

Research

As many authors and researchers have expressed, non-aboriginal researchers doing aboriginal research is a tricky business that for the most part has not worked to the advantage of aboriginal people and culture, but supported the agendas of the non-aboriginal research community. Criticisms of research with indigenous peoples include it being carried out by institutions and individuals with no understanding of indigenous cultures, for the benefit of the researcher, using methods that have limited capacity to reflect indigenous realities (Bishop, 1996; Chrisjohn et al., 1997; Smith, 1999).

This current research has certainly been challenged by the above issues. However while purists will not likely be satisfied with my interpretations and process of carrying out indigenous research, the aboriginal people with whom I spoke were satisfied. Perhaps that is the best any researcher can hope for, that the research has meaning to the participants as they represent the larger group.

An important piece of learning was that there is great value in lingering in the initiation phase (as described by Maori researchers) and avoiding premature definition of the topic. Salter (1998) discusses how in casual conversations with friends and the family of his Maori wife, "from somewhere came the idea that it would be really interesting to explore our own stories" (p. 7). In this research the evolution of the question took on a life of its own in response to initial conversations with aboriginal people and decisions continued to be somewhat collaborative through to the end. That said, there were differences of opinions expressed by those with whom I spoke during this initiation

phase, some miscommunications, and a great deal of soul searching. Such commotion in the initiation phase speaks loudly to the need to be actively and for a length, part of the community in order that clarification can emerge.

Mentoring models of aboriginal research run into difficulties because as Chrisjon et al. (1997) criticize, research carried out following the "established canons of academia will have the same kind of outcomes . . . criticized earlier and rather than providing a voice to First Nations individuals and communities, once again we will be silenced" (p. 157). This was certainly true in this research. Some of the suggestions of people of authority in the aboriginal community were simply not acceptable as dissertation material. In this and other ways, the nature of academic degree driven research continues to offer challenges to aboriginal research. Aboriginal research also demands a level of involvement that is often unrealistic for students who are unable or unwilling to enter into the kind of whannu relationships identified as critical to legitimate this research. I believe I was able to manage this 'requirement' only by somewhat stretching the definition of whannu as including a shared interest (e.g. the research itself), as well as having the intersect community of mental health. Frequently, certain traditional ideas of objectivity and role definitions, boundaries and interaction with participants may need rethinking. The nature of the relationships in this study were friendly and relaxed, but this required patience with the process that at times bumped up against my original timeline.

Ideas of validity also need adjustment in the context of aboriginal research. I came to value and understand more deeply the arguments made by authors such as Lather (1993) and Heshusius (1992) who propose somewhat radical alternatives to validity and questions of subjectivity. Further, the language of academic methods such as narrative are

often convoluted and filled with meaning as defined by western context. When I tried to explain the theory and process I was met with mild astonishment that something as simple as listening to a story could become so complicated. I have to agree and I hope that this research will support opening alternative research strategies, methods, time frames, and supervision within an academic environment.

Implications for Further Study

This study has contributed to both the literature on aboriginal mental health treatment and aboriginal research. However, it also highlights some intriguing areas for further study. If one views the healing relationship holistically, narratives of counsellors involved in successful relationships with aboriginal clients would add to and complement the narratives presented in this study. Clients who have had a less positive experience could also provide helpful perspectives. It would be interesting to explore the narratives of aboriginal clients in northern and less urban settings. All of this would provide an enriched and fuller understanding of the research question.

In regards to research, a comparison of narratives told to an aboriginal and a non-aboriginal researcher might also add importantly to the literature on aboriginal research. As with most research, further and significant questions run wildly out of the findings and rejuvenate the discipline.

Limitations

The research on what makes a positive counselling experience for aboriginal clients with non-aboriginal counsellors in a mainstream mental health setting shares limitations common to narrative studies generally. First the findings may not be

generalizable to the larger population of aboriginal people. The study focused on aboriginals from a southwest urban and suburban environment and thus may not adequately reflect the experience of rural or northern aboriginals. Further, given the varied aboriginal experience, limitations arise from the small number of participants and a larger study based on the findings would be a logical subsequent project.

The study depended on the ability of the participants to recall and articulate an experience that was at least in part retrospective. I trust that to a large extent any effect of these factors was mitigated by discussion and reviews by other people of authority in the aboriginal community, but these potential limitations need to be taken into account. Limitations also include the relatively short time I spent involved in the aboriginal community. Therefore, although each interview seemed marked by openness and high articulateness, this may have eliminated some potential questions and made participants more cautious. Further, as Ross (1996) cites, the aboriginal storyteller will never say, "That's not what I mean" (p. ix).

There may also be limits arising from my own perspective and despite attempts to bracket my experience, my existence as a white middle class woman could also have influenced how the participant's told their stories and what they chose to share, as well as my interpretation and analysis.

Overall Recommendations Arising from the Study

Based on the outcomes of this study, the following recommendations have been formulated. These are suggested primarily to provide direction to mental health clinicians, managers, and health board administrators.

Clinical

- Provide opportunity for Aboriginal people to develop relationships with mental health services outside of the formal intake and assessment. This means that mental health people need to become a presence in aboriginal communities, at aboriginal centres, and in places where there is more likely to be potential clients (detox centres).
- Take mental health services to the community. For example, offer informal education meetings around things that may be of interest to the aboriginal community.
- Provide information in written form of aboriginal services and resources. Be aware of such resources. Provide information on mental health services to the aboriginal community.
- Communicate with already trusted service providers such as physicians, aboriginal liaison person, or social workers on or off reserves.
- Be willing to engage with clients outside of the mental health centre.
- Create a relaxed and user friendly environment for aboriginal clients even to the extent of providing coffee or water to clients.
- Be flexible in deciding upon and maintaining boundaries that may or may not be culturally appropriate – for example sharing more personal information and experience.
- Actively support the formulation of aboriginal identity by encouraging connection with aboriginal cultural resources and activities and providing the information.

- Acknowledge and accept aboriginal spirituality and encourage connection with and the participation of aboriginal elders and other spiritual leaders.
- At the same time acknowledge that clients have individual and unique needs and desire for exploring and connecting with the aboriginal community. Respect this.
- Explore with your clients their desire for family and community involvement.
- Allow time for relationships to develop. Many of those with whom I spoke found changes in mental health professionals difficult.
- Treat the whole person. Be a whole person yourself.

Education

- Provide mandatory in-service training for all mental health professionals focused on understanding some of the unique challenges facing aboriginal peoples.
- Invite elders and other persons of authority in the aboriginal community to the mental health centres, to intake meetings, to staff meetings.
- Make courses on aboriginal culture, colonial history, and social-political context mandatory in all health disciplines, at each level of study.
- Have mental health teams spend time with the local aboriginal community.

Research

- Encourage aboriginal research that involves formal recognition and participation of an aboriginal mentor as co- researcher. Change academic policy to reflect the viability of this.
- Continue to encourage research that reflects and represents alternative research paradigms.

- For those wishing to pursue aboriginal research, provide methodology courses taught by individuals with experience and authority in aboriginal research, and allow such courses to be taken in lieu of less relevant methods courses.

Policy

- Provide financial resources to support a viable mental health aboriginal liaison position. Currently such positions are minimally resourced and spread across too wide an area.
- Provide resources to allow a mental health presence on local reserves and/or aboriginal resource centres.

Counselling First Nations: A Personal Reflection

The road traveled through this study was intriguing and personal. Not only did I meet many wonderful people, I more than once met up with my own beliefs, feelings, and perceptions in ways that sometimes surprised me. The unknown became known and differently woven. I have learned to be less afraid, less apologetic, more relevant.

I began the study as I begin everything, with determination and enthusiasm to do things as they should be done. I wanted to be a different experience for those with whom I met. I did not want to make any mistakes, especially mistakes that would support criticism of non-aboriginal researchers doing aboriginal research. I wanted to respect difference and religiously follow what I had learned through my reading to be the 'rules' for correct aboriginal research.

I learned that this attitude was well intentioned but useless. It took many gentle reminders from the first few aboriginal men I spoke with to convince me that little mattered except that I enter into the experience with an open mind and heart. Mistakes

were expected and ultimately forgivable. I needed to meet person to person, heart to heart, soul to soul, preferably over a cup of coffee and some decent food. I learned that to continuously apologize for my race was in itself a kind of disrespect and a barrier to dialogue. Somewhere along the line I think I found a balance through a kind of radical acceptance of my gender and my privilege. This may not fit with the ideas of some and that is okay.

Nevertheless, because I wished to respect the guidelines of aboriginal research, three readings became critical to my journey. The first was my discovery of the Kaupapa Maori research model which structured a perspective for me that I carried through the research process. The model presented some challenges to the research I had initially planned, which was to learn how aboriginal men found healing from historical trauma. I came to understand that sort of intimacy could not happen through a series of interviews, especially done by a white woman with a pretty good family experience. However, after reading Naples (1997) study of insider outsider relationships in Iowa farm community, I realized I did share a community with aboriginal mental health clients, that of the mental health community. I could engage from within this shared community in a meaningful and legitimate way. After reading Heshusius (1992) I was able to let go of a multilayered obsession with overcoming the illness of subjectivity in research. I embraced my subjectivity and stopped worrying about it. Of course it exists, but a discussion of how to minimize subjectivity should never undermine the heart of the research. Thereafter, I enjoyed the research, doors began to open, I found joy, and achieved greater balance, validity, and integrity by bringing back voluptuousness.

I have come to believe that in spite of culture, most people seek the same things - meaning, connection, understanding, safety. We are likely to define each of these somewhat differently and those different interpretations and nuances deserve respect, acknowledgment, and consideration. Very often in the mental health system they do not. However sometimes they do and that means change is possible. What surprised me was how simple the changes need to be. What worries me is how simple can become complex and unwieldy much like telling and hearing stories can become overwhelmed by elitist methodologies. I only hope that the recommendations coming out of this study will prove of some value in starting the process in the simplest way possible, from the ground up and within relationship.

Most importantly, I have heard stories of people in a way that has reminded me of why I do what I do, an insatiable curiosity about the how of being.

References

- Address to the Native Court Workers and Counselling Association of British Columbia. (1995). *Windspeaker* 13(8), 28–35.
- Anderson, B. M. (1993). *Aboriginal counselling and healing processes*. Unpublished master's thesis, University of British Columbia, Vancouver, Canada.
- Archibald, J. (1999). Hands back, hands forward: Revisiting aboriginal voices and re-visioning aboriginal research. *Canadian Journal of Native Education* 23(1), 1–5.
- Arvay, M. J. (1997). Secondary traumatization: A preliminary study of therapists working in the field of trauma. In J. D. Read & D. S. Lindsey (Eds.), *Recollections of Trauma: Scientific Evidence and Clinical Practice* (pp. 45–56). New York: Plenum.
- Arvay, M. J. (July, 2000). *Putting the heart back into constructivist research*. Paper presented at the meeting of the North American Personal Construct Network, New Paltz, NY.
- Balshaw, H. B. (1993). *Living intentionally: A study of non-violent men who witnessed spousal abuse in childhood*. Unpublished doctoral dissertation, University of Calgary, Alberta, Canada.
- Baudrillard, J. (1988). Simulacra and simulations. In Mark Poster (Ed.), *Jean Baudrillard: Selected writings* (pp. 166–184), Malden, MA: Blackwell.
- Behar, R. (1996). *The vulnerable observer: Anthropology that breaks your heart*. Boston: Beacon Press.
- Bettelheim, B. (1982). *Freud and man's soul*. New York: A. L. Knopf.
- Bishop, R. (1996). *Collaborative research stories: Whakawhanaungatanga*. Palmerston North, New Zealand: Dunmore Press.
- Boone, M., Minore, B., Katt, M., & Kinch, P. (1997). Strength through sharing: Interdisciplinary teamwork in providing health and social services to northern native communities. *Canadian Journal of Community Mental Health*, 16(12), 15–27.
- Cave, D. (2004). *Enacting change: a therapeutic enactment group based program for traumatized soldiers*. Unpublished doctoral dissertation, University of British Columbia, Canada.

- Carby, H. (1987). Black feminism and the boundaries of sisterhood. In M. Arnot & G. Weiner (Eds.), *Gender and the Politics of Schooling* (pp. 64–75). London: Hutchinson Press.
- Chrisjohn, R., & Young, S. (1997). *The circle game: Shadows and substance in the Indian residential school experience in Canada*. Penticton, BC: Theytus Books.
- Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data*. Thousand Oaks, CA: Sage.
- Colaizzi, P. (1978). Phenomenological research as the phenomenologist view it. In R. King (Ed.), *Existential phenomenological alternatives for psychology* (pp. 48–71). New York, NY: Oxford University Press.
- Commanda, L. E. (1998). *Responsible research with first nation's communities: Perspectives in research ethics in an era of self-government movements*. Unpublished master's thesis, Carlton University, Ottawa, Canada.
- Deiter, C. (1999). *From our mothers' arms: The intergenerational impact of residential schools*. Toronto, ON: United Church Publishing House.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. New York: New York State Press.
- Durell, L. (1988). *The Alexandria quartet* (8th ed.). London: Faber and Faber.
- Elsass, P. (1992). *Strategies for survival: The psychology of cultural resilience in ethnic minorities*. New York: New York University Press.
- Evans, C. M. (1997). *There needs to be somebody: An exploration of the ways Great Basin Indian youth get through difficult times*. Unpublished doctoral dissertation, University of Utah.
- Government of Canada. (2000). *Federal Budget: First Nation's health priorities*. Ottawa, ON: Author.
- Finelhor, D., Hotaling, G., Lewis, I., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors. *Child Abuse and Neglect*, 14, 19–28.
- Frankl, V. E. (1984). *Man's search for meaning*. New York: Simon & Schuster.
- Freire, P. (1971). *Pedagogy of the oppressed*. Harmondsworth: Penguin.

- Gergen, K. J., & Gergen, M. (2002). *Toward a cultural constructionist psychology*. Retrieved August 2, 2005 from Swarthmore College Web site: <http://www.swarthmore.edu/SocSci/kgergen1/tccp.html>
- Gergen, K. J., Gulerce, A., Lock, A., & Misra, G. (1996). Psychological science in cultural context. *American Psychologist*, 51, 496–503.
- Haig-Brown, C. (1988). *Resistance and renewal: Surviving the Indian residential school*. Vancouver, BC: Tillacum Library.
- Haig-Brown, C. (1992). Choosing border work. *Canadian Journal of Native Education*, 19(1), 96–115.
- Harding, S. (1987a). *Feminism and methodology*. Bloomington, IN: Indiana University Press.
- Harding, S. (1987b). The method question. *Hypatia*, 2(3), 19–35.
- Healy, A. M., Healy, R., Couture, R., Nielsen, M., Meguinis, D., & Fagin, W. (2000). *Healing, spirit and recovery: Factors associated with successful integration*. Edmonton, AB: Nechi Institute and KAS Corporation Ltd.
- Heavy Runner, I., & Sebastian-Morris, J. (1997). Traditional native culture and resilience. *Center for Applied Research and Educational Improvement (CAREI)*, 5(1), 1–6.
- Heshusius, L. (1994). Freeing ourselves from objectivity: Managing subjectivity or turning toward a participatory mode of consciousness. *Educational Researcher*, 23(3), 15–22.
- Heshusius, L. (1992). *Methodological concerns around subjectivity: Will we free ourselves from objectivity?* Keynote address at the meeting of The Qualitative Interest Group, York University, Toronto, ON, Canada.
- Hooks, B. (1990). *Yearning: Race, gender and cultural politics*. Boston, MA: South End.
- Hudson, P. (1998). First nations child and family services: Breaking the silence. *Canadian Ethnic Studies*, 29(1), 161–172.
- Jaffe, P., Wolfe, D., & Wilson, S. (1990). *Children of battered women*. Newberry Park, CA: Sage Publications.
- Jilek, W. G. (1992). *Indian healing: Shamanic ceremonialism in the Pacific Northwest today*. Blaine, WA: Hancock House Publishers.

- Jules, F. (1999). Native Indian leadership. *Canadian Journal of Native Education* 23(1), 40–56.
- Kaufman, J., Cook, A., Arny, L., Jones, B., & Pittinsky, T. (1994). Problems defining resiliency: Illustrations from the study of maltreated children. *Development and Psychopathology*, 6, 215–229.
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: Transformation of identity and community. *Community Journal of Psychiatry*, 45(7), 7–16.
- Klages, M. (1997). *Postmodernism*. Retrieved 8 June, 2005 from University of Colorado at Boulder Web site: <http://www.colorado.edu/English/ENGL2012/pomo.html>.
- Lather, P. (1993). Fertile obsession: Validity after poststructuralism. *Sociological Quarterly*, 34, 673–694.
- Lather, P., & Smithies, C. (1997). *Troubling with angels: Women living with HIV and AIDS*. Boulder, CO: Westview Press.
- Locust, C. S. (1985). *American Indian beliefs concerning health and wellness*. City: Center of the Native American Research and Training Center, College of Medicine, University of Arizona.
- Lyotard, J. F. (1993). The postmodern condition: A report on knowledge. In J. Natoli & L. Hutcheon (Eds.), *A postmodern reader* (pp. 71–90). Albany, NY: State of New York Press.
- Mangham, C., McGrath, P., Reid, G., & Stewart, M. (1995). *Resiliency: Relevance to health promotion*. Halifax, NS: Dalhousie University, Atlantic Health Promotion Research Centre.
- Maracle, B. (1993). *Crazywater: Native voices on addiction and recovery*. Toronto, ON: Viking Penguin.
- Mathews, F. (1996). *The invisible boy: Revisioning the victimization of male children and teens*. Ottawa, ON: National Clearinghouse on Family Violence, Health Canada.
- McCormick, R. (1992). An integration of healing wisdom: The vision quest ceremony from an attachment theory perspective. *Journal of Guidance & Counselling*, 12(2), 18–21.
- McCormick, R. (1995). The facilitation of healing for the first nation's people of British Columbia. *Canadian Journal of Native Education* 21(2), 249–322.

- McCormick, R. (1997). First Nations counsellor training in British Columbia: Strengthening the circle. *Canadian Journal of Community Mental Health* 16(2), 91–104.
- McCormick, R. (1998). Ethical considerations in First Nations counselling and research. *Canadian Journal of Counselling*, 32(4), 284–297.
- McEvoy, M., & Daniluk, J. (1995). Wounds to the soul: The experiences of aboriginal women survivors of sexual abuse. *Journal of Canadian Psychology*, 36(3), 221–235.
- McGovern, C. (1998). Stemming the tide of native Indian crime: The “feds” say “spiritual healing” is the answer: Critics call for an end to welfare. *British Columbia Report*, 9 (27), 28–29.
- Mendel, M. P. (1995). *The male survivor: The impact of sexual abuse*. Thousand Oaks, CA: Sage Publications.
- Milloy, J. S. (1999). *A national crime: The Canadian government and the residential school system, 1879 to 1986*. Winnipeg, MA: University of Manitoba Press.
- Ministry of Health Planning, Aboriginal Health Division. (January, 2002). *Aboriginal mental health: Summary of focus group recommendations*. Ottawa: Author.
- Mishler, E. G. (1986a). *Research interviewing: Context and narrative*. Cambridge, MA: Harvard University Press.
- Mishler, E. G. (1986b). The analysis of interview narratives. In T. R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 85–100). New York: Praeger.
- Nagy, T. F. (2000). *Ethics in plain English: An illustrative casebook for psychologists*. Washington, DC: APA Press.
- Neighbors, M., Forehand, R., & McVicar, D. (1993). Resilient adolescents and interparental conflict. *American Journal of Orthopsychiatry*, 63(3), 462–471.
- O’Connell Higgins, G. (1994). *Resilient adults: Overcoming a cruel past*. San Francisco, CA: Jossey-Bass Publishing.
- O’Neill, T. D., & Mitchell, C. M. (1996). Alcohol use among American Indian adolescents: The role of culture in pathological drinking. *Social Science Medicine*, 42(4), 565–578.

- Peters, R., & Demerai, L. (1997). Improving mental health services for urban first nations: Policy issues relevant to health care reform. *Canadian Journal of Community Mental Health*, 16(12), 29–35.
- Ramsden, I. (1993). Cultural safety in nursing education in Aotearoa (New Zealand). *Nursing Praxis in New Zealand* 8(3), 4–10.
- Ramsden, I. (2000). Cultural safety/kawa whakaruruhau ten years on: A personal overview. *Nursing Praxis in New Zealand* 15(1), 4–12.
- Reissman, Catherine Kohler. (1993). *Narrative Analysis*. Newbury Park, CA: Sage Publications.
- Romanov, R. J. (2002). *Building on Values: The future of health care in Canada*. Saskatoon, SK: Commission on the Future of Health Care in Canada.
- Ross, R. (1992). *Dancing with a ghost: Exploring Indian reality*. Markham, ON: Wiley.
- Ross, R. (1996). *Return to the teachings: Exploring aboriginal justice*. East Rutherford, NJ: Penguin Books.
- Royal Commission on Aboriginal Peoples. (1995). *Choosing life: Special report on suicide among Aboriginal people*. Ottawa, ON: Author.
- Royal Commission on Aboriginal Peoples. (1996). *Gathering Strength*. Ottawa, ON: Author.
- Sal'T'Shan Institute (2002). *Presentation to the Romanov Commission regarding First Nation's health: Pooling of best thinking*. Chilliwack, BC: Author.
- Salter, G. (1998). *Dilemmas of the cultural self in physical education: problematizing the research process*. Hamilton, New Zealand: University of Waikato, Press.
- Satzewich, V., & Wotherspoon, T. (1993). *First Nations: Race, class, and gender relations*. Scarborough, ON: Nelson.
- Seeman, J. (1989). Toward a model of positive health. *American Psychologist*, 44(8), 1099–1109.
- Seita, J. (1994). Resiliency from the other side of the desk. *Journal of Behavioural and Emotional Problems*, 3(2), 15–18.
- Sgroi, S. M. (1989). *Vulnerable populations*. New York: Macmillan Press.

- Smith, G. H. (1992). *Research issues related to Maori education*. University of Auckland, New Zealand: Research Unit for Maori Education.
- Smith, G. H. (1997). *The development of Kaupapa Maori: Theory and praxis*. Doctoral dissertation, University of Auckland, New Zealand.
- Smith, L. H. (1999). *Decolonizing methodologies: Research and indigenous peoples*. Dunedin, New Zealand: University of Otago Press.
- Smye, V. L. (2004). *The nature of the tensions and disjunctures between aboriginal understandings of and responses to mental health and illness and the current mental health system*. Doctoral dissertation, University of British Columbia, BC, Canada.
- Smye, V., & Mussell, B. (2001). *Aboriginal mental health: What works best*. A discussion paper. Vancouver, BC: Mental Health Evaluation and Consultation Unit, University of BC. Retrieved July 18, 2005 from <http://www.mheccu.ubc.ca/documents/publications/discussion-paper.pdf>
- Smye, V., & Browne, A. (2002). "Cultural safety" and the analysis of health policy affecting aboriginal people. *Nurse Researcher* 9(3), 42-56.
- Spivak, G. (1990). Criticism, feminism and the institution. In S. Harasayam (Ed.), *The Post-Colonial Critic: Interviews, Strategies, Dialogues* (pp. 30-45). Routledge: New York.
- Stauss, J. H. (1993). Reframing and refocusing American Indian family strengths. *Family Perspectives*, 27(4), 311-321.
- Valaskakis, G. G. (1999). Sacajawea and her sisters: Images and native women. *Canadian Journal of Native Education* 23(1), 117-135.
- Van Uchelen, C. P., Davidson, S. F., Quressette, S. V. A., Brasfield, C. R., & Demerais, L. H. (1997). What makes us strong: Urban aboriginal perspectives on wellness and strength. *Canadian Journal of Community Mental Health*, 16(12), 37-49.
- Vancouver Island Health Authority. *Aboriginal Health Plan 2002-2006*. Victoria, BC: Author.
- Waldram, J. B. (2002). *The problem of "culture" and the counselling of aboriginal peoples: Culture and Mental Health Research Unit, Report 1*. Montreal, QC: McGill University Press.

- Waldram, J. B. (1994). Aboriginal spirituality in corrections. In M. O. Nielson & R. A. Silverman (Eds.), *Native Americans: Crime and justice* (pp. 239–253). Jackson, TN: Westview Press.
- Werner, E. (1989). High-risk children in young adulthood: A longitudinal study from birth to 2 years. *American Journal of Orthopsychiatry*, 59(1), 68–72.
- Wolfe, D., & Jaffe, P. (1992). Child abuse and family violence as determinants of child psychopathology. *Canadian Journal of Behavioural Science*, 23(3), 282–299.
- Wolin, S., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. Random House: New York.
- Yawney, D. (1999). *Resiliency: A strategy for survival of childhood trauma*. Vancouver, BC: British Columbia Institute for Family Violence.
- Yellowbird, M., & Snipp, C. M. (1994). American Indian families. In R. L. Taylor (Ed.), *Minority families in the United States: A multicultural perspective* (pp. 179–201). Newark, NJ: Prentice Hall.
- York, G. (1989). *The dispossessed: Life and death in native Canada*. Toronto, ON: McArthur & Company.

APPENDIX A

Poster

APPENDIX B

Consent Form For Participants

Appendix C