

**AND I LIVE IT:
FROM SUICIDAL CRISIS TO ACTIVISM
AMONG MEMBERS OF THE
KWAKWAKA'WAKW AND
COAST SALISH NATIONS ***

Book Chapter in:

**Routledge International Handbook of
Clinical Suicide Research**

Darien Thira

darien@thira.ca

www.thira.ca

*This article is an adaptation of the
author's Doctoral Dissertation of the same title.

ABSTRACT

It has been argued that suicide is a consequence of the colonization of Canadian Aboriginal peoples. This qualitative study examines resilience in previously suicidal Aboriginal people who are now fulfilling community roles directly and indirectly related to suicide prevention (i.e., enhancing resilience). Utilizing a grounded theoretical approach, the interviews were analyzed through an iterative process of categorization which produced interrelated themes. The analysis revealed that suicide-related resilient Aboriginal activists live in an integrated *self/community life-world*. Within this experiential and existential life-world, the activists described mutually reflexive *self/community engagements* (i.e., experiences or activities that enhanced harmony within and between the spheres of their self/community life-world) that conflated the usual distinction between personal resilience and social contribution. However, within a colonized context, engagement in resilience-enhancing activity was recognized to be an act of resistance, and the promotion of community resilience—a traditional cultural role—is activism.

INTRODUCTION

According to Statistics Canada, individuals self-identified as Aboriginal made up 3% of the overall population in 1996 (Statistics Canada, 2001). However, the Canadian Aboriginal community is over-represented in terms of many indicators of biological, psychological, and social distress (White, Maxim, & Beavon, 2003). The risk of suicide among Aboriginal people in Canada is between 300% (off-reserve) and 600% (on-reserve) that of non-natives (Mussel, Cardiff, & White, 2004; RCAP, 1995). This makes the development of an understanding of Aboriginal suicide-related resilience all the more pressing.

Post-colonial Lens

From the post-colonial point of view, a clinical psychological approach renders invisible the impact of history (Duran, 2006; Kirmayer, Brass, & Tait, 2000). Academics and researchers within this paradigm suggest that the dominant psychological discourse serves to maintain the power of the colonizer at the expense of those being colonized (Battiste, 2000; Harris, 2002; Said, 1993). It describes the dominant culture's Aboriginal research as *expert researchers* studying marginalized human *specimens* (e.g., Lassiter, 2000). Aboriginal psychopathology and suicide are understood to be a result of the pathologizing of individuals and cultures that suffer from colonial oppression (e.g., Lykes, 1996; Satzewich, 1998; Smith, 1998; White & Lutz, 1992).

In relation to the British Columbian Aboriginal experience this oppression can be summarized to be the product of four colonial waves: The first, *legal wave* declared Aboriginal people to be "wards of the state" and the Department of Indian Affairs was created to manage the lives of Aboriginal people, traditional practices were criminalized, ceremonial objects removed, and political, cultural

and spiritual leaders were jailed (Furness, 1995). In a parallel *administrative wave*, the federal government created a reserve system in order to limit Aboriginal movement and their use of the land (Harris, 2002; Tennant, 1990). In a third, *ideological wave*, the government established a legally enforced Indian Residential School (IRS) system run by several Christian denominations in order to “take the Indian out of the child” and in which conditions were generally very harsh for the children in physical, sexual, psychological and spiritual terms (Milloy, 1999; Sivaraksa). Finally, the fourth *social service wave* of colonization is provided by “social services” has provided a method to continue control and exploit the Aboriginal population as effectively as the previous colonial waves (e.g., Chrisjohn, et al., 1997; Smye, 2003; Wade, 2000; Ward, 2001). “In the discourse of colonization, Aboriginal persons were violated and displaced because they were seen as deficient. In the discourse of psycholonization, Aboriginal persons are seen as deficient (damaged, disordered, dysfunctional, etc.) because they were violated and displaced (Stephenson, 1995, p. 201).” The impacts of these intervention son Aboriginal communities, families, and individuals have been profound. For example, Aboriginal suicide has been argued to be:

the expression of a kind of collective anguish--part grief, part anger ... the cumulative effect of 300 years of colonial history: lands occupied, resources seized, beliefs and cultures ridiculed, children taken away, power concentrated in distant capitals, hopes for honorable co-existence dashed over and over... (RCAP, 1995, p. 3)

As a result, the mainstream notion of “healing” is understood as a rhetorical sleight of hand, the experience of “adjustment” within an oppressive context is,

ultimately, surrender to assimilation (Prilliltensky, 1994). In this context, contribution in a community that is struggling with oppression in manner that challenges the intention of that oppression can be described as *activism*.

Gaps in the Literature

There are three essential gaps in the relevant literature. The first is our lack of a socioculturally-specific Aboriginal model of resilience (Kirmayer & Minas, 2000; van Uchelen, Davidson, Quressette, Brassfield, & Demerais, 1996). Second, the results of research that has been undertaken have not yet been used to formulate a theoretical model of resilience within an Aboriginal community (e.g., *Indian Residential Schools*, 2005; McCormick, 1996; Mussel, Cardiff, et al, 2004). Finally, the Aboriginal resilience literature suggests that the individual and communal challenge of colonial oppression underlie Aboriginal suicide-related resilience (e.g., Chandler & Lalonde, 1998; Kirmayer, Brass, et al., 2000; McCormick, 1996). As a result, there is a need for research that specifically examines the link between Aboriginal suicide-related resilience and activism. The question that this study sought to answer was: What is the experience of Aboriginal men and women who have been suicidal and have transitioned from their crisis to a pro-social active role in their community?

The Rationale for a Qualitative Research Methodology

Just as Traditional stories are woven together into a system that reveals the protocols and core values of an oral culture, the development of a grounded theory is a distillation of narrative themes into a thematic network of core ideas and relationships that reveal the experiences of the participant group in relation to the issue at hand. Josselson (2004) notes

A qualitative “approach is of paramount value when our aim is giving ‘voice’ to marginalized or oppressed groups and thus representing their experiences. Meanings may be assigned between the researcher and researched and understood to be co-constructed through conversation between them.”

A qualitative research methodology combines the strengths of the western academic model of research (i.e., its essentialist focus on the identification and validation of relevant factors) with the Aboriginal methodology of story-telling and contemplation of the narrative's potential significance (Montgomery, Miville, Wointerowd, Jeffries, & Baysden, 2000).

This approach is supported by the Royal Commission on Aboriginal Peoples' (1995) recommendations that research into the experience of being Aboriginal must (a) reflect Aboriginal perspectives and understanding, (b) allow participants to reassess findings, (c) validate knowledge identified as oral tradition, (d) reflect the multiplicity of viewpoints within the community, and (e) respect community protocol. Such an approach can be enhanced by considering Aboriginal participants to be *collaborators* in a shared exploration that is of use to the community (Smith, 1998).

Methods and Procedure

There were four criteria necessary for each participant to be included in the study: (a) previous suicidality (now resolved), (b) current social activism/community contribution, (c) membership in one of two specific Vancouver Island British Columbia First Nations, and (d) an age of 21 or greater.

The procedure included a Six-step research interview process: (1) receive invitation into the community based on their interest in the study and facilitate an

ethical review by the community; (2) conduct an initial focus group to review the interview data collection instrument; (3) recruit participants (nominators were invited to contact possible participants who were then invited to join the study and given an information sheet by the nominators although knowledge of any suicidality in the potential participant was not a requirement for the nomination) and obtain informed consent from those who approached the researcher as volunteers; (4) research interview; (5) data analysis and grounded theory development; (6) follow-up interview in which the participants reviewed the sections of their transcript that were to be included in the dissertation, and to comment upon and/or revise the meanings derived from the quotations selected.

Results--Participants

Eight activists engaged in the interview process. They lived through diverse histories (ranging in age from 30-69 years old, with diverse education and employment) engaged in the 6-part interview process in their home communities. They lived through diverse histories; however, they were all from either Coast Salish or Kwakwa-ka'wakw communities on Vancouver Island, they had all experienced a suicidal crisis (or crises) in their past. The role of activist is understood as contributing to the wellbeing of their community in a manner that confronts the impacts of colonization and all of the participants were fulfilling such a role. The following chart summarizes relevant demographic information.

Name	Age	Gender	Nation	Location	Education	Role
Alice	69	Female	Coast Salish	Urban	High School	Elder/ Teacher
Barry	55	Male	Coast Salish	Reserve (Urban)	Adult Diploma	Lay Counselor/ Support Worker
Cathy	60	Female	Coast Salish	Reserve (Urban)	Bachelors Degree	Human Service Administrator
Diane	56	Female	Coast Salish	Reserve (Urban)	High School	Human Service Coordinator
Eric	30	Male	Coast Salish	Urban	Professional Diploma	Human Service Coordinator
Felicity	57	Female	Kwakwa- ka'wakw	Reserve (Rural)	Bachelor's Degree	Human Service Coordinator
George	69	Male	Kwakwa- ka'wakw	Reserve (Urban)	High School	Special Advisor
Harold	44	Male	Kwakwa- ka'wakw	Urban	High School	Counselor/ Outreach Worker

Analysis

Just as Traditional stories are woven together into a system that reveals the protocols and core values of an oral culture, the development of a grounded theory is a distillation of narrative themes into a thematic network of core ideas and relationships that reveal the experiences of the participant group in relation to the issue at hand. The participants' stories were analyzed and the result was the identification of two interconnected central themes: self/community life-world and self/community engagements—the former context provides the location for the latter process. Further the notion of activism and the process of the healing journey emerged as elaborating issues. Overall, the analysis of the interviews suggested that: (1) within their integrated self/community life-world, (2) mutually reflexive self/community engagements facilitated (3) the healing journey of Aboriginal activists within a colonized context. Each of these three areas of discussion can be understood as the integration of a specific dichotomy within the literature as resolved by the participating activists: namely, (1) self and

community; (2) personal resilience and social contribution; and, finally, (3) healing and activism.

Self/Community Life-World

According to the participants, they live within a *self/community life-world*—that is, an integration of their biological, psychological, social, cultural, historical, ecological, and spiritual experience of themselves and their context—that simultaneously defines the activists' identity and describes the community in which they live. While an artificial compartmentalization risks the unintended suggestion of a non-integrated model, it was useful to divide the self/community life-world into seven interdependent “spheres”; namely self, family, individuals, community, outside community, nature and spirit.

The sense of an individual *self* was essential to the participants' descriptions of themselves, while at the same time it was understood to be embedded within their context. The inability to identify with the self was a challenge for all of the participants to overcome during their healing journey. As Alice put it, “My counselor asked me how I was that day. I told her at the time I didn't even know who I was. And I was really down that day.”

The integrated nature of the self/community life-world was exemplified by the participants' description of their *family sphere*. Felicity shared “Whatever I do is a reflection on my family, my father's family and my mother's family, and all of those before them.” The insult of colonization upon the family was identified by every one of the participants.

The *individual sphere* includes non-familial individuals in their local community who the participant recognizes or knows by name. The sub-category of Elder was stressed by all of the participants. According to Diane, “Elders are

the ones that carry the teachings". They are the living voice of the cultural community.

The local *community sphere* is the larger-scale social context of the activist's self/community life-world; it is made up of groups and services not identified with a specific individual. Felicity shared, "I remember growing up in, in my community and everyone knew everyone I knew. ... And, you know, everybody helped everyone." However, when the participants spoke of their community they also meant their local "cultural community," that is, its traditions, history, and Traditional land.

The *outside community sphere* is any collective or individual outside the community that has an impact on a participant. The outside community was split by the participants into two distinct groups: Aboriginal and non-Aboriginal. While a sense of cultural and historical commonality with other Aboriginal communities was common among the participants, the distinction of their own community from others was also consistent. The non-Aboriginal outside community was a locale in which the participants' culture and identity was directly confronted by non-Aboriginal culture.

The *natural sphere* provided both the environmental container for the community's context and a sacred place separate from the social milieu. According to Cathy, "I really believe that the spiritual way of being for us comes from our belief in nature and the natural." Nature is respected, turned to for assistance and it was thanked.

Finally, the *spiritual sphere* was understood to embrace and permeate all of the other spheres. According to Eric, "I believe that there's a spiritual aspect to nature and everything on the earth." Traditional Culture was understood by

the activists to be linked to Spirit. Ancestors also played a meaningful role in many of the activists' lives: as sources of wisdom and support and as providers of direction, courage, and voice. The participants understood Ancestors to be Elders who have "gone to Spirit." There was a co-existent, although sometimes ambivalent, vision among the participants that allowed for both the notion of a spiritual connection to traditional ceremony, ancestors (Elders who have "gone to Spirit") and nature as well as to a "Creator" or Christian God. "And I finally had a Elder tell me, "Barry," he said, "you know, your higher power can be anything you want it to be, the God of your making. It could be that tree; it could be anything you want. It could be that rock on the ground."

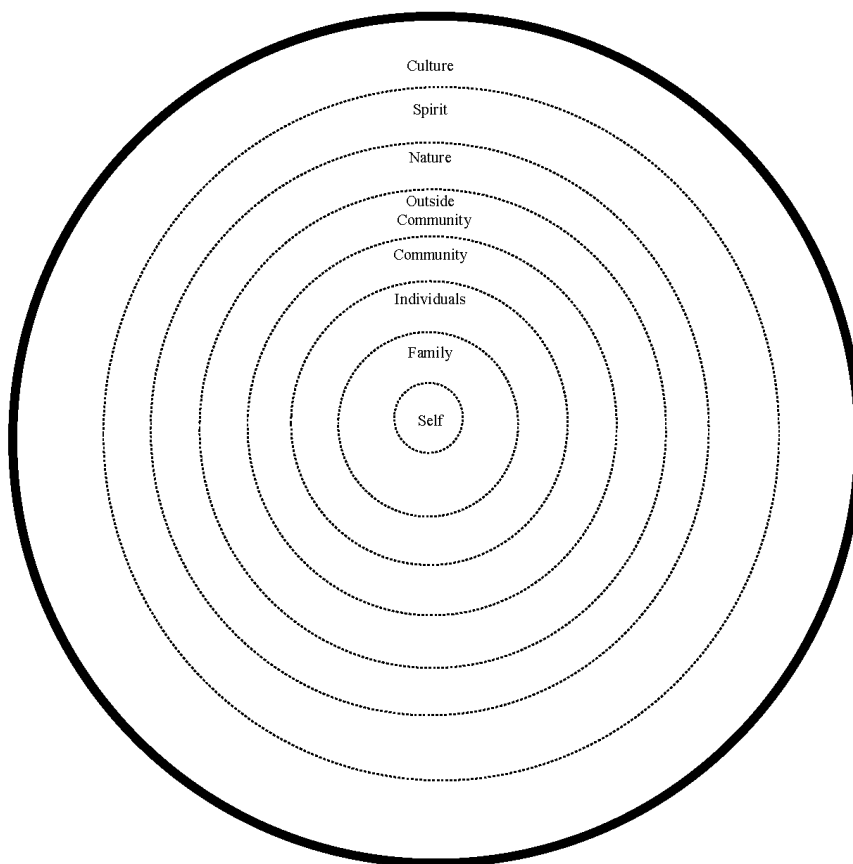
These findings support Duran's (2006) liberation psychological recommendation that Aboriginal people be considered within their bio-psycho-socio-historical-cultural-ecological-spiritual "life-world" (e.g., Lykes, 1996; McCormick, 1996; Mussel, Cardiff, et al., 2004; Tsosie, 2003; and Weaver, 2002). The self/community life-world is both existential (i.e., it exists and defines the activists self) and experiential (i.e., it is their community as experienced by the activists; Husserl, 1970).

Resolving the individual-collective dichotomy.

Engagements were identified by the participants within all seven spheres of the self/community life-world. This is in keeping with many specific factors of resilience previously identified in research within Aboriginal communities (Dion Stout & Kipling, 2003; Haig-Brown, 1991; Ladd-Yelk, 2001). In their complex identity and lived experience, the participants' integration of self and community in their life-world revealed a sense of self that is Culture-driven, holistic, and relational. This is a paradigmatic fusion of both an individualist constructivist

model of self (e.g., Mahoney, 1991) and a collectivist constructionist model (e.g., Gergen, 2000) that resolves the tension between individualism and collectivism (e.g., Bhargava, 1992).

Figure 1



The cultural life-world.

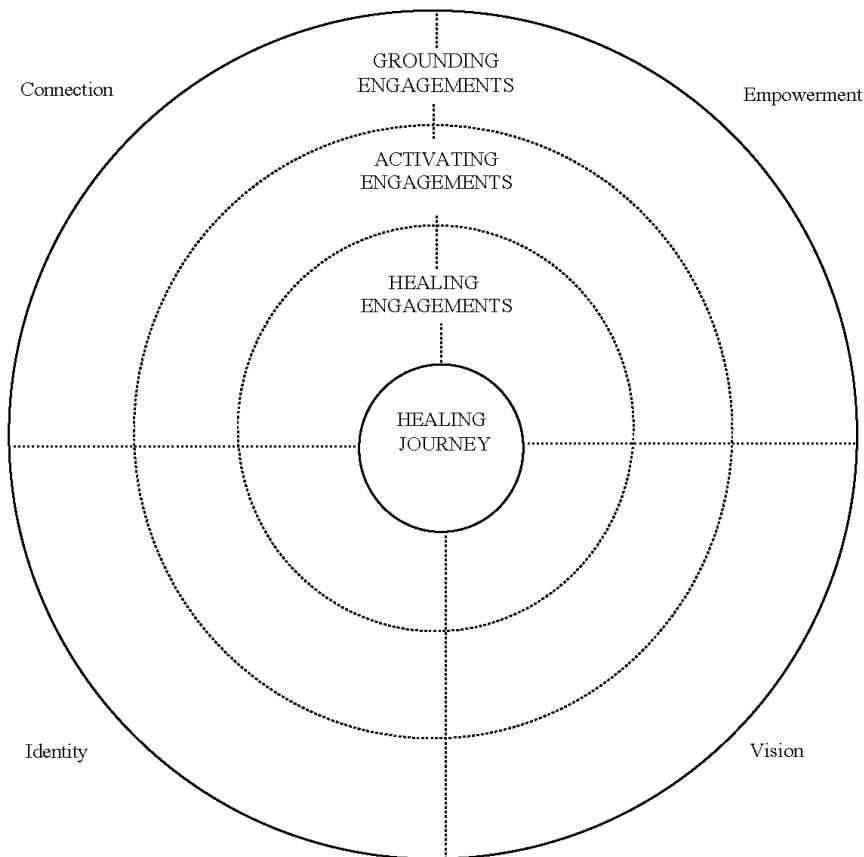
Experiential continuity within the self/community life-world is provided by the participants' Culture. Culture is ubiquitous; it is the lens through which the participants experience their life-world (e.g., Schwartz, 1992). Culture is indivisible from all of the participants' self/community engagements and their activism. It provides many things, including self/community connection and the

social encouragement to care for one another, collective empowerment and the demand that respect is maintained, an ego- and time-transcendent identity and set of responsibilities, and a collective vision co-created by the local community into a specific “Culture” (e.g., Cross, 1998; Ross, 1992).

Self/Community Engagements

Self/community engagements are activities and experiences in which the activists “engaged” within their self/community life-world that promoted self/community balance and life-world harmony; e.g., Marsella, Olivira, Plummer, & Crabbe, 1998; van Uchelen, Davidson, et al. 1997).

Figure 2



There are three types of self/community engagement, they are: *grounding engagements* (which are activities and experiences that ground the activists in one of the four foundational categories of engagement), *activating engagements* (which is a motivating form of engagement) and *healing engagements* (which are activities and experiences that were specifically identified as promoting the participants' healing).

Grounding engagements.

Grounding engagements are opportunities for harmony grounded in the four foundational categories of engagement within the activists' self/community life-world. For this reason, the four grounding engagements are named after the four foundational categories of engagement, themselves.

Connection: The grounding engagement of *connection* is the experience of connectedness within and across the various spheres of the self/community life-world. As George put it, connection asserts, "you are part of this, you are born to this, you're not alone."

Empowerment: The grounding engagement of *empowerment* is the experience of agency within the activist's self/community life-world. All of the participants identified the empowerment they felt when they saw the positive changes resulting from their efforts as activists in their self/community life-world. For example, Alice found empowerment through contribution to others as a healer.

They would come in with a sore back, headaches and such, and I'd be able to help them! I was doing it myself, healing people through Reiki. ... And I never thought I could do that for somebody. And after that there was no stopping me.

Identity: The grounding engagement of *identity* is the self-referential description of the self/community life-world. For all of the activists, the recognition of their *individual identity* was essential to their healing journey. However, their *collective identity*, in relation to their family and community, was also deemed essential by the participants. George asserted,

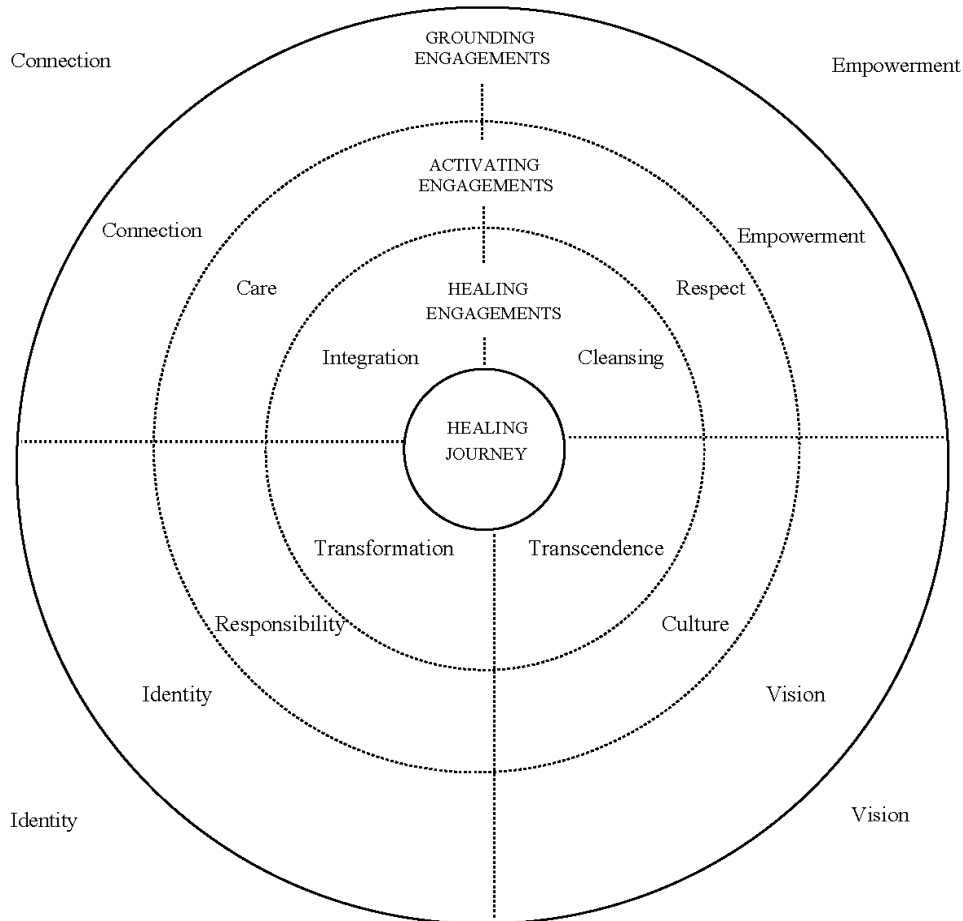
If you're a Kwakwaka'wakw child, you're a member of a clan; then you know your territory, the roles and responsibilities you have in the family, the roles and responsibilities with the resources around you, and what you need to do to support other people in the clan.

Vision: The grounding engagement of *vision* is the participants' self/community world view. Nature was considered the template for the vision of life and how to live for most of the activists. And the terms *balance* and *harmony* were identified by the activists as essential to their vision. Vision includes the ethics and principles by which one is to live. Felicity shared,

For me, healing is balance in all aspects of the emotional, spiritual, and physical, and mental... I know that at times I'm out of balance, and not only health wise, but out of balance with family or with nature or with community. And so I work towards restoring balance and harmony in whatever it is.

Grounding Engagements as Resistance: When grounding self/community engagements are expressed in an overtly oppressive context, they can be understood as resistance. This is true whether or not they are confronting internalized colonization (i.e., oppression within themselves or by others in their community) or colonial interventions by the outside non-Aboriginal community.

Figure 3



Activating engagements.

Rooted in each of the foundational categories of engagement, the four *activating engagements* propel the participants into action within their self/community life-world. Whether offered to the participants or received from them, these self/community engagements initiate activity. They are reflexively related to the grounding engagements; they both emerge from them and support and enhance them.

Care: Rooted in the foundational category of connection, *care* motivates compassionate intervention. Care is the desire to support those with whom one

is connected in being happy, healthy, and safe. Socially, care offers those who receive it an experience of connection. Reciprocally, when one feels connected to someone or something in one's self/community life-world, one cares for them.

Alice shared,

So in order to fill that void that I lost, not having a mom, I had to give to others. So I could give to others that didn't have a mom. I'd hug them and love them. I didn't want to see the other children go through what I had to go through.

Respect: Rooted in the foundational category of empowerment, *respect* is the recognition of capacity and value across the self/community life-world. In relational terms, respect is both the acknowledgment of difference within the self/community life-world and the valuing of the other. It is the recognition of self-other boundaries--the recognition that, at some level, we are as separate from one another as we are connected. Eric described respect when he states his recognition that "I'm not more than you, you're not more than me but, you know, we're both here'."

Responsibility: Rooted in the foundational category of *identity*, *responsibility* is an activating engagement of relational obligation. Diane shared

And my mother-in-law said to me, "Diane, we don't want you to leave us. We want you to: learn the Culture, the language, be our voice, and our legs when we can't do that." ... So I decided I wasn't going to be a nurse. I followed my mother-in-law and learned the language, learned the history, learned who I am; to be a voice for the Elders.

Responsibility provides the activists with a role in the community: it is both the product of their identity and a producer of it.

Culture: *Culture* is an activating engagement that reciprocally emerges from and contributes to the activists' *vision*. Among the participants, "Culture" was used as a term specific to their own local community vision as well as to differentiate their Aboriginal vision and traditions from the non-native. As George put it,

The real worth of Culture is not in the button blankets or in the mysterious ceremonies--although they are important--it's really in giving expression to one's value and place in the universe.

Balance of Activating Engagements: Each of the four modes of activating engagements requires the ongoing resolution or *balancing* of a related tension emerging between self and community spheres of their self/community life-world. The tension emerging from the activating engagement of care requires a balance between self-care and care for community. The tension emerging from empowerment requires a balance of empowered service with respectful non-interference. Emerging from responsibility is a tension that requires a balance between current responsibility and traditional identity. Finally, emerging from culture is a tension that requires a balancing of Western with Aboriginal cultural traditions.

Healing engagements.

Healing engagements are those activities and experiences within the self/community life-world described by the activists that specifically contributed to the paths of transition from pain rooted in past wounds to a healthy present and a hopeful future. (The sub-headings given to the *psychosocial* and *cultural-spiritual* paths of each healing engagement ought to be considered a convenience for the sake of organization.)

Integration: Rooted in the foundational category of connection, *integration* is the re-connection of previously disconnected aspects of the activists' self/community life-world. All of the participants described integration experiences and linked them to their healing journey. In psychosocial terms, *growth* is the resolution of previously disintegrated states of being, variously modeled by the activists as: a loss of self, alienation from community, detachment from experience, and/or a premature foreclosure of development. For example, Felicity shared, a closing conversation with a therapist,

When I came here I was a five year old little girl feeling lost and disconnected from everything and everyone and with no value" I said. And then he said, "So how old are you today?" And I said, "I'm 16, and... I have no fear, and believe that I can do and be whoever I'm meant to be.

Retraditionalization: *Retraditionalization* is the cultural and spiritual integration of the self/community life-world. Felicity's involvement in an annual Tribal Canoe Journey was a result of her role as the coordinator of a program that served the needs of Aboriginal youth. The two-week cultural experience was profound for her healing.

And when I was on the canoe, every stroke was for the health of my community, and my family, and my self, for me, you know, for all people. And I felt, I felt so full of power. It was very empowering 'cuz it wasn't foreign to me, it was who I am as a First Nations woman, doing something that my grandmother, and her grandmother, and her grandmother before her. It felt that I was working for the health of the past and the future, connecting them.

Cleansing: Rooted in the foundational category of empowerment, *cleansing* is a process through which distress and/or imbalance is externalized and removed from the activist's life. The healing engagement of cleansing is a non-integrating form of healing that releases or purges what does not properly "belong" to the person seeking healing. In psychosocial terms, cleansing is the *release* of the impacts of internalized painful past events. As Alice put it: "When I let go of the past, everything started to work out wonderfully." In cultural-spiritual terms, cleansing is the *purging* of that which interferes in the participants' desire to live in balance or harmony or which contaminates the spirit within a person. When dealing with the suicide of her son, Cathy experienced ceremonial purging in nature.

We were taken as a family to a bathing spot and you had to go before daybreak. ... It was winter when we were there, but you didn't feel the cold. Then you came out of the water and... brushed yourself with cedar... The feeling that you had was one of healing.

Transformation: Rooted in the foundational category of identity, *transformation* is a healing engagement in which the activists left their "old" identity behind as they took on a "new" one. In psychosocial terms, transformation is a significant *change in role*—becoming a parent or grandparent was identified as such an event. Transformation resulting from cultural-spiritual ceremony is termed a *rebirth*. When Diane spoke about her initiation onto the Longhouse, she shared the words of one of her spiritual "mothers," words that marked her rebirth.

"You've now entered into the Spirit world; you've now entered into a culture that's going to be with you for the rest of your life. ...You have

been reborn, given a second chance in life to rebuild yourself, and if you follow that life, you're gonna be strong, you're gonna be positive, and you're going to have your respect back." I'll always remember those words, and that's 18 years ago. And I live it.

Transcendence: Rooted in the foundational category of vision, transcendence described healing effects of the activists' expansion of their vision from their personal distress to a "larger" experience. In psychosocial terms, transcendence was experienced when the activists were able to *contextualize* the suffering in their self/community life-world within the impact of colonization—personal and social problems were understood to transcend themselves and their community. Felicity's commentary on "healing" itself offers an example.

And I think the reason I have difficulty with "healing" is because--I don't know if you want to get political, but that's what it is, politics. You know, with the impacts of contact, colonization and Residential School... The government did a really good job of separating the crime of genocide by manipulating our people to believe that they needed to be healed. We are suffering from the legacy of Residential School, but I believe that what happened was a crime.

Spirituality as a transcendence-oriented healing engagement was a consistent theme among the activists. Harold shared,

I started Sundancing. And it just got more and more intense. That was where I felt, you know, connected to God. I just finished dragging buffalo skulls and then all of a sudden I felt a feeling that I'd never felt, I just felt you know, well nobody can describe it, it was just like how you have a mother's love, but it was like a thousand times intensified like the spirits

and the grand-mothers, the grandfathers and the Creator all love you, right. I just started bawling.

Activism

While self/community engagements often came from the interventions of others across their life-world, receiving from others was insufficient for the activists' healing journey. Central to their suicide-related resilience, every participant perceived the provision of self/community engagements to others to be central to their healing journey. George shared,

Spiritual awakenings are important, but they are like a turning point. You've gotta nurture that, build on it, continue to look at yourself and improve who you are. I'm grateful for all the things I've been blessed with over the years. I'm so fortunate that I do the work I'm doing. Otherwise I would still be broken, still be harming myself and others. ... The thing that's kept me going though all the years is that I've been able to be of service.

As the activists helped their fellow community members heal their lives, they accomplished their own transition to a greater connection with their fellows, greater empowerment through the change they saw in others at risk, a healthier identity as a helper, and a vision of compassionate hope both for others and, ultimately, for themselves. In the same manner as the other healing engagements, activism can be organized into psychosocial and cultural-spiritual semi-spheres.

Psychosocial contribution: community activism.

Contribution in a community that is struggling with the oppression of colonization can properly be described as *activism*. Community activism is a

form of resistance in the face of the *false generosity* (Freire, 2005) of the colonizer's provision of its own sanctioned community services that have followed the impacts of the colonial interventions. The enforced dependency has been internalized in a sense of disempowerment at the community level. Resisting the dependency promoted by colonial interventions, the activists discovered that community mobilization was an important part of their own healing and suicide-resilience—contribution and resilience are indivisible within the activists' self/community life-world.

Cultural-spiritual contribution: cultural activism.

The activists also contributed to the cultural and spiritual spheres of their self/community life-world in a manner that can be understood to be post-colonial activism, in that their activities challenge the intention of the colonizer to “solve the Indian problem” by assimilation and control. Through their community service (often outside of the market economy and utilizing Traditional methodologies), the activists contribute to the resilience of their Culture. This activism may, at times, directly confront the colonizer: Diane shared about her advocacy on behalf of her Ancestors during a meeting with government representatives about land use after a burial discovery in her community's traditional territory. After first consulting with Elders, she followed their instructions about the protocol required to receive guidance from the Ancestors on how to best be their voice.

And then I fell asleep and I dreamt and I seen what I had to do. I had to convince the parks people not to make that a park, on the wishes of the spirit people there. ... And I said: “We will never let you make that a park land. I will gather as many people as I can and sit on that land if I have to,

but you will never make it a park land. And I will share my story and my dream and my experience to everyone else who's gonna follow in my footsteps. And that land will always be protected." And that was eight years ago, and it's still the same.

Cultural activism is the antidote to the cultural-spiritual impacts of colonization (i.e., anomie). The role of the activists in ceremony provided them and those who learned from or participated with them a deeper cultural and community connection and vision, a sense of empowerment in their increased cultural knowledge, competence in traditional and ceremonial protocol and role recognition by others, and a new identity.

The Healing Journey of Activism

Described by the model below, the transition from suicidal crisis to activism by this study's participants can be conceptualized as the result of a process of reciprocal engagements within the activists' self/community life-world, beginning with colonial impacts and ending with positive change through increased self/community life-world harmony. This process enhanced the activists' sense of connectedness and empowerment and developed their identity and vision within it. At the same time as the process supported their resilience, it contributed to the resilience of their community.

The social activism literature has generally defined community activism in specifically focused political terms (e.g., Noggle, 1996). There is relatively little written about activism as the general enhancement of individual and community *resilience* within an oppressive context. Nonetheless, the participants did not identify a "watershed issue" around which they collectively mobilized. Instead, they described an iterative process of change within themselves and their

community. Through the activism of its members, the community itself has had the opportunity to transition to a connected and empowered collective with a self-generated identity (rather than one imposed by the colonizer) and a culturally rooted contemporary and hopeful vision of its future. That is, the community's resilience is enhanced.

Figure 4



Resolving the healing-activism dichotomy.

The post-colonial literature's assertion of a necessary dichotomy between personal "healing" and community "activism"--identifying the first with assimilation and the second with resistance (Chrisjohn, Young & Mauraun,1997)--was not supported by the activists. While many of the participants utilized sanctioned (i.e., mainstream) treatment modalities and services to reduce their immediate distress, there appear to be three reasons for lack of assimilation. *First*, in several cases resistance was promoted by the sanctioned service providers. *Second*, all of the activists maintained their self/community integration by taking

the techniques they received for their own healing (such as bibliotherapy, Reiki, supportive counseling, etc.) and using them to serve as healers and helpers for others in their self/community. And, *third*, all of the participants utilized as transcendence engagement—either contextualizing their experience as the product of colonization rather than a sign of pathology (Atleo, 1997; Freire, 2005; Wade, 2000) and/or utilizing local Cultural spirituality to respond to the experience of imbalance within their self/community life world (which, due to the reflexivity inherent in the self/community life-world) supported their community (Dion Stout & Kipling, 2003; Smith, 1998; Wesley-Esquimaux & Smolewski, 2004). This holistic impact of their engagement resolves the post-colonial dichotomy of personal versus social change.

Limitations

There are four limits to this study that must be identified, and one recommendation that follows from them: (1) this research is intentionally specific to two closely related First Nations; (2) the researcher was a cultural outsider (although his work in the communities extends over two decades); (3) small sample size (8 in-depth interviews); (4) this is a pilot study, as there has been little or no research into suicide-related resilience within the population of socially contributing Aboriginal. It is hoped that further research will overcome these challenges.

Implications

There are three main implications that emerge from this study. These implications emerge from (1) the self/community life-world, (2) self/community engagements, and (3) the conflation of healing with activism. *First*, the self/community life-world model suggests the possible integration of many lines

of enquiry into Aboriginal health. For instance, ecological conservation, Cultural tradition, and intergenerational social history are as important as genetics and family dynamics. This implies that any health-promoting assessment or intervention ought to be holistic, and that policies and interventions must consider the entire bio-psycho-socio-historical-cultural-ecological-spiritual community in their approach. For example, the impacts of an intervention at one of the self/community spheres require an outcome assessment across the community's life-world. As a result, evaluations of any intervention in the self/community can be framed in terms of the impact on these engagements across the life-world. Of course, negative "side-effects" and/or positive synergies will require consideration both before interventions is undertaken, as well as in their evaluation.

Second, the identification of self/community engagements provides an opportunity for policy makers and clinicians to approach the issue of Aboriginal suicide in a manner that is congruent with the experience of the community and its members. Enhancing resilience through focusing attention on each of the grounding, activating, and healing engagements expands the resource base from those often utilized in treatment. The model of self/community engagements offers an opportunity for a strengths-based intervention that simultaneously serves the individual and their community. Likewise, the development of these engagements can be directed at the individual, family, and community level, thereby serving to integrate personal healing with community mobilization.

Third, the conflation of healing with activism suggests a reconsideration of the definition of resilience and healing as it applies to the Aboriginal community. To locate a so-called mental health problem, such as suicide, on the level of self

(i.e., as a personal problem) is to ignore its role as an expression of family and community distress and cultural theft. Individualized pathologization not only allows the oppressor to avoid responsibility for the crisis as a natural result of a “national crime,” but also blinds us to possible interventions at the family, community and cultural level. Instead, interveners are encouraged to collaborate with the oppressor by defining mental health as congruent to the successful adjustment of an individual (to a life of oppression).

From these findings, healing is redefined from the reduction of personal distress (i.e., individualized pathologization) to an increased state of harmony within the self/community life-world. Individualized interventions are often necessary, but are not sufficient. If, as the results suggest, resistance against the alienation (disconnection), hostile dependency (disempowerment), victim-identity, and anomie promoted by the colonial enterprise is resilience, then community mobilization and the encouragement of activism (i.e., actively increasing available self/community engagements) is a preferred focus of intervention. According to the example provided by the suicide-related resilient activists, the encouragement of activism is a suitable prescription; community and Culture will necessarily *impact healing (in both the activist and across the community life-world)*.

REFERENCES

- Atleo, M. (1997). First Nations healing: Dominance or health. *The Canadian Journal for the Study of Adult Education*, 11(2), 63-67.
- Battiste, M. (2000). Unfolding the lessons of colonization. In M. Battiste (Ed.), *Reclaiming Indigenous voice and vision* (pp. xvi-xxx). Vancouver, British Columbia: University of British Columbia Press
- Bhargava, R. (1992). *Individualism in social science: Forms and limits of a methodology*. New York: Oxford University Press.
- Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35, 191-219.
- Chandler, M. J., & Lalonde, C. (2004). Transferring whose knowledge? Exchanging whose best practices?: On knowing about Indigenous knowledge and Aboriginal suicide. In D. Beaven & J. White (Eds.), *Aboriginal policy research*. London, Ontario, Canada.
- Chrisjohn, R., Young, S., & Mauraun, M. (1997). *The circle game: Shadows and substance in the Indian residential school experience in Canada*. Penticton, British Columbia, Canada: Theytus Books.
- Cross, T. (1998). Understanding family resiliency from a relational world-view. In H. McCubbin, E. Thompson, A. Thompson, & J. Fromer (Eds.), *Resiliency in Native American and immigrant families* (pp. 143-157). Thousand Oaks, CA: Sage.
- Dion Stout, M., & Kipling, G. (2003). *Aboriginal People, Resilience, and the Residential School Legacy*. Ottawa, Ontario, Canada: Aboriginal Healing Foundation.

- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native peoples*. New York: Teachers College Press.
- Freire, P. (2005). *Pedagogy of the oppressed*. New York: Continuum Press. (Original work published 1970).
- Furness, E. (1995). *Victims of benevolence: The dark legacy of the William's Lake residential school*. Vancouver, British Columbia, Canada: Arsenal Pulp Press.
- Gergen, K., & Gergen, M. (2000). *Toward a cultural constructionist psychology*. Retrieved 29 September 2008 from <http://www.swarthmore.edu/SocSci/kgergen1/web/page.html>
- Haig-Brown, C. (1991). *Resistance and renewal: Surviving the Indian residential school*. Vancouver, British Columbia, Canada: Arsenal Pulp Press.
- Harris, C. (2002) *Making Native space*. Vancouver, British Columbia, Canada: University of British Columbia Press.
- Indian residential schools mental health support program: Program framework. (2005). Ottawa, Ontario, Canada: Indian Residential Schools Resolution Canada.
- Husserl, E. (1970). *The crisis of European sciences and the transcendental phenomenology* (D.Carr, Trans). Evanston: Northwestern University Press.
- Josselson, R. (2004). The hermeneutics of faith and the hermeneutics of suspicion. *Narrative Inquiry*, 14(1), 1-28.
- Kirmayer, L., Brass, G., & Tait, C. (2000). The mental health of Aboriginal peoples: Transformations of identity and control. *Canadian Journal of Psychiatry*, 45, 607-616.

- Kirmayer, L., & Minas, H. (2000). The future of cultural psychiatry: An international perspective. *Canadian Journal of Psychiatry*, 45(5), 438-436.
- Ladd-Yelk, C. (2001). Resiliency factors of the North American indigenous people. Stout, WI: University of Wisconsin.
- Lassiter, L. (2000). Authoritative texts, collaborative ethnography, and Native American studies.
- Lykes, M. B. (1996). Meaning making in a context of genocide and silencing. In M. B. Lykes, A. Banuazizi, L. Ramsay, & M. Morris (Eds.), *Myths about the powerless: Contesting social inequities* (pp. 159-178). Philadelphia: Temple University Press.
- Marsella, A. J., Olivira, J. M., Plummer, C. M., & Crabbe, K. M. (1998). Native Hawaiian culture, mind, and well-being. In H. McCubbin, E. Thompson, A. Thompson, & J. Fromer (Eds.), *Resiliency in Native American and immigrant families* (pp. 93-114). Thousand Oaks, CA: Sage.
- McCormick, R. (1996). The facilitation of healing for the First Nations people of British Columbia. *Canadian Journal of Native Education*, 21(2), 249-322.
- Milloy, J. (1999). *A national crime: The Canadian government and the residential school system: 1879-1986*. Winnipeg, MB: University of Winnipeg Press.
- Montgomery, D., Miville, M., Winterowd, C., Jeffries, B., & Baysden, M. (2000). American Indian college students: An exploration into resiliency factors revealed through personal stories. *Cultural Diversity and Ethnic Minority Psychology*, 6(4), 387-398.
- Mussel, B., Cardiff, K., & White, J. (2004). *The mental health and well-being of Aboriginal children and youth: Guidance for new approaches and services*.

- Chilliwack, British Columbia, Canada: British Columbia Ministry for Children and Family Development.
- Noggle, D. (1996). Women activists of diverse backgrounds: A qualitative study of self perceived developmental influences and values. Unpublished doctoral dissertation, Fielding Graduate Institute, Santa Barbara, CA.
- Prilleltensky, I. (1994). The morals and politics of psychology: Psychological discourse and the status quo. New York: State University of New York Press.
- Ross, R. (1992). Dancing with a ghost: Exploring Indian identity. Markham, Ontario, Canada: Octopus.
- Royal Commission on Aboriginal Peoples (RCAP) (1995). Choosing life: Suicide among Aboriginal people. Ottawa, Ontario, Canada: Royal Commission on Aboriginal Peoples.
- Said, E. (1993). Cultural imperialism. London: Chatto and Windus.
- Satzewich, V. (1998). Race, racism and radicalization: Contested concepts. In V. Satzwich (Ed.), Racism and social inequality in Canada: Concepts, controversies and strategies of resistance (pp. 25-45). Toronto, Ontario, Canada: Thompson Education Publishing.
- Schwartz, T. (1992). Anthropology and psychology: An unrequited relationship. In T. Schwartz, G. White, & C. Lutz (Eds.), New directions in psychological anthropology (pp. 324-349). Cambridge: Cambridge University Press.
- Smith, L. T. (1998). Decolonizing methodologies: Research and indigenous peoples. New York: Zed Books.
- Smye, V. (2003). The nature of the tensions and disjunctures between Aboriginal understandings of and responses to mental health and illness and the
- Thira, D. (2013). AND I LIVE IT. In: Routledge International Handbook of Clinical Suicide Research

- current mental health system. Unpublished doctoral dissertation, The University of British Columbia, Vancouver. Statistics Canada. (2001). Aboriginal peoples in Canada: Canadian Centre for Justice statistics profile series. Ottawa, Ontario, Canada: Ministry of Industry.
- Stephenson, P. (1995). *A persistent spirit: Toward understanding Aboriginal health in British Columbia*. Victoria, British Columbia, Canada: Western Geographical Press.
- Sivaraksa, S. (1999). *Global healing: Essays and interviews on structural violence, social development, and spiritual transformation*. Bangkok: Thai Inter-Religious Commission for Development.
- Tennant, P. (1990). *Aboriginal people and politics: the Indian land question in British Columbia, 1849-1989*. Vancouver, British Columbia, Canada: University of British Columbia Press.
- Tsosie, R. (2003). Land, culture, and community: Envisioning Native American sovereignty and national identity in the twenty-first century. In D. Champagne & I. Abu-Saad (Eds.), *The future of indigenous peoples: Strategies for survival and development* (pp. 3-20). Los Angeles: UCLA American Indian Studies Centre.
- van Uchelen, C., Davidson, S., Quressette, S., Brassfield, C., & Demerais, L. (1997). What makes us strong: Urban Aboriginal perspectives on wellness and strength. *Canadian Journal of Community Mental Health*, 16(2), 37-50.
- Wade, A. (2000). Resistance knowledges: Therapy with Aboriginal persons who have experienced violence. In P. Stephenson, S. Elliot, L. Foster, & J. Harris (Eds.), *A persistent spirit: Towards understanding Aboriginal health in British Columbia* (Vol. 31)

- Ward, K. (2001). Residential Schools in British Columbia. The Journey.
- Weaver, H. N. (2002). Perspectives on wellness: Journeys on the Red Road. *Journal of Sociology and Social Welfare*, 24 (1), 5-15.
- Werner, E. (1993). Risk, resilience, and recovery: Perspectives from the Kauai longitudinal study. *Development and Psychopathology*, 5, 503-513.
- Wesley-Esquimaux, C., & Smolewski, M. (2004). Historic trauma and Aboriginal healing. Ottawa, Ontario, Canada: Aboriginal Healing Foundation.
- White, G., & Lutz, C. (1992). Introduction. In T. Schwartz, G. White, & C. Lutz (Eds.), *New directions in psychological anthropology* (pp. 1-20). Cambridge: Cambridge University Press.
- White, J., Maxim, P., & Beavon, D. (Eds.). (2003). *Aboriginal conditions: Research as a foundation for public policy*. Vancouver, British Columbia, Canada: University of British Columbia.

Figure 1

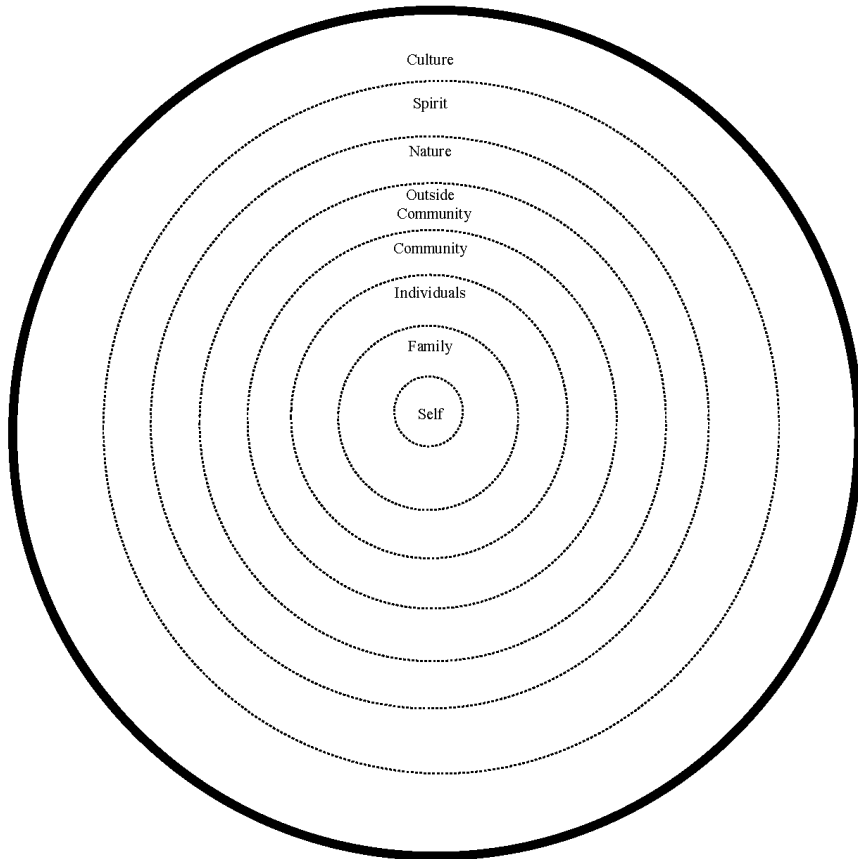


Figure 2

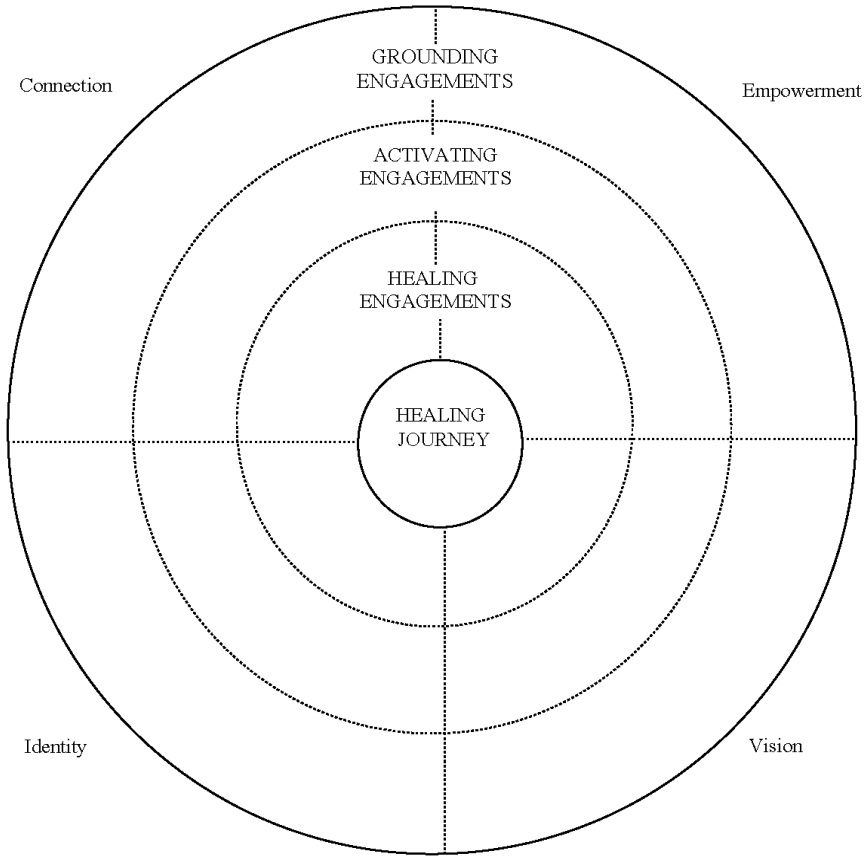


Figure 3

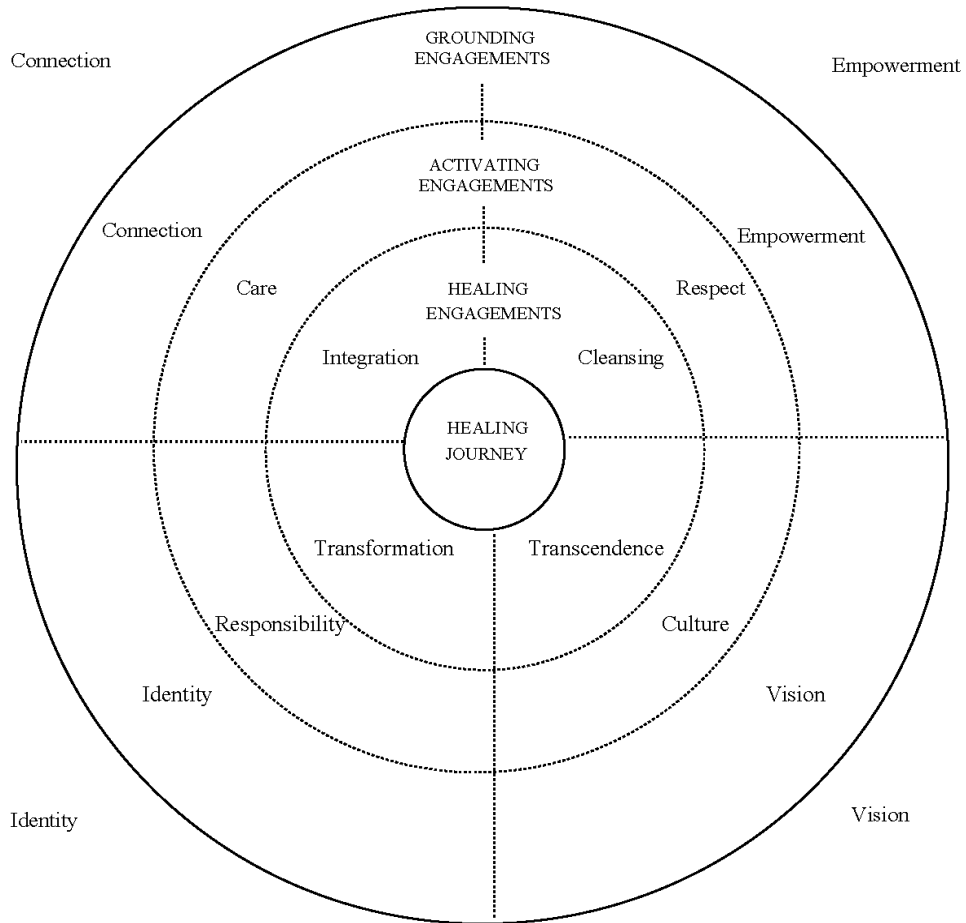


Figure 4

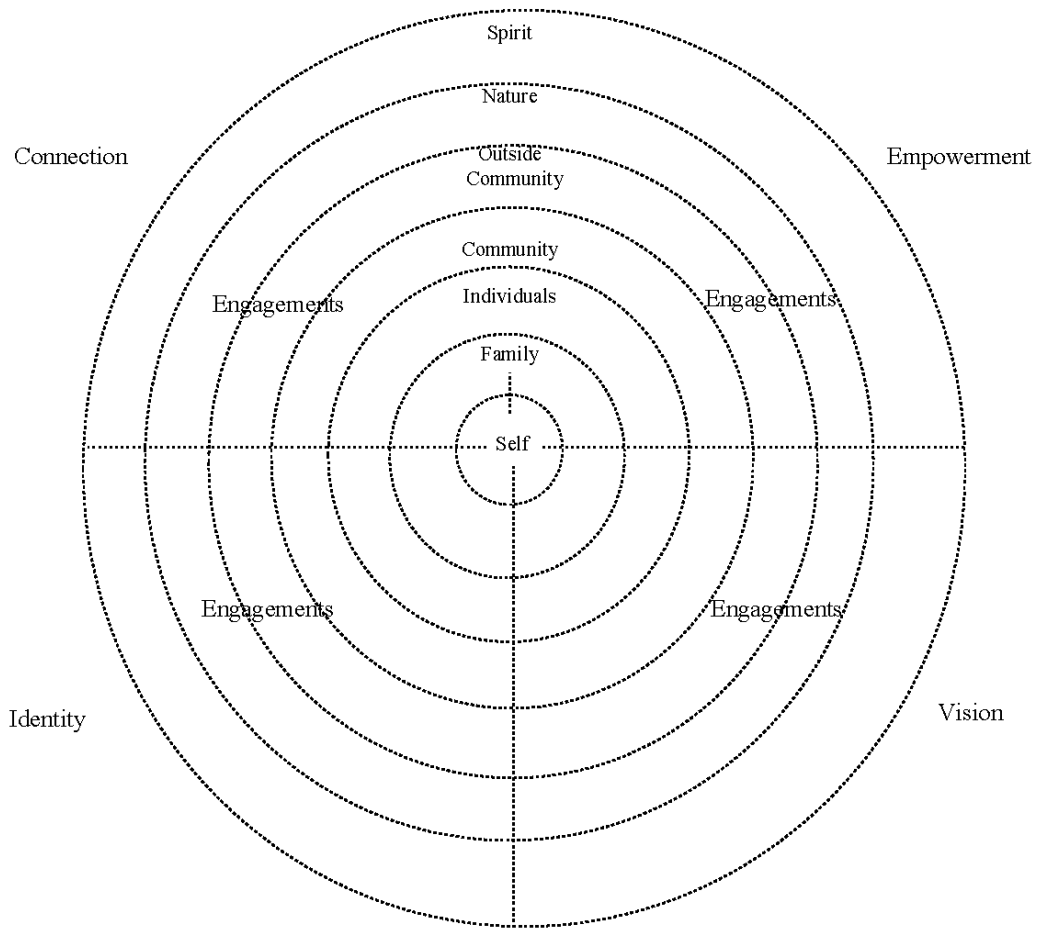


Figure 5

