

Towards an Understanding of Suicide among Aboriginal People

By

Gwen M. Gosek

A Thesis Submitted to the Faculty of Graduate Studies in Partial Fulfillment of the Requirements
for the Degree of Master of Social Work

Faculty of Social Work
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**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree**

of

MASTER OF SOCIAL WORK

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Abstract

Suicide rates among the Aboriginal people of North America have increased at an alarming rate over the past three decades. While not all Aboriginal communities reflect the increasing rates, the overall increase, especially among the 15 to 24 year old age group, is a grave concern at the societal, community, family and individual levels.

While the concerns related to suicide in Aboriginal communities are documented in the literature, the information is generally researched and presented from a mainstream perspective or approach. The objectives of this study were to develop an overview of suicide in Aboriginal communities from an Aboriginal perspective and to explore the use of the Medicine Wheel as a culturally appropriate approach to understanding and working with suicide with Aboriginal people. The process included a literature review of Durkheim's theory on suicide which is a theory commonly drawn on to interpret the incidence of suicide in Aboriginal populations. The literature review also includes an overview of Aboriginal and mainstream society's world views, an overview of the occurrence of suicide in the Aboriginal communities and of the Medicine Wheel concept. The purposes of the literature review were: 1) to provide a basis for determining the incidence and factors associated with Aboriginal suicide, 2) to compare the world views of mainstream society and Aboriginal people, 3) to develop an understanding of Durkheim's theory as it is applied to Aboriginal suicide, and 4) begin to conceptualize the Medicine Wheel in relation to an Aboriginal world view. An important aspect of this study included interviews with traditional elders and Aboriginal community leaders in order to develop a deeper understanding of the Aboriginal view of suicide in the community and of the Medicine Wheel concept.

Although the interview responses were supportive of the literature review of suicide

among Aboriginal people in many respects, there were differences in the emphasis placed on contributing factors. The research available on Aboriginal world view, indicates a contrast between the world views of mainstream society and Aboriginal people. These differences in world views present a challenge to applying a Durkheimian approach to suicide in the Aboriginal context. The challenges of applying Durkheim's concept of anomie and the possibility of incorporating the Medicine Wheel concept are discussed in terms of implications in the field of social work.

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Dedication

To Nikosis (my son), Chad Jeremy Gosek

Bear Standing Strong

Memories of your love for life inspire my walk.

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CHAPTER ONE

INTRODUCTION

The Problem

In the 1500's when Europeans first arrived on the shores of North America, they found it inhabited by indigenous groups who, over the centuries, had cultivated their own social, economic and political systems and sophisticated cultures (Odjig, 1985; York, 1990). At that time the Aboriginal people consisted of diverse, thriving nations, proud of their cultural heritage and their ability to succeed in their environment (Miller, 1989, p. 4). By organizing “themselves into communal groups that were egalitarian, self-sufficient and ultimately connected to the land and its resources” the Aboriginal people had ensured their survival (Clarkson, Morrisette, & Regallet, 1992, p. 6).

Before the devastating effects of disease, introduced at the time of contact, and the effects of colonization set in, the general health and well-being of Aboriginal people was well established:

When European explorers and fur traders arrived in Canada in the seventeenth and eighteenth centuries, they found that the native people were healthy and strong. In 1767, one fur trader wrote that “the Indians in general exceed the middling stature of Europeans; are straight and well made people, large-boned but not corpulent....Their constitution is strong and healthy; their disorders few....” Others made the same kind of observations. “The Indians are in general free from disorders; and an instance of their being subject to dropsy, gout or stone, never came within my knowledge,” the eighteenth-century explorer Alexander Henry

wrote. Some researchers believe that the Indians were probably healthier than the traders and explorers at the time. Yet by 1905, after epidemics of smallpox and influenza, a physician in northern Ontario reported that the Indians were “far below the average size and weight of the white man....Their muscles and bones underdeveloped; stature stooping, with a long narrow, thin chest.” (York, 1990, p. 77)

As York (1990) indicates the Aboriginal people were described as strong and healthy during the early period of contact with Europeans. Unfortunately these healthy conditions were altered with the introduction of diseases once unknown to the indigenous populations and with the changes in lifestyle that were introduced through the colonization process. The health and well-being of Aboriginal people continues to be a concern in the twenty-first century.

While government statistics indicate that the well-being of Aboriginal people has improved in some areas over the past fifty years, they still lag far behind the general population in regards to social and health concerns such as poverty, insufficient housing, high unemployment rates, higher incarceration rates, more children in care, lower levels of education, higher infant mortality, lower life expectancy, increasing rates of HIV/AIDS, higher incidence of tuberculosis, diabetes, and physical disabilities and higher mortality rates due to accidents and suicides (Royal Commission on Aboriginal People, 1995; Barsh, 1994; York, 1990).

The level of disparity between the Aboriginal population and the general population's health and living conditions is the result of historical and contemporary

factors involving economic, political, social and cultural considerations. While it is not possible to address all of the above-mentioned conditions and factors in detail, many of the concerns will be discussed within the context of suicide in the Aboriginal community which is the main focus of this thesis. The high suicide rate in certain Aboriginal communities is one aspect of a complexity of difficulties with which many communities struggle. Its occurrence not only speaks to the despair of the individuals who commit suicide, but it also illustrates the cumulative and devastating effects resulting from the policies and practices involving extermination, protection, civilization, and assimilation which have resulted in the marginalization of Aboriginal people in North America (Tobias, 1990; Kellough, 1980; Frideres, 1993; Pettipas, 1994).

Suicide in the North American Aboriginal population was first brought to the public's attention in 1968 when Senator Robert Kennedy was on a campaign and fact-finding visit to an Aboriginal community in the West Intermountain area of the United States. His visit occurred at a time when an Aboriginal youth from that particular community had committed suicide. Further investigations revealed that the community was experiencing a rapid increase in suicide rates at the time. The subsequent political and media discussions generated the 'suicidal Indian' stereotype which overlooks the fact that not all Aboriginal communities or individuals are suicidal (Chandler & Lalonde, 1998; May, 1987; Johnson & Tomren, 1999). Stereotyping also has the effect of placing blame on individuals rather than examining the underlying causes such as the effects of colonization and assimilation. It then becomes viewed as the 'Indian Problem' and responsibility no longer rests with the forces of colonization but with the Aboriginal

individual or community. In Canada, a similar process occurs when the media sensationalises epidemics or rapid increases in suicide occurrences in particular communities. Media reports and research efforts seldom focus on those Aboriginal communities that exhibit zero to average suicide rates (Chandler & Lalonde, 1998). In other words the media seldom examine the strengths of the Aboriginal people or consider outside influences when reporting on suicide in the Aboriginal communities.

The 'problem of Aboriginal suicide' has often prompted well-intentioned non-Aboriginal individuals and agencies to seek solutions on behalf of the Aboriginal people. Unfortunately many people do not fully understand that they approach the situation from an ethnocentric perspective that seldom recognizes Aboriginal world views. For instance, in 1993, in presenting their position of support for Aboriginal self government, the Canadian Association of Social Workers acknowledged the detrimental effects of "past ethno-centric social work practice" and the resulting "disrespect of Aboriginal cultures" (p. 69). In their efforts to support Aboriginal communities, non-Aboriginal people need to consider that the theories and solutions they apply are based on a Western perspective that may be applicable to the majority in society but do not necessarily recognize or respect Aboriginal world views. The end result of these attempts to 'help' then becomes yet another method of assimilation which exacerbate the situation and "seldom achieve either their own objectives or those of the communities they are meant to assist" (Royal Commission on Aboriginal People, 1995, p. 69).

Objectives

The purposes of this study were to: 1) develop an overview of suicide in Aboriginal communities from an Aboriginal perspective, and 2) explore the use of the Medicine Wheel as a culturally appropriate approach to understanding and working with suicide in Aboriginal communities.

The methods that were used to accomplish the purpose of this study included a review of the literature on Aboriginal suicide, Aboriginal and mainstream world views, and the Medicine Wheel, as well as a review of the literature relating to suicide from a sociological perspective based on Durkheim's theory of suicide. The study also included interviews with Elders and Aboriginal community leaders.

Rationale for Study

The motivation for this study evolved from a personal and professional desire to not only develop an understanding of the tragic loss of life through suicide in Aboriginal communities but more importantly to understand it from a culturally relevant perspective. The importance of understanding issues, such as suicide, from a culturally relevant view is supported by the growing acknowledgment that the initiatives for healing and change must come from within the Aboriginal communities as an integral part of their path to self determination (Canadian Association of Social Workers (1993); Royal Commission on Aboriginal People, 1995). The need for Aboriginal people to learn about and share information on traditional healing ways and the Aboriginal world view is also supported by the Royal Commission on Aboriginal People (1995) in its *Special Report on Suicide among Aboriginal People*. The intent of this study was to contribute to my personal

understanding of the Aboriginal perspective on suicide which would not only enhance my social work knowledge base but also give me a deeper understanding of the philosophy and teachings that have been the basis of strength and courage for so many generations of Aboriginal people facing incredible odds. While the learning process and the ability to appreciate the strength of the people we live and work with is a life long process, the opportunity to learn through the interviews and literature review has more than fulfilled my expectations. It has not only helped me gain a deeper understanding of the issues under discussion but it has also helped me develop an appreciation for the ongoing need to build a knowledge base that acknowledges the strengths and expertise within Aboriginal communities and respects the diversity of world views expressed by the people with whom we work.

Design

The intent of this study was to acquire an understanding from an Aboriginal perspective of suicide in the Aboriginal population. The process included a literature review of Durkheim's theory on suicide which is a theory commonly drawn on to interpret the incidence of suicide in Aboriginal populations (Kreitman, 1988; Davenport & Davenport, 1987). The literature review also includes an overview of Aboriginal and mainstream society's world views, an overview of the occurrence of suicide in the Aboriginal communities and the Medicine Wheel concept. The purposes of the literature review were: 1) to provide a basis for determining the incidence and factors associated with Aboriginal suicide, 2) to compare the world views of mainstream society and Aboriginal people, 3) to develop an understanding of Durkheim's theory as it is applied to

Aboriginal suicide, and 4) to begin to conceptualize the Medicine Wheel in relation to an Aboriginal world view.

An important aspect of this study included interviews with traditional elders and Aboriginal community leaders in order to develop a deeper understanding of the Aboriginal view of suicide in the community and of the Medicine Wheel concept. In order to achieve the objectives of this study it was decided that ethnographic research which “is designed to elucidate culture” (Greenbaum, 1998, p. 121) through “the observation and description of the behaviour of a group of people” (Shaffir, 1999, p. 677), would be the most appropriate method to apply. In particular, the critical approach to ethnographic research supports the present efforts of Aboriginal people to define their position within the larger society. Hammersley (1998) describes critical research as, “designed to produce emancipation of oppressed groups through enlightenment, that is by enabling members of such groups to recognize their true interests” (p. 72). Critical theory’s emphasis on community ownership and active participation supports a sense of empowerment and advances the concept that solutions to issues must be generated from within the identified group (Royal Commission on Aboriginal People, 1995; LaFromboise & Plake, 1983).

Crabtree and Miller (1992) describe key informants as “individuals who possess special knowledge, status, or communication skills, and who are willing to share their knowledge and skills with the researcher” (p. 75). Trembley (as cited in Johnson, 1990) outlined the following criteria for selecting informants: 1) the informant’s role in the community which would expose him or her to pertinent information, 2) the knowledge

informants possess as a result of their respective roles, 3) willingness to communicate or cooperate, 4) communicating ability, and 5) impartiality (p.29-30). In order to meet the objectives of this study, interview participants needed to be familiar with their traditional Aboriginal culture and the Medicine Wheel teachings. The selection of elders was based on the Aboriginal community's recognition of their status as respected healers and teachers. Similarly, community leaders were individuals who are recognized by their community as leaders and advocates within the Aboriginal community. Another consideration in the selection of interview participants was their ability and consent to discuss the interview questions in English.

The technique that was used to select interview participants was the snowball sampling method. Lincoln and Guba (1985) describe snowball sampling:

In this form of sampling one identifies, in whatever way one can, a few members of the phenomenal group one wishes to study. These members are used to identify others, and they in turn others. Unless the group is very large one soon comes to a point at which efforts to net additional members cannot be justified in terms of the additional outlay of energy and resources; this point may be thought of as a point of redundancy. (as cited in Crabtree and Miller, 1992, p. 40)

The original participants were drawn from personal contacts in the Aboriginal community and other participants were approached for interviews based on recommendations from the first interview participants. While it was anticipated that 8 to 10 individuals would be interviewed using this method, a total of eight individuals participated in the interviews.

Interview Questions

The format for interviewing participants incorporated the semistructured interview process in which predetermined questions guided the interviews (Tutty, Rothery, & Grinnell 1996). Crabtree and Miller (1992) describe semistructured interviews as “guided, concentrated, focussed, and open-ended communication events that are co-created by the investigator and interviewee(s) and occur outside the stream of everyday life” (p. 16). In keeping with the goal of qualitative research which is “to gain an in-depth understanding of life in a group, community, or society” (Chadwick, Bahr, & Albrecht, 1984, p. 221), semistructured interviews are used to allow for flexibility in clarifying, testing and even provoking responses (Hammersley, 1998).

The following list of questions was used to guide the interview process:

1. Why are some Aboriginal communities experiencing high suicide rates?
2. Why are so many of the youth committing suicide?
3. Why were suicide rates low for earlier generations?
4. Are there traditional teachings about suicide? If so what are they?
5. What needs to be done to prevent suicide in the Aboriginal communities?
6. What is your understanding of the Medicine Wheel?
7. Who can use the Medicine Wheel?
8. How do you learn about the Medicine Wheel?
9. Can the Medicine Wheel be used to describe the problem of suicide? If so, how can it be used?

10. Can the Medicine Wheel be used to understand suicide prevention? If so, how can it be used?
11. Can the Medicine Wheel be used to describe suicide intervention? If so, how can it be used?

The majority of interviews were conducted in the community at the convenience of the person being interviewed. One interview was conducted at my office at the request of the person being interviewed.

Data Sources

Data sources for this study were based on the utilization of primary and secondary sources. The primary sources included interviews with Aboriginal elders and Aboriginal community leaders who were familiar with the Aboriginal culture and specifically with the Medicine Wheel teachings. Secondary sources involved a literature review on Aboriginal suicide, world views and the Medicine Wheel, as well as a review of the literature of the sociological perspective specific to Durkheim's theory of suicide.

Definitions

The term Aboriginal will be used in this study in reference to all people who identify as Aboriginal including status, non-status, Metis and Inuit peoples. References to First Nations people will include those individuals who have been defined as status Indian within the Indian Act.

The term traditional will be used in conjunction with the teachings and cultural practices that have been known to the Aboriginal people from time immemorial.

Limitations

In view of the oral tradition maintained by Aboriginal people through the centuries, the written information on the Medicine Wheel concept, while increasing in scope, is relatively limited. However, the interview process did provide additional insight regarding the traditional and contemporary significance to Aboriginal people. A report of the interviews can be found in chapter four.

The study of suicide is generally problematic in terms of reliability of official statistics as reporting and classification of suicide “appear to represent an underestimate of the suicide incidence in any population” (Tonkin, 1984, p. 175). The problem of under reporting becomes magnified in the Aboriginal population on several accounts. One reason that has been advanced in the case of under reporting is the misclassification of accidents. An example can be observed in the cases of the single occupant auto accidents when the drivers are known to have been suicidal and yet their deaths are classified as accidents. The fact that the rate of accidental deaths among Aboriginal people is considerably higher than other Canadians and that experts estimate that up to one quarter of accidents are actually suicides make the recording of many of these deaths as suicidal suspect (Chandler & Lalonde, 1998). Jarvis and Boldt (1982) summarize some of the problematic areas in assigning cause of death in Aboriginal people:

Natives are usually reluctant to communicate with official investigators; second, investigators tend to misunderstand or misinterpret the observed clues because of cultural differences; third, many official investigators tend to work from incorrect stereotypes and they draw inappropriate conclusions regarding motives and intent;

finally, the involvement of alcohol and the predominant modes of Native death - auto/pedestrian fatalities, drownings etc. make accurate certification very difficult.
(p. 346)

While Jarvis and Boldt (1982) refer to difficulties in reporting suicides due to such concerns as a reluctance to communicate, cultural differences, stereotyping by officials, and etcetera, other limitations also have been noted in the literature.

For example, Bagley, Wood and Khumar (1990) add the following factors to the list; there is a lack of data due to less contact with formal agencies especially in northern and remote areas, many northern Aboriginal people speak little or no English, and Aboriginal communication skills are often based on conceptual categories, which non-Aboriginal people either find difficult to grasp or have no patience. Another area of limitation is the difficulty in establishing or identifying who is Aboriginal (Chandler & Lalonde, 1998; Bagley, et. al., 1990). While this is especially problematic for non-status, Metis and status people living off reserve, it also can be a problem for status individuals registered under the Indian Act. For example, Lemchuk-Favel (1996) explains that data on First Nations people are obtained from provincial and territorial databases which have different methods of data collection and identification. Other data is obtained from field staff reports which only report on First Nations people who reside on reserve (Lemchuk-Favel, 1996). Leenaars and Lester (1999) describe the limitations in data collection for the study of suicide in Canada:

The different regions have different certification procedures and personnel. Lack of training, lack of reliable and valid criteria, and overuse of the category

“undetermined” as a cause of death may also contribute a varying amount of bias to the suicide rate estimates in the different regions. (p. 59)

While it is obvious from the above discussion that limitations such as reliability in the reporting and classification of official statistics do exist in the study of suicide generally, the problem becomes exacerbated in the Aboriginal community due to additional factors such as cultural misunderstandings, stereotyping and so forth. In spite of these limitations, all indicators support the view that in recent decades suicide rates have increased among the North American Aboriginal people at an alarming rate.

Summary

When the media reports on a ‘suicide epidemic’ in an Aboriginal community, the public is immediately reminded of the stereotyped image of the ‘suicidal Indian’. What the media fail to report is that until recent decades, suicide was relatively unknown in most Aboriginal communities and remains low in many communities today (Chandler & LaLonde, 1998).

As noted at the beginning of this chapter, at the time of contact Aboriginal people as a whole consisted of healthy, thriving nations with the knowledge and ability to care for their families and communities. As the process of colonization set in and the state and churches intervened, the health and living conditions of the Aboriginal people rapidly deteriorated. As we begin the 21st century, the health and living conditions of many Aboriginal individuals and communities remain far below the standards of the majority of society. The high suicide rate is one aspect of these conditions, but it is an aspect that

speaks to the hopelessness and pain of many individuals along with their families, friends and communities.

While many well-intended individuals from outside of the Aboriginal community reach out to help these individuals and communities with their knowledge and expertise, it is often done without an understanding of the history, culture and values of the particular community they are working with. As indicated in the objectives for this study, I have attempted to develop an understanding of suicide in the Aboriginal community from an Aboriginal perspective in the hope that this knowledge will in some way contribute to a better understanding of the increase in suicide rates in the Aboriginal communities. The methods used involved examining contributing factors of suicide described in the literature on Aboriginal suicide and by individuals in the Aboriginal community. The interviews were designed to draw out information on what individuals viewed as factors which contributed to the low rates in previous generations of Aboriginal people. I have also reviewed the literature as a method of examining the world views of Aboriginal people and mainstream society. Durkheim's theory of suicide and its relevance to suicide in the Aboriginal community was explored through the literature. Finally, the Medicine Wheel concept was examined through a literature review and through the interviews.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of a literature review on Aboriginal suicide, Durkheim's theory of suicide, the Medicine Wheel, diversity of Aboriginal people and the world views of Aboriginal people and mainstream society. The section on Aboriginal suicide considers suicide rates among First Nations people as well as studies related to all Aboriginal people, suicide attempts, methods of suicide, and contributing factors of Aboriginal suicide. The review of Durkheim's theory includes an overview of suicide and Durkheim's view in terms of integration, regulation, functionalism, and Durkheim's application of the term anomie. While the literature is not extensive on the Medicine Wheel, it does discuss the anthropological research on Medicine Wheels and the use of the Medicine Wheel as a model presenting an Aboriginal world view. Diversity is presented with a view to clarifying the diversity of Aboriginal people in North America. The final section of the literature review considers the similarities and differences between the world views of Aboriginal people and mainstream society.

Suicide in the Aboriginal Community

Suicide has accounted for approximately 2 percent of all Canadian deaths since the 1970's (Beneteau, 1988). According to Peters and Tumansen (1982), between 1963 and 1976 more than 2 000 000 years of life were prematurely lost to suicide in Canada (as cited in Syer-Solursh, 1989). Leenaars and Lester (1994) reported that in 1969 the suicide rate for Canada was 10.9 and 11.1 per 100 000 for the United States. Twenty years later

the Canadian rate of 13.5 was higher than the United States' suicide rate of 12.4 per 100 000. In 1985, Bagley and Ramsey indicated that Canadian suicide rates stood in the middle rank of a survey of 21 countries whose rates were reported to be between 0.7 and 23.9 suicides per 100 000 (Bagley & Ramsey, 1985). For the Aboriginal people of Canada the suicide rate for all age groups is 2 to 3 times higher than for non-Aboriginal Canadians and 5 to 8 times higher for Aboriginal youth than for their non-Aboriginal peers (Lemchuk-Favel, 1996; Royal Commission on Aboriginal People, 1995).

In general, reporting official suicide statistics is problematic in terms of classification and under-reporting of suicide (Tonkin, 1984). In the case of Aboriginal people, these problems are exacerbated by difficulties related to the ambiguity of Aboriginal identity of suicide victims. This ambiguity is especially true for those individuals living off reserve such as the non-status Indians and Metis people (Bagley et al, 1990). What makes it even more difficult is the variance in rates among groups and areas within the country and the lack of any systematic method of comparison across Canada (Gotowiec & Beiser, 1993-94; Bagley & Ramsey, 1985). For the most part Canadian research related to Aboriginal suicide is restricted to provincial-based studies, studies involving adolescent suicide, and studies reporting on registered Aboriginal groups or specific communities that have experienced extremely high rates of suicide.

First Nations Suicide Rates

In a 1996 report for Health Canada, Lemchuk-Favel discusses suicide rates of First Nations people (individuals registered under the Indian Act) in comparison to other Canadians. The disparity in suicide rates between the two populations is evident in the

breakdown of rates by gender and age groups. For example, in 1993 the overall First Nations male suicide rates were 53.1 per 100 000, as compared to 20.7 per 100 000 for other Canadian males. While the suicide rate for non-Aboriginal females has seen a decrease since 1979, the suicide rates for First Nations females have reflected an increase. In 1993 the suicide rate for First Nations females was 21.6 per 100 000 and 5.3 per 100 000 for other Canadian females. The greatest disparity in rates can be seen in the 15 to 24 age group for males in which the suicide rate for First Nations males is 125.7 per 100 000 and 24.1 per 100 000 for other Canadian males. While suicide rates and the level of disparity between First Nations people and other Canadians decrease with age, it is not until the 55 to 64 age group that suicide rates begin to converge (see Appendix A) (Lemchuk-Favel, 1996, p. 59 & 61).

While the above suicide rates are based on registered First Nations people, the studies based on different areas of Canada indicate similar trends. For example, in their study of all Aboriginal suicides between 1984 and 1989 in British Columbia, Cooper, Carrado, Karlberg and Adams (1992) reported that male suicide rates were 39 per 100 000 as compared to 10 per 100 000 for females. The rate for males in the age range of 15 to 24 years was 90 per 100 000 and 58.0 for the 25 to 39 age range. The rate for female showed the highest number with 23 per 100 000. Tonkin (1984), in an earlier study of suicide by adolescents under the age of 20 years for the years 1978 to 1979, indicates that while Aboriginal youth represent only 3.5 % of B.C.'s adolescent population, they accounted for 33% of the total number of suicides.

Sigurdson, Staley, Matas, Hildahl and Squair's 1994 study of adolescents, 24

years and less in Manitoba for the years 1984 to 1988, indicates that native adolescent suicide increased from 43.1 per 100 000 in 1984 to 83.0 per 100 000 in 1988. Thompson (1987) reported Manitoba suicide rates for Aboriginal adolescents 20 years or less for the years 1971 to 1982 as 177 per 100 000 for the 18 to 20 age group and 130 per 100 000 for the 15 to 17 age group. In reviewing suicide rates among the Inuit youth in Canada, Kirmayer, Boothroyd, and Hodgins (1998) report completed suicide rates as 5 times higher than non Aboriginal youth. For Inuit adolescents aged 15 to 24 years for the years 1987 to 1994, the suicide rate is 20 times higher than in the rest of Quebec (Kirmayer et al, 1998).

Suicide Attempts

The devastation of high suicide rates is further complicated by the “untallied episodes of self-inflicted injury and failed attempts to die, many with disabling and scarring aftereffect” (Royal Commission on Aboriginal People, 1994, p. 5). Suicide attempts are in large ‘untallied’ because “there are no generally accepted reporting procedures: provinces do not gather systematic data on suicide attempts” (Health Canada, 1994, p. 4) and as a result studies rely on self reports. While reported rates of suicide attempts vary across studies they consistently point to the seriousness of the situation. For example, Novins, Beals, Roberts and Manson (1999) report lifetime rates of suicide attempts for American Aboriginal high school students as between 13% and 23% while Grossman, Milligan, and Deyo (1991), in their study of risk factors among Navaho adolescents, report that for every completed suicide an estimated eight or more are attempted. Kirmayer et al (1998) report that results from a survey of 14 Inuit communities

in Northern Quebec indicate that the Inuit population reported 7 times as many suicide attempts as the overall Quebec population. According to this study, “the adjusted rates of lifetime attempted suicide were 28% for males and 25% for females” (Kirmayer et al, 1998, p. 816). Other studies have indicated that the ratio of attempted suicides to completed suicide range between 50 to 150 attempts for each completed suicide (Joffe, Offord and Boyle, 1988. The seriousness of suicide attempts is indicated not only in the high number of attempted suicides but also because exposure to suicide attempts by friends or family members is strongly associated with further suicide attempts, some of which may result in completed suicides. (Grossman et al, 1991; Shafii, Carrigan, Whittinghill & Derrick, 1985).

Methods Used in Suicide

The various methods used for committing suicide are often reported in the event that the knowledge will in some way generate prevention strategies. In her 1996 report, *Trends in First Nations Mortality 1979 - 1993*, Lemchuk-Favel provides data on the methods used by First Nations suicide victims in Canada between 1991 to 1993. Among First Nations females, 45.8% died by hanging, 30% by drug overdose, 19.2% by firearms and 5% by other means. Among First Nations males, 49.2% die by hanging, 35.3% by firearms, 11.4% by other means and 4.2% by drug overdose (Lemchuk-Favel, 1996). One of the main differences in choice of method between the genders is that 30% of females chose drug overdose as compared to 4.2% of males. The other notable difference is that males chose firearms (35.3%) more frequently than females (19.2%). As with the actual suicide rates, methods of suicide show variation across provinces and territories and

among age groups as indicated by a number of studies.

Contributing Factors

Studies on Aboriginal suicide have researched and discussed a wide variety of risk factors related to suicide. These factors range from the psychological aspects to cultural and socioeconomic factors and while they are often discussed in isolation of each other, in reality it is the interaction of a number of these variables that generally influence an individual's decision to attempt or commit suicide. In order to simplify the reporting of these factors they will be grouped into the following two categories: 1) intrapersonal and interpersonal factors and, 2) social and economic factors.

Intrapersonal and interpersonal factors identified in the literature on Aboriginal suicide include: mental health issues, previous suicide attempt, health concerns, substance abuse, low self-esteem, family conflict, loss of a parent, foster care or adoption status, loss of a family member, suicide attempts by family members and friends, alienation from family and /or community, relationship problems, school and employment problems, involvement with the justice system and childhood sexual or physical abuse.

Social and economic factors referred to in the literature include: acculturation, anomie, racism, resettlement, poverty, lower education levels, unemployment and households with a high number of occupants. The following brief review of recent studies is included in order to illustrate the range of factors listed above.

Novin et al's (1999) study of 1,353 high school students from three distinct American Aboriginal groups found that while suicide ideation factors differed among the three groups, the overall factors were supported by other studies. The factors associated

with the Pueblo group includes: having a friend attempt suicide in the last six months, lower perceived social support and depressed affect. Factors associated with the Southeast group included: more interpersonal stress, weakened household structures (without both biological parents in the household), and more life events in the past six months. Among the Northern plains group, low self-esteem and higher levels of depressed affect were associated with suicide ideation.

In their analysis of suicide among American Aboriginal youth, Johnson and Tomren (1999) refer to the following interpersonal and intrapersonal factors: foster care status, alcoholism, arrest careers, interpersonal distress, death among immediate or extended family members, and failure in school or work. The authors attributed the following social and economic factors: chronic depression from rapid acculturation and loss of traditional identity, unemployment, lower education levels, conflict between white social values and deep-seated cultural beliefs and racism.

Wilke, Macdonald and Hildahl (1998) included the following risk factors in their discussion: presence of emotional or mental illness, history of substance abuse, previous suicide attempt, a recent loss, family instability, the presence of many caregivers, family dysfunction (particularly violence), self-concept, and abnormal response to stress or loss with a genetic psycho physiological predisposition.

Kirmayer et al's (1998) study of attempted suicide among Inuit youth considered the following factors: parental history of an alcohol or drug problem, having a friend who attempted or completed suicide, history of solvent abuse, feelings of alienation from the community and family, sexual abuse, significant life event including the death of a

spouse, close friend, or family member, loss of a job, a move away from family, rejection from the community, serious illness in the household, serious physical or mental health illness in the past year, experienced the death of a parent or close relative under the age of 12 years, alcohol abuse in the past year, and the use of cannabis. A social factor included in their discussion was difficulty coping with culture change in the region.

In examining patterns of injury mortality among Athabaskan Indians, Andon (1997) refers to Travis' 1983 study which list the following factors: loss of family and alcohol abuse. Social and economic factors included alienation, low income, high unemployment, and lack of education.

Risk factors listed in Malchy and Enns' 1997 study of suicide among Manitoba's Aboriginal people include alcohol abuse, family violence, and access to firearms. The social and economic factors included social change and poverty.

In describing the relationship of depression to suicide, Johnson's (1994) discussion emphasizes the complexity of the situation:

Acute depressive reactions, including suicide attempts, are common Indian mental health problems. Many acting-out behaviours such as drinking, reckless driving, and family conflicts can be seen as symptoms of wide and underlying depression. Similarly, anxiety, fatigue, physical illness and pain, school and job failures, low self-esteem, low productivity, and feelings of inevitable personal doom may also be manifestations of the hopelessness and helplessness syndrome of chronic depression.

Years of poverty, prejudice, and cultural breakdown often lead to a loss of a sense of meaning and belonging and are therefore contributing factors in depression. (p. 29)

Durkheim's Theory on Suicide

Emile Durkheim, who is recognized as one of the founding fathers of sociology, inspired a century of research based on his seminal study titled *Suicide: A study in sociology*, which was published in 1897 and translated into English in 1951 (Thorlindsson & Bjarnason, 1998; Platt, 1995; Burr & Adams, 1999). Over the past two decades numerous empirical and theoretical studies based on Durkheim's study of suicide "have supported the simplified version of Durkheim's theory" (Lester, 1992, p. 389), while others have found a range from "considerable support" (Thorlindsson & Bjarnason, 1998, p. 94) to mixed results, to no support for Durkheim's theory (Lester, 1989).

Durkheim was born in 1858 at a time when his homeland, France, had already experienced nearly a century of political unrest. The defeat of France by Germany in 1870 resulted in the eighth regime since 1789 with the creation of a total of fourteen constitutions (Sev'er & Isajiw, 1993). The nineteenth century was also a period marked by momentous change as the industrial revolution swept through Europe. Along with the growth of factories and industry came tremendous changes to family structure and roles, the loss of traditional skills, a dramatic decline in the cottage industry and a move towards individualism (Kushner, 1993). It was within that historical context in which "a society was momentarily dissolving" (Durkheim, 1951, p. 377) that Durkheim developed his theory on suicide and "attributed suicides generally to the social factors that are basically the consequences of modernization" (Zhang, 1998, p. 525).

Rather than discussing suicide in terms of an individual act, Durkheim proposed

that variations in suicide rates were influenced by societal conditions and were therefore explainable from a sociological perspective (Taylor, 1998; Morrison, 1995). In other words, suicide rates are considered a “social fact” that derives from group life and is not directly explainable from the perspective of an individual group member’s psychology but from societal influences external to the individual (Sacco, 1988, p.19). By introducing a sociological approach to suicide, Durkheim called into question the prevailing views of suicide which indicated that “suicide was the result of a weak disposition and a psychological response to the burdens of life” (Morrison, 1995, p. 164).

For Durkheim, “the essential and irreducibly social element of a society was its collective conscience: a kind of group mind, or collective spirit, arising out of social life” (Taylor, 1998, p. 6). In discussing Durkheim’s theory of suicide within the societal context Abraham (1973) explains, “ Since each society has a collective aptitude for self-annihilation, the productive causes of suicide must be sought “directly” in the social concomitants of the society and not in the personal motives and ideas of individuals who make up the collectivity” (p. 209). In identifying humankind’s propensity for self-annihilation Durkheim proposed that the solution was to be found at the societal level as, “ only society...is in a position to play this restraining role; for it is the only moral power which is superior to the individual and which he acknowledges as superior” (Durkheim, 1951, cited in Abraham, 1973, p. 209).

Two key concepts identified in this quote are what Durkheim identifies as “moral power” and the need for a “restraining role”. For Durkheim, moral power arises out of modern society. Hilbert (1991) describes Durkheim’s view of morality in the following

words “society and morality are the same thing, as are social facts and moral facts ... Absence of morality is absence of society ” (p. 340). In his discussion on a solution for high suicide rates and “what attitude present-day societies should take” toward suicide (p. 361), Durkheim includes a description of the historical and disruptive development of society which began with society organized on a family basis with its higher level of “preservative influence” (1951, p. 377) to the more complex forms of modern society and its loss of constraining influence. Since individuals no longer had the stabilizing influence and cohesion of earlier forms of society, Durkheim identified the responsibility of the state as having to take on this role:

Only one collective form survived the tempest: the State. By the nature of things this therefore tended to absorb all forms of activity which had a social character, and was henceforth confronted by nothing but an unstable flux of individuals.

(Durkheim, 1951, p. 389)

Unfortunately as Durkheim notes, the state has not always successfully demonstrated its ability to provide cohesion and a stabilizing influence.

Although the state, as the sole organized collectivity, attempts “to obtain a firm enough grip upon individuals”, its influence is “distant” and “discontinuous”, and it is therefore unsuccessful (Durkheim, 1951, p. 389). As a result, individuals, “without mutual relationships, tumble over one another like so many liquid molecules, encountering no central energy to retain, fix, and organize them” (p. 389). This description of the precarious situation of individuals in a society lacking in the ability to organize themselves stems from his belief that as individuals “we no longer know the

limits of legitimate needs nor perceive the direction of our efforts” (Durkheim, 1951, p. 386). It is this view of “humankind as having potentially insatiable desires that may spiral beyond what can be achieved, leaving people in a state of continuous disappointment” that leads to the need to “be limited by social or moral forces external to the individual” (Thorlindsson & Bjarnason, 1998, p. 94). Salomon (1960) reacts to Durkheim’s view that humans’ “greeds, lusts and needs are infinite” by describing Durkheim’s view of man as Machiavellian (p. 259).

According to Durkheim’s theory, the social or moral forces seen as necessary to constrain the individual “must be based on a socially legitimated authority that is perceived as just” by the collective conscious (Thorlindsson & Bjarnason, 1998, p. 97). In other words, in Durkheim’s view suicide rates are influenced at the societal level and the solution is related to constraining the individual through social or moral forces agreed upon by the majority in society.

Durkheim’s theory of suicide was formulated from his “conception of social and moral order” (Taylor, 1998, p. 181) as it related to the consequences of integration and regulation of individuals within society. According to Durkheim, society constrains individuals through integration, which describes the degree to which an individual is bound to others in society through shared membership of social institutions and through regulation, which provides the individual with goals and the means to attain them (Taylor, 1998). Durkheim describes four different types of suicide based on what he determines as having different causes (Durkheim, 1951). According to Durkheim’s theory, under integration of the individual by society results in egoistic suicide while over integration

results in altruistic suicide. Of the two other types of suicide, fatalistic suicide is a result of over regulation of the individual by society while under regulation results in anomic suicide.

Durkheim and Integration

Social support and social control are two basic aspects of Durkheim's discussion on integration (Thorlindsson & Bjarnason, 1998). In discussing the need for social support as a deterrent to suicide Durkheim (1951) provides the following explanation:

For they cling to life more resolutely when belonging to a group they love, so as not to betray interests they put before their own. The bond that unites them with the common cause attaches them to life and the lofty goal they envisage prevents their feeling personal troubles so deeply. There is, in short, in a cohesive and animated society a constant interchange of ideas and feelings from all to each and each to all, something like a mutual moral support, which instead of throwing the individual on his own resources, leads him to share in the collective energy and supports his own when exhausted. (pp. 209 - 210)

According to Durkheim, although the social support provided through the bonding to others of a group acts as a deterrent to suicide, there is still a need for social control.

Durkheim identifies the need for social control by explaining that, "When society is strongly integrated, it holds individuals under its control, considers them at its service and thus forbids them to dispose wilfully of themselves" (p. 209). Thus when an individual's bonds to society are weakened due to "society's state of disintegration" and the resulting lack of control and lack of social support, "The individual yields to the

slightest shock of circumstance because the state of society has made him a ready prey to suicide” (p. 214 - 215). Durkheim (1951) calls this type of suicide egoistic suicide because the “individual ego asserts itself to excess in the face of the social ego and at its expense” resulting in excessive individualism which Durkheim considers “a cause” of this type of suicide (p. 209).

On the other hand, altruistic suicide results not from excessive individualism but from insufficient individualism when social integration is excessive (Durkheim, 1951). Durkheim (1951) explains that altruistic suicide occurs “because society holds him in too strict tutelage ... where the ego is not its own property, where it is blended with something not itself, where the goal of conduct is exterior to itself, that is, in one of the groups in which it participates.” (p. 221). Durkheim (1951) illustrates this concept by drawing on examples from cultures where suicide was sanctioned within that particular society and from the high suicide rates among military personnel.

Durkheim and Regulation

In essence, Durkheim’s theory on regulation is based on the belief that individuals have unlimited desires and passions (Thorlindsson & Bjarnason, 1998) and without the means to fulfill them, it leaves them in a “state of perpetual unhappiness” (Durkheim, 1951, p. 248). Since “Nothing appears in man’s organic nor in his psychological constitution which sets a limit to such tendencies” these desires must be limited by an outside moral force (Durkheim, 1951, p. 248). The moral or social force that is required to regulate the individual’s desires is identified by Durkheim as society.

Of the two types of suicide related to regulation, Durkheim elaborated on anomic

suicide but relegated fatalistic suicide to a footnote which describes fatalistic suicide as deriving from excessive regulation (Durkheim, 1951). While he considered fatalistic suicide as having historical significance, he did not believe it had contemporary importance because “examples are so hard to find” (Durkheim, 1951, p. 276).

According to Durkheim anomic suicide occurs when “society’s influence is lacking in the basically individual passions, thus leaving them without a check-rein” (Durkheim, 1951, p. 258). In Durkheim’s view, anomic suicide is a result of anomie or a state of rulelessness when society is unable to regulate individuals’ needs and their ability to meet those needs (Abraham, 1973). Durkheim observed that suicide rates increased when society experienced deregulation or anomie, which were brought about by periods of economic crisis or prosperity or dramatic technological changes such as the changes that societies were undergoing as the Industrial Age ushered in a new kind of industrial society (Sacco, 1988; Bottomore, 1981; Abraham, 1973; Durkheim, 1951).

It is during these times that the social forces and “their respective values are unknown and so all regulation is lacking for a time.” (Durkheim, 1951, p. 276). As a result, when society experiences an upheaval, individuals within that society experience uncertainty and frustration and robbed of the normal social and moral restraints of a stable society, individuals are more inclined to commit suicide (Sacco, 1988).

Durkheim’s Functionalism

Durkheim’s writings have been described as the “most important single influence upon the development of functionalism in the present century” (Giddens, 1976, p. 376) and as such Durkheim’s sociology “cannot be fully understood apart” from functionalism

(Pope, 1975, p. 362). Pope (1975) defines a functionalist as:

One who (1) views society as a whole composed of interrelated parts (i.e., as a system), (2) assumes a tendency toward system equilibrium, (3) considers how society or the social order is possible and, hence, (4) views structures in terms of their contributions to the perpetuation or evolutionary development of society, and (5) sees pervasive commonalities or consensus as the ultimate basis of social order. (p. 361)

Ellis (1987) describes the underpinnings central to Durkheim's sociology as ideas which include: (1) that human beings are essentially egoistic, with their wants always exceeding the means to satisfy them; (2) the basis of social order is shared values and norms; (3) most if not all regularly occurring activities continue to exist in society because they are functional in terms of contributing to the stability of society; and (4) society can be viewed as an organism made up of interdependent parts in equilibrium.

Durkheim's transcendental interpretation of society is evident in his focus on the relationship of society in relation to individuals. Rather than viewing society as an extension of individuals who comprise society, Durkheim views society as "an entity different from and superior to individual men" (Horton, 1964, p. 289-290). As opposed to his view of man as "part egoistic, anarchistic, and self seeking, part moral in so far as he is regulated and constrained by society" (Horton, 1964, p. 290), Durkheim describes society as the collective conscience "outliving the life of individual men" and therefore "qualitatively different from the parts which compose it" (Horton, 1964, p. 290). Since individuals lack the initiative for self-control and self-regulation, the collective

conscience must provide the social and moral control if society is to maintain its equilibrium (Horton, 1964).

Durkheim's focus on social order, moral regulation and his view of society as an organism made up of interdependent parts in equilibrium, in which what is considered good for the system as a whole is also good for the parts, has been described as a consensus view of society (Mishra, 1977, p. 52 - 53). Unfortunately, a consensus view does not explain conflict among the different interest groups within a society, "institutionally structured disorder" (Pope, 1975, p. 376), or the different values and beliefs of individuals and groups (Mishra, 1977; Giddens, 1976; Ritzer & Bell, 1981). As Mishra (1977) indicates, the consensus view is also problematic in terms of the tendency to identify "with the ruling powers" (p. 58). In doing so "seemingly neutral concepts like 'integration' and 'social control' serve to conceal the question of power, of class relations and inequality involved in different forms of social policy" (Mishra, 1977, p. 58).

In his discussion on the functionalist approach, Chambliss (1976) indicates that while the functional analysis views history as relevant in understanding the present, the approach is fundamentally ahistorical as "functionalists see society as a reality which is unconnected with a particular historical period and look for those social needs which all societies always have" (p. 2). Taking an ahistorical approach in their analysis of society disconnects individuals and groups from the unique historical circumstances that have contributed to variation in the formation of values, beliefs and social norms. This in turn contributes to an inability to comprehend the needs of different interest groups or cultures within a given society or collective.

Durkheim's view that most regularly recurring activities such as sports, crime, religious worship and work continue to exist because they are functional or contribute to the stability of society raises specific concerns regarding the issue of suicide (Ellis, 1987). In arguing that suicide is normal or inevitable in every type of society, Durkheim maintained that "the spirit of renunciation, the passion for progress and the desire for individuation have their place in every kind of society, and...cannot exist without generating suicides at certain points" (Durkheim, 1951, as cited in Lukes, 1973, p.223).

Nisbet (1974) and Jones (1981) confirm that Durkheim clearly identified that the study on *Suicide* was a fundamental study of deviance. In turn, deviant behaviour is viewed by Durkheim and others to be not only normal and necessary, it is also beneficial in that it performs important latent functions. (Ball, 1980; Jones, 1981). Ellis (1987) explains that most if not all regularly occurring activities which include such things as "religious worship, sports, crime and work" exist in our society "because they contribute to the stability of society" and are therefore considered functional or good for the society (p. 28). In his study of suicide, Durkheim approached the subject from a social perspective which did not take into account the human or psychological aspects. If he had included the psychological components perhaps he would have appreciated the values espoused by LaCapra: "from the perspective of humanistic values, even a small number of suicides represent a morally and spiritually scandalous sacrifice of life, especially when the sacrifice is meaningless" (1972, p.156).

Durkheim's structural approach is often compared and contrasted to Marx's conflict approach. For example, Horton (1964) makes the point that both anomie and

alienation are “metaphors for a radical attack on the dominant institutions and values of industrial society” (p. 283). The differences between the concepts were expressed through the differences in approaches. Whereas Durkheim’s approach is described as having a “transcendental conception” and values based on moral constraint, Marx’s approach is described as immanent, with the goal to “organize the actual world so that man could experience himself as man (free and autonomous in his human or productive activity)” (p. 283). Marx’s focus was on “problems of power and change” as opposed to Durkheim who considered the maintenance of order as the solution to society’s problems (p. 283).

As Horton (1964) notes, “The classical definitions have in common their condemnation of economic individualism and its rationalization in the middle-class doctrines of economic and political liberalism” (p. 286). Prager (1981) explains Durkheim’s perspective of capitalism as follows:

Like Weber, Durkheim is especially critical of capitalism. Capitalism is the pathological form in society for in its instrumentality, it desacralizes social relations. The economic order creates an anarchic state of disequilibrium producing nothing but individual appetites (i.e., self interested individuals) divorced from the moral order. Society, as an integrative force standing above individuals, has lost (at least temporarily) the capacity to integrate individuals into a collective and solidarity whole. (p. 927)

Prager (1981) is referring here to Durkheim’s disapproval of capitalism which is discussed in terms of its relation to the insatiability of human beings and society’s inability to regulate individuals.

Morrison (1995) explains the history and meaning of the term anomie from Durkheim's point of view. According to Morrison (1995), although Durkheim had used the term earlier, it was not until 1897 that he used anomie to "describe the overall deterioration of moral restraint in society" (p. 186). Morrison (1995) describes anomie's relationship to society's regulatory function as follows:

Since he believed that the primary function of society was to set limits to social wants by providing a moral framework of restraint, then anomie refers to the state which results in society when there is a decline of the social regularity mechanisms. In that the regulative force of society plays the same role for moral needs as does the body for physical needs, the higher suicide rate of industrial society is an indication of pervasive anomie...Durkheim believed that the causes of deregulation can be traced to two basic sources: (i) the development of industrial society; and (ii) the dominance of the economy over other institutions. (p. 186)

It is these anomic conditions combined with Durkheim's belief that "human desire is infinite and insatiable" that describe anomic suicide (Mestrovic, 1992, p. 113; Lehmann, 1993). According to Lukes (1973), Durkheim describes the distinctive character of anomic suicide as it relates to his concern with the insatiability of human desires and anomic conditions in society as being associated with "irritation and disgust (accompanied by violent recriminations against life in general, or against some particular person)...lost...in the infinity of desire ... 'passion, no longer recognizing any bounds, no longer has any aim'" (p. 213).

As Thorlindsson and Bjarnason (1998) explain: Merton (1964) introduced a definition of anomie which equates it with normlessness, a term, the authors indicate, Durkheim did not use and which is limited in its interpretation of Durkheim's original meaning. Mestrovic (1992) supports this perspective on the use of the term normlessness: Merton, like Parsons before him, assumes that Durkheim was a positivist, and treats anomie as normative confusion or "normlessness," a word Durkheim never used or implied and that is impossible to conceptualize or operationalize... (p. 44).

Anomie or normlessness is presented by Merton as most likely to happen "when there is a disjunction between the legitimate goals (culture) and opportunity structures (social structure)" (Horton, 1964, p. 294; Sev'er & Isajiw, 1993; Abraham, 1973). It would appear that not including the concepts related to the insatiability of human desire, and the political and economic aspect of anomie, Merton's definition does not consider in depth what Thorlindsson and Bjarnason (1998) refer to as the interrelated dimensions of anomie which include, "Ambiguity in goals, a conflict between two systems of social organization in a society in transition, and the absence of clear rules of behaviour create a state in which the individual is faced with uncertainty" (p. 97).

Thompson (1982) explains that Merton's definition not only changed the emphasis of the original meaning but it also "lost the critical nature of the concept as Durkheim intended it, and gave the impression that he was only concerned with problems of nonconformity" (p. 121). Therefore, according to Thompson (1982), Merton not only extended Durkheim's concept of anomie, but he "transformed it" (p. 121).

Durkheim is well-known for his Cartesian dualism (Lukes, 1973; Lacapra, 1972; Durkheim in Wolff, 1960; Travis, 1990), which may explain in part his ability to separate the social from the psychological in that while Durkheim's study of suicide was intended to examine the "causes of" and "remedies" for increasing suicide rates, he did so by analysing structure and society and did not consider the individual or psychological aspects (Nisbet, 1974, p. 228). As Lukes (1973) points out, Durkheim felt it was necessary to confine sociological exploration to the external, general and objective aspects and to ignore the individual factors and the subjective aspect which include perceptions, beliefs, attitudes, and motives in the study of suicide (pp. 221 - 222).

One last observation of Durkheim's view on anomic suicide and its relationship to poverty will be noted. Durkheim (1951) believed that "Poverty protects against suicide because it is a restraint in itself," meaning, the less people have, the less tempted they are to extend their needs indefinitely (p. 254). Rather than according high suicide rates to those who live in poverty, Wolff (1960) relates that Durkheim believed that anomic suicide prevails "in the worlds of industry and finance, among workers and managers alike" (p. 260).

Medicine Wheel

The Medicine Wheel and its teachings have been a part of Aboriginal culture for thousands of years. According to some sources there are approximately fifty known Medicine Wheel sites throughout the middle and western areas of Canada and the United States (McFarland, 1993). In 1990, Vogt documented 135 Medicine Wheels or their sites which are concentrated in an area encompassing the southern portion of Saskatchewan, the state of Montana, and the largest concentration in southern Alberta (Appendix B). Vogt (1990) suggests that the heavy concentration of Medicine Wheels in Alberta may be due to the archeological activity in that province.

While the majority of sites have not been investigated in detail, it is generally acknowledged that “the vast majority were constructed and used for unknown reasons over an undetermined period of prehistory by unknown Native peoples” (Vogt, 1990, p. 5). The Majorville Medicine Wheel in central Alberta (Appendix C) was one of the sites that was investigated extensively and it is estimated to have been built around 3000 B.C., which predates Stonehenge (Calder, 1975; McFarland, 1993).

According to Grinnell (1922) the term Medicine Wheel was first used in the September, 1895 edition of the *Field and Stream* when it reported on what is known today as the Big Horn Medicine Wheel in Wyoming (Appendix D) (as cited in Vogt, 1990, p. 6). Other names coined by researches include: Vision Quest Structure, Ceremonial Structure, Animal Effigy, Burial Monument, and Boulder Mosaic (Vogt, 1990).

Calder (1975) describes the variety of forms and locations where the Medicine

Wheels and their sites may be found:

Included in the term “medicine wheel” are various combinations of large circles or concentric circles of stone, large cairns and lines of rock (spokes) of various and irregular lengths and number. Medicine Wheels, then, may consist of circles and/or spokes, either or both which are in combination with a cairn. Such features are usually located in prominent topographic positions, but they may be found in a variety of locales... Cairns associated with medicine wheels often approximate one and one-half to two meters in height, 6 to 9 meters in diameter...Circles..have diameters varying from 9 to 29 meters. (p. 200)

While the actual reason(s) for construction and use(s) of the Medicine Wheels are undetermined by investigators, a number of theories have been suggested. Some investigators suggest that the Medicine Wheels were built for use as astronomical calendars as their shapes indicate an alignment to the summer and winter solstices and to selected celestial bodies (Calder, 1975; McFarland, 1993).

In his 1990 study of Medicine Wheels, Vogt examined a wide range of theories in detail. He identified three distinct classes of theories which include: ceremonial theories, orientational theories, and template theories. The theories reported on in Vogt's (1990) study are stated in an abbreviated format as follows:

A. Ceremonial Theories:

- 1) Burial Monument: Medicine Wheels where significant persons were buried.
- 2) Commemorative Monument: Medicine Wheels were structures created to commemorate a great person or event, without involving a burial.

- 3) Sun/Thirst Dance Structure: Medicine Wheels were in some way precursors to contemporary Sun Dance or Thirst Dance structures, or otherwise were intimately related to the prehistoric and/or historic versions of these events.
- 4) Vision Quest Structure: Medicine Wheels were created during or for a vision quest experience.
- 5) Buffalo Cult Structure: Medicine Wheels were structures created as part of bison hunting (which was the primary subsistence of prehistoric Plains tribes), perhaps associated with sympathetic magic, secret societies, or worship.
- 6) Petroform (art or graffito): Medicine Wheels were created in association with/and as an aspect of the practices and beliefs pertaining to pictographs.

B. Orientational Theories:

- 1) Horizon-based Astronomical Observatory: Features of the Medicine Wheels were consciously and perhaps carefully oriented to enable observation of horizon-based rising and setting phenomena of the sun, moon, planets, stars, presumably for calendric or ceremonial purposes.
- 2) Traveller's Signpost: Medicine Wheels functioned as maps or signs to indicate directions and possibly distances to people, places, resources, events and/or geographically important sites, thereby providing a useful record and means of communication over time and space. In roughly the same sense, they might have served as territorial markers.

C. Template Theories:

- 1) Pythagorean Geometry: Medicine Wheels were composed mathematically, exhibiting a dimensionality and form consistent with simple Pythagorean geometry. The principles and measures are the same as those which were proposed to govern the megalithic structures of Europe and Asia.
- 2) Gnomon Projection: A central pole or tipi within the Medicine Wheels, acting essentially as a gnomon (a device to cast shadows and direct light from above) served to determine their overall composition. (pp. 7 - 9)

While scientists have not been able to find the answers they have been searching for at the Medicine Wheel sites, evidence of medicine bundles and other sacred objects indicate that they were used for ceremonial purposes. They are still considered by many

Aboriginal people as sacred places for ceremonial purposes connected to spiritual renewal and healing (McFarland, 1993; Geist, 1993).

What has become known today as Medicine Wheel teachings are also known to different Aboriginal people as the sacred hoop, the circle of life, and the sacred tree. The sacred teachings of the Medicine Wheel continue to be taught through the healing ceremonies such as the sweatlodge, sundance, pipe ceremonies, vision quest, fasts, giveaways, and sweetgrass ceremony (Bopp, Bopp, Brown & Lane, 1984).

A picture or drawing of a Medicine Wheel is just that; drawings or pictures are representations or maps that describe the Medicine Wheel but they are not the Medicine Wheel (Cowan, 1995). Rather, the Medicine Wheel is a symbol of the many teachings about the need for balance in the physical, emotional, intellectual and spiritual aspects of ourselves and our communities, the interconnectedness of all things, respect for all things, the cycles of Mother Earth, and the cosmos, etc. (Bopp et al, 1984; France, 1997, Cowan, 1995; Absolon, 1993; Huber, 1994; Longclaws, 1994). Bopp et al (1984) provide the following explanation of the Medicine Wheel:

This is an ancient symbol used by almost all the native people of North and South America. There are many different ways that this basic concept is expressed: the four winds, the four cardinal directions, and many other relationships that can be expressed in sets of four. Just like a mirror can be used to see things not normally visible (e.g. behind us and around a corner), the medicine wheel can be used to help us see or understand because they are ideas and not physical objects. (p. 9)

According to Cowan (1995) "From an epistemological perspective, the Native

American medicine wheel is a foundation for lifelong learning that has developed slowly over thousands of years.” Others add to the description of the Medicine Wheel teachings by referring to them as a “metaphysical map on which one might locate an individual’s innate strengths, and at the same time indicate skills and competencies yet to be obtained in one’s adult journey in life” (Conescu, 1995, p. 291). As France (1997) notes “The Native Medicine Wheel is a ready made model of the First nations world view” (p. 5).

Diversity

Before proceeding with a discussion of the world views of Aboriginal people it is important to acknowledge not only the commonalities among Aboriginal people but also the great diversity that exist at both the individual and community levels. At the most basic level when we refer to the Aboriginal people of Canada, we are referring to individuals who identify as First Nations, Metis, and Inuit and as a group comprise 4% of the Canadian population. While representing a relatively small proportion of the overall population, Aboriginal people represent 600 First Nations with more than 50 languages or dialects (Chaimowitz, 2000). Considering the vastness and diversity of the Canadian landscape it is not difficult to recognise that communities evolved their individual cultures in a way that reflected their relationship to their immediate environment.

Although Aboriginal cultures have never remained static, contact with European cultures has intensified the degree of change and diversity (Hamilton & Sinclair, 1991, p. 18). For example, before contact individual Aboriginal communities were unified in their traditional spiritual and cultural values and belief systems. Today in addition to the traditional spirituality, it is not uncommon for individual reserves to have as many as three or four religious denominations represented within its boundaries. According to Morrisette, McKenzie, and Morrisette (1993) the resulting diversity can be described in terms of individuals who fit within a continuum which includes traditional, neo-traditional, and non-traditional. Those individuals who identify as traditional “still adhere to the teachings of the elders and have a strong understanding of the old ways based on the symbiotic relationship to the earth” (p. 96). Those individuals who fall within the neo-

traditional designation are described as identifying “with a blend of traditional spirituality and practices that reflect the dominant society and Christian beliefs” (p. 96). The individuals who are described as non-traditional include those “who successfully adopt most of the norms and practices of the dominant society” as well as “individuals who have not adopted traditional ways and are not coping successfully with either conventional or Aboriginal society” (p. 96).

While the decision to lead a traditional or non-traditional lifestyle is a conscious decision that involves personal choices, for many individuals extenuating factors for which they have had little or no control has influenced their decisions. For example, the ability of many families to transmit their traditional teachings and culture to the next generation was interrupted when their children were sent away to residential schools (Corrigan, 1992) and later on when Aboriginal children were lost to the child welfare system (McKenzie & Hudson, 1985, York, 1990). For others it may simply have been their inability to live in their home community due to restrictions in the Indian Act which defined who were or were not eligible to live on reserve (Weaver, 1993; Brizinski, 1993). While Bill C 31 gave the choice to many individuals to return to their home community, that choice is still not available to many others who have been denied band membership or have been categorized as 6(2) under the revised Indian Act (Weaver, 1993; Brizinski, 1993).

While great diversity exists among Aboriginal people, research indicates that there remains many fundamental similarities. Hamilton and Sinclair (1991) describe the similarities as:

The Aboriginal peoples of North America, for the most part, hold fundamental life philosophies different from those of the dominant European-Canadian society. These differences in world views between European-Canadians and Aboriginal people are broad enough and general enough to make most European-Canadian institutions incompatible with the moral and ethical value systems of Aboriginal Canadians... Psychological and anthropological profiles of Ojibway, Dakota, Apache, Navaho and Cheyenne subjects have identified recurring personality characteristics which seem to be culturally induced and which are so universal that they could be equated with "primary Native values." (p. 20-21)

World View

In order to understand how the Medicine Wheel can be described as a world view, it becomes important at this point to include a discussion of how the term, world view is defined and how it is applied to a cross cultural perspective.

While the term, world view, has come into common usage only in the last few decades, the concept has been around for centuries. In the seventeen hundreds, Immanuel Kant (1724 - 1804) introduced the term *Weltanschauung*, which he used as a synonym for cosmology or image of the world (Bolle, 1987). In the early 1950's, Robert Redfield, writing from a North American anthropological perspective which Michael Kearney (1984) describes as the counterpart of British structural-functionalism, began a systematic analysis of world views (Kearny, 1984; Kluckhohn & Strodtbeck, 1961). Redfield's approach to his research was in response to the question, "How do a people characteristically look outward upon the universe?" (Kearny, 1984, p. 37). As a result of his research, Redfield identified common features or universals from different cultures which he believed could be used to make comparative statements about different world views. Redfield's work has been referred to as mainly descriptive and falls short of explaining why particular societies have certain world views, how world views change, or the connection between world view, environment and behaviour (Kearny, 1984).

During the same period of time, Clyde Kluckhohn, while working from a existential perspective, developed what he referred to as the value-orientation concept. Kluckhohn describes the concept:

Value orientations are complex but definitely patterned (rank-ordered) principles,

resulting from the transactional interplay of three analytically distinguishable elements of the evaluative process - the cognitive, the affective, and the directive elements - which give order and direction to the ever-flowing stream of human acts and thoughts as these relate to the solution of “common human” problems.

(as cited in Kluckhohn & Strodtbeck, 1961, p. 4)

Kluckhohn proposed five existential categories of value orientations which “takes into account both philosophical and psychological dimensions including beliefs, values, assumptions, and finally, behaviour of individuals and groups” (Ibrahim & Kahn, 1987, p. 165). Kluckhohn developed a paradigm illustrating the five categories of value orientation and the range of variation within each orientation. As Table 2.1 illustrates, the five value orientations include: human nature, relationships, nature, time orientation, and activity orientation.

TABLE 2.1
THE FIVE VALUE ORIENTATIONS AND THE RANGE OF VARIATIONS
POSTULATED FOR EACH

Orientation		Postulated Range of Variations	
Human Nature	Evil mutable/immutable	Neutral/Mixture of Good-and- Evil mutable/immutable	Good mutable/immutable
Man - Nature	Subjugation-to-Nature	Harmony-with-Nature	Mastery-over-Nature
Time	Past	Present	Future
Activity	Being	Being-in-Becoming	Doing
Relational	Lineality	Collaterality	Individualism

Reproduced from F. R. Kluckhohn and Strodtbeck (1961).

Kluckhohn’s paradigm is based on three specifically formulated assumptions: 1) that “there is a limited number of common human problems for which all peoples at all

times must find some solution”; 2) “that while there is variability in solutions of all the problems, it is neither limitless nor random but is definitely variable within a range of possible solutions”; and 3) “that all alternatives of all solutions are present in all societies at all times but are differentially preferred” (Kluckhohn & Strodtbeck, 1961, p. 10).

Applying Kluckhohn’s Paradigm

Human Nature Orientation

The concept, human nature, refers to how individuals define or characterize the nature of humankind. Human nature can be viewed on a continuum ranging from evil or bad to a combination of good and bad to human nature as good. The concept of human nature gives us insight into how people view themselves and others (Ibrahim, 1985).

Writing in 1961, Kluckhohn and Strodtbeck observed that many individuals still followed the Puritan orientation in which human nature is basically evil but perfectible with a view to constant control and discipline of the self. They also noted that there was a growing tendency to incorporate a view that human nature is a mixture of good and evil, which indicates that while control and effort are necessary, lapses are understandable and need not be overly condemned. More recent research describe “White middle-class Americans as seeing human nature as neutral rather than essentially good or bad” (Sue & Sue, 1990 as cited in Berkow & Richmond, 1994; Katz, 1985; Cheng & O’Leary, 1995).

The Aboriginal view of human nature can in part be ascertained from commentaries based on studies of different First Nations. For example, Romney and Kluckhohn (1961) reported that the Navaho believe that “human beings have invariably a Good and an Evil side” (as cited in Kluckhohn & Strodtbeck, 1961, p. 335). The example

the authors refer to is based on the spiritual belief “that the ghost of even the best human being is dangerous because of the “bad side” (p. 335). The authors quote Wyman’s (1942) explanation of the concept in which he states; “Good and Evil are not...abstract ethical concepts but complementary components of the universe or any part of it” (as cited in Romney and Kluckhohn, 1961, p. 335).

Anastasia Shkinyk’s 1985 study of the Grassy Narrows Ojibwa includes a quote from one of the community’s elders which would appear to support the concept that humans have a choice between good and bad:

The old people used to preach that when a person dies, his spirit leaves the body and travels. If you are a bad person on earth, the spirit has trouble leaving the earth for the long journey into the other world. Instead, it stays in the same place where the person lived before and wanders about restlessly...Land over which troubled spirits travel is not good for people to live on... (p. 71)

Another source of insight into the Aboriginal perspective on human nature can be gleaned from the stories that have been handed down throughout the centuries. In responding to the publication of George Nelson’s 1823 manuscripts in which he details his observations of the Cree and northern Ojibwa’s “religion and myth”, Emma LaRocque (1988) provides the following commentary on Nelson’s seventeenth century ethnocentric approach to relating the stories and ceremonies he heard and observed:

To Nelson’s credit, he does try to compare the Indian world view and stories with those of others around the world. He did sense, even with his prejudices, that there is a universality in Indian myths and legends as well as in Indian religions.

Here, a comparative literary perspective on mythology and symbolism may be useful, including motifs of good and bad twin sets, male-female tension/balance, male-female symbolism, the flood or catastrophe, the creator or transformer (re-creator), the “trickster” (a mirror to society, to human foibles), and to the good-evil deity(ies). It is important that in our quest for specific ethnographic details that we do not isolate the Indian *weltanschauung* from other universal motifs (Italics in original quote). (as cited in Brown & Brightman, 1988 p. 203)

It is obvious from the above comments that the stories Nelson related included components of the good/bad and good/evil dichotomies. Interestingly, all of the above examples of human nature are drawn from the various Aboriginal groups’ spiritual belief systems.

It would appear in some instances that on one hand the Aboriginal people acknowledge the existence of good and bad and at the same time believe in the innate goodness of human nature. This could be inferred from the value they place on children as sacred gifts from the creator and not as responsibilities or burdens they are often viewed as in other cultures (Anderson, 2000). Hart (1999) summarizes; “In an aboriginal approach, human nature is seen as good, although the existence and expression of bad attributes by people are recognised” (p. 98).

Man-Nature Orientation

The range of variation for the man-nature relationship include subjugation to nature, harmony with nature and mastery over nature. The western perspective is best exemplified by the biblical command to “fill the earth and subdue it, rule over the fish in

the sea, the birds in the heavens, and every living thing that moves upon the earth” (as cited in Hamilton & Sinclair, 1991, p. 21). According to Kluckhohn and Strodtbeck (1961), “The Mastery-over-Nature position is the first order (that is, the dominant) orientation for most Americans. Natural forces of all kinds are to be overcome and put to use of human beings” (p. 13). Dominant society’s orientation to controlling and subjugating nature continues to be upheld in more recent studies (Trimble, 1981; Katz, 1985; Cheng & O’Leary, 1995).

On the other hand, Aboriginal people, for the most part, adhere to a harmony with nature orientation which has been described as cosmocentric in nature (Long & Chiste, 1994). In this view all things are interrelated, “language, culture, spirituality, land, people, animals, plants, even the rocks themselves - form part of the seamless whole” (Long & Chiste, 1994, p. 97). Rather than humankind dominating creation, humans are considered the least important entity of the creation, and their interests were not to be placed over the rest of creation (Newhouse, 1993; Sinclair, 1994). Berkes (1998) underscores this concept in terms of the respectful relationship that indigenous groups have developed with the ecological environment “Almost universally, one encounters an ethic of nondominant, respectful human-nature relationship, a sacred ecology, as part of the belief component of traditional ecological knowledge” (p. 163). Berkes (1998) uses the following story to illustrate the humility that comes with respect for nature:

When the river ice breaks up each spring, people speak to it, respectfully and acknowledging its power. Elders make short prayers, both Christian and traditional Koyukon, asking the ice to drift downstream without jamming and

causing floods. By contrast, some years ago, the U.S. Air Force bombed an ice jam on the Yukon River to prevent inundation of communities. Far from approving, some villagers blamed subsequent floods on this arrogant use of physical force. In the end, nature will assert the greater power. The proper role for humans is to move gently, humbly, pleading or coercing, but always avoiding belligerence. (Nelson, 1993, as cited in Berkes, 1998, p. 92)

Berkes (1998) reminds us that until the period of Enlightenment and the acceptance of Cartesian dualism, the belief that humans are a part of the natural environment was widespread throughout the world (p. 34).

For European based cultures mastery over nature entails the concept of ownership. Liberal ideology which promotes individualism is entrenched in a system of laws that underscore the concept of private property and ownership. While Aboriginal people recognized the concept of territory, ownership of land in the European sense was contrary to their cosmocentric view of interrelatedness and to their communal based structures (Long & Chiste, 1994). Boldt (1993) explains that Aboriginal peoples' traditional relationship to the land involved:

spiritual attachment to the land, which grew out of their total and immediate dependence upon it for survival. They considered the land and its fruits to be a sacred trust from the Creator for the welfare of all living things, present and future...That is, all had the right to take from the land what was needed for survival...In the Indian universe of meanings and values, if land had an 'owner,' it could only be the Creator. (p. 41)

The idea of land ownership was a foreign concept to the Aboriginal people. As Lurie (1974) explains, land “was conceived of as a piece with the air and the water. To say “This is my piece of land” seemed as illogical as saying “This is my piece of air and this is my piece of water” (as cited in Kellough, 1980, p. 345). While this perspective remains strong among many Aboriginal people today, after several centuries of assimilative efforts, there is a trend for some to take a more individualistic approach and to accept the concept of private ownership (Long & Chiste, 1994; Boldt, 1993).

The interconnectedness reflected in the physical and spiritual relationship Aboriginal people have with creation has been described as Aboriginal ontology and epistemology which reflects a holistic, inward search for understanding at the incorporeal level (Neil & Smith, 1996; Ermine, 1995). This metaphysical approach to knowing is unlike the western scientific approach which reflects an atomistic and objective view of the world (Ermine, 1995).

Time Orientation

Time orientation refers to the cultural emphasis placed on past, present and future. Although all cultures are cognizant of these time periods, it is how they rank order them that provides insight into individual cultural perspectives. For example in 1961 many European countries, including England, were seen as having a past orientation which demonstrated a great respect for tradition (Kluckhohn & Strodtbeck, 1961). While Americans were seen as having a future orientation at that particular time, more recent research indicates that Americans are moving to a balanced orientation of present and future (Gonzales & Zimbardo, 1985, as cited in Ibrahim & Kahn, 1987).

Studies of Aboriginal people, and in particular the Navaho people, report an orientation to the present (Kearny, 1984). While Kluckhohn and Strodtbeck's (1961) studies with the Navaho and Zuni indicate a present time orientation, the preference for a past orientation was also strong and appears to be tied to their traditions and ceremonial life, while the present time orientation is reflective of the environmental and acculturative pressures they were experiencing.

Menno Boldt (1993) makes the following statement regarding the continuity of time from a traditional Aboriginal perspective:

Moreover in *Indian* cultures it is not possible to separate past from present from future. In their myths past, present and future are unified. Traditions, customs, elders - all draw their significance from their linkage to the founding design of the creator. (p. 23)

In a discussion of the concepts of time and space, Shkilnyk (1985) relates a story told to her by an Ojibwa man whose father had experienced a vision of four generations of his family, some of whom had not yet been born. The story ends with the words "And he told me something I never forgot. He told me that all the past, present, and future is within all of us now" (p. 77).

Life in the present does not preclude the connection to the past for traditional people in terms of valuing the teachings and ceremonies which have been passed down through the centuries through oral history. Nor does it preclude the spiritual beliefs related to the future and to continuity of life after death, or the necessity of providing for future family needs whether it involves attending to needs such as gathering and storing

food, or attaining an education. Rather, it appears to be an emphasis on the here and now, attending to the immediate needs of the people, while relying on the traditions and teachings passed down and knowing that what you do today will affect what happens tomorrow (Kearney, 1984). Life as expressed in Aboriginal consciousness encompasses their ancestry, the present and future generations into a “time indivisible into past, present, and future; time simultaneous” (Shkilnyk, 1985, p. 77).

Activity Orientation

The activity orientation is based on a three point continuum including being, being in becoming and doing. Kluckhohn and Strodtbeck's (1961) claim that Americans are dominantly doing oriented has been supported by several studies (Katz, 1985; Sue & Sue, 1990). Ibrahim and Kahn (1987) found Americans were moving away from a doing orientation and toward an orientation of 'being in becoming' with a recognition of “the importance of free and spontaneous expression (being)” (p. 174). Kluckhohn and Strodtbeck (1961) attributed the American doing orientation to the societal pressure on individuals to succeed in a competitive orientated environment and on society's emphasis to “get things done” (p. 17).

Kluckhohn and Strodtbeck's (1961) research with the Navaho found a preference for doing which the authors attributed to tradition, current economic circumstances, and increased influence from the dominant society. Their work with the Zuni people produced mixed results. More recent research indicates that Aboriginal groups have a being in becoming orientation (Carter, 1991; Ho, 1995; Ponterotto & Casas, 1991; Sue & Sue, 1990, cited by Brown, 1997).

The definition of being in becoming that is offered by Kluckhohn and Strodtbeck (1961) describes it as emphasising “that kind of activity which has as its goal the development of all aspects of the self as an integrated whole” (p. 17). This orientation fits with the holistic and balanced approach to life described by the harmony with nature orientation. It also fits with the community norms or values of cooperation and controlled self-expression.

Cooperation and patience played important roles in traditional Aboriginal communities as a means of averting conflict among group members who depended on the support of each other for survival. As Hamilton and Sinclair (1991) note, “success or attainment of goals for Aboriginal people stress a more cooperative approach, as opposed to the imposition of one’s will upon the group, or the attainment of personal success at the expense of group needs” (p. 32).

Controlled self-expression or emotional restraint was another method of contributing to the peaceful relationships in the tightly knit groups (Hamilton and Sinclair, 1991). The emphasis on emotional restraint taught people the benefits of patience and the ability to respond to situations in a thoughtful manner (Brown, 1997). Incorporating this value did not mean that there was no means available to express normal emotions such as anger, grief and pain. Rather than expressing these emotions in violent outbursts and self destructive behaviour, emotional expression was released in ceremonies such as the sweatlodge, shaking tent ceremony, dancing, singing and drumming (Hamilton and Sinclair, 1991). Individuals also found solace in the wisdom of the elders and received emotional support from their community. Not only did the

incorporation of these values contribute to the harmony of the group but it required individuals to look inward in order to develop an understanding of themselves and their relationship to the environment.

Relational Orientation

Relational orientation spans a continuum that includes lineal, collateral, and individualistic orientation to others within a given society. Kluckhohn and Strodtbeck (1961) caution that while one dominant orientation will describe the majority of a given society, all subgroups within a society have components of each aspect. As with all broad categorizations involving groups there is always variation in terms of intra and intergroup differences.

The dominant orientation for the majority of society is identified as individualism which stresses the primacy given to individual goals (Berkow & Richmond, 1994; Sue & Sue, 1990; Katz, 1985; Ibrahim & Kahn, 1987). Research indicates that Aboriginal people have traditionally adhered to a life philosophy that conforms to a collateral orientation which “calls for a primacy of the goals and welfare of the laterally extended group” (Kluckhohn & Strodtbeck, 1961, p. 19).

In contrasting Western liberal ideology with the Aboriginal perspective of the individual in relation to community, Boldt (1993) describes it in the following manner:

Whereas Western-liberal ideology defines the individual in this relationship primarily in terms of legal rights, *Indian* cultures defined the individual primarily in terms of duties and obligations to the collectivity. The collective well-being of the band/tribe was placed above individual self-interest. (p. 150)

As Boldt (1993) explains, this did not mean that the individual had no rights rather, human dignity was protected by a well-elaborated system of positively stated duties and obligations that were entrenched in tribal customs and traditions. If all members of the tribe abided by the customs and traditions, then, as a logical outcome, each member was assured of personal security, equality, self-worth, personal autonomy, justice, fraternity, provision of basic needs - in short, human dignity. (Pp. 150 - 151)

In this manner both the well-being of the group or society and the individual were protected by a system based on mutual respect.

While assimilation and acculturation has contributed to an erosion of many of the traditional customs and traditions of Aboriginal communities, many of the values and norms continue to guide individuals in their day-to-day lives. As Hamilton and Sinclair (1991) indicate, "Aboriginal cultures and the values they represent have not disappeared. Instead, they have adapted to new times and new situations. They remain vibrant and dynamic today" (p. 45). The focus on community was related to the basic need for survival and as a result the norms and values that were established in Aboriginal communities supported the need for harmony and collective effort (Hamilton & Sinclair, 1991). Some of these values that have been identified in the literature include the concept of extended families, sharing, cooperative effort, a non-confrontational approach, non-interference, consensus decision making, leadership based on merit, a respectful view of children, women and elders, and an alternative view of justice.

Extended Families

For the majority of Aboriginal people, the term family includes, in addition to what most societies consider nuclear family members, extended family members, and those informally adopted as family members (Brown, 1997). Shkilnyk (1985) identifies family membership in Ojibwa terms as extended family members composed of the following members:

the grandparents, parents, aunts, uncles, and cousins who formed the community of residence on the winter trapline and in the summer encampment...The bonds of family were very close because the extended family had the responsibility of providing for the physical survival of its members, educating the young, sheltering the dependent, curing the sick, and transmitting the moral and spiritual values of the culture. In a society with very few public institutions and no formal associations, membership in a family unit was the individual's primary source of identity and support. The family was the point from which one fixed one's place in the universe, visible and invisible. (p. 79)

The concept of extended families was the basis for collectivity at the community level and remains a strong value for many Aboriginal people today.

Sharing

Sharing was an everyday norm that was intrinsic to Aboriginal cultures as it contributed to the harmony and well-being of everyone in the community. The concept was integrated into all aspects of life from ceremonies such as the West Coast potlatch and giveaways on the prairies, to sharing food from hunting and gathering, to the lessons

related in story telling (Hamilton & Sinclair, 1991). The value of sharing ensured that no one went without while others hoarded the best for themselves. In other words, it encouraged generosity which acted to suppress greed and envy that could work to disrupt otherwise harmonious relationships.

The ethic of sharing remains strong today as evident by the hospitality extended to relatives and friends even by those who struggle to provide for their day-to-day needs. Berkes (1998) provides a present day example of sharing and distribution as practised by the Chisasibi Cree:

This kind of sharing is considered important for social relations. Commonly, a young hunter would give the meat to one of the old men or old women in the camp, who would then do the honors in distributing it. This signifies deference and respect for the elders. Especially with big game animals, the custom is that an elder would distribute the food, thus showing respect for the animal. (p. 86)

While communal sharing and redistribution is not as dominant as it was in traditional times, it is still a commonly accepted value that is practised on a less formal level (Hamilton & Sinclair, 1991).

Cooperative Effort

Cooperation is another value which has traditionally supported harmonious relationships in Aboriginal communities. In today's society competitiveness is a generally accepted norm that is encouraged in a range of activities that school age children participate in to the highly competitive work world of adults which is often described as a rat race. The competitive value underscores the individualism orientation while the

cooperative approach supports a collateral approach (Brown, 1997, p. 34).

Non-Confrontational Approach

The non-confrontational approach was yet another value which contributed to community cohesiveness and harmony. One of the methods used to avoid confrontation was the use of a neutral third party. This strategy indicates a conscious effort to avoid face to face hostilities in order to maintain harmonious relationships (Garrett, 1999). As an accepted practice it allowed individuals to save face while resolving a contentious issue.

Non-interference

The concept of non-interference is based on respect for individual autonomy. While the well-being of the collective was primary, individuals were afforded the inherent right to self-determination. The principle of non-interference was based on the belief that “everyone and everything was created with a specific purpose to fulfill” and therefore, “no one should have the power to interfere or to impose on others the best path to follow” (Garrett & Garrett, 1994, p. 137). Individuals were guided by their dreams and visions which connected them to the spirit realm and it would be improper to interfere with these.

In order to maintain the principle of non-interference “behaviours such as asking questions excessively, interrupting, telling others what to do, manipulating others, or arguing were prohibited” (Garrett, 1999, p. 88). Non-interference was extended to the children through role modelling and in this way children learned independence and self competence under the watchful eyes of their parents, grandparents, older siblings and the community in general. In this manner non-interference supported harmonious relationships within communities.

Leadership Based on Merit and Consensus Decision Making

Although the actual process or procedures for choosing leaders varied among the different Aboriginal groups across North America, as Boldt (1993) notes, “Traditional Indian leadership grew out of social systems that were organized around extended kinship groups, whose relationships and duties were defined by custom and whose cultures were essentially communal” (p. 118). Unlike the political system that was imposed upon Aboriginal communities through the Indian Act, “Leadership was based on merit and function” (Long & Chiste, 1994, p. 101) and leaders were chosen through consensus.

Leaders were viewed as servants of their people and consideration for selection of leaders was based on “the qualities of generosity, service, wisdom, spirituality, courage, diplomacy, dignity, loyalty, and personal magnetism” (Boldt, 1994, pp. 119 - 120). The fact that there was no political hierarchy or permanent authority was noted in the 1700's when the priest, Le Jeune recorded his observations of the Montagnais-Naskapi:

Le Jeune describes a people who had “neither political organization, nor dignities, nor any authority” (JR, 6:231) and who “cannot endure in the least those who seem desirous of assuming superiority over the others” (JR, 16:165).

They have reproached me a hundred times because we fear our Captains, while they laugh at and make sport of theirs. All the authority of their chief is in his tongue's end, for he is powerful in so far as he eloquent; and, even if he kills himself talking and haranguing, he will not be obeyed unless he pleases the Savages.

(JR, 6:243). (as cited in Leacock, 1986, pp. 165 - 166)

It appears obvious that Le Jeune's ethnocentric focus blinded him to the egalitarian,

consensual approach to leadership and decision making in the Aboriginal context.

View of Children

As noted earlier, children are traditionally viewed as sacred gifts from the Creator. Anderson (2000) describes the relationship of children within the Aboriginal community:

Aboriginal children are precious to us because they represent the future. They are not considered possessions of the biological parents: rather, they are understood to be gifts on loan from the Creator. Because of this, everyone in the community has an obligation to work for their well-being. Each of us has a responsibility to them.

(p. 159)

In traditional Aboriginal societies children are viewed as persons and not possessions (Durst, 1999). The concept of ownership of children in western societies can be traced back to the Romans when the father had complete control over his children which meant that children could be “bought, sold, abandoned, beaten, or killed depending on the father’s wishes” (Durst, 1999, p. 190). This view changed very little over the centuries. In fact, it was only in 1954, the United Nations General Assembly proclaimed the rights of children. Children’s rights now include the acknowledgement that they are human beings, that they have the right to life and development and the right to the preservation of his or her own identity (Durst, 1999). Unlike modern societies, Aboriginal people understood the inherent rights of children and incorporated them into their cultures as a natural consequence of their values.

Garrett and Wilbur (1999) share a story about the gift of life which illustrates the previous point:

In a conversation with his aging grandfather, a young Indian man asked,

‘Grandfather, what is the purpose of life?’ After a long time in thought, the old man looked up and said, ‘Grandson, children are the purpose of life. We were once children and someone cared for us, and now it is our time to care.’ (p. 196)

The story not only reinforces the cyclical nature of life but it also illustrates that while not everyone chooses to have children, it is everyone’s responsibility to care for the children.

View of Women

In traditional Aboriginal communities, women and their roles were treated with respect. While mainstream feminists struggle to overcome patriarchy and gain an equal standing with men, Aboriginal women are calling “for a return to traditional ways and the respect they once were held in their communities” (Chiste, 1994, p. 26; LaFromboise, 1990). The Royal Commission of Aboriginal People (1992) described the traditional roles of women:

Aboriginal women appearing before the Commission noted that, in Aboriginal society, women had historically been treated as equals. Many societies were matriarchal, and women were respected and revered as first educators and life carriers. Although women played a domestic role in gathering food and raising children, they were also warriors and sat at the bargaining table - until those roles were destroyed by outside forces coming from European society. (cited in Chiste, 1994, pp. 26 - 27)

Unfortunately after 500 years of colonization and patriarchy, many Aboriginal women are treated as second class citizens, not only in general society, but in their own communities as well. The forces of colonization attacked Aboriginal women and their traditional roles on all fronts including their economic roles, political roles, spiritual roles and many of

their social roles (Anderson, 2000; Chiste, 1994). While Aboriginal women have made some inroads in their struggle to regain a position of “cooperation and equality of importance with the men” in their various roles, much remains to be done (Shkilnyk, 1985, p. 83).

Marie Wilson (1994) of the Gitsan Wet’suwet’en Tribal Council aptly describes the traditional relationship between men and women which she likens to an eagle:

An eagle soars to unbelievable heights and has tremendous power on two equal wings, one female and one male, that carries the body of life between them. In the same way, women and men are said to be balanced parts of the whole, yet they are very different from each other. They are not “equal” if equality is defined as being the same. Rather, equality in this case is the contribution of both wings to the flight. (Cited in Jackson, 1994, p. 190)

View of Elders

In traditional Aboriginal communities advancing age was not considered negatively. To the contrary, the elders were esteemed for the memories they carried from their teachers and from the experience they had gained during their life time (Garrett & Garrett, 1994). As Sinclair (1994) notes, the elders were the “vital link with the past”, not only for the purpose of passing down history and stories but they were also “repositories of knowledge about how to act suitably and honourably in every situation” (p. 24). Their knowledge base was not restricted to the spiritual and healing aspects, but they were also looked to for their expertise in customary law, political knowledge, including selection of leaders, and all serious social concerns that would arise in the community (Stiegelbauer, 1996; Boldt, 1993).

Caring for the children was also a vital role for the elders. While the parents were occupied attending to the basic requirements for survival, the elders in the community ensured that the children's needs were looked after by supervising, teaching and protecting them (Durst, 1999).

View of Justice

Both the meaning and methods of attaining justice in traditional Aboriginal communities differs from the European based justice system. Sinclair (1994) describes the intent of Aboriginal justice as, "restoring peace and equilibrium to the community through reconciling the accused with his or her conscious and with the individual or family that has been wronged" (p. 26). The emphasis of this approach is on restoring balance to everyone involved. The process involves the incorporation of a nonjudgmental approach to problems of deviance and nonconformity and with an emphasis on reconciliation and restitution (Sinclair, 1994).

This approach differs from the European approach to justice which Hamilton and Sinclair (1991) describe:

The dominant society tries to control actions it considers harmful to society as a whole, to individuals or to the wrongdoers themselves by interdiction, enforcement or apprehension, in order to prevent or punish harmful or deviant behaviour. The emphasis is on making that person conform, or as a means of protecting other members of society. (p. 22).

The emphasis in this approach is on control, punishment and the need for conformity without the advantages of restitution and harmony.

Table 2.2 summarizes the value orientation categories for the dominant society and for Aboriginal people as they are identified in the literature.

Table 2.2 Summary of Value Orientations for Dominant Society and Aboriginal People

Orientation	Dominant Society	Aboriginal
Human Nature	Neutral	Good
Man - Nature	Mastery over Nature	Harmony with Nature
Time	Future	Past/Present/Future
Activity	Doing	Being in Becoming
Relational	Individualism	Collateral

The following table is provided as a summary of the discussion describing Aboriginal value orientations and the traditional values which support the five value orientations. The categories of supporting values are listed as such in order to provide examples of how the various values support an Aboriginal world view. Many of the values would fit easily into most of the categories as they all work together interchangeably.

Table 2.3 Aboriginal Value Orientations and Supporting Values

Value Orientation	Examples of Supporting Values
Human Nature - Good	View of Children respected as Gifts View of Women as Life Givers, equals View of Elders Respected for their Knowledge
Man-Nature - Harmony with Nature	Metaphysical Approach Respect for all of Creation
Time - Past/Present/Future	Respect for Traditional Ways and Teachings View of Life as Continuation into the Spirit World
Activity - Being in Becoming	Respect for all of Creation Cooperation Emotional Restraint
Relational - Collateral	Extended Families Sharing Cooperation Non-Confrontational Non-interference Consensus Decision Making Alternative View of Justice Children respected as Gifts Women as Life Givers, equals Elders Respected for their Knowledge, Wisdom, stories, and Teachings

CHAPTER THREE

RESEARCH METHODOLOGY AND DESIGN

Introduction

The purpose of this chapter is to outline and describe the research methodology and the design of this study. The chapter starts with an overview of the rationale for the choice of methodology for the study, then proceeds to outline the selection and description of the interview participants, the data collection methods, the data analysis process, a consideration of ethics applied in the study and finally, a review of the methodological limitations.

Research Methodology

According to Cournoyer and Klein (2000) a paradigm “is a system of beliefs about reality” and “because a paradigm substantially defines what is an appropriate area in which to seek answers to the questions we have about reality” (p. 18), it becomes important to understand the general nature of paradigms before choosing a particular research approach. Leininger (1994) makes the point that the first guiding principle for choosing a research method “is that quantitative and qualitative paradigms have different philosophic premises, purposes, and epistemic roots that must be understood, respected, and maintained for credible and sound research outcomes” (p. 96).

Quantitative research is described by Gilchrist (1997) as empirical research which “is based in positivist philosophy. The four tenets of positivism are: neutrality of the researcher, value free findings, observability through the senses, and the generalizability of results” (p. 72). The methods used in quantitative research “emphasize the production of precise and generalizable statistical findings and are generally appropriate to

nomothetic aims” (Rubin & Babbie, 2001, p. 44). Qualitative research methods, on the other hand, “emphasize the depth of understanding associated with the ideographic concerns. They attempt to tap the deeper meanings of particular human experiences and are intended to generate theoretically richer observations that are not easily reduced to numbers” (Rubin & Babbie, 2001, p. 44). Berg (2001) describes the focus of qualitative research “on naturally emerging languages and the meanings individuals assign to experience. Life-worlds include emotions, motivations, symbols and their meanings, empathy, and other subjective aspects associated with naturally evolving lives of individuals and groups” (p. 10 - 11).

In spite of ongoing debate involving the use of these two methods, there is an emerging trend to acknowledge that both methodologies not only have a place in research but depending on the goals and needs of the research area, quantitative and qualitative research methods can compliment each other (Cournoyer & Klein, 2000; Drisko, 1997; Rubin & Babbie, 2001).

Of particular interest to this study is the growing acknowledgement for a need to “examine critically some of the earlier notions about the epistemology, ontology, and methodology of social work research and practice” (Kanuha, 2000, p. 439). Merchant and Dupey (1996) explain that “quantitative research paradigms are based on a Eurocentric or European conceptual system” (p. 539). The authors quote Jackson and Meadows’ (1991) definition of this system as:

a material ontology, with the highest value (axiology) placed on the acquisition of objects. External knowledge is assumed to be the basis of all knowledge (epistemology), and one knows through counting and measuring. The logic of this

conceptual system is dichotomous (either/or) and the process is technology (all sets are repeatable and reproducible). (cited in Merchant & Dupey, 1996, p. 658)

Although this particular approach fits with a Western or European world view, it becomes problematic when applying it to individuals or groups whose world view values “nonlinearity; holistic approaches; interrelatedness of sets such as the cosmos, body, mind and spirit; interpersonal relationships; and knowing through experiencing; symbolic imagery; and rhythm” (Merchant & Dupey, 1996, p. 538).

Ermine (1995) describes the search for Western knowledge as incorporating the assumption “that the universe can be understood and controlled through atomism” [and] “by keeping everything separate from ourselves” (p. 102). As a result, Western science’s approach to viewing the world objectively has resulted in fragmentation which impedes any attempts at holism. This view is contrasted with an Aboriginal approach which Ermine (1995) describes as:

Those who seek to understand the reality of existence and harmony with the environment by turning inward have a different incorporeal knowledge paradigm that might be termed Aboriginal epistemology...The being in relation to the cosmos possessed intriguing and mysterious qualities that provided insight into existence. In their quest to find meaning in the outer space, Aboriginal people turned to the inner space. This inner space is that universe of being within each person that is synonymous with the soul, the spirit, the self, or the being. (p. 102)

Colorado (1988) describes Native science as holistic, as having a “sacral basis” which has its teachings “grounded in the natural world” (p. 50), and as “science interwoven inseparately with life” (p. 51). Colorado (1988) also explains that “Seeking truth and

coming to knowledge necessitates studying the cycles, relationships, and connections between things (p. 51) [and] “Those who follow this natural science do so in search of balance, harmony, or peace with all living relations” (p. 52).

Although research related to the Aboriginal people has generated “volumes” of information, “there is little research which Aboriginal peoples have been able to determine themselves” (Gilchrist, 1997, p. 70). Colorado (1988) considers the “processes of Western scientific colonialism” as systematically negating Aboriginal heritage or science through “intellectual imperialism” (p. 60). Young (1999) cautions that in order to use research as a tool to assist in the decolonization process, “the first step is to examine and redefine the knowledge generation and dissemination process itself” (p. 24). The author also makes the point that rather than being active participants in the research process, Aboriginal people have traditionally been the objects of studies which have been based on research that has been “rooted in theories and methods that have denied or ignored the validity of the world view held by Aboriginal people” (p. 24).

Not only has the world view of Aboriginal people been overlooked in the research process but the world view of dominant society has been superimposed on the research process with Aboriginal people to the extent that their experience is “filtered through another cultural system” (Gilchrist, 1997, p. 76). One of the concerns Gilchrist (1997) raises is the necessity for research efforts to consider “how colonization and oppressive social policy have impacted on cultural expression” and the author questions whether the socialization aspect of our society allows researchers to confront their bias in order to provide “an accurate critical history of Aboriginal culture and oppression” (p. 76). Gilchrist (1997) makes the following point regarding cultural relevance and interpretation

from a non-Aboriginal world view:

Cultural relevance is hard to come by if extra-cultural paradigms, communication, prejudgement and interpretation are part of the research process.... Interpretation of Aboriginal cultural phenomena from a non-Aboriginal world view produces distorted and incorrect results. (p. 76)

The concerns raised in relation to research in Aboriginal communities points to the need for culturally relevant research which reflects the Aboriginal world view.

As increasing numbers of Aboriginal people enter the post secondary institutions and add their 'voices' and efforts to the research efforts, the need to "produce and implement culturally distinct theory and methods for resolving problems which result from colonization" will be realized in full (Gilchrist, 1997, p. 77). Meanwhile as Harrison (1997) indicates "cultural critique as politicized deconstruction of various hegemonic ideologies and discourses can be a significant and necessary component of broader struggles for equality, social and economic justice, and far-reaching democratization" (p. 6).

For the purposes of this study, it was determined that a qualitative approach, which accommodates cultural diversity in terms of "recognizing nonlinear causality and interrelatedness, making social and cultural contexts explicit, and valuing interpersonal relationships and subjectivity" would be the best approach to utilize (Merchant & Dupuy, 1996, p. 539). Another aspect of the qualitative approach that fits with the nature of this study is its collaborative efforts as described by Tripp-Reimer, Sorofman, Peters, and Waterman (1994):

Qualitative research is almost invariably a collaborative endeavour. A basic tenet of the naturalistic approach to inquiry is that persons who are the focus of investigation are considered to be participating informants, rather than objectified subjects. From this perspective, investigators and informants are colleagues who can be considered as a type of team. (p. 318)

The qualitative approach's ability to accommodate the cultural aspects, to respect interpersonal relationships and subjectivity and to include participants as active team members makes it more congruent with an Aboriginal world view.

In particular it was decided that ethnographic research, which "is designed to elucidate culture" (Greenbaum, 1998, p. 121) through "the observation and description of the behaviour of a group of people" (Shaffir, 1999, p. 677), would be the most appropriate method to apply. The critical approach to ethnographic research which takes into account "oppression and structural arrangements" and is therefore supportive of the present efforts of Aboriginal people to define their position within the larger society fits well with the purpose of this study (Gilchrist, 1997, p. 74). Viewed as theory that challenges the status quo (Kincheloe & McLaren, 1998), critical theory stems from a variety of schools of thought and as such cannot be described as an unitary approach "but rather a complex set of strategies that are united by the commonality of sociopolitical purpose" (Depoy & Hartman, 1999, p. 561). While acknowledging the diversity among the various critical schools, Kincheloe and McLaren (1998) broadly define the basic assumptions of critical theory as including:

that all thought is fundamentally mediated by power relations that are social and

historically constituted; that facts can never be isolated from the domain of values or removed from some form of ideological inscription; that the relationship between the concept and object and between signifier and signified is never fixed and is often mediated by the social relations of capitalist production and consumption; that language is central to the formation of subjectivity (conscious and unconscious awareness); that certain groups in any society are privileged over others and, although the reasons for this privileging may vary widely, the oppression that characterizes contemporary societies is most forcefully reproduced when subordinates accept their social status as natural, necessary, or inevitable; that oppression has many faces and that focussing on only one at the expense of others (e.g. class oppression versus racism) often elides the interconnections among them; and, finally, that mainstream research practices are generally, although often unwittingly, implicated in the reproduction of systems of class, race, and gender oppression. (p. 265)

Critical theory's ability to recognize the dynamic complexities of "individual identity and human agency" as well as the social and historical aspects of societal conditions provides a vehicle for examining issues in Aboriginal communities (Kincheloe & McLaren, 1998, p. 276). As opposed to scientific objectivism, which holds to a position of neutrality, and views research as "the description, interpretation, or reanimation of a slice of reality" (Kincheloe & McLaren, 1998, p. 264), critical theorists acknowledge that "there is no objective, value-free knowledge" (Watkins, 94/95, p. 58), and consider their work as "a first step toward forms of political action that can readdress the injustices" (Kincheloe & McLaren, 1998, p. 264).

It has been suggested that critical ethnography “is likely the only form of research that is acceptable to Aboriginal people, since they are not inclined to participate in research unless they see some benefit from it.” (Gilchrist, 1997, as cited in Young, 1999, p. 25). Hammersley (1998) describes critical research as “designed to produce emancipation of oppressed groups through enlightenment, that is by enabling members of such groups to recognize their true interests” (p. 72). Critical theory’s emphasis on community ownership and active participation supports a sense of empowerment and advances the concept that solutions to issues must be generated from within the identified group (Royal Commission on Aboriginal People, 1995; Fromboise & Plake, 1983).

Interview Participants: Selection

Crabtree and Miller (1992) describe key informants as “individuals who possess special knowledge, status, or communication skills, who are willing to share their knowledge and skills with the researcher” (p. 75). Trembley (as cited in Johnson, 1990) outlined the following criteria for selecting informants: 1) the informant’s role in the community which would expose him or her to pertinent information, 2) the knowledge informants possess as a result of their respective roles, 3) willingness to communicate or cooperate, 4) communicating ability, and 5) impartiality (p. 29 - 30). In order to meet the objectives of this study, it was important that interview participants were familiar with their traditional Aboriginal culture and the Medicine Wheel teachings. The selection of elders was based on the Aboriginal community’s recognition of their status as respected healers and teachers. Similarly, traditional community leaders were individuals who are recognized by their community as leaders and advocates within the Aboriginal community.

Another consideration in the selection of interview participants was their ability and consent to discuss the interview questions in English. There were two reasons for the need to select informants who spoke English. The first reason is because my comprehension of Cree is limited and the time frame for translation and the financial considerations for this study were limited. The second reason is related to the first reason in that the criteria for selection of informants included selecting a cross section of informants who would represent more than one language group which would have complicated any efforts involving translation. The technique that was used to select interview participants was the snowball sampling method. Lincoln and Guba (1985) describe snowball sampling:

In this form of sampling one identifies, in whatever way one can, a few members of the phenomenal group one wishes to study. These members are used to identify others, and they in turn others. Unless the group is very large one soon comes to a point at which efforts to net additional members cannot be justified in terms of the additional outlay of energy and resources; this point may be thought of as a point of redundancy. (As cited in Crabtree and Miller, 1992, p. 40)

While it was anticipated that 8 to 10 individuals would be interviewed using this method, a total of eight individuals participated in the interviews. The original participants were drawn from personal contacts in the Aboriginal community and other participants were approached for interviews based on recommendations from the first interview participants who were aware of the objectives and selection criteria of the study. The snowball sampling method was an effective method for selecting informants because, where necessary, it provided an informal method of introduction to individuals who I did not

know from the community. Also because each of the original informants provided a number of names as suggestions for interviews, it allowed me to choose the next informants in order to maintain a balance of males and females as well as providing an opportunity to include individuals from different First Nations.

The majority of interviews were conducted in the community at the convenience of the person being interviewed. Initial contact was made either by telephone or in person at which time the purpose of the study and conditions were described and once the individual confirmed his/her interest in participating, arrangements were made to meet for the interview. Out of respect for the busy schedules of the participants, I offered to meet them at a time and place that was convenient to them. As a result, three interviews were conducted in the persons' home, three interviews were conducted at the individuals' office, and one interview was conducted at my office at the request of the person being interviewed, and one interview was completed at a community agency. All interviews were conducted in privacy.

Two formalities were observed before the interviews were started. One formality was in compliance with the University of Manitoba's ethics policy to inform participants of the interview process which involved the use of a tape recorder and their rights to confidentiality, and the right to not participate or to respond to all or any part of the interview without any consequences. Individuals were given an opportunity to review the consent form which also outlined the above conditions, and the form was then signed by the participant. The second formality involved the cultural teaching of offering tobacco to each person who was approached to participate. The tobacco was offered with an

explanation of the request and acceptance of the tobacco indicated the individuals' willingness to participate.

Description of Participants

Of the eight individuals who were interviewed, four were women and four were men. The eight individuals represented five different First Nations people and one Metis individual (See Appendix B for a list of participants identified by pseudonyms and First Nation affiliation). Seven of the participants are from Manitoba and identified as Metis, Cree, Ojibway, Dakota, and Nakota. One participant was from a community on Vancouver Island and she identified her First Nation as the Kwagiulth people. While five of the participants are referred to as Elders in the community, all participants are involved in traditional ceremonies either as participants or as having responsibility for looking after the ceremonies. The range of ceremonies the participants referred to in terms of their involvement included the sweat lodge, Sundance, pipe ceremonies, pipe carriers, sharing circles, cold water bathing, tribal journeys, and potlatching.

The Manitoba participants were fairly representative of the regional variation in terms of home communities which ranged from northern Manitoba to the southern area of the province. They were also fairly representative in their experience of living or being raised on reserve or in an urban setting. The person on Vancouver Island was raised in her home community. Four individuals were fluent in their First Nations language and education levels ranged from secondary to post secondary education. With the exception of one individual, all participants were grandparents or 'entering' the grandparent/Elder stage in life.

Data Collection

Data sources for this study were based on the utilization of primary and secondary sources. The primary sources included interviews with Aboriginal elders and Aboriginal community members who are familiar with the Aboriginal culture and specifically with the Medicine Wheel teachings.

All of the interviews were conducted in person with no set time limit unless the person being interviewed indicated that they had a set time. This occurred in one instance when the person had another meeting to attend. Most of the interviews were completed in an average of one and one half hours. One interview lasted approximately four hours over a period of two and one half weeks at the request of the participant. In this particular instance the participant requested that the first interview be stopped after about 45 minutes of discussion and at that time she informed me that she needed to offer tobacco and pray about what we were talking because the information we were discussing was too important to rush through. We met a total of three times in order to accommodate the wealth of information she wanted to share.

The decision not to set time limits on the interviews is in keeping with the Aboriginal view of time whereby all things will occur when the time is right (Garrett & Garrett, 1994). It would also have been considered disrespectful to pre-empt a discussion before it was completed because tobacco had been offered to the individuals to share their thoughts (Garrett & Garrett, 1994). Additionally, because the subject of suicide in Aboriginal communities was a matter of serious concern to the participants, it was important to allow the process to proceed at the participants' pace.

One other participant requested to be reinterviewed as she was not comfortable

with the first interview. The tape containing her first interview was erased at her request and a second interview was completed.

With the exception of the last interview which had to be rescheduled due to health considerations of the participant, all interviews were completed in a six week time frame. The ability to schedule interviews in a relatively condensed period of time that still allowed for time in between was helpful in a number of ways. First of all, the shorter period of time allowed for better overall retention of the information. Secondly, the interviews were scheduled with enough time to allow for immersion in processing the information from each interview. Thirdly, there was enough time between interviews to begin making comparisons and contrasts among the interviews and to see some evolving themes.

The use of a tape recorder was implemented for all the interviews, and was extremely useful in preserving the contents of the interview for future analysis and at the same time allowing for complete immersion in the listening and observing process. The use of the tape recordings was also helpful later when I began analysing the data, as I could, not only 'hear' the voices, but I could also recall the gestures, facial expressions and the different emotions that were expressed.

The format for interviewing participants incorporated the semistructured interview process in which predetermined questions guided the interviews (Tutty et al, 1996). Crabtree and Miller (1992) describe semistructured interviews as "guided, concentrated, focussed, and open-ended communication events that are co-created by the investigator and interviewee(s) and occur outside the stream of everyday life" (p. 16). In keeping with the goal of qualitative research "to gain an in-depth understanding of life in a group,

community, or society” (Chadwick et al, 1984, p. 221), the semi-structured interviews allowed for flexibility in clarifying, testing and even provoking responses and therefore provided the participants with additional opportunities to provide more detail (Hammersley, 1998).

The formulation of the questions was based on the desire to pursue particular lines of inquiry as a result of a literature search which either did not address the questions or did so in a very limited way. It was also the result of a sincere desire to explore traditional alternatives and views as they relate to the issue of suicide in the Aboriginal community. This area of interest stems from my work with youth in the Aboriginal community, from the experience of teaching an Aboriginal focussed social work policy and practices course and from my personal journey as an Aboriginal woman.

The semi-structured interview allowed the necessary flexibility to explore the subject areas in a somewhat natural way. An effort was made to provide a copy of the questions before the interview and where that was not possible time was set aside before the interview for the participant to review the questions. One person preferred not to do a question/answer style interview but requested to use a discussion format. The challenge was then to ask the questions in as natural a way as possible by rephrasing them at appropriate points. Participants were allowed sufficient time to formulate their thoughts and to explore their responses in full without interruption. This aspect of discussion is in line with the traditional ways of allowing people to quietly formulate their ideas in a space of silence and to show respect as a listener.

The list of questions that were used to guide the interview process can be found in Chapter One.

Data Analysis

At the proposal stage I was uncertain about what constituted a sufficient number of interviews and was concerned that the identified number of 8 to 10 participants would not be enough. Toward the end of the data collection, when I had completed interviews with seven individuals, it became clear that the information I was gathering was reaching a saturation point where the data was being repeated with more frequency. Although I felt I had enough data to work with, I proceeded with the eighth interview as I had already committed to doing it.

Lincoln and Guba (1985) provide the following guidelines to assist in determining the point at which data collection can stop:

- All your resources have been exhausted (e.g., time, budget, limitations on access).
- All categories in which you hoped to collect data have been covered.
- Emergence of regularities, overlaps, possible patterns, and duplication of data collected are now occurring with more and more frequency.
- Information divergent from your study's central focus is beginning to be collected.

(as cited in Tutty et al, 1996, p. 82)

Several determinants came into play that signalled the end of the data collection. The first reason as mentioned previously, was that patterns, regularities and duplication was evident in the data. The second was that all the categories I had identified at the beginning of the study were addressed. The third reason which was also compelling was the fact that I was running out of time to complete my thesis within the prescribed time allotted for completion.

Crystallization

Crystallization is described by Fetterman (1989) as “typically the result of a convergence of similarities that spontaneously strike the ethnographer as relevant or important to the study” (p. 101). Crystallization is the result of an ongoing process that starts at the beginning of the study and continues into the final stages of the study (Hammersley & Atkinson, 1983). The process of analysis and crystallization is built into the study as the “researcher builds a firm knowledge base in bits and pieces, asking questions, listening, probing, comparing and contrasting, synthesizing, and evaluating information” (Fetterman, 1989, p. 103). The data analysis stage of the study required looking for “patterns of thought and behaviour” (Fetterman, 1989, p. 92). Miles and Huberman (1984) describe it as “recurring patterns, themes, or “Gestalts” which pull together a lot of separate pieces of data” (p. 216).

Fetterman (1989) indicates that “Analysis has no single form or stage in ethnography” but at the same time, “Multiple analyses and forms of analysis are essential” (p. 103). The planning and implementation of this study has been a rewarding learning experience as it challenged me to constantly question and reflect on both the process and the actual data. One of the rewards of this questioning and reflecting was the recognition of the various points along the way when things began to crystallize.

A transcriber was contracted to transcribe the interviews as the interviews were being completed. As soon the transcribed material was returned to me, I reviewed them for accuracy and to reinforce my recall of the interview.

The first step in the data analysis is described by Tutty et al, (1996) as first level coding which they describe as proceeding in stages and as a predominantly concrete

activity that “involves identifying properties of data that are clearly evident in the text” (p. 100). The authors also outline five tasks involved in first level coding:

- 1) Identifying meaning units;
- 2) Assigning category names to groups of similar meaning units;
- 3) Assigning codes to categories;
- 4) Refining and organizing codings;
- 5) Deciding when to stop. (p. 100)

This study followed the above process and then moved to the second level coding which “is more abstract and involves interpreting the meaning underlying the more obvious ideas portrayed in the data” (Tutty et al, 1996, p. 100).

Drisko (1997) provides four criteria which he indicates are interpretive criterion for assessing qualitative data analysis: credibility, placing meanings in context, confirmability and saturation. The four criterion were used as a starting point to review the data analysis process involved in the present study.

Credibility

Credibility, also referred to as believability or truthfulness, refers to the need for both the data and the analysis to “fully convey what local participants know or experience within their local context and the interpretations must be authentic and accurate descriptions of the primary participants” (Drisko, 1997, p. 185). According to Padgett (1998) there are three threats to credibility which she identifies as including reactivity, researcher bias and respondent biases (as cited in Rubin, 2000, p. 174). Padgett (1998) identified six strategies for addressing these threats. She identified the six strategies as prolonged engagement, triangulation, peer debriefing and peer support, member checking,

negative case analysis and leaving an audit trail (as cited in Rubin, 2000 p. 174). Each is described as follows:

Prolonged Engagement

Prolonged engagement is described as conducting lengthy interviews, conducting follow-up interviews, and spending long periods of time in the field to build trusting relationships. It is anticipated that prolonged engagement lessens the likelihood of reactivity and respondent bias due to the trust that has been built in the relationship between researcher and respondent. It is also thought that the longer period of engagement will lessen the possibility of respondents attempting to deceive the researcher (Padgett, 1998, as cited in Rubin, 2000).

The interview process for this study included interviews that varied in length from one to four hours. One interview was conducted over three sessions, and one other interview was conducted in two sessions. The concern that the respondents would attempt to deceive the researcher was remote as the people who were interviewed were well-respected individuals within the community, some of whom were known to the researcher through traditional ceremonies and work related activities over the years. As a result, a trusting relationship already had been established with several respondents.

Triangulation

Rubin and Babbie (2001) explain that triangulation “occurs when researchers seek corroboration between two or more sources for their data and interpretations” (p. 432). Padgett (1998, as cited in Rubin, 2000, p.174) describes these sources as “multiple observational strategies, multiple sources of observations, multiple modes of analysis, and the use of data analysts from different disciplines and with different theoretical

orientations” (p. 174). Miles and Huberman (1984) simply describe triangulation as “a state of mind” because if the researcher “*self-consciously* set out to collect and double check findings, using multiple sources and modes of evidence, the verification process will be built into the data-gathering process, and little more needs to be done than to report on one’s procedures” (p. 235).

While the only other data source used for this study was the literature review, I found having that background information as well as the information I have acquired as an Aboriginal woman and through teaching an Aboriginal social work course useful as a background check when respondents were discussing both historical and contemporary issues. The other method of confirming information provided in the interviews, such as dates of particular events, was through informal discussions with colleagues and Aboriginal friends. I also found that the interviews corroborated each other in many instances.

Peer Debriefing and Support

Tutty et al (1996) describe peer debriefing as the “systematic review of your study’s substantive methodological, legal, and ethical matters with your fellow students and colleagues” (p. 126). Padgett (1998, as cited in Rubin, 2000, p.174) views peer debriefing and support “as a mechanism for guarding against the researcher’s biases” (p. 174). Throughout each step of the study, I have had the opportunity to discuss and receive feedback on the choice and applicability of methodology, researcher bias, interview procedures, research themes, the research findings and methods for writing up the research with colleagues, professors and fellow students. Working in the university

setting provided many opportunities to draw on the expertise and support within the environment.

Member Checking

Member checking, the fourth strategy identified by Padgett (1998), “involves asking respondents if they agree with the codes and interpretations of the researchers” (as cited in Rubin, 2000, p. 174). Tutty et al (1996) explain that this process is an important credibility technique that is unique to qualitative research and should be an ongoing process throughout the study.

Negative Case Analysis

Negative case analysis indicates that the researcher has reviewed the data for examples that do not fit with the researcher’s interpretations (Rubin & Babbie, 2001; Tutty et al, 1996). As Miles and Huberman (1984) explain, there is a tendency to overlook or ignore data that is contrary or an exception, but the exception “can test and strengthen the basic finding,” furthermore, it “not only tests the generality of the finding, but protects against self-selecting biases” (p. 237).

An example that demonstrates negative case analysis in this study includes the search for a respondent who would not traditionally incorporate the Medicine Wheel teachings as a part of their Aboriginal culture. I had been working on the assumption that the Medicine Wheel teachings were universal to Aboriginal groups and discovered through an informal discussion that the Medicine Wheel is not necessarily incorporated into West Coast cultures. As a result, I made contact with an individual on Vancouver Island who referred me to a woman who was described as living a traditional lifestyle and the director of a suicide prevention and intervention program for Aboriginal people. Upon

making contact with the woman, who agreed to an interview, I made arrangements to interview her in person in Victoria, B.C. During the interview, the respondent confirmed that the Medicine Wheel is not a part of her First Nation's cultural heritage. While the information forced me to rethink my earlier preconceived notions about the Medicine Wheel, it was both a valuable process and an important contribution to the study.

Audit Trail

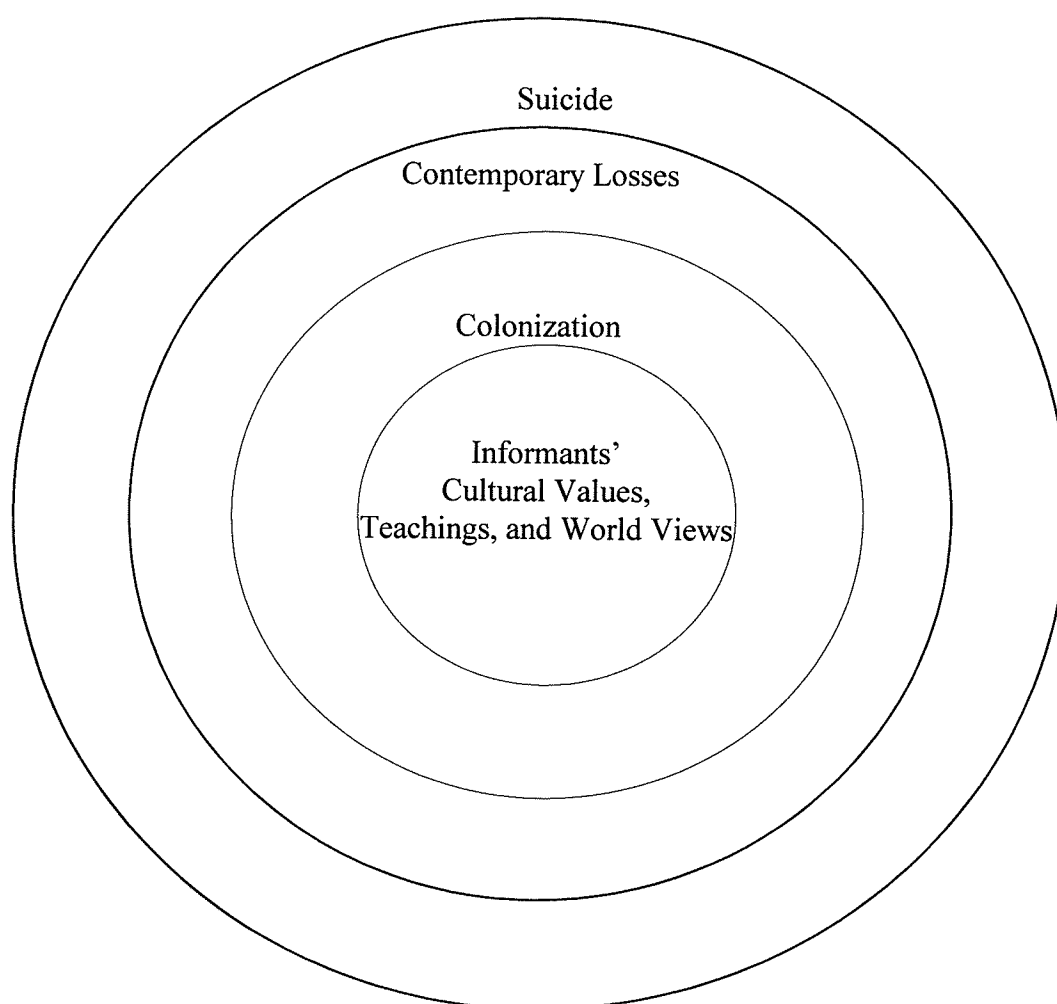
The audit trail consists of leaving a trail of raw data which includes such things as field notes, interview transcripts, logs and so forth so that others can use them to determine if your findings are reproducible and verifiable (Padgett, 1998, as cited in Rubin, 2000, p.175). The need to make notes for the purposes of organising concepts and ideas as well as for recording purposes was evident throughout the research process. I found making notes not only organized my ideas but were necessary in order to remember all the details. Brainstorming was also a useful step before sketching an outline for the next step in the process. Flow charts and lists were also a part of the data analysis. Since the interviews were audio taped, the tapes and transcripts were also a part of the audit trail.

Placing Meanings in Context

Fetterman (1989) simply states that "Contextualizing data involves placing observations into a larger perspective" (p. 29). Drisko (1997) elaborates by explaining that qualitative data can only gain meaning or reveal the informant's perspective in the particular context or setting in which it is situated. He also indicates that the importance of linking data to context, in order to provide a sense of the "wholeness of the situation, event or environment," contributes to coherence and credibility of a report (p. 192).

Within this study the data is reported within the context that is described by the informants, namely their understanding of their cultural values, teachings, and world views as they relate to the historical events of colonization and the contemporary effects that have impacted on suicide rates within their communities. Figure 3.1 on the following page describes this relationship.

Figure 3.1 Placing Study Informants in Context



Confirmability

Drisko (1997) describes confirmability as:

the researcher's efforts to corroborate data and to challenge and/or affirm interpretation or theory. Multiple, repeated instances of some phenomena, obtained from direct observation or reports from primary sources, enhance both credibility and confirmability. "Feedback sessions" with participants to establish that research codes are accurate help confirm the researcher's interpretation and enhance the study's overall credibility. Provision of extensive original data, or

illustrative examples, allows readers to develop their own interpretations of data, gauge the suitability of coding, understand the data analysis, and corroborate research findings. The consistency of what is reported as seen and heard with other material sources also establishes confirmability. (p. 190)

This study's confirmability can be traced to the report on findings in Chapter Four, in which data from informants shows a corroboration in terms of similarity of responses in specific topic areas. Confirmability is also evident in the extensive use of quotes which allows the informants to "speak for themselves" (Boyle, 1994, p. 164).

Saturation

Saturation refers to the comprehensiveness of the data collection and analysis of the data and can be determined in part by the following questions posed by Drisko (1997):

- 1) Has the researcher exhaustively studied the experiences or events under study?
- 2) Are the reported data comprehensive, and the description thick and broad?
- 3) Has a point of saturation been reached where further informants repeat data already provided and add no more to the development of codes, interpretation, or theory?
- 4) Do the data presented credibly convey a full view of the experience or events under study?
- 5) Are the analysis comprehensive, with the contradictions explored, alternatives examined, and differences between local and external contexts analysed (p. 190)?

Saturation was indicated in the interviews when probes did not result in additional information and when informants indicated they had exhausted the subject by comments

such as “and that’s what I know” or “that’s it.” Saturation during the data analysis became evident when the coded information was categorized and no additional themes were available or evident. The same was true in reporting the data which was organized into themes and was thoroughly reported on. The written report details the responses of the informants as they relate to the various themes. At the end of the interview process, the data analysis, and written report, it was apparent that to attempt to go further in any one of the processes would only result in duplication and redundancy.

Ethics

Ethical considerations for this study are guided by the Social Work Code of Ethics and the traditional Aboriginal values which embrace respect as its underlying principle. A proposal for this study, along with a copy of the consent form (Appendix C) was submitted and approved by the Joint-Faculty Research Ethics Board at the University of Manitoba. The consideration of ethics is to ensure the well-being of everyone associated with the study. Tutty et al (1996) indicate that the primary concerns include informed consent, confidentiality and management of information.

In approaching potential participants to request an interview, I outlined the purpose and goals of the study, how they were selected, and informed them that the interview would be held in a place and time which was convenient for them. Before the interview convened, participants were informed of the interview process which involved the use of a tape recorder, their rights to confidentiality, and the right not to participate or to respond to all or any part of the interview without any consequences. Individuals were given an opportunity to review the consent form which also outlined the above conditions, and the form was then signed by the participant.

Participants were also informed that the information generated from the study such as tapes and transcripts would be placed in a secure place. Also at the end of the study all identifying information would be destroyed. Participants were assured that their right to confidentiality would be respected. Although some of the participants gave their consent to use their names in the finished report, I assigned them all pseudonyms to conceal their identities.

Another important aspect that was addressed is the reassurance that there were no known risks or discomfort associated with the study. The only exception would have been if an individual disclosed a personal experience with suicide. If that had been the case, the individual would have been provided with the opportunity to debrief and the researcher made a commitment to ensure appropriate supports would be put in place. I also tried to ensure that the individuals selected for interviews had not experienced a recent suicide loss. One potential participant was ruled out of the study for that reason. Individuals were also informed through the consent form that there was a procedure in place to report any formal complaint.

Another area of concern identified by Tutty et al (1996) is the equality of the participant-researcher relationship. Qualitative research supports an egalitarian approach which is congruent with the Aboriginal world view. All my interactions with participants was guided by the value of respect. In keeping with the Aboriginal culture, my role as researcher was that of the learner whose responsibility was to listen (Young, 1999). This approach, of course, needed to be balanced with the necessity of asking the research questions at the appropriate points.

Methodological Limitations

Language

One of the drawbacks in this study was the inability to incorporate the Aboriginal languages. The study was affected by this in two ways. The first was that the requirement to select only English speaking participants restricted the available pool of potential participants. The rationale for this requirement was that the loss of my own First Nation language restricted my ability to communicate freely in that language. The other consideration was that five different indigenous languages were represented by the participant group and if they had been unable to converse in English, the problem of availability of translators and the costs involved would have created a major barrier in completing the interviews.

The second drawback in not being able to accommodate the First Nations' languages was related to the fact that many concepts and traditional values that reflect world views can be expressed only in the original language. King (1993) expresses this idea:

Language, according to psycho-linguists, is a people's window to the world. Our Odawa language is a gift from the Maker and as such expresses our reality in terms of the order that the Maker gave. Our language embodies and conveys our world view. We express and talk about the world in ways provided by our language. Therefore an Odawa speaker sees the world through a different window than those with other Mother tongues...(as cited in Young, 1999, p. 34)

Biases

The literature raises a concern about what is referred to as 'going native'. Rubin and Babbie (2001) explain that going native "occurs when researchers over identify with the culture they are observing and consequently lose their own sense of identity and analytic stance" (p. 417). Going native is the opposite of provincialism which entails interpreting research from the researcher's perspective. The challenge for researchers, whether they are studying their own culture or area of interest or a different culture or interest, is to strike a balanced approach. The value neutral stance prevents researchers from examining their own cultural assumptions and result in "over rationalized, highly objectified, nearly sterile methodological accounts of fieldwork" that "are not complete descriptions of the research account" (Berg, 2001, pp. 141, 143). As Boyle (1994) explains, "Ethnography has a *reflexive* character, which implies that the researcher is a part of the world that she or he studies and is affected by it" (p. 165). Critical ethnographers consider themselves participants throughout the research process and view that process as "subjective, reflecting the stance, values and awareness of its scribe" (Muecke, 1994, p. 194). As Rubin and Babbie (2001) note, the ability to balance your role as researcher is similar to the role that social workers incorporate in their practice when they learn to "emphasize with clients without over identifying with them" (p. 417).

There is a gradual recognition of the benefits of individuals from the same culture researching within their culture. Tutty et al (1996) describe this situation:

To the extent that qualitative researchers carry their own cultural assumptions into the field, they risk imposing a foreign frame of reference in interpreting the experience and meanings of the people they study. The problem is severe enough

in the eyes of some critics that they have suggested the only people who study a culture should be members of that culture. (p. 18)

In view of recent concerns raised about the research that has been conducted on Aboriginal issues that have “usually been initiated outside of the Aboriginal community and carried out by non-Aboriginal personnel” (Royal Commission on Aboriginal Peoples, 1995, as cited in Gilchrist, 1997, p. 70), it is little wonder that there is growing support for Aboriginal people to “produce and implement culturally distinct theory and methods for solving problems which result from colonization” (Gilchrist, 1997, p. 77).

As an Aboriginal person conducting research within the community, it was imperative that I maintained a balanced view which included recognising my personal biases and acknowledging that there are a multitude of perspectives and ways of knowing. The opportunity for discussion with others who were familiar with the research process and the issues under study, as well as the constant interaction with the theoretical challenges, assisted me in maintaining a balance.

Another limitation in this study is its limited ability to be generalized to other cultural groups as the focus is specific to Aboriginal individuals and communities. A within group bias must also be acknowledged in terms of the specific criteria that determined the selection of interview participants. The selection of participants was restricted to individuals who were knowledgeable of the traditional teachings and specifically those who had some familiarity of the Medicine Wheel teachings. This would, for the most part, exclude Aboriginal individuals who were not familiar with the teachings and Medicine Wheel concept or who identified themselves as a part of mainstream society or those individuals who considered themselves Christian and who

did not participate in the traditional Aboriginal ways.

The decision to interview individuals who were familiar with the traditional culture was based largely on the decision to explore the traditional world view in relation to suicide and it was anticipated that individuals who were strongly connected to the traditional culture would be in a position to provide insight into this aspect of their world view. While this approach narrows the ability to generalize the findings to all Aboriginal people, I believe it is an important entry point for understanding suicide in Aboriginal communities.

Another consideration that is related to the exploration of the traditional Aboriginal culture is the concern that individuals in the Aboriginal community express about the use of the written word to record oral traditions, philosophy, stories and teachings. This is a legitimate concern because “often the written word objectifies understandings and can be manipulated outside the relationship in which the understanding was shared. The written word can be exploited in ways that were not intended” (Voss et al, 1999, p. 228). At the same time many of the oral histories and traditions, as well as the ability to converse in the original languages have been eroded leaving a generation without the skills to discuss, problem solve and comprehend in the traditional ways. And while there is an urgency to regain those skills and preserve the culture, there is also an urgency to explore the issues impacting on Aboriginal communities and to bring the concerns into society’s consciousness.

Another consideration that I struggled with on a personal level was the decision to share some of the traditional teachings not only in the written form but also a public format. My decision to discuss some of the cultural teachings that were shared with me

during the interviews was guided by several considerations. The first consideration was that all of the participants were informed of the purpose and goals of the study and all information they shared was voluntary. I made a point of informing individuals that they were not required to share any information that they did not feel comfortable divulging. The second consideration was based on the advice of an elder who explained that at one time it was critical that the teachings and ceremonies be hidden in order to preserve them for future generations but it is time to bring back the teachings and to share them in order to help the young people. She explained, "that's why I encourage that you share it, ... we are free people now, we don't have to hide our ways anymore."

The Elder's main concern was the need to help the people. She also told me that there were teachings that are considered very sacred and those will never be shared outside of the people who need to know them.

One other individual shared her understanding of the need to share our ways. Her explanation, which is based on information passed on to her by her teacher, is:

My teacher, Laurence's grandparents in the early 1900s was told by the spirits to open up the medicine because the reason for that was that our own people were not carrying on the traditions, and the spirit said the songs must be sung. It did not matter who sang them but they must be sung and these teachings must continue and the ceremonies must continue. So whoever was willing is who they opened up the medicine to, and they taught whoever was willing. And the other part of that was, is that the spirit knows no colour, it's the people that make it that difference. So he was given then the task of also opening up the medicine, and the other part of this is that Laurence said, we know how to take care of this, we

know how to be in relation with everything. If those people that came as immigrants are to learn to love our land as much as we do, we need to teach them. Because they recognize that we're at a very, very crucial time right now. We could be, this land, it could be destroyed, our people. It's a very, very crucial time, so it's like, that's why teaching them to love this earth will help the earth. Because then they'll start to treat it with the same respect. It's not an easy task because we have a lifestyle that they brought here that's totally opposite to us and it's a big challenge, but we will be helped and this comes from Laurence because the earth will send teachings, the earth, they will start to feel the earth and a few generations down they will start to feel the earth speaking to them. And there's some of the non-Native people, they do feel the earth, they do care for it. Because he said it will start to happen and the earth will start teaching them just as the earth started teaching us. And so that's what he shared. But I know it's not been easy for him. It's been a real challenge for him to open these teachings up.

It was a part of my commitment in offering the tobacco to the participants that I would treat their words with respect and integrity and as a result I have tried to present the information that was shared with me as clearly and intact as possible.

Summary

The overall purpose of this chapter has been to address the research methodology and design for this study. The rationale for the selection of an ethnographic approach using critical theory was discussed in terms of its fit with an Aboriginal world view. Also

included in the chapter was a discussion of the study's design, which included a description of the participants, the interview process, and the data analysis process. The chapter concludes with a discussion of ethical considerations and the study's limitations.

CHAPTER FOUR

REPORTING THE FINDINGS

Introduction

This chapter consists of a review of the findings that evolved from the interviews.

Five themes evolved from the interviews and they are as follows:

- I Contributing Factors - Historical Factors and Contemporary Effects
- II Factors Supporting Lower Suicide Rates in Earlier Generations
- III A Culturally Based Perspective of Suicide
- IV The Medicine Wheel
- V Working Towards Change

The five themes that emerged from the interviews will be presented under headings as represented above. While the discussion has been separated into five distinct themes, as with real life, there is often considerable overlap in the topic areas. For example, in separating the interview material into five distinct themes, it was often difficult to separate a discussion on the residential school experience from colonization or the loss of the culture.

I) Contributing Factors - Historical Factors and Contemporary Effects

Contributing Factors - Historical Factors

The discussion throughout the interviews on the causes or 'contributing factors' of high suicide rates among Aboriginal people, was presented on two levels - the first level was identifying the historical aspects related to colonization and the second level was the effects on the present generations.

Colonization

The historical aspect of suicide in relation to Aboriginal people was addressed at length by all individuals interviewed. Although using different terminology, four individuals referred to colonization as an underlying cause of high suicide rates in the Aboriginal population. Robert, for example, explains it as:

I guess we could go back and look at where it began, and I think that was with the beginning of the cycle of colonization on the First Nations people. That's when it began, and then as a result of that it just began to escalate from there...how I see it, is the overall attempt to assimilate and the cultural genocide of our people. That's how I see it.

Mary used the term colonialism: "I think it's not as simple as just the immediate. There's a whole historical thing attached to this and we talk about all the losses because, as a result of colonialism." Mary does not view colonialism as something that just happened in the distant past but something that Aboriginal people continue to struggle with today; "...we're not only having to cope with all the generational effects, but we're also having to deal with the fact that colonialism hasn't gone away. We're still dealing with it."

Merle describes the situation using the term apartheid, "My personal belief is at a very macro level, that suicide rates are the way they are because apartheid in Canada has been successful." The fourth individual, Fran, framed the discussion in terms of the "colonization process" as it relates to the overall contributing factors.

Residential Schools

The residential school experience was referred to by six individuals within the context of its historical impact on Aboriginal individuals, families and communities. Some mentioned it briefly in the context of colonization, while others went into more detail. Robert, for example, mentioned it as a “major” contributing factor in the “cycle of colonization.” Fran and Mary identified residential schools as a “component of colonization” or “colonialism” and also discussed it in terms of its generational effects.

Ron spoke of the residential schools in relation to the elders who at that time, acknowledged that their way of life was changing and the changes would mean that the younger generation would need a “good education” in order to be successful in the new world. Unfortunately, according to Ron, “They provided an education, but not a good quality education.” He also spoke about the generation gap it created in terms of the “missing language” which he believes is an important “connecting piece” in establishing relationships, utilizing traditional teaching methods and transmitting the culture (ceremonies).

Ron also related his grandfather’s experience with residential school. He indicated that “it was a positive thing for him” because he was able to apply the skills he acquired in learning to read and write by interpreting and responding to correspondence for the band. In turn his skills gave him special status in the community.

Merle spoke of residential schools as a “portion” of the larger picture of the apartheid that occurred at the national level. She pointed out that not all Aboriginal people attended residential schools but the high incidence of suicide appears to occur among most groups of Aboriginal people. So while the residential school experience was

one of the areas of concern, the issue was far more complex. Merle explains:

but it's more than the residential schools. If you look at other people, other Aboriginal people who weren't even in the residential school, there's this whole movement for assimilation. And it wasn't as subtle as people might think it was. It wasn't, in my mind, a good hearted attempt to civilize. There were people who seriously knew what they were doing...

Merle uses the example of residential schools to demonstrate that colonization was not a naive attempt to bring Aboriginal people into the 20th century but that they "knew and realized that the family unit was the strength of the Aboriginal community. And what a better way to dismember a people than to take its children away."

Joan spoke at length about the residential school experience and the impact it had on her family and community. She explains:

And yes, I see the hurt. I see the pain that our people go through. And more than ever, I'm very aware of the suicide rate that exists in the reserves and I believe that has happened because as we went through the residential school era, more and more of the elders did not follow the ways...But I blame it on the residential school era because it broke that family system apart and put the children in residential schools in a foreign place, away from our ways, away from the elders. And when they came back, they were strangers. The families were not the same any more.

Joan, who spends much of her time working with people in the community in her role as an elder, does not believe the residential school experience has been overstated.

She explains:

I'm out in the community a lot, and sometimes I hear things like, why does everyone blame the residential school era? So I think to those people, they need to hear from people who went through that era to really gain a deeper insight as to what happened to us. If you read it from the books, then you really don't learn anything. You have to hear it from us because we are a people that is oral, and for us, that's how we pass on our teachings.

That the residential school experience is very real to Joan, her family and to the community is communicated in her account of the impact it created in her community. In the following account, Joan shares the sense of powerlessness her community experienced in not having a say in the decisions affecting their children:

can you imagine today if someone came into your home today, in the year 2000, and a man would come and say, okay, line up your children and they'll say "you, you, you, you, you, and that one, to residential school" and out he goes. You know what you would do as a parent today? You would fight back. You would be able to say No! But as a people we were powerless.

Joan then goes on to describe her memories of when her siblings were taken from their home to attend residential school:

So this is what happened to us...I remember the Indian Agent just came and just lined our whole, all my siblings and just with his finger pointed to the older ones, you, you, you, to residential school. And made a decision, you know, in a couple of minutes. And I saw for the first time how my father was so angered at this man who entered our house and told us he was taking my siblings to residential school.

And how my mother sat in bewilderment, just in total shock, looking at the Indian Agent, you know, 'You're going to take my kids'. It was so awful, and things changed. Things really changed from there on.

In recounting the events of that day, Joan goes on to describe the pain that was expressed by these families:

Because one of our teachings and our ways was always if we experienced any negative hardships or pain during the day, we were taught to look at the sunset and give it away to the sunset. The sun was going down. And when that time came, all the women were standing outside and they were looking towards, towards, in the direction in which the children were taken and all of them were crying, they were crying. And because I come from the community of Sioux Valley which is situated among the hills and the valley and the Assiniboine River, you can hear the voices of the crying women echoing all the way down and I lived in the southern part of the reserve. And it was really sad.

Joan estimates that about three quarters of the people in her community attended residential school which means that the majority of community members lost touch with the traditional teachings and culture while they were away at school. Joan shares her perspective on what this meant for those children who grew up and became parents:

I would say about 75% of our people are a product of the residential school era. Some of them grew up there and then when they left, they became parents. And when they became parents, it was a nightmare for them because they lost touch with our ways, our teachings, our parenting skills, our language, our ceremonies. You know, all these good things that we grew up with while they grew away...

It was not only residential schools that contributed to the losses experienced in many Aboriginal communities, but the introduction of Christianity was also referred to in terms of the changes and loss experienced by many people.

Christianity

The introduction of Christianity into Aboriginal communities was referred to by three individuals within the context of colonization and two other individuals explained how it was introduced into their communities.

Robert, for example, referred to “the introduction of their churches” as part of the “overall attempt to assimilate and the cultural genocide of our people.” Lesley spoke about the “influx of different religious fractions in communities that has had a tremendous role of breaking down cultural traditions.” In her discussion of colonization, Fran referred to Christianity being imposed on the Aboriginal people even though they had their own spirituality. She expressed it as “the imposition of a religion upon people who have a spirituality that was connected in a very real way to their everyday life.”

Spirituality is spoken of in the Aboriginal community as a way of life, that one does not practice the teachings, but they “apply it, live it” (Robert). Not only did the churches not understand the role of spirituality in the Aboriginal community, they condemned it as pagan and the work of the devil. In the following account, Merle is speaking to the role of the churches in connection to the residential schools and the effect of devaluing a belief system that has been in place from the beginning of time:

And when you look at Aboriginal people as a whole and you look at whether it was the Catholic school in other communities, or the Presbyterian, whatever religion it was, it was a means of collectively telling a people in the country they

had been in forever, that they had no value. And when a people, a collective, is hit with that often enough and long enough, you can wear them down, you can wear them down.

Ron provided a brief history of the churches' role in his community and how their role was connected to the loss of traditional ceremonies. He describes the gradual change:

In the 20s and early 1900s, there was this church guy, James Evans, he made Cree syllabics, and he started teaching people how to communicate in Cree. But his main intention was to convert the bible into Cree so that people could be more aware of the bible. So I think that is how it became - a lot of people were converted to Christianity. And the bible started to become more accessible to many people who learned how to understand syllabics. And the old people picked that up right away, and I think by the 1920s there was many people that were converted to Christianity and put away their bundles, pipes and everything and started to practice the Christian way.

Ron continues by explaining how the ceremonies went underground and the consequences to the families if the Indian Agent discovered someone practising the cultural ways. He also notes that although there are five churches in the community, young people are still searching for meaning:

And so by the 1940s when we had the last ceremonies, my dad told me that they had to go out into the bush a mile or two away from the community. They had to go in secret to go to this place and go do the ceremony that they wanted to have done. And as I understand it if they were found out that they were doing these ceremonies, there would be some ramifications - being the Indian Agent could

withhold your food ration...so I think that kind of diminished a lot of people's motivation for traditional ways. So I think that's another reason why there's been a lot of confusion. Because now we have, like I said, we have five churches in our community and we have young people searching for meaning.

Joan explained that the acceptance of the churches in her community came as a result of the banning of the ceremonies as well as the sense of hopelessness and grief the people were experiencing as a result of losing their children to residential schools and then to the child welfare system. Joan describes the community's decision to participate in Christianity:

So my community didn't give up and they decided, okay we'll welcome the priest, we'll welcome the minister, and we will attend the churches. And we will honour it, we will respect it. You know they had to do that. The parents had to do that because there was so much hopelessness, they had to do something. So we were told to always respect. So we pretty much, the whole community did that. And I thought that was really, really good and I did start to feel better too. But really my heart is in, I like better the other way, because that's what I can identify and relate to. But I had to settle for the ways of the church, and too, my spirit wasn't in it.

Joan explained her commitment to the 'old ways' by acknowledging that she was not being disrespectful of Christianity's teachings "...but it's just that we are Aboriginal people, you know, our roots are those sacred teachings and those are important because they are our identity and so, over the years, we've lost that...There is a big conflict that exists between the ways of the church and to our ways."

Contributing Factors - Contemporary Effects

The effects of the colonization process on present generations was often referred to in the interviews as generational loss or disconnection from traditional ways. The loss of connection or support of family, community, elders, traditional teachings, and ceremonies, of traditional roles, and the loss of a lifestyle that was connected to nature were among the main themes that individuals addressed in describing the impact of colonization on Aboriginal people today.

Loss of Family and Community Supports

Often the discussions regarding family implied that the concept of family is viewed as more than the nuclear family. The term family was generally spoken of in the context of extended family, clan, and community. For example, Fran explained that one of the effects of colonization involved

breaking the people away from their family, their clan, like knowing where you belong just among human beings. And we're only one small part of the universe, and just understanding where you fit, your sense of identity or self-identity, and consider it as self-identity because while there might be negative role models within your clan, or your extended family, there are also very positive ones.

In the following quote, James is speaking to the need for Aboriginal role models who can help the young people establish a positive self-identity. He connects the difficulties Aboriginal youth are experiencing to the "breakdowns" in Aboriginal societies which have impacted on family and community relationships:

The breakdowns in the terms of people now are relearning what it means to be a parent, for example a father, a mother. What it means to be a Cree, or Ojibway, or

Dakota or Anishinabe in this world. So as parents are doing that, I think some of our youth are also doing that but they also don't have these people, in other words their parents, or their grandparents, or their aunties and uncles modelling that piece; modelling what it means to be this person in this world today...We don't give enough to our daughters, our sons, our nephews, our nieces, our grandchildren, to help them know what is our relationship with one another, what does it mean to be, how should I behave as a Cree person, as a Dakota etc. So without those guides and without those supports right there, whether they're from our immediate family or extended family or community, then our youth are left to try and answer those things themselves.

Others explained the breakdown of family supports as a loss of parenting skills which was a result of the residential school experience. Mary's explanation entails a generational effect in which:

a lot of the parents, grandparents were survivors of the residential school. They never learned family skills, parenting skills, they never learned any of those skills. So when they had families of their own, and also because they weren't allowed to talk (speak their language) in residential school, communication was broken down. The family relationships, how to be in a family, in a relationship with one another was broken down. So these are all passed down to our families and we see it playing out all over the place, all the time.

An example of how the lack of family support can create a sense of hopelessness is illustrated in the following account Robert shares about a young man who recognized his need for family support:

An example is a young man back at home. He felt there was no hope, no future. He too expressed, what's the point in living when nobody cares about us. He quoted something, and to me it's very powerful. He said one time there was a saying he used to hear, parents, where are your children? Now it should be, children, where are your parents? It's a very powerful statement. And that's what he said exactly, where are our parents? We have no guidance. We have no one to, and he said it himself, We have no one to discipline us.

Robert then described the dilemma of the present generation of children and youth as they experienced the pain of their parents' generations:

The parents, and dealing with that generation that he was referring to, again it's part of that lost generation...the abused generation as I like to refer to it. And that's the generation with the family breakdown. And as a result of that, that family breakdown manifests itself into other areas of abuse - alcohol abuse, drug abuse, sexual abuse, emotional abuse, cultural abuse, you name it. It goes on and on. And our young people of this day, today, unfortunately they are feeling the brunt of it.

Unfortunately, this cycle reaches beyond the present generation and their parents.

As Robert explains, the young people today not only experience the despair of their parents but they also recognise that their grandparents were affected by the cycle of abuse:

Because now they are exposed not only to the despair of their parents, but of their grandparents as well, because their grandparents were also a part of that cycle, that they are aware of. So they see that. So obviously, you know, and they look and

say, well my parents have gone through this and my grandparents have gone through that, how can I not go through that. So rather than, I guess what they do, rather than say, well I don't want to suffer through that, I'll take my life, end it right now. And that's why they do that.

Robert is referring to the sense of hopelessness many youth are experiencing as a result of the despair they witness in not only their parents' generation but also their grandparents' generation.

For those individuals who remember the traditional family structures and community support, the sense of loss is especially acute. Joan describes the strength of the families, their family structure within the community and her own childhood before the residential school era, the banning of the ceremonies, the influence of Christianity and the removal of children by the child welfare system all came into play. Joan explains that traditionally the people generally accepted and adhered to "a very strong belief that we had families that were sacred, and we exhibited it in how our family structures were."

Joan gives two examples of how the family structure differs from mainstream society. In the first example, she describes the role of older siblings, parents, grandparents and the community's role in child care:

the older ones were always taking care of the young. They were also looked after.

The younger ones always needed the nurturing, the love, the discipline, the caring and helping to grow. All of our older siblings did that, that was our structure.

That's how we learned how to become good mothers. And apart from the older siblings, they were very well looked after by the parents, and the grandparents and then the community also supported that. So it was an open, general, wonderful

way of these families, you know, how they were so open and so nurturing and very encouraging, and very strong in the ways...our lives were so full, so healthy, and we were so nurtured by the community, by our parents, by our grandparents. And all of us were very well aware that our families are sacred, and the heads of the families, because all of us, we grew up to know a kinship that was more special than the one that exists.

In the second example, Joan shares how the concept of kinship differs in the Aboriginal community which in turn provides insight into the expanded role of grandparents in the Aboriginal community. She explains that in today's society when your child has a child, you become a grandparent, "whereas in our community, in the Aboriginal community, all the sisters, whenever they give birth, or the brothers, whenever a child is born, not only does that sister become a grandmother but all her sisters become grandmothers too. And this was something that was so very special."

Joan's examples help to illustrate the strong relationships and interconnectedness of the families in the traditional community. The children were raised in a safe, nurturing community environment that encouraged support for parents in a very positive manner. Mary also shared her memories of a time when her West Coast community shared a similar approach to child care:

And when I was a kid, I could go into anybody's house, when I was a little kid and that was in the 50's, and if I was hungry, they'd feed me. So there was a lot of traditional values there. If I was doing something wrong, they would let my mom know and I would get into trouble. So everyone still had that notion that

everybody's kid was everybody else's responsibility. So there was that sense of being protected still.

Joan remembers her childhood during that time as very positive: "...my growth, my upbringing, is during that time and I know I felt so good. I believe I've had a really healthy growth, and very strong in my ways."

The secure world in which Joan flourished as a young child did not remain secure. She describes the changes that occurred after the other children were forced to attend residential school and the Indian Agent not only enforced a ban on ceremonies but also would not allow the people to socialize. Joan describes her memories of this time:

that we weren't supposed to do any more ceremonies. Yeah, that's what it was. We weren't suppose to do, I think they called it Black Magic. Yeah, yeah, that's what it was...And we couldn't visit with one another because he didn't want the families to socialize anymore. Yeah, he didn't want no more visiting he said...Oh, there were a lot of things said. It changed, it was sad; it was eerie; it was scary; it was threatening, it was feeling a great sense of powerlessness. And I felt like that because I saw my mom and my father in a position that, you know, that threatened my safety, my security, and my protection. So, the Indian Agent accomplished that very well in doing so.

Joan goes on to remember the effect of these changes on a personal level and how it affected the community as alcohol was introduced and the child welfare system stepped in and adopted out many of the children:

I guess some of the things that I can remember is our children, our older siblings left, and just - our families changed. It didn't seem complete; it didn't seem real,

and yet it did happen. And there was this great sense of loss, you know, loneliness, and wonder. And so all that happened... and then some time after that, in my early adolescent years, then I started to see parents that never drank, they started to drink. You know the alcohol started to come in, and it was not good. If I felt hopeless, senseless, all those negative things that I felt, it didn't go away. I could see it you know, that negativity with a lot of the parents within the community. Then different things happened. There was a lot of sadness because some of the children, some of the parents drank, this so called Children's Aid Society stepped in, took the children and then they were adopted out.

Although Joan did not experience the alcohol abuse or the loss of siblings to Children's Aid in her own home, as an adolescent she was deeply affected by the losses experienced in her community. In her description of yet another loss of the community's children, who for the most part were not gone temporarily, but were permanently adopted out by the child welfare system, one gets a sense of the desperateness felt by community members:

So there was a great sense of loss because we were not going to be able to see those children anymore....So to think all of a sudden these children are gone, we couldn't even think that we could have enough money to see them, to help them, to bring them back. What do we do? It was so unthinkable, you know, it took me to that place where I thought of money. Then, because I was just a kid, you know, of course, me well that's what I thought, well money will solve the problem. But, it doesn't. Because these were children that were taken. We grew up together and we know when they are born because they were introduced to the community and

to the family. And all those things that they did, and all that, was gone. So it was.

That's how I identified the loss, the grief of what happened to adopting these children out.

In a very short period of time Joan's community experienced tremendous upheaval and loss within their families and sense of community connectedness. While those initial losses were the loss of their children, the next generation would experience the loss of parenting skills and connection to their community's culture.

Loss of the Culture

The loss of culture was discussed in terms of loss of spiritual teachings, connection to the elders, ceremonies, the languages, roles, and lifestyle. The topic of cultural losses was generally integrated into the discussions on the effects of colonization, specifically the residential school experience and the influence of Christianity.

The loss of language was not only viewed as the loss of a cultural component; it was also the loss of an important link between generations and the transmission of spiritual and cultural knowledge to the next generations. Ron explains that when young people "learned this English, then they lost their connection to the elders, the elders who could speak Cree." He explains how traditional learning took place:

and that's how the elders taught, is through Cree. Elders meaning, they show you something, they tell you something, and you respond back to them in Cree. And that's how the learning took place...And other times would be times when they would tell these stories like legends. So the evening time was a time of total immersion in the language, high language, and ordinary language - there were different levels of language.

Unfortunately, over time circumstances in the Aboriginal communities changed and many individuals lost their language. The loss created a generation gap because an important component for transmitting knowledge about their history, culture and ways of being was missing. Ron talks about this missing piece:

And also for many different reasons, residential schools being one of them, many adults are now not speaking Cree. So again there is a generation gap there. A generation gap between elders, adults, young people and children - young people meaning adolescents, and then children, and there's a missing language.

Language is the way that people make relationships, and there is a missing piece there, a connecting piece.

Other participants also noted the connection between the loss of language, spirituality and transmission of cultural teachings to younger generations.

Fran spoke of the difficulties Aboriginal youth are experiencing and sees the loss of connection to the "cultural foundation" as contributing to the current situation. She points out that the youth, simply because of their youth, have not had the benefit of a long life in which they would accumulate the necessary experience and knowledge to support them through difficult periods in their lives. The inexperience of youth, coupled with the loss of their cultural foundation, leaves them in a vulnerable position. Fran explains the loss of culture and spirituality as a result of the residential school experience and the subsequent difficulty for parents and grandparents to pass on the cultural teachings to this generation of young people:

many of them because their parents were from residential schools or products, if they weren't from residential schools then their parents were. So having lost the

cultural foundation, the spiritual belief that is so intertwined with the belief system, if the grandparents had lost it, they couldn't give it to their children or to their grandchildren. And I think that's what's happening with a lot of youth is that they are twice removed from the teachings. And they haven't had an opportunity to reconnect with those teachings.

In a discussion of the effects of residential school and the churches' influence in her community, Joan observed that one of the effects was a generation gap:

somehow I don't know how it happened, but there was a broken connection between the elders and the young people, the teachings were gone, they were already giving out the teachings from the church...So there was a broken connection to between the elders and the young people.

In spite of the growing generation gap between the cultural teachers and the younger generations, Joan observed that many of the teachings have survived.

Although the community experienced widespread changes, Joan explained that there were people who maintained the traditional ways. Joan observed that "...in the community in which I come from, the elders went underground and saved all our ceremonies. And I feel so grateful to them today for not taking those teachings from us. I'm very grateful to be a person to be able to benefit from those teachings."

Joan also explains how those teachings were preserved by passing them down to selected members of the community. She talked about her personal experience and how she had been taught by the elders:

they were the ones that were responsible for my growth in the spiritual sense. And they were the ones that guided me, protected me, and made sure that I had the

teachings. And these men from those societies, they're now all gone, but they did this for me because they realized that my dreams and visions were to work with the people. So at one year old they made sure I went into the Sundance, that I had all the ceremonies done for me. So I'm very fortunate. So in that case I never lost my language, never lost the connection between the elders and the people, my dreams and visions of the people...for people like myself, you know, they encouraged the spiritual way because it was a saving of a people, it's bringing and preserving our ways and that one day, it would be important to bring these back to the people.

Joan was one of the fortunate few who had the opportunity to learn the cultural teachings at a time when many Aboriginal communities were experiencing changes that brought about the loss of language and culture.

It appears that the fifties was a time of change, when the ceremonies came under attack in Manitoba. Ron refers to the 1950's as being the last time people in his northern Manitoba community performed traditional ceremonies. He speaks briefly about the ceremonies and explains the reason for stopping them:

they used to have shaking tent ceremonies and other kinds of ceremonies there - medicine ceremonies, healing ceremonies, but the 1950's is when they had the last one. There were no more ceremonies after that. But prior to that, they had Indian agents there, they had church people there, they started to have a lot of influence from the churches there in their communities.

It would appear that by the 1950's, the combination of Christianity's influence and the

government appointed Indian Agents had been 'successful' in their efforts to stop the ceremonies in that area.

Robert also remembers the 1950's as a time when the ceremonies were no longer held publicly. He explains that although he was exposed to the teachings, many others were not because of fear of the consequences:

because in the 50s I was still young, but I was fortunate enough that I was exposed to, even with my own family, to the traditional values. My grandparents were traditional people. So I was exposed, but I can remember seeing others where that was not the case. And where a lot of the elders, because of fear, of the residential, not only the residential schools, but other things, no longer talked about these things, or even came out in public, no.

In response to the question on whether or not there were people in the community who looked after the ceremonies during that period, Robert responded:

Oh, there always were, there always were. But unfortunately again, like I say it was not an everyday occurrence, and it was not something that everybody knew, or if they did, they didn't talk about it. It was protected. So as a result of that, and because of the trust issue, a lot of people in the communities were not exposed to that.

It would appear from Robert's comments that fear played a role in the reluctance to talk about or practice the traditional culture and those who did, did so in secrecy.

Joan also identified the "50s, 57, 58, 59, around there" when "things really changed from there on." Joan describes how at that time the ceremonies, which were an accepted way of life in her community, were banned:

We were supposed to stay home and not do anything. And then he [the Indian Agent] also said what we were not to do anymore, he didn't talk about the sweat lodge, but he did talk about the Sundance, and he said we were not to do those things anymore or any of the ceremonies. And of course in my community, we did all of that, you know, we did the initiation, all of the teachings that grow with us.

The ceremonies and traditional teachings had been such an integral part of community life and the belief system that the banning of the ceremonies was experienced as a great sense of loss. Joan describes the importance of the ceremonies to her personal growth, how her dreams and visions gave her direction in life and the deep sense of loss she experienced as a result of the banning of the ceremonies:

But it's just that we went through that era where we started to go through that sense of losing our ways, and it's really sad and it doesn't feel good. I didn't feel as happy as I was when I was being, doing things that seemed so natural and good to me. And now we were not able to also go into the Sundance. And by that time I had gone into the Sundance already so I was very well aware of the loss. I felt a great deep sense of loss because my growth was all geared towards my dreams and visions, and they were so important to me. I couldn't live without my dreams and visions. It was how I saw things - that they guided me, they directed me, and now not to be able to go there, it was really sad, feel very, oh I guess, a great loss, a great loss. And of course with it feeling a great sense of being less, feeling not really worth my value because it was important to go.

The loss of traditional culture and spiritual expression was experienced by the many

Aboriginal communities and individuals as a profound loss. The colonization process was far reaching.

In discussing his work in a remote northern community, Lesley made the following observations:

Because a lot of these young people, and I'm talking primarily young people who lost contact or lost touch with the Elders. They didn't have that respect that they had before...I've seen a lot of these young people being alienated. They were definitely alienated from their community, from their families and certainly...and I mean, you had Elders in these communities and they had no way or didn't know how to approach their Elders. That's how much they had lost their sense of culture.

The Aboriginal people on the West Coast were also affected by the loss of traditional spiritual ways. Mary spoke of the gradual return of their traditional healing work in "coastal traditions" after many years of influence from the colonizing processes. She explained that the role of the healers in her community and in neighbouring communities had been diminished "because of the repression of our culture and also a lot of our healers were, because the priests were so harsh on our healers, our people were afraid to go to them."

Loss of Connection to Traditional Lifestyle

James spoke of the present "upheaval" that many Aboriginal people are undergoing. In identifying the sources of upheaval, James refers to a loss or change in self-governing, the spiritual belief systems and practice, and traditional education system. He identified two levels of upheaval; the first being the struggle by Aboriginal individuals

and communities to adjust to “the larger world context” and the second source being the “outside things influencing us.” He described the outside influences as:

we no longer truly govern ourselves or have control over that. We no longer have our spiritual belief systems and practice to the extent they once were - that they guided all our actions. We don't have our own teaching system, that is, that all children go through. So all those things come from an outside peoples placing their views and ways upon us.

While James referred to the colonizing process in terms of loss of self-governing, spiritual belief systems and traditional teaching system, Ron discussed it in terms of loss of traditional lifestyle.

Ron spoke at length of the change in traditional lifestyle, which he observed occurring over the past fifty years, “where people are now not living traditional lifestyles and there's been a lot of influence in the church in my community; by the five churches in that small 1200 people reserve - five churches in there - they all have their own denomination.” Ron also attributed the changes in his community to the introduction of social assistance and Old Age Pension. He described traditional roles in the community and shared his observation of the significant changes that occurred:

So what I noticed is that people moving from that lifestyle where they were self-sufficient, self-sufficiency, to another kind of lifestyle in one or two generations...from a meaningful role to a role where they're getting fed from somewhere else, they're getting fed from another source. And also the other thing was that technology came to our community...and I think in that whole transition to a different lifestyle to a more sedentary lifestyle, and less meaningful roles for

men, and it affected women as well...they were part of maintaining traditional lifestyles - like the men did the hunting and trapping and fishing. And the women did - they had their role there too - looking after the children as well as taking care of the food processing and fur processing and fish processing. So they had very meaningful roles and they fit together. And the young people also.

Ron summed up his observations, "so I see from that perspective, where people had those meaningful roles, very meaningful roles and traditional lifestyle, traditional connection to the land. That kind of reversed itself in the last generation or two."

Lesley spoke about the role changes for both women and men in Aboriginal communities that were brought about by outside influences such as the Indian Act, the welfare system and organized religion.

Mary referred to ongoing changes that were forced upon her community through colonization and the way these changes interfered with and changed the traditional roles. One example she used was suicide in older men in her community previous to the seventies. She believed that the increased number of suicides among that age group was due in part to the loss of their roles and conflict with the authorities. She explained the circumstances faced by family members in her West Coast community in the time period before the 1970s:

But there weren't a lot of suicides in my community at that point. And if it was the men, I think it's because. My grandfather went to jail because at his time, during his time it was illegal to own a business. And he went ahead and opened a store and he got thrown into jail for that. So him and his brother secretly ran a pool hall in my great uncle's basement. So they had this illegal pool hall that they

had to hide from the authorities. So I think as far back as then, the men, their ability to provide for their families was starting to be stripped away. So I think that is why they committed suicide. They were thrown into jail for potlatching, they were thrown into jail for speaking their language...

Loss of Connection to the Land

The loss of land or connection to the land was seen as having a negative impact on the well-being of the Aboriginal people. In Mary's view many of the problems experienced by Aboriginal people on the West Coast today can be traced back to the many losses attributed to colonialism. She described the losses:

first of all the loss of the land, and being confined to a very small bit of land. In fact people, people had to get passes. I don't know about in Winnipeg, but they had to get passes even to leave the reserve. So the restriction of their freedom, the loss of their land, the loss of the resources, the loss of their way of life, culture, language. Our culture was banned. The taking away of the children from the communities, putting them in residential school, all of that. And then all the epidemics, about 80% of our population was just totally wiped out by the smallpox and flu epidemics and tuberculosis on top of those; just waves of disease. Just the whole fabric of what made us who we were was just wiped out. The losses described by Mary are both comprehensive and devastating in their impact as they affected every aspect of life.

Merle spoke to the loss of lifestyle which had been directly related to where and how they lived. She briefly described the way of life for Aboriginal people on the prairies and their historical connection to the land:

if you look at the families historically, they were built on the geographical location that they lived in, or their nomad way of life had a tract of land. And their lifestyle was seasonal, what they ate, where they lived, how they lived, in what they lived, all had to do with nature. The medicine they carried, the family medicine that they carried gave them certain responsibilities in the community. Those responsibilities no longer exist because that way of life no longer exists intact. What we have is smatterings and remnants of it.

In Merle's view, the traditional way of life was interfered with by the restrictions placed on the Aboriginal people with the implementation of policies such as the "passbook, the limited travelling, the limited interaction, stopping people from living a natural life, a natural nomadic way of life by placing them on stable land sites that changed forever the type of lifestyle that Aboriginal people have had throughout history."

In the interview with James, connection to the land was discussed in reference to its importance to the culture and the well-being of Aboriginal people. He described his observations:

When I look at communities now, there's some communities that still have a strong connection to the land, there's a lot that don't, and I think that is influencing some. That connection to the land is also again one piece of the culture, and as we are breaking those connections, again we're left trying to figure how we're going to be in this world. And some people choose otherwise.

James expanded on the cultural connection to the land by explaining the spiritual connection Aboriginal people have always had to the land. This connection was demonstrated by showing respect to the animals and land on both a spiritual and practical

level. For example, understanding the connection or balance between the animals, land and the hunter and not over-hunting. James also spoke about the spiritual connection to the land and the importance of making that connection:

there's less people who go out into the bush and know just how strong the land is, what it can do for people. There's a few older people I know who talk about just being on the land in and of itself can be a very healing experience, recognizing their place beyond this concrete housing and buildings, recognizing your place in the world, the true world - the trees, the animals, the spirits that are out there. So the less that we're able to make those kind of connections, the harder it is on us as individuals. So, when I talk about connections, breaking away from the land, it's about that.

The Effect of Multiple Losses on a People

As they described the impact of colonization on Aboriginal people today by acknowledging the loss of connection to or support of family, community, elders, traditional teachings, ceremonies, traditional roles, and the loss of a lifestyle that was connected to nature, the people who were interviewed described the personal devastation to individuals and communities. They described it in terms such as a sense of futility, despair, loss of dignity, loss of self-esteem, grief, collective hopelessness, and a hurt spirit.

In discussing the high rates of suicide among Aboriginal youth, Fran spoke about the “endless futility” that the youth are exposed to:

They see their older siblings or extended family, or community members that are

close, that have tried to make change, have tried to live. And they keep being beaten down. So they really believe that there really is nothing else, it's the endless futility - there's nothing left. So they do commit suicide and it's very intentional because there's nothing left and it's so frightening to see that.

Robert also described the despair that many of the youth are feeling because they have observed the family breakdown for both their parents' and grandparents' generations. He described the situation from the perspective of a young person who is raised in an environment of hopelessness:

And if you look at it realistically, if that is all you've been exposed to, that despair, from the very moment that you can start to conceptualize and see things, and rationalize, I mean, you're surrounded by that. It's a wonder that more and more of our youth, our children are not doing it [committing suicide].

The participants not only expressed concern about the sense of futility and despair experienced by many Aboriginal youth but they also talked about the underlying causes of futility and despair.

In the following quote Robert went into detail about the sense of despair as it relates to a lack of identity as an individual and as a nation:

The causes of despair, of course, are numerous. Identity. And what I mean by identity is lack of, lack of knowledge of someone's identity...Because when they don't know who they are as a person, or the people as a nation, they can't relate to anything. They seem as if they don't belong and they don't fit in.

Robert explained that a nation's spirit can be broken when it has been subjected to generations of abuse:

But you look at any race of people who have been subjected to what our people have been, you see the breakdown. You see where it leads to despair, and a sense of overwhelming complete hopelessness. In other words the spirit is broken, and once the spirit is broken, what is there left? You know, in any race of people, without the spirit, there is nothing. There is nothing, there is a void there. The only thing that can replace that void is the spirit itself.

The overwhelming hopelessness that Robert described as a broken spirit did not occur over-night or without cause.

Robert went on to explain how the internalizing of negative images generated from racism contributes to the sense of hopelessness:

And when a nation of people lose their identity, or we haven't lost it, but I should rephrase that. But when a people are confronted with issues that are attempting to force them into denying who they are as a person, as a people, and who are lead to believe, as a people, that they are unworthy and it becomes so entrenched that they begin to hate themselves; despise themselves, despise the colour of their skin, despise anything that has to deal with their nativeness or identity for other races, but dealing with our people, with their nativeness, what's the point in living? When all you've heard and all you've been exposed to all your life is, 'Well, you're nothing but a dirty Indian; You're not worthwhile; You're worth nothing.' After a while it does a number on a person. Then when you see the effects of that, when you're born into an environment where you are exposed to that everyday of your life, then unfortunately in a lot of people's minds, it becomes a norm.

The effect that the life long exposure to racism, stereotyping and negative self-image has on the youth is a serious concern.

James identified the issue of racism and the difficulties it poses for the youth, especially those individuals who do not have guides and supports in place. He explained this situation:

There's all those negative images. I can't imagine being a youth growing up and thinking and seeing only negative images about what it means to be Anishinabe or Cree, or Aboriginal, period. Those images of a drunken Indian, or lazy Indians that are placed upon us. Those images that we can't do what anybody else in the world can do. I mean that's very sad. So if you are growing up in a context like that and there's few opportunities around you to develop what you can be. And if there's no guides and support, again it just serves to disconnect us and disconnect the youth from everybody else.

As the next individual notes the racism not only continues today but it is compounded by additional stressors which many of the inexperienced youth continue to struggle with.

Mary referred to a combination of factors which have contributed to a sense of hopelessness. She considers the long history of colonialism and the tremendous losses people have suffered and the current cultural oppression still experienced by Aboriginal people:

So we had a lot of trauma, a lot of loss, a lot of just shame that was also heaped on us because of the cultural oppression. And we weren't allowed to feel okay about ourselves ever, at any point...So we're contending with that ongoing, plus the, forever the cultural oppression that continues, the racism that continues to go on.

So we have all of this on the backburner, trying to heal that, and then we have this other added stress on top of that. So you know, parents and families get overwhelmed. They feel hopeless, and they just want to give up and die, and especially the children because they don't have the coping skills with what's going on around them.

According to Merle, high suicide rates speak to "a collective hopelessness" that stems from a multiplicity of concerns in Aboriginal communities. Merle described some of the obstacles Aboriginal families are contending with today:

okay, we have the highest rate in child abuse, we have the highest rate in spousal abuse, we have the highest rate of HIV transmission, we have the highest rate of suicide, we have the highest rate of incarceration, we have the highest rate of alcohol related neurological disorders in children, we have the highest rate of diabetes. Anything the that European contact had to offer us in a negative manner, we have really succeeded at...Those are compounded issues, those are compounded issues that cripple communities...

The situation is further complicated by the loss of family and community members which results in "layered compounded grief" which Merle described:

What you have in communities in my mind is a long standing layered grief. You have grief from people who died from diabetes, you have grief from people who died from poor health, poor nutrition, poor living conditions, you have people who die from murder, you have people who die from rape, you have children who die from incest, you have children shaken to death...

According to Merle the current conditions which contribute to the compounded issues and long standing layered grief “has to do with a long standing historical pounding and pounding and pounding on the self-esteem of a nation.”

II. Factors Supporting Lower Suicide Rates in Earlier Generations

In discussing the reasons for low suicide rates among Aboriginal people in earlier generations, specifically before the 1960s, which is the time period identified in the literature when suicide rates increased in the Aboriginal communities, several of the participants noted that suicides were rare to non-existent. In Ron's community, suicide "was not a big factor" when he was growing up. He makes the following statement, "I never heard of it when I was growing up. I never heard of it. The Elders never talked about suicide."

Before the changes took place in her community, Joan agreed that suicide was "very rare." In referring to the period of time during her youth, Joan commented about suicide in her community: "I guess I can say, I never heard of anyone committing suicide. It was very rare, every once in a while somebody did, but there, but the years were far in between as I remember it. Now things started to change..."

Merle explains that "Long ago, it wasn't an option, it was never an option to take your own life, let alone that of something else unless you were offering for the life of that being, and then it was only to help you survive on the earth, as in hunting."

Suicide was also rare in Mary's community and until the "late 70s, early 80s" the only cases of suicide were among the men who were, at that time, struggling with the loss of their traditional roles within their families and communities. Mary could not recall "that many suicides at home. That's why we were horrified when our youth started committing suicide in the late 70s or 80s." Robert also recalled that the occasional suicide that occurred involved older persons and not the younger people of his community.

This discussion will now turn to the factors that participants suggested were the basis for lower suicide rates among Aboriginal people in earlier generations. Among the suggestions were that Aboriginal communities had more control, more community support, self-reliance, connection to the land, and the cultural teachings were intact.

In James's view, several factors influenced the lower suicide rates. In his response, he talked about how Aboriginal people had more control over their lives, they were more self-reliant and more people lived on reserves and as a result they had a closer connection to the land:

I think before the 60s we still had a fair amount of control over our lives in a way that reflected our cultures. The changes that prior to the 60s, the main change would have been residential schools, ministers, et cetera. And that, I'm sure took its toll. But in other ways, for example, I think about my own community, I think about in some of the communities up North where they talk about how self-reliant they were - to take care of themselves, their families, support other community members. That was still strongly in place....our populations were far more, were located in communities as well and at those times, there was a stronger connection to the land.

In Lesley's view, Aboriginal people were still able to deal with difficulties in life, such as personal losses, in their own way. The losses were less frequent at that time "because their world was different." The old ways, such as hunting and fishing, communal ownership of the land, sharing the meat from the hunt, and ceremonies, were still a part of life in the communities.

Another important aspect of the cultural teachings that was considered a guiding

principle within the Aboriginal communities was respect. According to Robert, the role of the elders in maintaining the traditional values at that time was the main reason for lower suicide rates. As he explains: "at that time, a lot of our elders were still here with us. A lot of the older values were still there to a degree, much more than in today's time. They were still there. The old people, the grandmother, the grandfather still enforced that to a certain degree. So that was still in place - that respect - that respect for life, that respect for community, that respect for home, that respect for the environment." For Robert, the value of respect was an underlying principle that was tied to all aspects of life; it was not just a show of courtesy in passing, but rather it guided the peoples' actions and interactions at all levels of life. Robert stated, "...if there is no respect, there is nothing. And traditionally our community was based irregardless (sic) if you were Cree, Ojibway, Dene, you name it, the thing, the idea of respect was paramount. It was there. And it wasn't something that was practised, it was something that was lived. It was something that was expected. It was just there. It was the norm."

Joan associates the low suicide rates of earlier generations with the fact that the cultural teachings and ceremonies were still intact. The elders were still very involved in guiding the community, and as a result the families and community were strong in their support of each other. She expresses this in the following quote:

Our teachings were not interfered with; our ceremonies, our way and all those things were intact. So all our ceremonies are geared towards the family, all our social aspect and sacred aspect, and all that you know, was really clearly defined by the elders in the community. And they were people that were so very gifted and they did follow their dreams and visions. And their dreams and visions were, I

guess, geared to looking after what we call the sacred family circles.... I suppose it is something similar to clan or to the clan system, but those were so sacred to us, and I think as a people it was a general, very strong belief that we had that families were sacred.

Joan goes on to describe that period of time before the outside influences brought about the negative changes in her community and when the families were strong and the children were raised with a sense of well-being:

we still didn't have, you know, the influence of the church, of those religions and all that was not that strong...I was exposed to alcohol, but not so much in a way that it was a choice within my family, you know and it [life] was beautiful. So I can relate the positive things about that time when, how our families were so strong and how they were so strong in unity and there was so much balance and there was so much harmony - and you know this general good sense of well-being. So this sense of well-being you know there was so much strength in all of that. The really healthy growth, but in a spiritual traditional way, and it was really wonderful. Now that's the beauty of my life, I can talk about it but it's a time that was to change and I clearly remember that.

By the 1950s, Mary's community on Vancouver Island was already experiencing the effects of surviving the residential school experience and the introduction of alcohol into the community. Although as a child growing up, she wondered if she "was going to survive" her home life, she believes the suicide rates were still very low in comparison to today's rates because there still some understanding of traditional ways. She explains:

I think there was still some level of understanding of traditional living, because,

and I think there was still some level of supporting one another. There was still that sense of community where people helped one another out. Even in spite of all the things that were going on, I think people still really clung to helping one another out and trying to keep it together, keep everybody together.

Mary describes some of the traditional activities from her childhood which indicate that her community was experiencing a transition from a very traditional lifestyle to a less traditional lifestyle. For example, she talked about doing a “lot of traditional food gathering” such as picking seaweed and berry picking as a family or community. Mary also explained that as “a sea people” and “a canoe culture” one of their traditions was for families to travel by canoe to other villages to visit relatives. These activities drew people together and as Mary notes, “So we knew who our relatives were, whereas I can’t say that that’s the lifestyle today. And people are very isolated and very, they feel isolated from one another even in the small communities. People sit at home and watch TV and if they want to see people, they go to bingo, and that’s it.”

So while many of the teachings and ceremonies such as tribal journeys, potlatching and the Big House teachings are returning to her community, many of the built in community supports involving the elders - both women and men, and the traditional leaders who supported the community in their different roles have been suppressed in part by the implementation of the band and council governance within the community and by other outside influences. Without the traditional supports and lifestyle, many community members are isolated and lacking in the supports and sense of community that once was so vital to their well-being.

Merle framed her concerns in terms of the compounded issues, layered

compounded grief and a collective hopelessness. She also described the negative influence of the media and the acceptance of violence in television, movies, the music industry and video games. She describes the media as having “been a great, great influence on youth, far greater than this world wants to know.” Another consideration that Merle raised, which is related to the intergenerational situation and the overall sense of hopelessness, is “the lack of faith that they have in the adult world to do anything about incest, about child abuse, about chemical dependency in the adults. I think youth don’t believe in adults anymore, and rightfully so...”

Ron described the changes in his community in Northern Manitoba over the past fifty years. Among the changes he observed was a move away from a traditional lifestyle that provided close contact with nature, self-sufficiency, meaningful roles for all members of the community, community support in times of need, traditional teachings and ceremonies, and traditional methods of learning to a loss of meaningful roles, a sedentary lifestyle, loss of close community networks, loss of ceremonies and traditional teaching methods and a loss of language.

Ron summed up the reasons for lower suicide rate in earlier generations:

Well I think they had stability. They had, I guess we could use basic needs. They had their basic needs met, security, social needs met, self-esteem needs met, and self actualization. They had all those. And the society was stable, very stable.

Other than maybe a brutal famine in the North, other than that...they had a fairly stable society and everybody had a meaningful role in it. And that was the reason why, in the past, suicide was not a big factor.

III. A Culturally Based Perspective of Suicide

This section includes a discussion related to the understanding of the traditional views of suicide as presented by the participants. Because much of the information in the interviews about this aspect of suicide are teachings as understood by the people interviewed, many of the quotes will be written verbatim and many will be lengthy in order to avoid misinterpretation and to maintain respect for the words that were shared. It is hoped that this will provide a better understanding of a grave concern that has touched many lives in the Aboriginal community.

As noted previously in Chapter Three, when I was writing up this study one consideration that I struggled with on a personal level was the decision to share some of the traditional teachings in a format that presents them not only in the written form but also in a public format. My decision to discuss some of the cultural teachings that were shared with me during the interviews was guided by several considerations. The first consideration is that all of the participants were informed of the purpose and goals of the study and all information they shared was voluntary. I made a point of informing individuals that they were not required to share any information that they did not feel comfortable divulging. The second consideration was based on the advice of an elder who explained that at one time it was critical that the teachings and ceremonies be hidden in order to preserve them for future generations, but it is time to bring back the teachings and to share them in order to help the young people. The Elder's main concern was the need to help the people. She also told me that there were teachings that are considered very sacred and those will never be shared outside of the people who need to know them.

As previously noted, one individual shared her understanding of the need to share our ways. Her explanation, which is based on information passed on to her by her teacher:

My teacher, Laurence's grandparents in the early 1900s was told by the spirits to open up the medicine because the reason for that was that our own people were not carrying on the traditions, and the spirit said the songs must be sung. It did not matter who sang them but they must be sung and these teachings must continue and the ceremonies must continue. So whoever was willing is who they opened up the medicine to, and they taught whoever was willing. And the other part of that was, is that the spirit knows no colour, it's the people that make it that difference. So he was given then the task of also opening up the medicine, and the other part of this is that Laurence said, we know how to take care of this, we know how to be in relation with everything. If those people that came as immigrants are to learn to love our land as much as we do, we need to teach them. Because they recognize that we're at a very, very crucial time right now. We could be, this land, it could be destroyed, our people. It's a very, very crucial time, so it's like, that's why teaching them to love this earth will help the earth. Because then they'll start to treat it with the same respect. It's not an easy task because we have a lifestyle that they brought here that's totally opposite to us and it's a big challenge, but we will be helped and this comes from Laurence because the earth will send teachings, the earth, they will start to feel the earth and a few generations down they will start to feel the earth speaking to them. And there's some of the non-Native people, they do feel the earth, they do care for it. Because he said it will start to happen and the earth will start teaching them just as the

earth started teaching us. And so that's what he shared. But I know it's not been easy for him. It's been a real challenge for him to open these teachings up.

It was a part of my commitment in offering the tobacco to the participants that I would treat their words with respect and integrity and as a result I have tried to present the information that was shared with me as clearly and intact as possible.

Some of the individuals who were interviewed explained that there was no word for suicide or for death in their languages. Rather than viewing it as death, it is seen as a continuation of life on the other side or the spirit world. Instead of there being teachings about suicide, "there are teachings about life" (Merle).

Robert explains the teaching is about the creation of life, and that each person is given a task here on earth to complete:

The teaching that goes with the creation of life, that every person who was created is created pure, and has a choice. But is also given a task that each one has when we are placed here on earth, and that we must fulfil. But due to unexpected things, such as say a person's life was taken away in battle, accidents that are untimely, and of course we did not use the word suicide. That's not our term anyway, it did not exist. In our languages, it still does not exist.

Robert then speaks about the ceremonies that were done for those people who were unable to complete their life tasks as a result of suicide:

So there were prayers, there were ceremonies that were done for that person. And it is said that spirit did not go, did not cross over to the spirit world. And it is not because it was being punished, but because of the fact that person, that spirit when it was here in human form, had not completed its tasks. So it was then, that that

spirit would come back until it was corrected, then it would cross over to the other side. But in certain religions, it is said that the person who commits suicide then is condemned for the rest. We don't see it that way, we never did, we never, never did.

Robert explains the purpose of the ceremonies as follows:

The ceremonies that were being done was to, our belief was that when a person did this [commit suicide], the spirit was trapped in between birth and the spiritual home. And it was there in this place, where the spirit would remain, would remain until the ceremonies were done, thus allowing the spirit to be free, to return not to the spirit world to enter, but to a place where the spirit stayed for a while. And then the Creator sent that spirit back to earth to relive again, and then fulfilling its obligations, if you will. Because as I said, accountability was always within our belief system, it was always there...But eventually that spirit would cross over to the spirit world and go home.

James begins his discussion of life tasks by explaining that children are gifts from Creator and as they grow towards adulthood, they need to develop and maintain connections in order to understand why they are here. He explains in the following way:

I'll share this with you. We're placed on this earth by a Creator and children are gifted to parents by the Creator. Children are gifted to communities by the Creator. And when we're placed on the earth, there's, my understanding is that there's no time that we are closer to the Creator than when we're placed here on earth. And as we learn to live here on earth in these societies, the further we move from the Creator...When the Creator places us here at those times and as we have,

we come to a place where we have to figure out what we're going to do here and how we are going to be here. There's certain things that we have to go through to experience and learn in our lives. And as we go through those, not only do we, right now what we do is we go through and move away from the Creator. Part of our life pieces is trying to do those things to maintain the connection to the Creator as we go through this learning.

James continues with his explanation of how some people lose their connections and are then unable to complete the tasks that they were placed on earth to do:

Sometimes people don't make those connections and don't maintain those connections as best as they can. So they go through this learning or this life, and they lose those connections and they're not certain what it is that they are supposed to do. When they start to lose those connections, not certain what it is they're supposed to do in their lives, and when they have all those things impacting on them, they lose their guides, they lose or have outside influences making them feel ugly, and they may take their own life. But those things that they still have to learn are still there. Those things that they have to do, they still have to do them.

The teaching, as James explains it, is that life is a gift from Creator; a gift that entails the need to learn and complete the tasks that are meant for individuals to learn in their life on earth. Life then becomes difficult when individuals lose their connection to the Creator through the circumstances in their lives and through the lose of their guides and supports. In the next quote James is referring to his understanding about the individuals who have committed suicide and refers to teachings for life as again in this instance the elders did

not use the term suicide:

So I've heard people talk about that these individuals are sort of caught here and there, that they haven't finished what they needed to do and whatever they're at, they're trying to finish that, what they have to do. So I've been taught that it is not our ways to take our own life, because you still have tasks to finish. So I've had elders tell me about those things, in terms of life, and what we're supposed to do. But they never specifically said the word suicide.

James explains that the elders have a role in assisting that person and their loved ones.

Part of their role is to assist the departed person to be in a position to complete the unfinished tasks. The elders also help the loved ones to let go of the pain of their loss so the departed person can move on in order to complete the work they were meant to do. The elders also recognise the need to help the ones left behind so they can focus on their own work as well, and so they don't get lost. So that we don't lose more than that person.

The teaching Mary shared is similar in that her people view life as a gift and ceremonies are necessary to help the suicide victim's spirit to move on. Mary explains the traditional view of life and how they support the departed spirit:

because our life is seen as a gift from Creator, then it's to be respected. But I don't think there's necessarily any judgement on a person who commits suicide. But there is a recognition that they need to be helped because where they go, they feel is a place, it's like being lost or stuck. So they need help to move to the Creator of the Light. So that's basically what we have, we have traditional burnings. That's usually for the people that have died and it's to, really, it's to acknowledge them

and feed them. It's like to feed them and to have that connection to our ancestors. Mary describes the burning as either a small daily ceremony or a larger formal ceremony conducted by a traditional person:

That's just a small, little daily kind of offering, but some of the burnings are quite large where they actually build a huge fire and make up plates of food and tobacco or any of their favourite things that our ancestors loved. And sometimes the people will come to you in a dream. Like this woman came to me in a dream and told me, we're hungry and so we had to go find someone who does that ceremony, to do the burning for them.

Fran incorporated the discussion of the gift of life into her explanation of the Medicine Wheel and the need to understand "the power and beauty of the gift of life." She explains the importance of life:

that is the greatest gift you have. That's the only thing we really ever have, is our life, our life force that comes from the Creator. So if we squander that life, if we harm ourselves, then that's being disrespectful to the Creator and to all of creation...That's the only thing we have, and it the most powerful thing that we've got to share with each other.

Merle emphasized the point that "there wasn't a language to talk about suicide. There was a language to talk about life." Even the term "death does not exist in our traditions. So, and you can't get people to talk about it, even traditional people. The reason I talk about it is because I've got a responsibility in that I carry things; that I'm responsible for that."

Although Merle does not refer directly to incomplete tasks she refers to a person's

cup not being full and the life's path being pre-empted when she explains how death is referred to in her traditions:

But we don't go there. We don't even talk about it in ceremonies, only very specific kinds of ceremonies, because that's a very sacred doorway. It means your cup is full now. Your walk here, your vessel has gained everything it can access. So when it comes to suicide, especially for traditional people, it's very hard when a relative commits suicide because they know their cup is not full...your life's path has been pre-empted, so all the things that you would have affected from here to there are going to have a void now. They're going to be missing your piece in their life. That's the magnitude of suicide.

In her discussion of suicide, Merle makes it clear that suicide did not fit with Aboriginal peoples' philosophy and way of life. She speaks to the historical perspective on the taking of life as:

Long ago it wasn't an option, it was never an option to take your own life, let alone that of something else, unless you were offering for the life of that being. And then it was only to help you survive on the earth, in hunting. Even when plants were taken, the life was honoured and asked for - when medicines were picked, when an animal was taken. But the option to take human life was not there. And I know that historically in this country, Aboriginal people have been portrayed as people who would kill others and from anything I've been taught about the wars that existed prior to European contact, they were more of medicine wars. They weren't about killing people. They might be about making misery on someone, but from what I've been taught they weren't about killing other people.

Merle continues in her explanation of the traditional belief of life:

And the traditional belief is that only the Creator is the one that can call you home. And there is a plan for you on earth, and some of that plan may be to endure some hardships or to go through certain things, but it is never an option to take your life. That behaviour is learned from somewhere else. That behaviour wasn't an option for us before we were interrupted or interfered with. And there's lots of teachings about life.

Merle also explains that there is a teaching about what happens when a person commits suicide:

And there's teachings about what happens to you when you do that. And that you stay for a long time in some place, and I'm not talking about Purgatory, I'm talking about different kinds of traditional teachings. Each tribe, you'll find, will have teachings that are about crossing over into the next world. And it is not seen as an ending. It's seen as a continuation. When you commit suicide, that continuation is pre-empted and there are things that your family becomes forced to deal with here on the living side that are required to help you. If they can even do that - help you make it to the place where you are supposed to be. And I'm not talking about Heaven or Hell either, I'm talking about the life that is there - after here.

In order to explain what happens when a person commits suicide, Ron begins by explaining life as a journey from the womb to the elder stage and describes a person who dies as making "a journey to the other side, the spirit world." If the person has lived the life that they were meant to live, they would go to the spirit world and if the family had

the teachings they would know to offer “sweetgrass, tobacco and a feast” for the person.

Ron explains this further:

Maybe a person died by accident, a person died by illness, that was their time, that was their time. When a person reaches Elder stage, we're suppose to have a 100 years, and after a hundred years when you pass away, your relatives prepare this feast for you. And the feast is to help you in your journey. There's a ritual when you die to help you on your journey to the spirit world. So when people die, when people commit suicide, they're violating the Creator, the Creator's plan. The Creator's desire to give them life. Give them life, that long life. It could be 100 years, or it could be some other circumstances that they ended up dying younger.

But if they take their own life, they have a hard time.

According to Ron, although the spirit will eventually go to the spirit world because the Creator is kind and loving, “They have to go on that journey in that world, another world that the Elders told me about, it's a scary place...but it is not hell - it's not brimstone and fire. It's a scary place and they go there and they will eventually get to the spirit world.”

In order to illustrate what needs to be done for people who commit suicide, Ron shared a story about a dream he had many years ago before he began his traditional journey. It was a dream about a friend who had been drinking and jumped off a bridge and drowned:

he died in August; August 17th he passed away. Sometime at the end of August or September, I'm not sure when it was, I had a dream about him. And the dream I had was, he came into, I was in a little room, in my room, some room I had, and he came in there and knocked on the door and I was happy to see him. He came

and sat on my bed and said, You know what, he was laughing, he was always laughing, and he said, you know what, Ron, I want to go tell my mother that I didn't really commit suicide. He said, I didn't really mean to do that, I didn't mean to do that. I was just joking. And I was telling him, well you shouldn't joke like that, you shouldn't do that, all these people are crying now, your mother is crying. I was giving him heck, eh. And he said, I didn't mean to do that. That was the end of my dream. And I had that dream three times in a row, three nights in a row. So that bothered me. And the family, I didn't know where the family was living, so I didn't know whether to talk to her or not, I didn't know how to get a hold of her. So I went to talk to an Elder. I offered him a cigarette and I went to talk to him. I told him I had this dream, and that's what he told me that I needed to do. This man was coming to me, his family didn't have those teachings, his family didn't have those teachings where they offer tobacco and feast and things like that for him. If his family had had those teachings, his family was religious, and they would have put an offering of food or tobacco out. So he told me to go out somewhere, where there is no animals or garbage around an area, and to go offer tobacco for George, his name was. If you offer that tobacco, a little bit of tobacco, even two cigarettes, two cigarettes, it's like a whole bunch over there in the spirit world, a huge amount. And he said, go offer that because that's what he needs, he said, he's lost in that dark world there, and he's crying for help. He doesn't know who to turn to. There's nobody offering anything, nobody's making offerings for him. So as soon as he told me that, I went walking around looking for a park, not a park, a nature setting, and I made an offering and I said a prayer for him. And I

never had that dream again about him, that dream. But that's what that man told me...That's the teaching about suicide.

Ron summarized the lessons he received through the dream by restating that many people because they have become Christians, have forgotten to do the rituals for their departed loved ones. In the situation of suicide Ron explains, " So I think, that's one of the things that I learned is that there has to be ceremonies for people who commit suicide, a ceremony because that spirit is troubled. It was troubled when it left here and it's troubled after it leaves, it's lost, it's a lost spirit." Ron concludes by saying that some of the ceremonies he's attended "are to help people get released from that dark side and move on, move on to another stage of life. So that is the teaching I got about suicide."

When Joan spoke about suicide she talked about the sacredness of life, that people did not talk about what happens after life on earth, and she shared a teaching about the eagle staff. She began by acknowledging the difficulties that brought young people to the point of suicide because life had always been considered sacred:

it was really sad for me to know that young people at that time had taken, decided and somehow went through such a terrible time to come to that decision to take their own life. It was a terrible place to be because we were always told through our teachings that our life was sacred, and it's really special and that the only one that can ever make decisions on our life was the Creator...the teaching is that life is sacred and each individual is very, very important. You as a person, as an individual, are valued in the community because you represented so much within the family.

Joan also talked about a gray area in life that people go to during difficult times and it is

this gray area that is referred to in suicide. Although the teaching was the sacredness of life, people were aware that suicide was a possibility as Joan explains:

they (the elders) tell us, yes, you are capable. One day you're going to come to this place where you're going to be in that gray area. So they talk about some of the things that can take us there, and one of the things they say is, one of the hardest things you can ever do is to let your child go. They have to go to the spirit, but they don't talk about it. They just tell us that, they don't talk about it. There's no teachings about it, but they do talk about suicide and they call it a gray area. "You know you can go, or you can get lost at that place", they would say.

The teaching Joan shared about the eagle staff not only explains how a person's journey can take them to the gray area, but it also explains how that person must be supported in order to get out of the gray area. It is a teaching of 'suicide prevention' in the traditional way. Joan begins by describing the eagle staff of her nation:

The eagle staff teaches us that everybody is on a journey. And this is the teaching of the eagle staff. The tree itself is a, the tree is natural, its not man made. It is just a tree that grows and then it has a loop. It just like the root of the tree goes up and into a loop and then it continues on. And then it is cut at the tip and from there they put the eagle feathers on it. And this represents the eagle staff...and the leaders who carry those eagle staffs, you know, we believe they are gifted with it because if you find a tree like that, it means you're gifted with an eagle staff.

Joan continues with her explanation of the eagle staff which represents the people's journey and how the loop acknowledges that as humans we can fall off or go into the gray area, but we can also get up and keep going around that loop with the right supports. Joan

shares this teaching:

So the teaching about that eagle staff is that when we look at it, we honour it because it represents our journeys, everyone's journeys, our journey as a people. And it lets us know that as we go straight and we keep on going, but then sometimes in our lives we can fall off, we can fall off the path and go off that journey. So that loop represents that falling off, or going to that gray area, or just not being on that red road. So that loop teaches us that each of us, we're only human. We're sacred, yes, our lives are sacred and special and individual and it's a gift, but we always have to not forget that we are just human beings...and sometimes we can come to a place where we are having struggles, you know, with alcohol, with suicide, with drugs, or any compulsive coping, anything that is very negative, so they can fall off. So the loop in that eagle staff we refer to it as that it's okay to fall off... And so the eagle staff teaches that as you go on this journey, yes it is possible to fall off, but then it also lets us know that yes, because of our teachings, our grandmothers look upon us and they always tell us, if you fall down, you don't stay there. You get up and you walk, and so they will talk to us about your responsibility to your life.

Joan continues to explain that what she understands about individuals who are suicidal:

people who are in that place, in that dark place and this is what I have learned, is people not being on the path, they're not on a journey, but they're in a place where they are lost, they're in a place where they can't get out, and so there is no place for them, so they are concentrating on leaving this world.

Joan concludes the teaching by describing the “sacred responsibility” of others who find an individual in that dark place:

and what the Elders have said about that is, if you see a person there, they would say if they are lost and the first thing they would tell us is, don't leave them, you stay with them. And so this is the way it was told to us, that they are, like what they would say is that, they were following their journey and they fell away.

They're in that part, or in the loop of the eagle staff. So right away, all of us, we have that responsibility to that person to help in any way that we can using our knowledge, using our teachings and to remind that person how important they are.

And that they have a journey and that everyone is around to help that person get onto that path.

The teaching of the Sacred Hoop acknowledges that life's path is not always straight and that there are circumstances or situations in life when individuals are vulnerable and may become suicidal. Even more importantly, the teaching includes a preventative strategy in which others in the community assist the suicidal person through that difficult time.

IV. The Medicine Wheel

The Medicine Wheel was described by most of the people who were interviewed as a way of life or life teachings. Among the areas explored in the topic included the participant's understanding of the Medicine Wheel, how it is incorporated into the teachings, and how it is applied.

Fran provided an overview of the Medicine Wheel which included her understanding of the literal Medicine Wheels, the symbolic meaning and description of how it is incorporated at a personal level, as well as the various terms it is recognised by:

And I have come to understand that it literally is a symbol. It has been defined or there have been diagrams of it or there are tangible Medicine Wheels that literally exist and I have been told that Medicine Wheels, some Medicine Wheels, our Creator has actually come and touched the earth, and at the very sacred places. And I've come to understand that many cultures around the world have a Medicine Wheel or a form of wheel that is their symbol throughout the life process. And what I really have come to understand is that the Medicine Wheel, in reality, is walking through our lives and understanding what we do, why we do it and the ramifications of our actions and behaviours on other people...I've also come to understand that the Medicine Wheel is called many things - it's the Circle of Life, the Sacred Tree, the Wheel of Life. Different nations have different names for the Medicine Wheel, but from my limited understanding it means the same thing. It's just a way people can formulate concepts. It's a philosophy, and it's also the enacting of the philosophy.

Fran explains that each of us has “that Medicine Wheel within us, we have that knowledge within us. And because that knowledge is within us, if we open ourselves up to each other, as I said a mother and child, that wheel touches the other person’s wheel.” The touching of Medicine Wheels is not of a physical nature but a flow between people as they are interacting with each other.

Although using different wording, Merle’s description of the Medicine Wheel was similar in that she views the Medicine Wheel as a way of life, a philosophy and a way to make sense out of the world. Her description of the Medicine Wheel includes the circle or cycle of life from childhood to crossing over to the other side and to being born:

And the Medicine Wheel, to me, is a way of life, it’s a philosophy, it’s a set of boundaries. It’s a way of childhood, it’s a way of being a woman, it’s a way of being a grandmother, it’s a way of being someone who can facilitate learning opportunities, it’s a way of being wise, it’s a way of crossing over to the other side. It’s a way of being born, it’s everything. I mean Black Elk said that everything an Indian does is in a circle...But it makes sense. It’s common sense. That’s what the Medicine Wheel is. It’s nothing mystical and it’s nothing magical. And when you need to you can crawl into the eye of that storm. You can crawl into your own medicine and say, I don’t want to be like what’s out there.

Merle explains how our medicine works with the Wheel or cycle by explaining how each individual is given medicine and:

the medicine is our life. If you considered life as a medicine that you use to nurture yourself, to help yourself grow, to maintain balance, understand who you

are. And the wheel part of that medicine is the motion that when you are conceived is put into place.

In the next quote, Merle explains the cyclical nature of the wheel and how we are touched by other people on our journey:

Your medicine begins to spin, your medicine begins to spin its cycle. So your life is cyclical, and as you develop and grow in that cyclical nature, that wheel spinning, year after year, season after season, month after month, week after week, day after day, minute after minute, second after second, as you spin your medicine on the earth, you touch people and you are touched by people who feed you bits and pieces of their medicine. As you grow older you become a collection of all that medicine that you encounter in your journey. And the older you get the more knowledge you gain about how to use that medicine. And when you get to be white haired, then you can teach about that medicine and the medicine that's affected you.

Ron understands the Medicine Wheel as 'Minopimatasiwin', which translated from Cree means the good life, and which he describes as the "journey of life from, right from the womb all the way to death, all the way to the Elder's stage, a journey of life." Ron does not call it the Medicine Wheel but rather he refers to it as the journey of life. He uses the feather teaching to explain the journey of life. He explains this teaching:

and the Elders, the teachers I talked to, used a feather as an example of life, from the nine months all the way to the end of their life, the Elder stage...I use every little strand on that feather as a teaching that a person has to learn, right from the small fuzzy feathers at the beginning of life. Those are all the things they have to l

earn, and part of that is learning language, learn to sit and walk, all that mastery, to learn mastery...But anyway all along the journey of life, there's teachings for women on one side and teachings for men on the other side of the feather and all part of that is no violence to each other. No violence to men, no violence to women, so all along there's teachings and there's rituals they have to know at every stage of life.

Ron explains that "mental, physical, spiritual and emotional mastery" occurs when a "society is functioning in a stable way" which allows the individual to "become the best person they can be in that society."

Joan refers to the Medicine Wheel as the Hoop of the People because the terms Medicine Wheel and suicide "are not used in the sacred circle...it's like they're non-existent." According to Joan, the Hoop of the People is a shield, a hoop and "a great gift that was entrusted to one of the spiritual leaders, and his name is Black Hawk. He was gifted with the Hoop of the People." Joan describes her understanding of the Hoop of the People:

It represents everything. It means unity, harmony, balance. It means fighting to keep the ways, it means fighting to keep it going. It represents the struggles of the people...it's again, very sacred to me, and to me mentally it represents a circle, and it brings to my mind, how the Hoop is important to the healing of the people, and also the suffering that I've seen. And I believe and know that this Hoop is necessary, very important to our goal and journey as a people. It represents all of the teachings and also the medicine...and the Hoop represents ceremonies for me, beautiful, very sacred times, about the past, and the story of creation, the sacred tree that represents health and wellness, dreams and visions, and I guess knowing

how this Hoop lets me know my expectations of myself and other people... And it gives us, I guess our code of conduct, our code of ethics, and I guess a model, discipline, and most of it which is represented in the Eagle Staff, and of course with it, there's many, many sacred songs to hold that Hoop together and those are the songs of the Sundance when the people are there together.

James agrees that "the Medicine Wheel is a concept that we use to reflect our understanding of the world." He also explains that there are many Medicine Wheels and different levels. For example, they can be a person's Medicine Wheel or a community's Medicine Wheel. Medicine Wheels reflect the cultures and ways of being and he refers to them as guides because they have specific teachings and "help you organize and think through and live through things you are experiencing."

Robert describes the Medicine Wheel as one's lifestyle, how one lives their life by recognizing the values and importance of everything in life. He talked about the Medicine Wheel in terms of living a good lifestyle which he describes:

to describe a person who lived that way, would be ... to say a good hearted person, to live with a good heart. To live a good life, the best one can do... You can't do more than that. But to do it in a respectful way. And to apply the Medicine Wheel, because there are a number of Medicine Wheels, and that's what it all boils down to, is applying it to the best, the best way that we can. But it not only benefits myself, but it also benefits everyone that I come in contact with...And the Medicine Wheel can be used in anything in life...because it's all part of that wheel of life.

Lesley spoke of the importance of the Medicine Wheel, the Medicine Wheel that

we all have within us and the need to bring those teachings back. He explained that “...once we start teaching our people the Medicine Wheel and what it means, you’ll always know when you’re out of balance. You’ll know where you have to go [refer to the Medicine Wheel] when you are over focussing.” Lesley uses the teachings about the four directions and the four stages of life on the Medicine Wheel in his work on a regular basis to help people recognise and understand their behaviours and to teach them how to change the negative aspects in their lives.

The Medicine Wheel concept has only recently been introduced to Mary’s community on the West Coast by people from the East who have been sharing their teachings. Although the Medicine Wheel is not a part of their traditional teachings, Mary can relate to certain aspects of it. She indicates that “it’s not unfamiliar, the teachings in our Big House, there’s teachings about the four corners of our Big House. Four is a sacred number to us so it just made sense, like there’s four directions. And the fire is the centre for us, and there’s a centre in the Medicine Wheel. So it was familiar, it was something that didn’t seem unfamiliar to us.” Mary also views the Medicine Wheel as a helpful tool in her suicide workshops. For example, she uses the Medicine Wheel model to help people to understand the need for balance and connectedness in their lives.

Four of the people interviewed clearly believed that the Medicine Wheel teaching should be available to everyone. Ron emphasized that, “The teachings we were given were, they were meant to be shared with anybody who has the respect and the desire to learn to be a good person.” The exceptions would be people who are disrespectful and exploit the teachings by making a profit on them through book sales and workshops. James agrees that Medicine Wheels can be used by anyone. He adds a caution that

Medicine Wheels are a reflection of world views which includes the world views of the Aboriginal peoples and their territories. As a result although “anyone can use a Medicine Wheel,” he believes “those it fits best are those who reflect a world view of Aboriginal peoples.” Both Robert and Lesley agreed that everyone can use the Medicine Wheel teachings. Joan indicated that the Hoop of the People “belongs to the people, and it’s all people always working to keep the wheel turning. It’s a responsibility for all the people so it means when you look at our families, the Elders, they keep the Hoop going...”

V. Working Towards a Solution

Individuals discussed the high suicide rates in many Aboriginal communities in terms of the loss or disconnection from family, community and the traditional culture and the discussion on ways to reduce suicide involved the need to reestablish those connections. Overall people spoke of the need to provide supports for individuals, families and communities to reestablish their sense of self-identity, self-esteem and sense of connectedness. The changes that were seen as necessary involved, not a return to the traditional lifestyle of living off the land, but a return to the values and cultural teachings of the previous generations.

James talked about the need for hindsight and vision. The hindsight provides people with the recognition and understanding of not only the historical circumstances, but also the ability to recognise the cultural gifts that the ancestors have provided. James expresses this need for hindsight:

I think one, as a people, is we have to recognise and understand what we've been through. And when I say what we've been through, I think of our, not just us, but our grandparents and our grandparents' grandparents. That we need to understand all the beautiful things that they had, that for whatever reason may have been blocked and not passed on to us. That we need to come to an understanding of those things that they have ready for us to use. That we have to be able to take those things that they have and figure out how to use them today. So I don't talk about that we have to give up everything and live in teepees, which I get so tired of so many people saying, but we have to know our values and our beliefs, our ways of being strong together as families, as communities, the way we help one

another grow so not only do I start living a better life, but our community, our people start living a better life.

The vision helps people recognise what needs to be done in order to support future generations. James refers to the need for “a perspective in terms of where we are headed and who helps us do that is our children, and our grandchildren, and our grandchildren’s grandchildren, that we need to do things today that’s going to support them to continue as our people.” The ability to reach out and support others needs to happen at different levels which include the individual, family and community. The individual level involves a personal commitment to a way of life - the good life. James explains about the need to focus on the strengths of individuals, the need to develop strong relationships with others, the need to encourage others with words and actions, and the need to talk to other people about living a good life.

Mary spoke about the need Aboriginal people have for connectedness, “for our people, we need to feel connectedness with all of these - the self, the family, the community, the cultural, and the natural world and the spiritual world. We need to feel connected to all of these in order to feel whole.” Mary contrasts the western approach to counseling with its focus on self-actualization to the needs in the Aboriginal community where “it is more about helping people get healthy because they have a need to feel connected to all of these in order to feel healthy. And also that we have, there has to be meaning to our lives, we have to have meaning. We need to feel there is a purpose for our lives.”

Mary provided a list of activities which Aboriginal people use to become healthy and to stay healthy. The list is based on a study by McCormick (1995) that drew on both

traditional and western perspectives. The range of activities involve anything that people identified as making them feel healthy from “participation in ceremonies, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing a spiritual connection, obtaining help and support from others, self-care, setting goals, anchoring in tradition, helping others... going to the sweat lodge.” The traditional ways of being healthy vary according to the traditions of the different cultures. For example, the West Coast peoples’ traditions did not include the sweat lodge, which is used in other areas for cleansing and healing, instead their tradition is cold water bathing in the ocean. Mary explained that many of her people “go cold water bathing because for us it’s bathing in cold water that’s cleansing for us. So that’s a real important part of our spiritual life. Going on the tribal journeys, canoes, travelling on a canoe because they go village to village, that’s healing for them.”

Robert suggested two approaches to changing the situation for Aboriginal people. The first approach is the need to “reclaim what is ours.” He explained that reclaiming what is ours is reclaiming “simply our identity, without any shame.” In order for this to occur he suggests that we need to go home, back to our communities, back to our Elders before they all pass on, because as “they are leaving this world...with them goes all those teachings, all those values and everything else.” The second approach is to start listening to the young people again. As he explains, “Words of wisdom comes from the Elders, but it also comes from the youth as well, it comes from the children as well. And that comes from our very own teachings.” As a way of illustrating his point, Robert shared the following story from his family:

I remember when I was a young child, I can remember, I had three sisters and three brothers, and I can remember when the family would be there, and that would include my parents, my aunts, my uncles, my grandparents. We'd sit around and after the meal, and everybody was involved in the conversations, nobody was excluded. Even my little cousins, I can remember, they were young and if they had something to say, everybody listened. Everybody listened. My grandmother, of course, my kokum, she was the head of the family, and she was always there of course. Even when the youngest child was talking, she would make sure that everybody else was quiet and would listen to that child. She would point out, yeah, that child has a right too. That child has a voice and that voice came from Creator as our voice did, so that voice is worthy of hearing and listening to. But now that's not there...

Merle agrees that adults have not been listening or paying attention to the youth. In fact Merle believes that the "youth has been disenfranchised as teachers to the adult world." She goes on to explain, "What a greater teacher than an adolescent, a hormonal adolescent to teach you patience, to teach you virtue, to teach what it means to be a good adult...They're our teachers and that place has been taken away from them." She then explains how society has categorized them in a similar way as they have done with the elderly:

We've done the same thing to our youth that we've done to our Elders. We just call it different things. We call the place we put Elders, old folks homes. We call the place we put the youth who are acting out, Manitoba Youth Centre. And the graduating thing is from there to Stony Mountain. So when you have a generation

of young people who don't believe in the adults that are in their lives, there's a vastness of hopelessness.

Merle believes that until the communities address the underlying issues honestly and openly, the youth will continue to reject what the "adult world is leaving them." Merle describes the difficult work involved in addressing the underlying issues in many communities:

Everything about stopping suicidality, about declining it, decreasing it is hard work....Suicidality and the work around it means that if a community embraces that and says, yes, we have this high suicide rate. And this is why we have this high suicide rate and this is what we have to do, they will say to themselves, we have high numbers of children who are molested on a weekly basis. We have children who are battered, and abused and neglected. We have wives who are controlled and battered from pillar to post. We have alcohol rates...and in stopping doing these things, I'm going to stand up, look in the mirror and do some self work, and whether that be fasting, whether that be going for therapy, whether that be going into treatment, whether that be saying I can't be your leader because I'm an alcoholic right now, and this comes first.

Another aspect of the work with suicide is what Merle identifies as:

helping people learn about their medicine. What this means is that we need to help people learn about what the good is in them, because someone who is suicidal has learned everything else. They've learned every part, every nook and cranny about them that is no good. That's why the suicidality fits. They don't have any dignity. They don't have self-worth. That's what dignity is - self-worth, to me anyway.

Absence of dignity, absence of self-worth is absence of self.

Fran speaks about the need to help people, especially the youth, to have a sense of belonging, balance and harmony. She believes that they need to be taught that:

first of all, that they belong somewhere, that even if they make mistakes, they still belong, and when they have a success, they still belong. It's celebrated. And if they make a mistake, you correct that mistake to the best of your ability. You help the people you have harmed to come back to their balance, to their sense of harmony, their sense of well-being. And yes, it would be the balance of the wheel, the balance within the wheel.

Joan was very adamant in proposing that it is very crucial to bring back the teachings "and then teach them, talk to them, to be with them." She also talked about meeting the challenge to bring back the teachings. She expressed it as:

I believe it [suicide] is challenging us as a people to bring back our ways, to not let go of those ways, but rather challenging us to bring it back. Because if we didn't get a challenge, I don't think we would work to bring it back. So I think, I believe that's one of the reasons why I feel that this situation is in our path.

The following quote is lengthy as it is important to capture the essence of Joan's description of what the young people need in order to be healthy:

And we have wonderful, wonderful teachings that the young people don't have today because they are the new generation, but we have important teachings about the drum, the heartbeat. The heartbeat is important and if they can stop to listen to the drum then they can hear their heartbeat and once they can hear their heartbeat, then they can connect to the heartbeat of our mother earth. That's one of the

teachings that we need to bring back to the young people, so it lets them know that they are important and they don't need to be where they are. So I guess for me, I'm saying that our young people don't have the strong teachings and values that we have as a people. But the most valuable teaching, I think, that the young people need is to know that they are gifted, that they are gifted, and that they do have a purpose in this life. And they need the exposure to all our teachings and that they need to know and connect with their heritage, with their legacy. And I guess what I'm saying is that they need to know the way to offer tobacco so that they can be connected to their sacred grandmothers and grandfathers. And also to have the connection to the circle and to learn, start to learn about that circle. And they need a circle to encourage them, whether it's a sharing circle, healing circle, sweat circle, just whatever circle that can be there for them. They need it and they need it now. And they need all the beautiful teachings that we have. They need that knowledge and that awareness needs to be there for them. And they need their teachers, they need their elders, they need the spiritual guides, helpers, and they need the whole family circle, that kinship that used to be so strong. They need that with them now.

Among the suggestions for change Lesley included are the need to bring some of the teachings back, to start "making our own decisions about how we run our communities,".... "that we start living some of our traditional ways of the clan system," and the people need to "start learning how to love themselves again...through ceremony...through learning to respect one another again."

Lesley emphasized how the need to be connected and to belong had been met in

the traditional communities through the strength of the families and community “We had such a strong family unit. We had such a strong community, a nation and we knew who we were.” He then used a story about the cultural practise involving the umbilical cord at birth to illustrate that many of our families and communities have lost that ability to meet the needs of belonging and connectedness. The story starts with a friend explaining to Lesley that many Aboriginal people today are searching for their self-identity because they are feeling disconnected and without a sense of belonging. The searching was described to him as “people are looking for their bellybuttons.” Lesley shares the story in these words:

I remember a friend of mine telling me, she said, well they’re looking for their bellybuttons. I say, what? She says, yeah, they’re looking for their bellybuttons. I say, explain. She says, well a long time ago, when you were born, your umbilical cord was taken and put into a pouch for a year. And if you lived for a year, they went and buried that in the land where you come from, so you always knew where you came from. They don’t do that anymore. Or if they do, it’s pretty odd. But that’s what they used to do, so you always knew where you came from, you always knew who you were, you always knew your people. That’s why our people are looking for their bellybuttons today.

The story illustrates not only the searching for identity, but the need to revive the cultural teachings and values to meet some of those basic needs.

CHAPTER FIVE

Summary of Findings

Introduction

The purpose of this study is to: 1) develop an overview of suicide in Aboriginal communities from an Aboriginal perspective, and 2) explore the use of the Medicine Wheel as a culturally appropriate approach to understanding and working with suicide in Aboriginal communities. In order to accomplish these objectives, eight Elders and traditional people from their respective communities were interviewed to determine their views of suicide in Aboriginal communities and to gain a deeper understanding of the Medicine Wheel concept. This chapter will begin by summarizing the findings from the interviews and examine them in relation to the literature review on Aboriginal suicide, the Medicine Wheel, Aboriginal world views and Durkheim's sociological theory of suicide. The discussion will include a summary of potential implications of the findings and suggestions for social work research with Aboriginal people.

Suicide in Aboriginal Communities: The Findings and the Literature

Contributing Factors: Historical and Contemporary Effects: An Overview

As a starting point for the study it was important to establish an understanding of how Aboriginal people view suicide among their people. In other words, the first objective was to gain an understanding of an Aboriginal perspective on what has contributed to and maintained the high suicide rates in some of the Aboriginal communities in recent decades. While the findings from the interviews, which outlined contributing factors, were generally supported in the literature review, the overall emphasis or order of importance varied between the findings and the literature review. In

order to provide a concise overview of this aspect of the study, table 5.1 on the following page will list the contributing factors discussed in the literature review and the contributing factors referred to in the interviews regarding suicide in Aboriginal communities.

Table 5.1

Summary of Contributing Factors: The Study's Findings and the Literature Review

<u>STUDY'S FINDINGS</u>	<u>LITERATURE REVIEW</u>
<u>Historical Events:</u>	<u>Social and Economic Factors:</u>
<ul style="list-style-type: none"> • Colonization • Residential schools • Christianity/Churches' role • Banning the ceremonies • Child Welfare - Adopting out the children • Racism 	<ul style="list-style-type: none"> • Acculturation • Anomie • Racism • Resettlement • Poverty • Lower education levels • Unemployment • Households with a high number of occupants
<u>Historical and Contemporary Losses:</u>	<u>Intra-personal and Interpersonal Factors:</u>
<ul style="list-style-type: none"> • Loss of connection/support of family • Loss of connection/support of community • Loss of connection/support of Elders • Loss of connection/support of traditional teachings and ceremonies • Loss of traditional roles • Loss of connection to the land • Loss of parenting skills • Loss of language • Loss of traditional ways of teaching - education 	<ul style="list-style-type: none"> • Mental health issues • Previous suicide attempt • Health concerns • Substance abuse • Low self-esteem • Family conflict • Loss of a parent • Foster care/adopted status • Loss of a family member • Suicide attempts by family members or friends • Alienation from family and/or community • Relationship problems • School and employment problems • Involvement with the justice system • Childhood sexual or physical abuse
<u>Long Term Effects:</u>	
<ul style="list-style-type: none"> • Sense of futility • Sense of despair • Loss of dignity • Loss of self-esteem • Collective hopelessness • Hurt/broken spirit - individuals, communities and nations • Anomie 	
<u>Related Compounding Issues:</u>	
<ul style="list-style-type: none"> • Grief from multiple losses • Trauma • Child abuse/neglect • High incarceration rates • Alcohol/substance abuse related concerns • Health related issues • Poor living conditions • Domestic violence 	

While the contributing factors for suicide in Aboriginal communities from the study's findings and from the literature review had many factors in common, the context in which the factors are presented is very different. The study's respondents viewed suicide from a position that placed suicide within a historical perspective which has contributed to the ongoing contemporary losses and issues facing Aboriginal people today. While some researchers have referred to acculturation as a factor in suicide, the emphasis in the majority of studies is related to the current situation or immediate factors that are confronting individuals who are suicidal or who have committed suicide. In their search for an understanding of the increase in suicide rates, the respondents started with a broader historical perspective that explained the changes within their communities. They spoke about the changes that colonization created through the external influences of residential schools, the introduction of Christianity, the banning of ceremonies, and the effect of child welfare in their communities. The ramifications of these external influences are described as losses that negatively impacted Aboriginal individuals, families, communities and nations. Because these losses are related to the support and connections that are so integral to Aboriginal cultures and therefore to the well-being of individuals and families within communities, the losses are viewed as critical factors contributing to the present situation.

The respondents spoke of the losses in terms of loss of connection and support of vital traditional roles within their culture including those roles that were affected in relation to: families, communities, elders, traditional teachings and ceremonies, traditional roles, connection to the land, languages, parenting skills, and traditional ways of teaching. The loss of these cultural components have in turn contributed to a sense of

futility, despair, loss of dignity, low self-esteem, collective hopelessness, the hurt or broken spirit of individuals, communities and nations. As Aboriginal people experienced the multiple cultural losses that interfered with their natural support systems, other factors such as trauma, child abuse and neglect, high incarceration rates, alcohol and substance abuse, health concerns, poor living conditions, and domestic violence impacted many communities contributing to higher suicide rates.

Another area addressed by the study's participants that is related to the historical perspective is the reference to the generational effects, which indicate that not only did the process of colonization and the resulting losses start with previous generations but the effects appear to be compounded with each generation. Individuals who were raised in communities where many of the traditional teachings and culture were intact during their childhood testified to the significant changes that have occurred over the last two generations. The current generation of young people is seen as being several generations removed from the traditional culture and ways of coping and they are also witnesses to their parents and grandparents struggles for survival in the face of multiple losses. As a result, without many of the traditional strengths and supports from the communities and families intact, many youth are left in situations in which they are even more vulnerable than previous generations.

Several of the study's participants also referred to a sense of "collective hopelessness" and "our peoples' hurt" in a spiritual sense. Their comments capture the overall sense of loss experienced by the Aboriginal people in a relatively short period in history.

Overall the respondents in this study discussed suicide from a holistic perspective that took into consideration the historical aspects of colonization, the impact of colonization in their communities over time and the influence it continues to have. In other words, the high incidence of suicide in many Aboriginal communities was viewed from a macro perspective and was not viewed by the participants in isolation of historical conditions or in isolation of the overall experience of Aboriginal nations, communities and families.

While the literature review indicates that many of the current studies are beginning to acknowledge social and economic factors, such as acculturation, anomie, racism, resettlement, poverty, lower education levels, and unemployment in relation to Aboriginal suicide rates, the emphasis is often on the specific and current circumstances of the individuals who have attempted or committed suicide in particular communities.

There are two possible explanations for the different perspectives on the causes of suicide. One explanation could account for the differences in approaches to the studies. For instance the present study was not examining suicide in one particular community but rather approached the subject in terms of the overall incidence of suicide in Aboriginal communities, whereas the majority of studies reported in the literature are conducted within specific communities or with specific groups of First Nations peoples. Therefore the participants' responses for this study may have resulted in a broader conceptualization and reporting of the contributing factors, while the other studies' findings would be specific to the circumstances of the particular communities they were investigating.

The other consideration could be related to a difference in world views. This study, for example, was based on the responses of traditional Aboriginal people whose

world views incorporate, for the most part, an Aboriginal world view that acknowledges the collateral approach and a time orientation that emphasizes the past, present and future as indivisible. In that case it would be reasonable to anticipate that the responses in this study would reflect a concern for the collective and a consideration of how the past influences the present and the future. On the other hand, the majority of studies in the literature on suicide in Aboriginal communities would be reported by individuals who would incorporate a western world view that have a lineal or individualistic approach and a present/future orientation. As such, it could be anticipated that they would approach the investigation of suicide with a focus on the effect of contributing factors at the individual level and view the present circumstances and its impact on the future as more relevant to the occurrence of suicide.

An Explanation for Lower Suicide Rates in Earlier Generations

There is very little discussion in the literature on suicide rates among Aboriginal people before the 1960s. What the literature does indicate is that suicide among Aboriginal people was not seen as a problem in the United States until 1968 when Senator Robert Kennedy was on a campaign and fact-finding visit to an Aboriginal community in the West Intermountain area of the United States. His visit occurred at a time when an Aboriginal youth from that particular community had committed suicide. Further investigations revealed that the community was experiencing a rapid increase in suicide rates during that period of time (Driver, 1969; May, 1987; Johnson & Tomren, 1999).

References to suicide in Aboriginal communities before that time were scarce. Driver (1969) makes the statement that suicide “probably occurred in all culture areas,

although not necessarily in all individual societies within the area” (p. 377). Driver (1969) describes the reasons for suicide among various Aboriginal groups during earlier periods of history:

The emotional disturbances responsible for suicide were caused by such experiences as disappointment in love, family troubles, illness and incapacitating senility, remorse after unintentionally causing the death of another, fear of revenge after injuring another, fear of being taken captive by an enemy, and loss of rank in cultures which placed a premium on high rank. (pp. 373 - 374)

Writing in 1986, Fenton documented ten cases of suicide among the Iroquois people for the period of 1790 to 1838 (p. 448). Fenton refers to that period as “times of trouble” when the frequency of suicides increased as “white pressure mounted to grab Indian lands” (p. 456).

Diversity among Aboriginal cultures would indicate that the reasons for suicide, the sanction of suicide in particular societies, and the actual rates would vary according to the group. Hallowell illustrated this point in his 1955 study of the Ojibwa of Berens River, when he reported that “suicide is unknown” among the group (as cited in Driver, 1969, p. 444). So while suicide was a factor in Aboriginal communities, there is no indication from historical accounts that suggest the number of suicides were disproportionately high or that it posed a threat to the survival of the various groups.

The majority of this study’s participants recalled that suicide was rare to non-existent in their communities in earlier generations. Several suggestions were put forth as an explanation for the low incidence of suicide in previous generations. Participants suggested the following reasons for lower suicide rates among Aboriginal people during

earlier generations:

- 1) Individuals and families were more self-reliant;
- 2) Individuals within the communities still maintained many of their traditional roles and lifestyle;
- 3) Individuals and communities had more control over their lives in a way that reflected their culture;
- 4) There was a closer connection to the land in a physical and spiritual sense;
- 5) The Elders still played an important role in maintaining traditional values;
- 6) The cultural teachings were still intact in many communities;
- 7) The families and communities were well integrated and supportive of individuals;
- 8) The Aboriginal societies were stable and provided for people's basic needs while providing meaningful roles for all members of that society.

The aforementioned factors describe societies that reflects healthy, well-balanced cultures that were supportive of individuals and families. It is a society that people can still reflect back on and grieve for the losses that occurred when the full impact of colonization was realized.

The literature on suicide among Aboriginal people does not address the historical aspect of suicide in Aboriginal communities in any detail. Rather than examining the direct effects of colonization on communities and suicide rates, some studies refer to the acculturation experienced by Aboriginal people. Depending on how the term acculturation is being defined it could be assumed that they are inferring that the process has been voluntary and not forced. For example, acculturation is defined by Webster's Ninth Collegiate Dictionary (1991) as "1: cultural modification of an individual, group, or

people by adapting to or borrowing traits from another culture; also: a merging of cultures as a result of prolonged contact” (p. 50). This definition does not describe the negative or forced aspects of acculturation. Garcia and Ahler’s (1992) description of acculturation defines the experience of Aboriginal people more fully:

the cultural change that occurs when two or more cultures are in persistent contact. In this process, change may occur in each of the cultures in varying degrees... A particular kind of acculturation is assimilation, in which one culture changes significantly more than the other culture and, as a result, comes to resemble it. This process is often established deliberately through force to maintain control over conquered peoples, but it can occur voluntarily as well.

(cited in Garrett & Pichette, 2000, p. 8)

Garcia and Ahler’s (1992) definition of acculturation acknowledges both the voluntary and the forced aspects of the acculturation process. While Aboriginal cultures have never been static in terms of adapting and borrowing ideas and cultural practices from other Aboriginal groups and other cultures, many of the changes that resulted from colonization were forced changes that have resulted in dire circumstances for many communities. It is evident from this study’s findings that respondents did not view the losses experienced by their communities as voluntary when for example, their ceremonies were legally banned or when education for Aboriginal children became compulsory and they were forcibly removed from their communities to attend residential schools (Timpson & Semple, 1997). It is also evident from this study’s findings that Aboriginal individuals do not view the colonization process as a historical event that does not have current relevance to their day to day existence. It is not an old story or theory that needs to

be put on the shelf to gather dust, because for many Aboriginal people it is their daily reality, and, colonization and its legacy needs to be acknowledged in the search for solutions to the problems that it has created. It is only by knowing our past that we will understand the present and be able to move on to a healthier future.

A Culturally Based Perspective of Suicide

In the 1960s when suicide was discovered as a 'problem' in some Aboriginal communities Aboriginal people quickly became stereotyped as 'suicidal Indians'. What most people in society have not recognised is that historically, suicide has not been an issue for Aboriginal people. While it was not unknown in many cultures, its occurrence was rare to non-existent. As several of the study's participants noted, there is not even a word for the term suicide in the Aboriginal languages that they are familiar with (Robert, Joan, Merle). It is also evident from Joan's teaching from her culture about the Eagle Staff that people were aware that under certain circumstance people could go to that 'grey area' where they felt that life was unbearable and suicide then became a consideration. One of the underlying purposes of the Eagle Staff teaching was to acknowledge that people can and do go off the path when they come to a grey area in their life and at that point they cannot see beyond the immediate hopelessness of their situation. The other purpose of the teaching was to ensure that others in the community, who became aware of that person's vulnerable state, would ensure that the necessary supports were in place to assist the person through the grey area and back onto the path of life.

Six of the eight individuals who were interviewed shared their understanding of their cultural teachings about suicide. The common themes of these teachings are listed as follows:

- 1) They are really teachings about life for two reasons 1) because the teachings are based on the belief that life is a gift from the Creator to each person that is born; and, 2) the term death does not describe the cultural belief that a person's spirit does not die but continues on to the spirit world or crosses over to the other side, so it is a continuation of life;
- 2) The gift of life is sacred and must be respected;
- 3) Everyone is given tasks to be completed during their journey on earth;
- 4) When a person commits suicide they are leaving their tasks on this side unfinished;
- 5) When a person commits suicide and they have not completed their tasks they do not immediately cross over to the other side, but are caught in between in a place described by participants as "between the birth and spiritual home", "caught here and there", in a place where they are "lost or stuck", "another world ...a dark world";
- 6) There are ceremonies that need to be performed to help the spirit move on; and
- 7) The spirit eventually crosses over to the other side.

While the above summary points out the common themes of the teachings that were shared during the interviews, it is important to acknowledge that each culture has its own specific teaching and understanding and should be respected on an individual basis. One participant stated that there are no teachings about the ones who go to the spirit; "they don't talk about it. There's no teachings about it, but they do talk about suicide and they call it a grey area." Another participant explained that those teachings are a "very sacred doorway" that are only spoken about in specific ceremonies.

In view of the sacredness of the teachings, I believe these teachings were offered out of a concern for the Aboriginal people and especially for the youth who do not have the benefits of the cultural teachings and who have given up on life. The teachings illustrate the historical reverence and respect for life and dispel any myths that suicide is an acceptable solution for Aboriginal people.

Working Towards a Solution: An Aboriginal Perspective

To this point, suicide in Aboriginal communities has been discussed in terms of the historical and contemporary factors resulting from colonization, why suicide rates were lower in previous generations, and how suicide was viewed through the cultural teachings. Very briefly stated, the findings in this study indicate that suicide rates were lower in previous generations because individuals, families and communities had more control over their lives, lived a more traditional lifestyle that reflected their culture and spiritual teachings and which provided for their physical, emotional, intellectual, and spiritual needs. The cultural teachings about the respect for life, the availability of traditional community supports, plus the communities' ability to meet basic needs helped to maintain the low suicide rates. As colonization progressed over several generations, communities began to experience the consequences of numerous losses which in turn negatively impacted their ability to maintain their traditional lifestyle. One of the results from these losses was an increase in suicide rates.

The discussion will now turn to an overview of the what the participants view as necessary to overcome the high suicide rates. As noted in an earlier section, individuals discussed the high suicide rates in many Aboriginal communities in terms of the loss or disconnection from family, community and the traditional culture and the discussion on

ways to reduce suicide involved the need to reestablish those connections. Overall people spoke of the need to provide supports for individuals, families and communities, to reestablish their sense of self-identity, self-esteem and sense of connectedness. The changes that were seen as necessary involved, not a return to the traditional lifestyle of living off the land, but a return to the values and cultural teachings of the previous generations. A brief summary of the participants' comments is as follows:

- 1) We need the hindsight to recognise and understand what we have been through (colonization);
- 2) We need to have the foresight to know and understand our values, our beliefs, our ways of being strong together as families and as communities in order to support future generations;
- 3) We need to feel the connectedness of the family, the community, the culture, the natural world and the spiritual world;
- 4) There has to be meaning and purpose in our lives;
- 5) We need to reclaim our identity by going back to the Elders for their teachings;
- 6) We need to start really listening to the children and youth;
- 7) We need to help people, especially the youth, to have a sense of belonging, balance and harmony;
- 8) We need to bring back the teachings and ceremonies and share them with the young people;
- 9) We need to start making our own decisions about how we run our communities; and

- 10) We need to start learning to love ourselves again through ceremony and by learning to respect one another.

Several aspects of this portion of the interviews were unanticipated from the view point of what is presented in the literature and the media. The first aspect is that the people interviewed addressed the solution to the high suicide rates from a social perspective rather than from an economic, political or legal perspective. Everyone who was interviewed expressed the need to return to the cultural teachings, ceremonies and ways of being in order to prevent the high suicide rates. With the exception of one individual who suggested that “We need to start making our own decisions in our communities”, no one referred to the efforts of self-government, land claims, the economic or legal implications of decolonization.

Another area that differs in the participants’ approach to suicide that is not reflected in the literature on Aboriginal suicide is the comprehensiveness of the discussion on the spiritual aspects. This difference between approaches is noted by Dyck (1996) who commented that “Aboriginal science openly advocates a spiritual aspect that is absent from conventional Western science” (cited by Zaph, 1999, p. 142).

It should also be noted that the suggestions for prevention of suicide were for the most part discussed in the first person (i.e. we need to...) which indicates a recognition that solutions must come from within the communities and not be imposed from outside of the communities.

The Medicine Wheel: An Overview

While the term, Medicine Wheel was familiar to all participants, not everyone viewed it as a term which described their cultural perspective. One individual in

particular indicated that although some features of the Medicine Wheel resembled some of her culture's teachings, the concept has only recently been introduced to her community on the West Coast. She believed that as a model it was helpful in her work with suicidal people to explain such ideas as the need for balance in the physical, emotional, intellectual and spiritual aspects of individuals' lives.

Two individuals acknowledged the term Medicine Wheel but preferred to discuss it in terms that were familiar to their First Nations. Ron, for example, stated that he does not use the term Medicine Wheel. Instead he refers to it in his Cree language as Minopimatasiwin, which translates as the good life. Minopimatasiwin begins at birth and goes all the way to the Elder stage. He also referred to it as life's journey which encompasses all the things you need to learn throughout life.

Joan explained that the Medicine Wheel is a "non-Aboriginal word" or concept and rather than refer to the Medicine Wheel, she spoke about a concept that is known in her culture as the Hoop of the People. The Hoop of the People is considered very sacred as it also encompasses all the teachings and medicines and a code of honour to live by.

Merle appeared to be comfortable with the term Medicine Wheel and described it as a "way of life, it's a philosophy, it's a set of boundaries" that encompasses everything from birth to "crossing over to the other side." Robert described the Medicine Wheel as one's lifestyle which involves living with a good heart and doing the best one can do in a loving and respectful way. Lesley spoke about the Medicine Wheel that each of us has inside of us. He was also comfortable using the Medicine Wheel as a teaching tool. James described the Medicine Wheel as "a concept that we use to reflect our understanding of the world. It reflects our culture and our ways of being."

Fran appeared to describe the Medicine Wheel on different levels, for instance as being “tangible Medicine Wheels that literally exist”, as a “great teaching tool” and as a “way to formulate concepts.” and as a philosophy and the enacting of the philosophy.

While the manner in which individuals describe the Medicine Wheel appears to suggest many similarities in the overall views expressed, there also appears to be differences in the way the Medicine Wheel is conceptualized. For some individuals, the Medicine Wheel concept appears to parallel similar teachings in their culture that are based on the circle and incorporates the teachings of their culture. For others, the Medicine Wheel describes a way of life, life’s journey and a philosophy of life. The Medicine Wheel was also discussed in terms of a teaching tool or model which can be used to talk about teachings such as the need for balance in life.

In summary, the literature review and the study’s findings suggest the following overview of the Medicine Wheel:

- 1) Numerous tangible Medicine Wheels sites, some of which have been determined to be thousands of years old, exist throughout the mid-western areas of Canada and the United States;
- 2) The original history including the purpose and original names for these sites has been obscured to researchers over time;
- 3) According to Grinnell (1922), the term Medicine Wheel was first used in the September, 1895 edition of the *Field and Stream* when it reported on what is known today as the Big Horn Medicine Wheel in Wyoming (cited in Vogt, 1990).
- 4) These sites are still considered sacred to many Aboriginal people;
- 5) The circle is integral to Aboriginal cultures and to the understanding of the

teachings reflected in the Medicine Wheel teachings;

- 6) The Medicine Wheel as a model is described as a representation or symbol of the many teachings Aboriginal people have about life and can be used as a teaching tool;
- 7) The term Medicine Wheel is not an indigenous term; different Aboriginal cultural groups have their own terminology to describe related concepts or teachings of their particular culture;
- 8) Some participants in this study described their understanding of the Medicine Wheel as encompassing a way of life, a philosophy, the good life, a reflection of cultures, ways of being, living with a good heart, and life's journey;
- 9) The Medicine Wheel model appears to incorporate similar teachings as the Sacred Circle, the Circle of Life, the Sacred Tree, the Hoop of the People, Minopimatasiwin etc., but each culture has its own teachings and ceremonies which are practised according to their traditions.
- 10) The Medicine Wheel is viewed as a model of the Aboriginal world view.

While the majority of participants agreed that the knowledge and use of the Medicine Wheel should be available for all people to use, there were some cautionary notes. For example, Ron agreed that the teachings are “meant to be shared with anybody who has respect” and who does not exploit the teachings or the people who share them. James explains, although “anybody can use a Medicine Wheel, I believe those it fits best are those who reflect a world view of Aboriginal people.”

Durkheim's Theory on Suicide

The interview format was not designed to capture the participants' knowledge of Durkheim's theory on suicide as it was assumed that although anomie is a concept familiar to individuals who have studied or worked in the area of suicide, most community people would not have an interest in the theory. As a result there was only one participant who mentioned suicide in terms of 'anomie'. The individual did not go into any detail about anomie but mentioned it briefly in the context of Aboriginal youth who are suicidal.

The subject of Durkheim and functionalism was included in the literature review for two reasons, the first reason was to gain an understanding of the theory that is most frequently applied to suicide in the Aboriginal community. The second reason was to begin working towards an understanding of how the theory fits with the Aboriginal world view and if it indeed describes the incidence of suicide in Aboriginal communities. The following review of Durkheim's concept of anomie and his functionalist theoretical underpinnings are included as an overview of my understanding of the theory gleaned from the literature review.

Durkheim, Functionalism and Anomie

Briefly and simply stated the following points that were established in the literature review that relates to Durkheim, the functionalist theory and Durkheim's theory on anomie include:

- 1) Durkheim investigated suicide from a sociological perspective in which the causes were seen as having their basis in society and not in the individual. The one drawback in this approach, in which Durkheim felt it was necessary to confine

sociological exploration to the external, general and objective aspects, was to ignore the individual factors and the subjective aspect, which include perceptions, beliefs, attitudes, and motives in the study of suicide (Lukes, 1973).

- 2) Durkheim's view of human beings is that they are essentially egoistic and their wants always exceed the means to satisfy them (Ellis, 1987) and Durkheim's view that humans' greed, lusts, and needs are infinite has been described as Machiavellian (Salomon, 1960);
- 3) In Durkheim's view, society with its collective conscious, is the only force in a position to play the restraining role for individual's unlimited desires;
- 4) Anomic suicide is a result of anomie or a state of rulelessness when society is unable to regulate individuals' needs and their satisfaction "or, in other words, the weakening of the moral constitution" (Abraham, 1973, p. 209);
- 5) Durkheim has a transcendental perspective in which he views society as an "entity different from and superior to individual men" (Horton, 1964, p. 289).
- 6) Durkheim maintains a consensus view of society that does not address conflict among different interest groups in society or the different values and beliefs of individuals and groups (Pope, 1975; Mishra, 1977; Giddens, 1976; Ritzer & Bell, 1981);
- 7) The functionalist perspective supports a notion of social control in order to maintain order; therefore in the interests of a cohesive society, dissension and disharmony must be controlled (Mishra, 1977);
- 8) The consensus view is seen as having an uncritical view of the status quo and as a result are viewed as identifying with the ruling powers (Mishra, 1977);

- 9) While the functionalist perspective expresses an awareness of history, functionalists are described as ahistorical in that they “see society as a reality which is unconnected with a particular historical period and look for those social needs which all societies always have” (Chambliss, 1976, p. 27);
- 10) Deviant behaviour, in which suicide is included, is seen as both normal and necessary under certain conditions as it performs important latent functions in society (Ellis, 1987; Nisbet, 1974; Jones, 1981; Durkheim, 1951, as cited in Lukes, 1973);
- 11) Durkheim was critical of capitalism which he saw as contributing to the deterioration of society because of its focus on economic individualism and political liberalism (Horton, 1964; Prager, 1981);
- 12) Durkheim used the term anomie to “describe the overall deterioration of moral restraint in society” which he considered was the result of deregulation through the development of industrial society and the dominance of the economy over other institutions (Morrison, 1995, p. 186);
- 13) It was Durkheim’s view that the combination of humans’ insatiable needs and anomic conditions in society which fail to regulate individuals’ passions that lead to anomic suicide;
- 14) More recent interpretations of Durkheim’s concept of anomie such as Merton’s normlessness, which describes the disjunction between legitimate goals and society’s ability to provide the opportunity to realize the goals, is said to have transformed Durkheim’s original meaning of anomie (Thompson, 1982); and
- 15) Durkheim (1951) believed that “Poverty protects against suicide because it is a

restraint in itself” because the less a person has the less tempted they are to extend their needs indefinitely (p. 254). According to Wolff (1960), Durkheim believed that anomic suicide prevails “in the worlds of industry and finance, among workers and managers alike” (p. 260).

Having reviewed Durkheim, the functionalist theory and Durkheim’s theory on anomie, the next section will review Aboriginal world view and supporting values and then turn to a discussion of Durkheim’s perspective on suicide in relation to Aboriginal world view.

Aboriginal World View and Value Orientations

The literature review in Chapter Two provided an overview of value orientations as proposed by Kluckhohn (1961). The literature indicated that the value orientations of Aboriginal people presented a contrast to mainstream society's value orientations. In other words, Aboriginal people have a different world view than mainstream society. Table 2.2 outlines the two different world views based on Kluckhohn's (1961) value orientation paradigm.

Table 2.2 Summary of Value Orientations for Dominant Society and Aboriginal

Orientation	Dominant Society	Aboriginal
Human Nature	Neutral	Good
Man - Nature	Mastery over Nature	Harmony with Nature
Time	Present/Future	Past/Present/Future
Activity	Doing → Being in Becoming	Being in Becoming
Relational	Individualism	Collateral

Table 2.2 is included to provide an overview of the literature review pertaining to the value orientations of Aboriginal people and the dominant society. As indicated by Table 2.2, Aboriginal peoples' view of human nature is generally described as good, while dominant society views human nature as having a neutral orientation. The relationship of man to nature for Aboriginal people indicates a harmony with nature orientation, while mastery over nature is descriptive of dominant society's orientation. For Aboriginal people time is conceived as inclusive of past, present, and future, while dominant society stresses the present and future. The activity orientation for Aboriginal people is described as being-in-becoming whereas for dominant society it appears to be

moving from a doing orientation to a being-in-becoming orientation. Finally, the relational orientation for Aboriginal people is collateral while dominant society stresses the importance of the individual.

Chapter Two also included a discussion of the traditional Aboriginal values that are identified in the literature. An overview of the values is presented in the context of their relationship or fit with the value orientations as they contribute to and describe an Aboriginal world view. Table 2.4 provides an overview the values which act as supporting values in the discussion of value orientations.

Table 2.4 Aboriginal Value Orientations and Supporting Values

Value Orientations - Aboriginal	Examples of Supporting Values
Human Nature - Good	View of Children respected as Gifts View of Women as Life Givers, Equals View of Elders Respected for their Knowledge and Wisdom
Man-Nature - Harmony with Nature	Metaphysical Approach Respect for all of Creation Connection to the Land
Time - Past/Present/Future	Respect for Traditional Ways and Teachings View of Life as Continuation into the Spirit World
Activity - Being in Becoming	Respect for all of Creation Cooperation Emotional Restraint
Relational - Collateral	Extended Families Sharing Cooperation Non-Confrontational Non-interference Consensus Decision Making Alternative View of Justice Children Respected as Gifts Women as Life Givers, Equals Elders Respected for their Knowledge, Wisdom, Stories, and Teachings

Although the interview questions were not specifically formulated to capture information related to Aboriginal world view or to identify values, many of the values attributed to Aboriginal people in the literature review were present throughout the interviews. While many of the values were stated explicitly during the interviews, others were implicitly woven into the context of the discussion.

For example, the values describing the importance of extended families, the relationship of the individual to the community, the roles of the Elders in the community,

the belief that life is a gift from the Creator, respect for the children and the connection to the land were discussed by the participants. Other values were more implicitly stated. For example, the view of time as past, present and future could be found in the statements such as the references to life as a continuation rather than as ending in death, the references to the past in terms of traditional culture and history, and expressions of concern for the present generations.

Overall, the information presented during the interviews supports an Aboriginal world view. Many of the cultural values expressed by the participants have been identified in the literature as Aboriginal values which describe an Aboriginal world view.

Aboriginal World View and Durkheim's Theory

The Aboriginal perspective presented through the interviews and Durkheim's perspective on suicide agree on the need to analyse the incidence of suicide on a societal level. While the Aboriginal perspective considers the impact of colonization which has brought about dramatic changes in relation to all components of traditional lifestyles including the economic, political, educational, spiritual and cultural aspects, Durkheim focussed on the anomic conditions related to the economic and political spheres. Where the two perspective begin to diverge is in the consideration of individual needs. The traditional Aboriginal perspective includes a concern for individuals within the group and has established traditional ways to maintain support for individuals in need of their support. Durkheim, on the other hand, supported the view that suicide should be viewed only in relation to "social causes" (Durkheim, 1951, p. 52).

Durkheim investigated suicide from a sociological perspective in which he felt it was necessary to confine sociological exploration to the external, general and objective aspects and to ignore the individual factors and the subjective aspect, which include perceptions, beliefs, attitudes, and motives in the study of suicide (Lukes, 1973). It should be noted that this approach was positive at the time of its inception as it was an important move away from the prevailing view which promoted the idea that suicide was a result of individuals' flaws. Unfortunately, if Durkheim's theory on suicide is strictly applied, the subjective, spiritual and psychological aspects of suicide would not be considered. This approach is in contrast not only to many mainstream approaches to suicide but it is also in contrast with the Aboriginal approach which views wellness in terms of the balance of the physical, emotional, intellectual and spiritual aspects of individuals, family and

communities. While a theory which describes suicide should consider factors at the societal, community and family levels, it should also consider the physical, emotional, intellectual and spiritual aspects at the individual level.

One area reflecting a difference between Aboriginal peoples' and Durkheim's views involves their differing perspectives of human nature. Aboriginal people view human nature as intrinsically good while Durkheim's view of human nature, which describes humanity as egoistic and having insatiable needs, indicates a view of humans as bad/evil. In Durkheim's view, humankind needs a mechanism such as a collective conscious represented in society to regulate and to restrain their limitless desires. Rather than seeing a need to restrain community members, Aboriginal people respect the autonomy of individuals and practice non-interference.

Another area of difference in value orientation is the relational orientation in which Aboriginal people support a collateral approach. While Durkheim views the collective or society as the main source of restraint and social control, his writings indicate a concern with the individualistic tendencies of egoistic human beings whose main concern is for their own individual well-being. Collaterality for Aboriginal people includes the concept of primacy of the goals and welfare of the group through "a well-elaborated system of *positively* stated duties and obligations to the collectivity" (Italics added) (Boldt, 1993, p. 150). The individual's rights within the collective were honoured and non-interference supports the belief that "No one could dictate the path that must be followed" (Ermine, 1995, p. 108). Many of the values discussed earlier such as sharing, cooperation, a non-confrontational approach, an alternative approach to justice, and consensus decision making all support a collateral approach.

Durkheim's transcendental view of society in which he views society as an entity different from and superior to individuals (Horton, 1964), is in contrast to the Aboriginal view that reflects an immanent view in which humans are considered not only an extension of society but an extension of all creation. Traditionally, Aboriginal people support an egalitarian approach which not only respects all community members including men, women, children and elders, but also views humans as a part of the creation and not above or superior to the rest of creation.

Durkheim maintained that poverty protects people from suicidal tendencies because the less they have in life, the less they are tempted to extend their needs indefinitely. Instead he attributes higher suicide rates among the workers and managers within industry and finance (Wolff, 1960; Durkheim, 1951, cited in Lukes, 1973). If this aspect of the theory were correct, suicide rates would be much lower among Aboriginal people who have been identified as the most impoverished people in Canada and who experience extremely high unemployment levels (Bartlett, 1988).

Another area of consideration includes the Aboriginal people's current position in society, which is often seen as being in conflict with the ruling powers as a result of the colonization process, self-government efforts and land claim disputes. Historical accounts also indicate that while group consensus helped maintain within group cohesion, conflict with other groups was not unknown. This was especially noted when European settlers started pushing Indigenous groups westward out of their territories into neighbouring territories. Conflict among the various groups was dealt with in a variety of ways including negotiations, raids and warring. On the other hand, the functionalist perspective maintains a consensus view of society which does not address conflict among different

interest groups within society. The functionalist perspective also supports the notion of social control to maintain order and therefore dissension and disharmony must be controlled in the interests of a cohesive society. The inability to recognise conflicting interests and the need to control dissent in society makes applying a functionalist approach to Aboriginal issues extremely problematic in view of their current position in society and the urgent need to address the issues at hand.

The ahistorical stance of the functionalist perspective, in which individuals and groups are disconnected from their unique histories as it relates to their current situation, creates immediate barriers for any analysis of the issues many Aboriginal communities are currently confronting. As the interview participants noted, many of the current issues including suicide, can be traced back to the history of colonization. As it stands, colonization has impacted on indigenous societies world wide, and many continue to struggle with the legacy. It is therefore imperative that any theory that is used in the research of Aboriginal issues must understand the relevance of their particular histories, especially in relation to colonization and be able to incorporate an Aboriginal world view.

In summary, while the colonization process can be explained in part by Durkheim's theory of an anomic society that stems from the development of industrial society and the dominance of the economy (capitalism) over traditional institutions, the ahistorical stance precludes a serious consideration of the history and legacy of colonization. Fundamental differences between the world views of Aboriginal people and the functionalist perspective presents difficulties in applying Durkheim's theory to the issue of suicide in Aboriginal communities. For example, Durkheim's theory of anomic suicide rests on his Machiavellian perception of humanity's insatiable greed and society's

inability to control or meet the wants or demands of individuals. As such, Durkheim's perception of human nature does not describe the Aboriginal world view and as a result does not explain their circumstances in society.

The Medicine Wheel as a Model for Understanding Suicide?

If Durkheim's theory on suicide does not fully describe the incidence of suicide in Aboriginal communities, the next question is where do we go from here? This study began with two objectives that developed out of a sincere effort to understand suicide in Aboriginal communities from a culturally appropriate perspective and to determine if the Medicine Wheel model fit within that perspective and could be used as a model for understanding and working with suicide. The first objective was arrived at through interviews with traditional individuals representing various Aboriginal communities and I believe that process provided a beginning basis for understanding their perspective on the incidence of suicide in their communities. Whether or not the findings will be supported, added to or different perceptions will be presented remains the work of future studies.

The second objective, which refers the role of the Medicine Wheel, provided insights that are extremely valuable but have also made me question some of the earlier assumptions I had about the Medicine Wheel at the beginning of this study. For example, I had assumed that the Medicine Wheel would be recognised and applied across Aboriginal cultures with variations according to the specific teachings of different groups. An overview of the literature review and the findings from the interviews indicate that the term Medicine Wheel does not fully describe the teachings of all Aboriginal groups and it is not a term that is familiar to or used by all Aboriginal people. The original 'Medicine Wheel' sites appear to have been located in the central plains area of North America and their original purpose(s) and indigenous names have been obscured over time to modern researchers.

This information presents a number of questions. For example, is the term

Medicine Wheel a culturally appropriate term to describe the teachings of all Aboriginal people? Or has it been incorporated and accepted as a generic term rather than referring to the individual nations' specific teachings and terminology? And if this is true, does the use of the concept or term, Medicine Wheel, reflect a respectful acknowledgement of the diversity expressed through the teachings of the many indigenous groups? Is it possible that the use of a generic English term is an indication of the loss of indigenous languages and/or culture and if so, does it serve a useful, unifying purpose? How extensive a role has the academic community played in searching for and promoting a model which describes an all inclusive Aboriginal approach?

The responses of the study's participants appear to provide two perspectives on this aspect. Some of the respondents clearly did not use the term Medicine Wheel and when they responded to the questions referring to the Medicine Wheel they very respectfully indicated that they knew it for example, as the Hoop of the People or Minopimatasiwin and those were the terms they referred to throughout the interviews. Other participants were comfortable with the use of the term Medicine Wheel and indicated that it is useful as a model.

It is also apparent from the literature review and first hand knowledge that individuals and agencies have incorporated the Medicine Wheel model to describe their agencies' mandates, goals and objectives. There also appears to be a growing acceptance of the Medicine Wheel model within the academic literature and obviously a number of Aboriginal writers are comfortable with the way in which the Medicine Wheel fits with the teachings they have received. There is also the argument that the Medicine Wheel is

based on the circle which appears to be a concept that is commonly integrated into the culture of many Aboriginal peoples.

In summary, I recommend that we go back to the Aboriginal communities for their recommendations for answers on how to work with the issues within their individual communities. If we need a model it should be their model. The reasons on which I base this decision are two-fold. The first reason is that history has shown that Aboriginal people have listened to and been subjected to many ideas, concepts, policies and practices which were foreign to their traditional methods and teachings. Introducing and implementing ideas, concepts, policies and practices into another culture without consultation and a willing acceptance from that culture is a form of colonization. The second reason is related to the first in that colonization has divested many Aboriginal individuals of the opportunity to know their languages and their culture. Many of these individuals are now in the process of learning and regaining the teachings of their people. One of the ideas that was reinforced through the interviews for this study is that the different First Nations have their own teachings which reflect their realities and the wisdom that has been passed down through the centuries. Whether it is the teaching of the sacred Eagle Staff, the teachings of the Eagle Feather or other teachings that are shared with us, we need to honour those teachings not only for the beauty and wisdom they present but also for the practical knowledge they impart. We need to remember that it was these very teachings which incorporate the Aboriginal values and world views that reinforced and supported healthy communities. I believe it is important for individuals to be allowed to maintain or learn about their specific cultural teachings and not feel the pressure to fit them into a model that may deprive them of the expression of their unique

cultures and histories.

The position I have taken in relation to the Medicine Wheel does not mean that it is an inappropriate model to apply to suicide or other issues as it may work very well for many individuals and communities. My personal reservations are based on the need to respect the interview responses of those individuals who clearly did not want to classify the teachings they were sharing with me under the Medicine Wheel concept. It is also based in part on my own personal experience in learning about the Medicine Wheel in an academic setting and about the cultural ceremonies and teachings simultaneously. At first I struggled to fit what I was learning from the ceremonies into what I knew of the Medicine Wheel and while there were similarities such as the use of the circle, the need for balance and harmony and the four directions, I realized that by focussing on the academic knowledge I was losing out on the real purpose and meaning of the teachings and ceremonies.

In conclusion, I emphasize the need to return to the communities for direction on how they view the issues and how they need to address them. While there are similarities among Aboriginal communities, there are also differences in terms of culture, the needs, the strengths and the circumstances of each community. For example, the situation and therefore the needs and solutions in communities on the East Coast may be very different from the circumstances in communities in central Alberta, or the West Coast communities or remote northern Aboriginal communities or southern urban Aboriginal communities. In looking to the communities for the answers we will be honouring the diversity and the voices of all Aboriginal people.

Summary of Implications and Recommendations:

The exploratory nature of this study strongly suggests the need for further research that incorporates Aboriginal perspectives and concerns. The study of suicide in general has a relatively short history and as Rogers (2001) notes, the recent focus of suicidologists has been on the identification of risk and protective factors. While the research has contributed to the understanding of the correlates of suicidal behaviour, it has not contributed to a reduction in overall suicide rates. Of concern is that the overall study of suicide lacks a comprehensive theoretical foundation which is necessary to guide research, policy and practice. This in turn raises the question of how we address suicide in the Aboriginal communities, where suicide rates are at an all time high.

The implications from this study suggest the need for research which incorporates an Aboriginal perspective or world view. While suicide statistics indicate similar trends in some aspects of suicidal behaviour across cultures, there can be little doubt that Aboriginal communities struggle with issues unique to their circumstances. It is the Aboriginal people who have the first hand knowledge of their communities' circumstances, their history, their cultures, their needs and their strengths. That is where the research and the search for answers must begin. That is not to say that mainstream theory, experience and support should be ignored. Rather, it means that Aboriginal world views, knowledge and practices must be respected and incorporated at every level. This means that Aboriginal people and their communities must take the lead in addressing the research issues and the resulting policies and practices within their respective communities.

The purposes of this study were to: 1) develop an overview of suicide in Aboriginal communities from an Aboriginal perspective, and 2) explore the use of the Medicine Wheel as a culturally appropriate approach to understanding and working with suicide in Aboriginal communities. The overall results of this study produced more questions than answers and only scratched the surface of the work that needs to be done. There is a need for more research with larger numbers of Aboriginal participants, who represent the diversity of the Aboriginal people, in order to develop a fuller understanding of an Aboriginal perspective as it relates to suicide, the Medicine Wheel and Aboriginal world view. There is a need to develop an understanding of the strengths that act as protective/preventative factors in the Aboriginal communities that exhibit zero or low suicide rates. Other areas or questions for research could include:

- Do suicide rates vary in accordance with level of acculturation?
- Are suicide rates higher in communities affected by residential school attendance?
- How do communities successfully implement community healing that respects diversity of spirituality and encourages unity within the community?
- Are the types and levels of underlying issues for suicidal youth such as sexual and physical abuse, alcohol and drug dependence, domestic violence or other issues similar to those in mainstream society?
- Why do some Aboriginal populations exhibit zero to low suicide rates? In other words what are the strengths or preventative factors within those communities?
- Why do some Aboriginal populations exhibit zero to low suicide rates? In other words what are the strengths or preventative factors within those communities?
- How do the suicide rates for individuals who have been involved with the child

welfare system compare with individuals who have not been involved with child welfare?

Of utmost importance in working with Aboriginal issues is the need to involve the Elders in a meaningful way, in all aspects of the work. It is also important to understand the diversity expressed in Aboriginal populations and to be respectful of their world views.

Aboriginal people have faced overwhelming odds in their struggle to survive the effects of colonization policies which have created havoc for individuals, families and communities. The combined efforts of policies and practices aimed at the integration and assimilation of Aboriginal people have alienated them from their cultural heritage and ways of knowing. As a result Aboriginal people have been marginalised within the larger society and suffer from the effects of poverty, living conditions described as worse than many third world countries, mortality rates from disease, violence and suicide.

As Aboriginal people struggle to overcome the obstacles, many are returning to the traditional teachings and healing ways. They are building on their own strengths and the traditional knowledge that the elders have kept alive. They are also examining contemporary methods and ideology to consider how or if it fits with their world view and their needs. It is hoped that this study will in some measure support those efforts.

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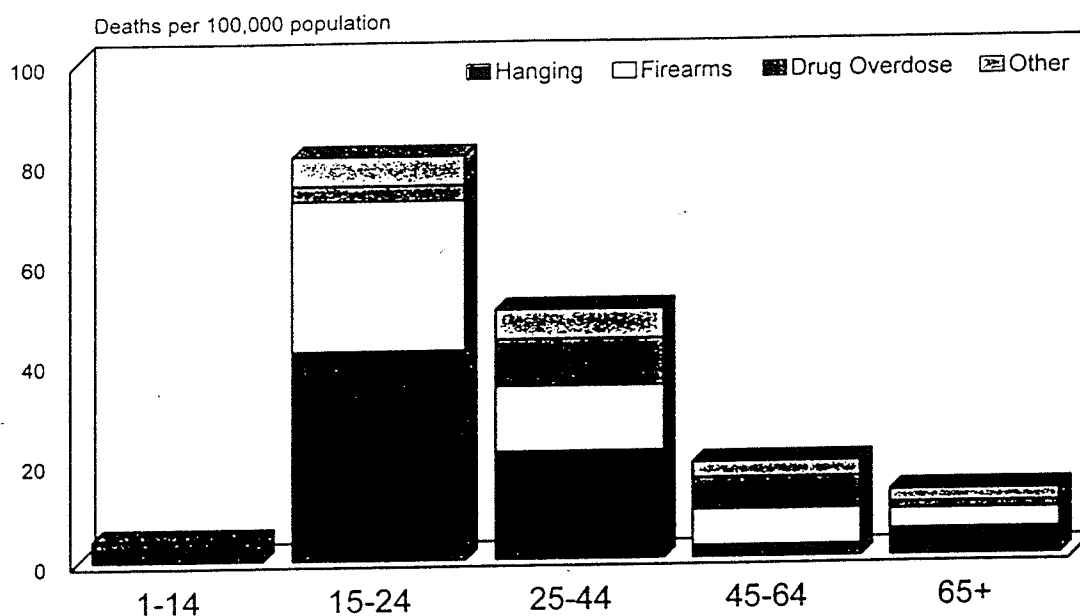
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Appendix A

Suicide Deaths by Age Group and Method First Nations 1989-1993



Source: Medical Services Branch in-house statistics

Table 8.1

Suicide Death Rates* by Age Group and Method First Nations, 1989-1993

Age Group	Hanging		Firearms		Drug Overdose		Other	
	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number
1-14	4.1	26	0.2	1	0.0	0	0.0	0
15-24	41.8	176	29.9	126	3.1	13	5.9	25
25-44	21.5	132	13.0	80	9.3	57	6.0	37
45-64	2.3	5	7.2	16	6.3	14	3.2	7
65+	5.2	4	3.9	3	1.3	1	2.6	2

* Deaths per 100,000 population
Source: Medical Services Branch in-house statistics

Source: Lemchuck-Favel. (1996). Trends in First Nations mortality 1979 - 1993. Ottawa: Canada

Appendix A

Suicide Death Rates

First Nations and Canadian Populations, 1979-1993

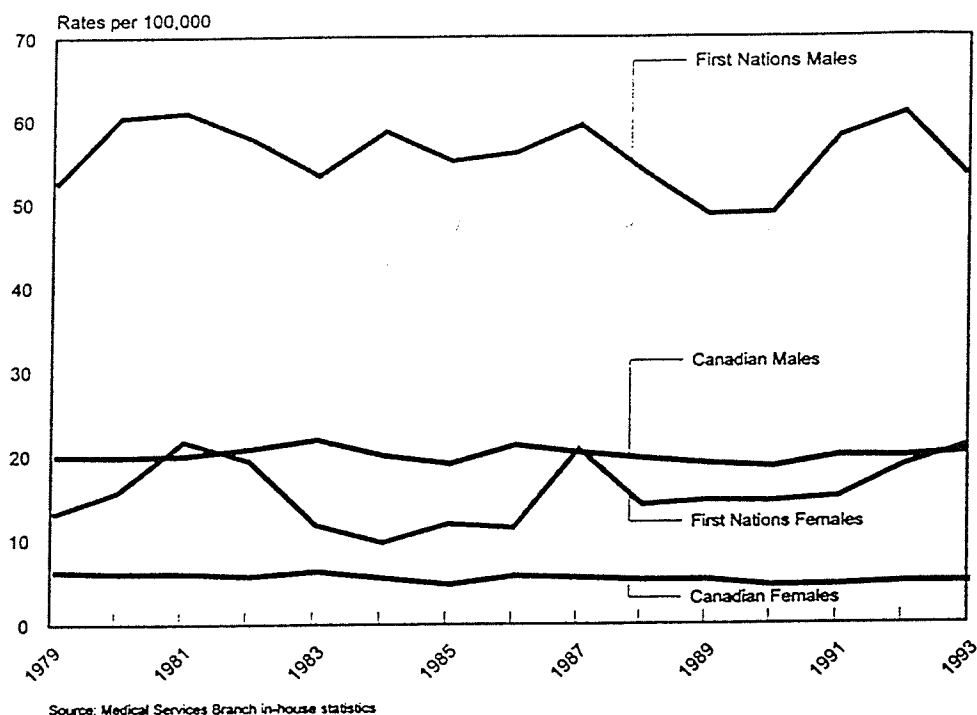


Table 8.2

Suicide Death Rates*

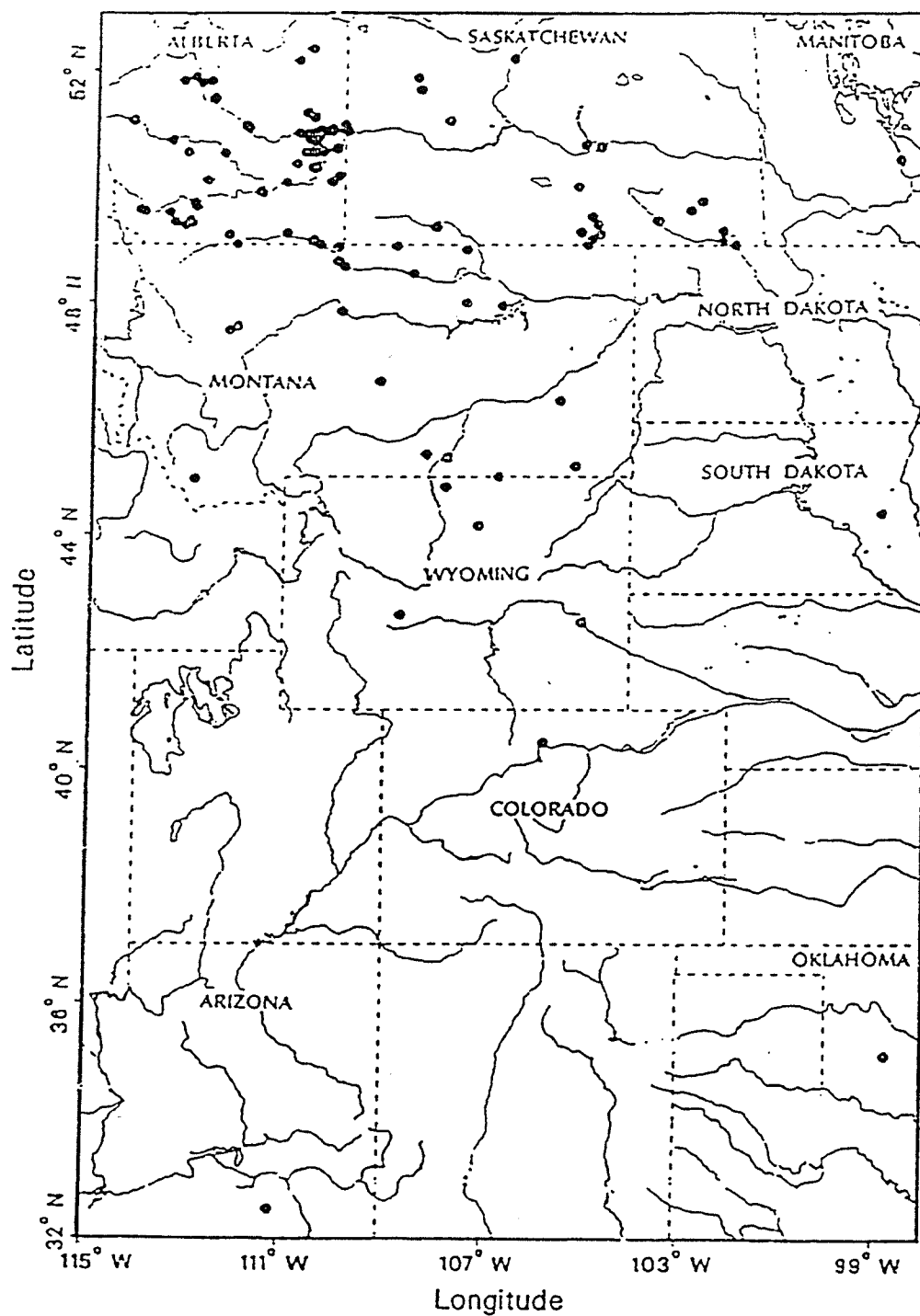
First Nations and Canadian Populations, 1979-1993

Year	Canada Female	First Nations Female	Canada Male	First Nations Male
1979	6.6	13.6	20.3	52.8
1980	6.4	16.2	20.2	60.8
1981	6.4	22.2	20.4	61.4
1982	6.1	19.9	21.2	58.2
1983	6.7	12.3	22.3	53.8
1984	5.9	10.2	20.4	59.1
1985	5.1	12.4	19.4	55.5
1986	6.1	11.9	21.6	56.5
1987	5.9	21.2	20.7	59.8
1988	5.6	14.6	20.0	54.2
1989	5.6	15.1	19.4	49.1
1990	4.9	15.0	19.0	49.3
1991	5.0	15.5	20.3	58.5
1992	5.3	19.2	20.2	61.2
1993	5.3	21.6	20.7	53.1

* Deaths per 100,000 population
Source: Medical Services Branch in-house statistics

Source: Lemchuk-Favel, L. (1996). *Trends in First Nations mortality 1979 - 1993*. Ottawa: Canada.

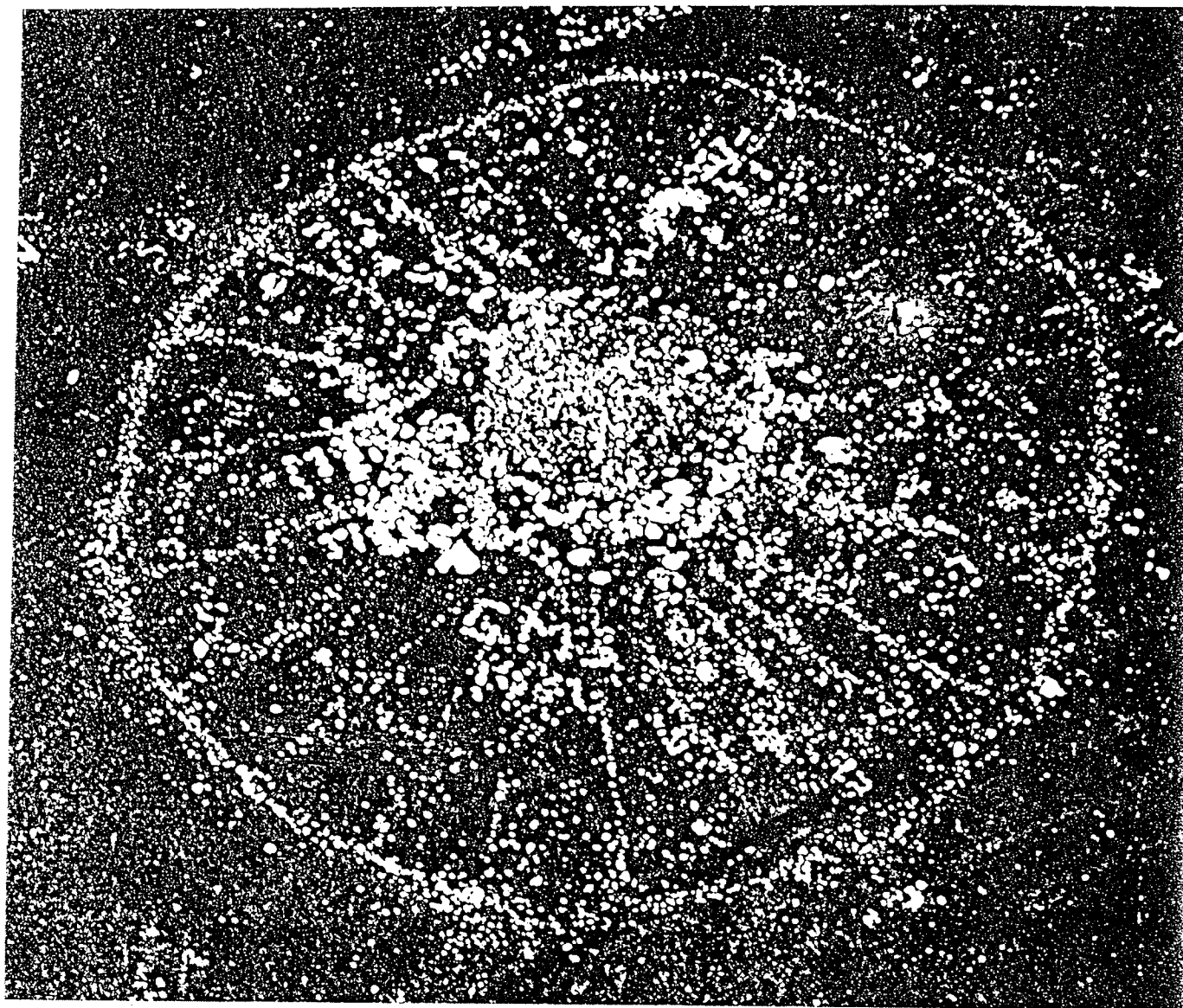
Appendix B



The 120 possible Medicine Wheels for which accurate location information is known are displayed.

Vogt, D. E. (1990). An information analysis of Great Plains Medicine Wheels. Unpublished Doctoral Dissertation. Simon Fraser University, Vancouver, British Columbia, Canada.

Appendix C

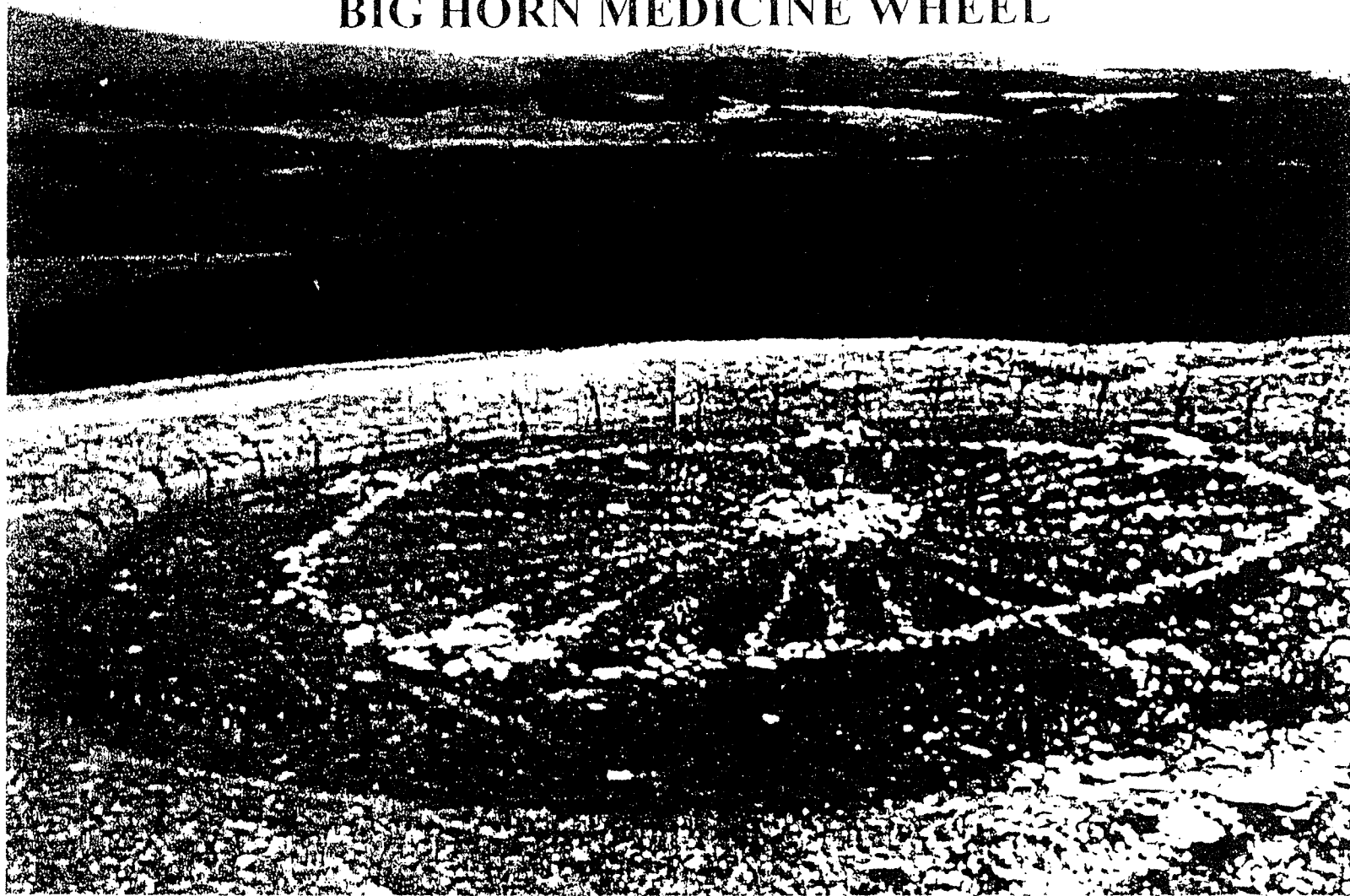


Source:

Calder, J. M. (1975). The Majorville cairn and Medicine Wheel site, Alberta. Unpublished Masters Thesis, University of Calgary, Alberta, Canada.

Appendix D

BIG HORN MEDICINE WHEEL



Source: <http://www.crystalinks.com/bighorn.html>

Appendix E

Comparison of Aboriginal and Dominant Society's Values

Aboriginal People's Values**Dominant Society's Values**

Harmony with Nature	Mastery over Nature
Metaphysical Explanation	Scientific Explanation
Relationship to Environment - For the	Relationship to Environment -
Use of all Inhabitants	Ownership
Leadership - Based on Merit	
Non-interference	Leadership - Based on Concept of Power
Extended Family	Interference/Intervention
Sharing	Nuclear Family
Cooperation	Saving
Non-confrontational	Competitive
Time - Past/Present/Future	Confrontational
View of Children - Gifts	Time - Future Orientation
View of the Elderly - Wisdom	View of Children - Responsibility
Traditional View of Women - Respect	View of the Elderly - Burdens
View of Justice - Restitution &	Traditional View of Women - Patriarchy
Restoration of Harmony	View of Justice - Adversarial System -
Community	Seeks Punishment
Consensus Decision Making	Individuality
	Majority Rules

Adapted from: Hamilton, A. C., and Sinclair, C. M. (1993). Report of the Aboriginal justice inquiry of Manitoba, Volume 1. Altona, Canada: D. W. Friesen and Sons.

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Appendix F

Interview Participants listed by pseudonyms and First Nations' affiliation:

Fran	Cree
Mary	Kwagiulth
Joan	Dakota
Merle	Metis - Cree
Robert	Ojibway
Ron	Cree
James	Cree
Lesley	Nakota

Appendix G
Consent Form for Interview Participant

**CONSENT TO PARTICIPATE IN INTERVIEWS REGARDING THE MEDICINE
WHEEL AND SUICIDE IN ABORIGINAL COMMUNITIES**

Researcher: Gwen Gosek
Faculty of Social Work
513 Tier Building
University of Manitoba
R3T 2N2
(204)474-6210
1-800-432-7594 ext.6210
(toll free)

Faculty Advisor: Dr. Denis Bracken
Faculty of Social Work
521 Tier Building
University of Manitoba
R3T 2N2
(204)474-9264
1-800-432-7594
Ext. 7594

As an M.S.W. student in the Faculty of Social Work at the University of Manitoba, I am currently working on a thesis as part of the requirements of the degree program. The subject area of the thesis is suicide in Aboriginal communities. The intent of the study is to interview traditional Aboriginal persons in order to gain an understanding of an Aboriginal perspective of suicide and culturally appropriate ways to address the high incidence of suicide in many Aboriginal communities.

The procedures that will be observed for the interviews include obtaining informed consent from the interview participants and scheduling appointments that fit the needs of the participants. Interviews will be conducted in person and in a mutually agreed upon location and where the need dictates it, by telephone. Interviews will be guided by a list of questions which will be sent to the participant with a letter of introduction and the consent form before interviews are scheduled. Brief follow up interviews may be conducted in the case when clarification of information from the initial interview is deemed necessary.

Interviews will be tape recorded using a small hand held tape recorder. All tapes will be transcribed. In order to ensure confidentiality, all identifying information will be removed from the transcribed written material. All interview participants will be assigned a different name in all written material as a way to protect their identities. All tapes and written materials will be kept in a locked cabinet that no one else has access to. At the end of the study all identifying information will be destroyed.

There are no known risks or discomfort associated with this study. The exception would be if an individual discloses their personal experience with suicide. Should that be the case, the individual will be provided with the opportunity to debrief and the researcher will ensure appropriate supports are available as necessary.

This study has been submitted for approval by the Joint-Faculty Research Ethics Board at the University of Manitoba. Any formal complaint regarding a procedure may be reported to the Human Ethics Secretariat at (204)474-7122 or the Faculty of Social Work Dean at (204)474-9869 for referral to the Joint-Faculty Research Ethics Board.

I have read and understand the above information and further agree to the following study conditions:

- Any information I provide in the course of this study will not be associated with me by name in any public written or verbal reports, unless I give written permission and only at my direct request for acknowledgment of my contributions.
- I understand that my participation in this study is voluntary, and that I have the right to withdraw from the study at any time during the process and that I can refrain from answering any questions I do not feel comfortable answering, without prejudice or consequences.
- I understand that a final copy of the study will be made available at my request, and if I do not agree with how the information, that I shared in the interview, is represented in the report, I will then be given a predetermined, mutually agreed upon time period to put forward my concerns in order to have the report reflect an accurate representative of my expressed views.

Interview Participant's Name: _____
(Please Print)

Signature: _____

Date: _____

Witness: _____

Date: _____