Fighting For Our Lives:

First Nations Suicide Interventions

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B.S.W., University of Calgary, 1987

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APPROVAL

ABSTRACT

In rural northwest British Columbia, Canada, the truth speaking stories of five First Nations Warriors were collected through purposive sampling to answer three pre-determined research questions. Through their truth speaking, intrapersonal and inter-personal data and themes were gathered on the nature of *driven to suicide*, successful suicide interventions, and serendipitous and sacred spiritual life events that helped the Warriors, in fighting for their lives. An *Indianized* research method, similar to phenomenology's thematic analysis, was created by drawing upon Blackfoot and Sioux cultures as well as referencing Elders from both Red and White Nations. Lastly, a suicide prevention/ intervention pamphlet was developed and given back to the Warriors as a gift to their People, who are still fighting for their lives....

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I would like to honour our Holy Woman, who has inspired, encouraged, and helped so many of us along the way.... Many times throughout her life, she has fought her own personal battles against *driven to suicide* by fighting for her life. I would like to thank our Holy Woman for not killing herself even when she wanted to; her dedication to our Sacred Father, our Sacred Mother, our sacred Sun Dance way of life, and our People has been powerful. Her lived definition of *driven to suicide* has been honoured in this research project....

I would like to thank the five Warriors who also fought for their lives and won... without you, your truth speaking stories would have never been heard. Thank you.

Lastly, I would like to thank my Thesis Committee members: Dr. Glen Schmidt, chairperson for my committee. Thank you for your many years of challenging high standards of excellence, teachings, persistent help, and editing... Thank you to Gerard Bellefeuille...who taught me that I no longer have to explain or justify my research as an Indian... "just do it". And, I would also like to thank Paul Michel who demanded a lean and

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powerful thesis by asking.... "why not?" Thank you to all for your sincere hearts, wisdom of experiences, guidance, and courage....

DEDICATION

I would like to dedicate this thesis to all my loved ones who were the miracles of my life by being the most important People in my whole wide worlds. To my mom, first adoption, you taught me how to make things sparkle and how to sing in harmony with you. To my dad, second adoption, you taught me the toughest teachings in the whole wide world and how to fight my demons so I could be proud of myself by walking and talking, in a good way. To my rodeo dad, foster dad after Indian Residential School, you taught me how to be happy and alive again and how to live *me* and my life to the fullest for me. To my big brother Burtie, my favorite foster brother, even though you had already outgrown rodeo while I thrived on it, you still took the time to coach me and pull my bull rope for me. And.... you never gave up scrapping with me either. To all my sons who were my reasons for living; Chris, Casey, Lee, Carl, Eric, and my Jamie Girl....

To all my People who are still fighting for their lives....

I tam ma to ta tsi sinaan;

May you walk in peace until we meet again....

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PREFACE

I have intentionally written the following thesis in a new format that expresses my academic work within my traditional responsibilities to my People. The following thesis has been written as if I am standing and speaking at my bundle opening ceremony before my Elders and Peers of the Horn Society of the Blood Nation. As Horn Society members, we are responsible for keeping our traditional laws, sacred bundles, and ceremonies alive for the safety and well being of our People. Back home, some of our children¹ are still dying from *driven to suicide*. Thus, it was important for all of us if I did research and found answers in a language, method, ethics, and cultural context that we know and understand. By using our own cultural ways of doing things and understanding life, I was able to discover findings that will be useable and meaningful to us, as Red Nations.

To avoid academic shunning², terminology has been translated into cultural terms that are used in our everyday way of life and homes. For example, at our Warrior Piercing Sun

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¹As traditional Leaders, we refer to our People as our Children.

² For further information please refer to appendix C and appendix D

Dance, our arbour has a red flag in the East to represent the Red Nations of the world. A yellow flag stands in the south to represent the Yellow Nations of the world. A black (Sioux) or dark blue (Blackfoot) flag will be seen in the west. It stands to represent all the Black Nations of the world. Lastly, in the North, you will see the white flag standing; it represents the White Nations of the world. In this thesis, the term Red Nations is used instead of newer terms such as First Nations, Indigenous, Native, or Aboriginal.

Also, within this thesis, the term "Indian"³ has been intentionally used out of honour and respect for my self, my Elders, and my Peers. For many of us, we are now old. We were born in times when we were called *Indians*. For many of us, we were hated for being *Indian*. In residential school, some of the staff tried to beat the *Indian* out of us. But, we intentionally refused to give up being *Indian* because *being Indian* is about *who* we are not *what* we are. Today, back home on the reserve, many of us are still very proud to be "*Indian*"

³ "Indian is an anglicized version of *Indios*. Indios means *with God*. I call myself Indian because it means 'I am with God'' (Long Standing Bear Chief, 1992).

because being and remaining *Indian* in spite of all the beatings, poverty, shame, and hate... We definitely know that we are not "fair-weather" *Indians*. For many of us, we stand like an oohkatok, like a rock, (Frantz & Russell, 1995), for being *Indian* is still one of the toughest assimilation and genocide wars we have had to fight throughout our whole entire lives and... we are still proud of ourselves for not giving in and not giving up.

In this thesis, you will also read the term "our People" which is our way of understanding that we belong to each other like a very large extended family; as a Nation. We see ourselves like the individual leaves on our Sacred Sun Dance Tree; our Sacred Tree of Life. As individuals, we belong to each other as a Nation. The term "Warrior" is also used throughout this thesis to represent individuals who have fought against *driven to suicide* and have won. Lastly, for many people when they hear about our traditional story telling, they assume that our "stories" are fictional and entertaining like fairy tales. For better cross cultural understanding and accuracy, I have used the words "truth speaking" rather than storytelling. For further explanation on how and why this thesis was *Indianized* to better represent my academic research within my cultural way of thinking, doing, understanding, and being, please refer to Chapter Three's methodology as well as Appendix C, Appendix D, Appendix E, and Appendix F.

OPENING PRAYER

Atsimoikan

A prayer

Ayo Apistotoki	O Creator
Ispomokinnaan	Help us
Nahkayistsiyisinnaan	Grant us the wisdom to listen to you
Nahkaikimotsiyisinnaan	To be kind to one another
Nahkayikakimahsinnaan	To try hard
Nahkokamotohsinnaan	To walk the sacred road
Nahkawatoyiitaksinnaan	To hold sacred all of Creation
Ohtokinnaan Apistotoki	Purest Creator
Kimmis kokosiks	Have pity on your children
Iksikimmatapsiya	We are in need
Kaamotaani	Grant us safety
Niistawatsimaani	Help us to raise our families
Naa piio'sini	So that we may live long lives
Но	Amen

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CHAPTER ONE

INTRODUCTION

Searching for a cure: Purpose

In January, 1993, at -40 C, a band council police officer found six Innu teens in an unheated shed. The kids were high on the gasoline they had been sniffing and were shrieking that they wanted to die (Taylor, 1995).

The purpose of this research project was to look for a practical cure for *driven to suicide* in our Red Nations. As Leaders and Warriors of our Red Nations, many of us want to eliminate *driven to suicide* from our lives, our families, and our communities. The core of this research project is about a specific type of suicide. In our Nations, there are many types of suicide such as suicide due to schizophrenia, or suicide due to a terminal illness or suicide due to a broken spirit filled with worthlessness, meaninglessness, purposelessness, emptiness, hopelessness, and powerlessness. For many of us, *driven to suicide* is only a symptom of the unbearable, un-escapable, unresolvable, never ending anguish in which somebody or something has driven us to die rather than allowing us to live. Suicide is about the impact of hate and violence and our human breaking point; when the pain and fear of dying is less than the pain and fear of living. For many of us, our reasons for living were destroyed and replaced with their reasons for dying. For many of us, suicide is about achieving permanent pain relief from unbearable, un-resolvable, un-escapable, never ending human anguish; we just can't take them and their hate any longer. From her Christian Indian Residential School experiences, our Holy Woman defines *driven to suicide* to occur when a person is *driven to suicide* by one or more violent people in his/her life.

For the five Red Nation Warriors, who were interviewed for this research project, their *driven to suicide* was a symptom of: lateral violence; emotional, cultural, life skill, and economic poverty; permanent, unbearable life-destroying tragedies; and un-escapable, inter-generational violence due to assimilation and addictions. Through their truth speaking story telling, the Warriors shared what events led up to their last suicide attempt, what they did on their own, and what serendipitous and sacred spiritual life events occurred that assisted them in

fighting for their lives. The truth, wisdom, and teachings from these Warrior's is the meat⁴ of this thesis.

From a traditional and common sense point of view, a thesis sitting on university library selves in cities far away from our People would not be very helpful to our People. Thus, the information from this thesis was used to develop a suicide prevention/ intervention pamphlet prototype (appendix H). This suicide prevention/intervention pamphlet prototype was given back to the Warriors, as a gift. It was proposed that this suicide pamphlet prototype will be individually culturalized and tweaked by the Warriors to fit their own specific cultures, Peoples', and communities' needs. In turn, the specific pamphlets will be openly shared amongst their People who are still fighting for their lives.

Through this research project, it is also hoped that this project will bring honour, worth, love, strength, meaning, depth, purpose, shared commitment, and answers to our fellow Red Nations' People who are still fighting for their lives. Lastly, we also hope that the findings and/or the *Indianized* research

⁴ Back home, meat and broth served with fried bread and laughter is an enjoyable meal that is commonly served after our sacred ceremonies.

methodology will help further our communities and Nations in re-claiming our truths, our cultures, our identities, our hearts, our souls, our spirits, our backbones, and our strengths as we continue to look for a cure for *driven to suicide*.

Focus: Research questions

In many of our traditional Red Nations' cultures, it is seen as being very rude to ask questions. Traditionally, we are to listen to what the speaker wants to share with us, at that moment in time. This non-use of questions is one of our traditional expressions of respect through non-interference that supports freedom of speech; we are not to use questions to control the direction and/or outcome of a person's sharing. Out of traditional honour and respect, I did not want to ask about the nature of the Warriors' suicides. However, every Warrior opened his/her truth speaking by sharing his/her suicide journey first before he/she went on to answer the three predetermined research questions. As a result of our Warriors sincere and courageous sharing the depth and meaning of their suicide journeys, we have received a better understanding about the nature of driven to suicide.

After the Warriors shared their personal truths of the events that led up to their *driven to suicides*, they went on to answer the three research questions. The three questions that were used in each of the Warrior's interviews were:

- 1. What did you intentionally do that helped you in winning your battles against *driven to suicide*, in order for you to be alive today?
- 2. What events occurred, in your life, that were of significant help to you in your battles against *driven to suicide*?
- 3. What did you intentionally do to make your life worth living?

The cry of an Eagle⁵, "Our People are dying": Significance and timeliness of this research

Since the 1960s, suicide has become an ever increasing and very painful part of our reality in many of our Red Nations' People's lives, families, and communities (Gosek, 2002;

⁵ The Cry of the Eagle symbolizes the war cry of our Great War Chiefs who fought in the unbearable anguish of knowing that the battles that they would fight were the same battles that they would never win. They did not focus on fighting against their enemies; they focused on fighting for their People. The cry of the Eagle is also the cry of unbearable anguish of breaking free. As we break free of our Sun Dance piercings in our everyday daily lives, we cry to our Sacred Parents' to thank them for being there fighting for and with us.

Kirmayer, 1994; Ross & Davis, 1986; Strickland, 1997; Weir, 2001). After decades of cultural assimilation and genocide, the first wave of researchers began addressing our Indian suicide problem by collecting statistics to determine who, where, when, how, and to what extent suicide has destroyed our lives (Malchy & Enns, 1997; Taylor, 1995). The second decade of research started to look for answers as to why we continue to be some of the most suicide plagued People, in the world (Hunter & Harvey, 2002; Kirmayer, 1994). There have been many White Nation theories used to explain our suicides (Chandler & Lalonde, 1998; Crofoot, 2002; Davenport & Davenport, 1987; Gosek, 2002; Travis, 1990). However, it was not until 1995, when the Royal Commission on Aboriginal People (RCAP, 1995) determined that the majority of our suicides are a reflection of the impact that the colonizers, their cultural assimilation and genocide, and their Christian Indian Residential Schools and government Industrial Schools have had on our People, our Nations, our families, and our cultures (Duran & Duran, 1995; Ferry, 2000; Hunter & Harvey, 2002; Kirmayer, 1994; Kirmayer, Brass, & Tait, 2000; Taylor, 1995).

The next decade of research started to focus on what was wrong inside of us, as *Indians*, to commit suicide (Chandler & Lalonde, 1998; Ferry, 2000; Strickland, 1997; Walker, 1999). This wave of research left us feeling blamed because we had not successfully assimilated into their foreign mainstream culture that frequently and intentionally continued to lock us out (Kirmayer, Brass & Tait, 2000; RCAP, 1995). The most recent decade of suicide research wanted to know "why" some of our Nations did not have any suicides while other Nations had up to 800 times the national average (Chandler & Lalonde, 1998).

This last wave of research is also searching for a cure to our suicides; what we need in our communities as well as what we need in our lives, families, and in our own identities to become more suicide proof (Chandler & Lalonde, 1998; Crofoot, 2002; Ferry, 2000; Pole, 2003). As researchers, we are beginning to discover that we need to live and heal using our own traditional cultures (Chandler & Lalonde, 1998; Gosek, 2002; Kirmayer, Simpson & Cargo, 2003; McCormick, 1998; Morrissette, McKenzie & Morrissette, 1993; Weaver, 1999, 2002). We are also discovering that suicide prevention and intervention programs that are designed in foreign urban White Nation

mainstream culture and communities do not seem to work well in rural, remote, and isolated Red Nations' communities (McKenize & Morrissette, 2003; Paproski, 1997; Weaver, 2002).

Equality and co-existence through Indianized research: Conceptual framework and design

Thou shalt keep the feasts, learn the dances, respect the taboos, and observe the customs of your tribe, if you would be a good member of the community and profit by its strength. For these things are the wisdom of the Ancients and of your fathers in the long age (Seton & Seton, 1963).

As an academic thesis, this thesis may be experienced as abnormal for it has been designed, implemented, and written in and for two very distinct and different groups of Nations. It is not out of defiance for my White Nation's mainstream Canadian culture but out of love for me, my Red Nations' People, and my Indian cultures that I wrote this research proposal in my Indian way by *Indianizing* non-native research. One of the ways that I have *Indianized* this research was when I intentionally kept my Red Nations material clearly separate from my White Nations material. I did not want to smear everything into one bland colour nor did I want to create a dichotomy or pit one side against the other. I kept them separated so their distinct and unique beauty will show through like a bouquet of mixed flowers. They are all beautiful in their own separate, unique individuality. Meanwhile, my favorite ones are the red ones.

Tuhiwai Smith (1999 p. 26) in her book *Decolonizing Methodologies: Research and Indigenous Peoples* explains the importance for and as Indigenous People in telling and writing our own history and doing our own research.

Every issue has been approached by indigenous peoples with a view to rewriting and rerighting our positions in history. Indigenous peoples want to tell our own stories, write our own versions, in our own ways, for our own purposes. It is not simply about giving an oral account or a genealogical naming of the land and the events which raged over it, but a very powerful need to give testimony to and restore a spirit, to bring back into existence a world fragmented and dying.

From my written and oral academic worlds, I have drawn upon many Elders including Shneidman's (1999; 2005) written

journal articles that define suicide as resulting from unbearable psychological pain. Meanwhile, from my Red Nations cultures, I have drawn upon our Holy Woman and her truth speaking, her oral story, which has inspired this research project. From my Red Nations, truth speaking, our oral storytelling was our most common way of passing down our historical truth from one generation to the next. Our truth speaking storytelling was a very serious matter.

There is a formality to testimonies and a notion that truth is being revealed 'under oath'. Indigenous testimonies are a way of talking about an extremely painful event or series of events. The formality of testimony provides a structure within which events can be related and feelings expressed. A testimony is also a form through which the voice of a 'witness' is accorded space and protection (Tuhiwai Smith, 1999, p. 144).

One of the many ways that this thesis was *Indianized* was by using our Holy Woman as a consultant for this research project. Prior to this research project, our Holy Woman inspired me when she spoke about and taught me the meaning of *driven to suicide*. I learnt about *driven to suicide* when she shared her personal truth about her life at a Christian Indian Residential School. I have used our Holy Woman's definition of *driven to suicide* as if our Holy Woman's oral truth had already been published as a documented case study, in a scholarly journal. Unfortunately, to date she has not been published. However, the related portion of her life story can be found in appendix G which explains how she came to personally experience and thus operationally define *driven to suicide*.

As an Indian researcher, whether I listen with my heart and soul to one of my Elders speak their truths or read a journal article with my eyes is not significant to me. The most critical factor in selecting and referencing research material from both groups of Nations is the presence of the truth, independent of what form it comes in. Thus, by documenting our Holy Woman's oral truth on paper, I was able to use and reference her oral truth, her wisdom, and life experiences as equal in quality as if it was published as a scholarly journal article.

By documenting, using, and referencing our Holy Woman's truth speaking, her beauty, existence, and wisdom is no longer invisible and unknown in our *written on paper* academic research world. I have referenced our Holy Woman's oral truth

because it is a real life experience of Shneidman's (1999) defined unbearable psychological pain. By referencing our Holy Woman's oral truth as well as Shneidman's research findings, I have been able to reference Elders of both my Red Nations and White Nations' cultures so that both groups of Nations could coexist throughout this thesis.

Co-existence of my cultures is normal for me; it is my multicultural way of being and living life. As a half-breed Indian, coexistence is very important to me. All of my cultures are important to me. The co-existence of two very distinct and sometimes opposing Nations can be extremely confusing at times. But,.... sometimes it is as simple as having red and white blood cells, all at the same time. For further details regarding how this research project was *Indianize*d please refer to Chapter Three.

Stones: Definitions

Definitions are like stones; they give us structure and strength just like the strength we create by coming together as one through the sharing of understandings. Like stones and Elders⁶, definitions are also slow to change. The following definitions will be used to bring consistency, structure, strength, and common ground, to this research project, through shared understanding.

Bad medicine or witchcraft curse: This real world phenomena is commonly found in many Red Nations' cultures and communities while being almost a non-existent concept in White Nation medical, scientific, and academic worlds. However, this phenomenon is noted in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000, p. 902) under the definition of rootwork.

> A set of cultural interpretations that ascribe illness to hexing, witchcraft, sorcery, or the evil influence of another person. Symptoms may include generalized anxiety, and gastrointestinal complaints (e.g. nausea, vomiting, diarrhea, weakness, dizziness, the fear of being poisoned, and sometimes fear of being killed ("voodoo death"). "Roots", "spells", or "hexes" can be "put" or

⁶ As Elders, we share a sense of humour by laughing at ourselves because we are as slow to change as our parents and grandparents were when as teens we jived to rock and roll music. Today, we fuss over the "noise" that our grandchildren are listening to on their I pods....

placed on other persons, causing a variety of emotional and psychological problems. The "hexed" person may even fear death until the "root" has been "taken off" (eliminated), usually through the work of a "root doctor" (a healer in this tradition), who can also be called on to bewitch an enemy.

Culture:⁷ Culture is the whole complex of relationships, knowledge, languages, social institutions, beliefs, values, and ethical rules that bind a people together and give the collective and its individual members a sense of who they are and where they belong (RCAP, 1999, p.25).

Driven to suicide: When a person is, thinks, feels, or believes that he/she has been driven to suicidal thoughts, feelings, urges, and/or attempts by one or more violent people in his/her life. For further explanation see Chapter Two.
Indian:⁸ "Indian is an anglicized version of *Indios*. Indios means with God. I call myself Indian because it means 'I am

with God" (Long Standing Bear Chief, 1992).

⁷"Culture is a White Nation concept that does not exist in our First Nations' languages. Our "culture" is who we are". Marie Battiste, Indigenous Graduate Student Symposium keynote address, UBC, March 2004.

⁸ Over time, my ancestors began to call themselves Indian. Today, back home on reserve, many of us still call ourselves, "Indians". For many of us, it is not the

Suicide: "the act or an instance of killing oneself intentionally (Hanks, 1979).

Red Nations:⁹ Red Nations is defined to "include Indians with or without treaty status, Métis People, and people with multiple origins that included aboriginal heritage" (Malchy & Enns, 1997).

Warrior: "a person engaged in, experienced in, or devoted to war" (Hanks, 1979). "One who stands up for who and what he/she believes to be "right" and stands against who and what he/she believe to be "wrong"". (Waa ksis to akii, 1997).

"We" and "our": In our traditional Indian way of being, we correctly use the words "we" and "our" rather than "I" and "my". As Indians, we have an ability to share a piece of our spirit with our loved ones and we may also have a piece of our loved one's spirit within our own body. When we share a piece of our spirit with a loved one, we will be able to internally sense or spirit feel how that loved one is feeling and/or what he/she is doing. Even before telephones were invented, we would know how each

word but the honour or hate that lies behind the spoken word that will either bring honour or hurt filled shame to us.

⁹ To link up with existing White Nations research, I used Statistics Canada's standardized definition that Malchy & Enns, used in their 1997 research.

other was feeling or what we were doing without direct verbal communications. This is our Indian way of being spirit connected to one another.

Summary

The purpose of this research project was to search for a practical cure that will decrease and/or eliminate driven to suicide in our Red Nations Peoples' lives. This research project was inspired by our Holy Woman who was driven to suicide. As a little girl, she tried to hang herself while locked up in a Christian Indian Residential School. Suicide was the only escape for her from the inhuman and extreme sexual abuse, humiliation, beatings, and torture that she could not longer endure. A traditional oral truth speaking approach was used to collect real life experiences from five Red Nations Warriors. All of the Warriors had successfully fought for their lives against driven to suicide and have won. Through their truth speaking, we learnt directly from the Warriors what led up to their suicide attempts, what they had actually done for themselves, and what events occurred in their lives that helped them win in their battles against driven to suicide. Lastly, due to non-translatable

cultural differences, an *Indianized* method of research was developed for this project so the research methodology would be a better fit for the participating Warriors, listening audience, and the primary investigator. It is also hoped that the research findings and the resulting suicide prevention/ intervention pamphlet prototype will be useful to all of our People who are still fighting for their lives.

CHAPTER TWO

LITERATURE REVIEW

Our understanding of suicide: Introduction

Suicide is very raw and very real to all of us; it is when

our lives are made so unbearably painful that we can't live

them any more. We were made to be so worthless, so

hopeless, so powerless, so meaningless, and so empty... to

the point that we just didn't have the strength to tolerate or

suffer any longer.

(Holy Woman; Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim, suicide survivor. Winter 2003 -2004: interviewed in her home.)

Today, in my Indian cultures and communities, suicide is not seen as an individual's problem. It is our belief that we are all connected to one another and "the hurt of one is the hurt of all" (Bopp, Bopp, Brown, & Lane, 1984). Thus, we see suicide in our communities as a symptom of much bigger problems than just an individual's biochemical imbalance in his/her brain due to depression¹⁰, distorted thoughts (Ellis & Newman, 1996), or unbearable psychological pain (Shneidman, 1999). When a suicide occurs in our *Indian* communities, the shock, fear, pain, confusion, and shame rings throughout our whole community like the after shock waves of an earthquake. In silence, we reflect on our failures, as extended family members, to the victim. We see their suicide as our personal failure as well. We have failed in our traditional family responsibilities; we are supposed to *be there* for each other. In silence, we may also reflect on our own personal secret suicidal thoughts, past attempts, and possibly even present day thoughts, plans, and/or urges.

When she heard the news, she cried out in anguish: Why?

When we look for a logical reason to go on and there isn't one....We go on anyways because going on is about who we are as Indians, as individuals, and as a Nation....

(Holy Woman; Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim; suicide survivor. Winter 2003 -2004: interviewed in her home.)

¹⁰ For further information see Canadian Mental Health Association (n.d.). Depression. Retrieved July 28, 2006 from http://www.cmha.ca/ bins/content_page.asp?cid=3-

In 1995, the Royal Commission on Aboriginal Peoples' reported that "suicide was rare before contact with European people" (RCAP, 1995, p.10). "In the past, those few suicides that occurred were primarily acts of the old and the ill. Their deaths were acts of self-sacrifice, sparing others that burden of extra care" (RCAP, 1995, p.10). One such example from my Blackfoot culture is the oral legend told to me by the great, great, granddaughter of Chief Many Grey Horses.

Many Grey Horses was a Great War Chief who had lived a good life. He was a man of great honour and worth. He had fought hard to protect his People. He was a good hunter so his People would never go hungry and he shared his wealth of his many gray horses with the old ones so they no longer had to carry their belongings on their dogs' backs. Out of love for his People, Chief Many Grey Horses decided that it was his time to die. As a great father¹¹ and great warrior for his People, he did not fear death nor did he want to burden his People with his care. One day as his People were breaking up camp to move, he had his sits-

¹¹ Chiefs were referred to as the Father of their People.

beside-him wife¹² turn the skins of his teepee inside out¹³. When his People noticed; they cried for they knew that their loved one would be gone soon. They would deeply miss him but they also understood why it was wrong for a Chief to be a burden to his own People. Before leaving, the People gathered many stones to build a protective circle around his teepee where the covering was staked to the ground¹⁴. When they came to say goodbye, they also brought gifts of food and tobacco for the Chief to enjoy on his journey home to the Sand Hills¹⁵.

Today, in Blackfoot territory of southern Alberta, one can still find the teepee rings belonging to some of our great Fathers, who have gone on before us¹⁶.

¹² Historically, Blackfoot warriors had several wives. For further information on marriage and the types of wives see Grinnell (1962).

¹³ When an Elder had the skins of his/her teepee turned inside out it symbolized that he/she was going to stay back to die while his/her People were to travel on to their next hunting camp.

¹⁴ The People would build a protective circle of stones around the teepee so the prairie wolves would not get into the teepee to eat the Elder's body before or after his/her death (Fraser, 1959, p.4).

¹⁵ It is a Blackfoot tradition that the only time that we say "goodbye" is when the person we are visiting or ourselves is dying. All the rest of the time, we will say phrases such as have a safe trip home, see you later, or until we meet again.

¹⁶ For further archaeological information about teepee rings and death lodges see Bryan (1991).

In Grinnell's (1962) writing of my Blackfoot history, there was also another type of suicide that was quite common. This type of suicide was the result of forced, arranged marriages when "young women had very little or no say in the matter" (Grinnell, 1962 p.216).

Her father's will was law and if she refused she [would] be beaten or even killed by him if she did not do as she was ordered. As a consequence to this severity, suicide was quiet common among the Blackfoot girls. A girl ordered to marry a man whom she did not like would often watch her chance, and go out in the brush and hang herself. The girl who could not marry the man she wanted to was likely to do the same thing (Grinnell, 1962, p.216).

Today, we no longer have forced marriages but suicide continues to be a very pain-filled part of our lives. "The Elders believe that suicide rates have greatly increased [since] the 1960s when alcohol was legalized to First Nations People" (Gosek, 2002). They also believed that "having our religious ceremonies outlawed, having our ways of supporting ourselves, having our languages, and cultures forbidden, and having our children taken from us for forced attendance in residential schools were the leading causes for the increase in alcoholism and suicides" (Gosek, 2002).

Seventy-five percent of our children were taken from our homes and put into residential schools. For us that were able to survived, we were returned back to our communities permanently damaged; never to be the same again. We did not belong in the white man's world and we no longer fit in within our own homes, communities, and culture. We couldn't speak to our grandparents any more and we didn't even know the way of the land any more (Fournier & Crey, 1997).

Akiwenzie-Damm and Sutherland wrote in 1988 the following statements; "while outright extermination was considered inhumane by the churches and government of the day, they believed that Indians could be *civilized*"; "Historians suggested that discipline was more harsh at residential schools than at their counterparts"; "There was a great deal of physical abuse"; and "These methods included isolation cells, severe floggings, whippings, and public humiliation" (Miller, 1991 cited in Akiwenzie-Damm & Sutherland, 1998);

Routine stories of bad food, cold dormitories, head shaving upon admission to schools and issuing of uniforms were reported by residential school students. Sometimes, it seemed that punishment and mistreatment might more accurately be called torture as we now understand it. For example: sticking needles in the tongues of children who spoke their native languages must be considered excessive and cruel. Reports of beatings inflicted on children who attempted to run away were considered excessive even at the time by school inspectors and non-native neighbors"; "The essence of genocide was a powerful intent to destroy a group out of existence. In many ways this intention was achieved. Scores of First Nations children died from disease while in the care of residential schools; others were emotionally and spiritually destroyed by the harsh discipline and living conditions. Confinement, humiliation, lack of privacy, physical, sexual, and psychological abuses resulted in dislocation, loss of pride and self-respect, and loss of identity within the family, community, and nations" " It is widely believed that those who attended

residential schools lost their ability to parent, and their identity as Aboriginal People"; "The attitude among those who put together the schooling program was essentially that the Indian people were to be eliminated (Miller, 1991 cited in Akiwenzie-Damm & Sutherland, 1998) Suicides also existed in many residential schools,

In 1920, nine boys had attempted suicide by eating water hemlock. One had died. In 1930, two boys had "died after ten days of sickness, of which the doctor could not find the symptoms." It was "only after they had passed away that the other boys told that they had seen them with HEMLOCK in their hands. In this period, in June 1981, at Muscowequam Residential School, "five or six girls between the ages of 8 and 10 years had tied socks and towels together and tried to hang themselves. Earlier that year, a fifteen-year-old at the school had been successful in her attempt (Milloy, 1999, p.288).

Those of us who survived residential school and the foster care and adoption systems of the 60s scoop, grew up to become parents of our own children even though we were permanently damaged by many people. For many of us, we still carried our

suicides within the core of our being. As parents, we were unable to raise our own children in our own love, traditional languages, values, beliefs, and ways (Gosek, 2002; Haig-Brown, 1988; Secwepemc Cultural Education Society, 2000). For many of us, we were unable to love our own children. In order to survive the inhumane cruelty, racism, and hate that we were forced to go through, many of us had to mentally and emotionally shut down in order to survive.

I learnt that in order to survive, I would stop thinking. When I stopped thinking about all the painful abuse that they were doing to me then I could also stop feeling. That was the way I learnt how to emotionally shut down. I remember refusing to think and feel anymore and that was when I became dead inside.

(Holy Woman; Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim, suicide survivor. Winter 2003-2004: interviewed in her home.)

As a result, we were not able to emotionally *be there* for our own children. Our Indian hearts and souls, our love and strength that we were to have for each other had been hated and beaten out of us. In Christian residential schools, we were taught to hate ourselves and each other because we were Indians.

> As a little one, I wished my dad would have told me in words, that he loved me.... but he never did. He would never tell me with words that he loved me. He would work hard as his way of showing me that he loved me. But, he would never say the words, "I love you". That is what they did to him in residential school.

(Elder; second generation Residential School Survivor. Winter 2002-2003: interviewed in Terrace, B.C..)

Due to our Christian Indian Residential School childhoods and upbringing, our children became lost because, as their parents, we were lost first. We had been taken so far away from who we were meant to be, our authentic selves, our true and traditional cultures,¹⁷and our *Indian* identities that for many of us, we could never find our way back home (Fournier & Crey, 1997; Gosek, 2002; Haig-Brown, 1988; Secwepemc Cultural

¹⁷ "Culture is the whole complex of relationships, knowledge, languages, social institutions, beliefs, values, and ethical rules that bind a people together and give the collective and its individual members a sense of who they are and where they belong. It is usually rooted in a particular place, a past and present homeland" (RCAP, 1995, p. 25)

Education Society, 2000). For others, many of our own People died along the way....

Elders of both the Red and White Nations (researchers) believe that cultural assimilation and its intergenerational impact is the best explanation as to why suicide rates are so high in many Red Nation communities (Akiwenzie-Damm & Sutherland, 1998; Duran& Duran, 1995; Fournier & Crey, 1997; Gosek, 2002; Haig-Brown, 1988; Health Canada, 1992; Kirmayer, 1994; Milloy, 1999; Paproski, 1997; RCAP, 1995; Robinson & Bird Quinney, 1985).

> After extensive consultation and study, the commissioners of the Royal Commission of Aboriginal People (1995) concluded that high rates of suicide and self injury among Aboriginal People are the result of a complex mix of social, cultural, economic, and psychological dislocations that flow from the past into the present (RCAP, 1995, p.2).

Prior to 1995, Canada's Royal Commission on Aboriginal People went to many of our Red Nations' communities to listen to our Peoples' voices. Our Elders and Leaders spoke of high suicide rates being directly related to the results of cultural assimilation and genocide that are reflected in today's assimilation and genocide symptoms;

sexual abuse, family violence, alcohol and drug abuse, solvent abuse, satanic practice, deterioration of family structures, lack of proper leadership et cetera.... are only the symptoms of a bigger and more devastating cycle of oppression and depravation.... first initiated with colonial contact in 1492.... We must stop the immoral behaviors caused by oppression (RCAP, 1995, p.19).

RCAP (1995) went on to listen to the voices of our traditional and contemporary Healers¹⁸. Our Healers spoke about the life history and family history factors that have led to suicide. These factors included;

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chronic family instability or disrupted relationships; a family history of mental health problems, including suicide attempts, alcoholism or depression in parents or caregivers; experience of physical or sexual abuse; substance abuse; history of interpersonal conflict; recent extreme interpersonal conflict or the loss of a major

¹⁸ The cultural translation for a traditional healer is equivalent to a general practitioner or specialist.

relationship; and prolonged or unresolved grief (RCAP, 1995, p.22).

RCAP (1995) also listened to the voices of our youth. Our youth believed that the factors that drive them to suicide include; "racism, loss of culture, physical and mental abuse, family discord, feeling of boredom, loneliness and powerlessness" (RCAP, 1995, p.8).

In the 1990s, large amounts of research were done to uncover why suicide is so common in various Red Nations while non-existing in others. Researchers focused on other contributing factors such as "seasonal variations [of suicide] with increased rates in the fall and in the spring in North American" (Kirmayer, 1994). Besides seasonal factors, it has been discovered that "isolating and seclusion of criminals in custody puts them at considerable risk for suicide" (Bonner, 1992 cited in Kirmayer, 1994). There are also higher suicide risks for "first and second degree relatives of suicide victims" (Kirmayer, 1994). "While impulsivity contributes to the risk of suicide *attempts*, there is evidence that withdrawal, hypersensitivity, and behavioral inhibition are more common pre-morbid personality traits than impulsivity in *completed* suicides" (Hoberman & Garfinkal, 1988 and Shafi, Carrigan, Whittinghill & Derrick, 1985 cited in Kirmayer, 1994). Cultural assimilation conditions of "third world poverty levels, poorly constructed and overcrowded housing conditions, and unfit drinking water are also seen as contributing environmental factors to our high suicide rates" (Taylor, 1995). This is coupled with other assimilation symptoms of "unemployment rates as high as 96% and third generation solvent abuse that involves up to 80% of our young people in various communities" (Taylor, 1995).

The Elders from within their White Nation cultures generated theories to explain why suicide existed in their own communities. Of all the theories that have ever been written to explain why suicide exists, Emile Durkheim is the most cited of all White Nation Elders. In 1897, Durkheim worked on defining three distinct types of suicide for his People. In his classic book, *"Suicide; a study of Sociology*"¹⁹, Durkheim defined three major types of suicide. The first type of suicide was called "egoistic suicide" (Davenport & Davenport, 1987). Durkheim believed that the person was suffering from "excessive

¹⁹ For further information see Durkheim, (1970).

individualism and this occurred when the person detaches himself from society and lived according to his own personal set of 'rules of conduct''' (Davenport & Davenport, 1987). Thus, "he lived and died according to his own rules rather than continuing to obey society's rules and expectations of valuing life and continuation" (Davenport & Davenport, 1987).

Durkheim went on to define the second type of suicide which he called "altruistic suicide" (Davenport & Davenport, 1987). "Altruistic suicide is completely opposite to egoistic suicide in that the person has an inadequate amount of individualism" (Davenport & Davenport, 1987). Durkheim believed that "society was always watching its members under constant collective supervision" (Davenport & Davenport, 1987). Under constant collective supervision, the person was unable "to set up an environment of his own in the shelter of which he may develop his own nature and form a physiognomy that is his exclusively" (Davenport & Davenport, 1987).

Durkheim's last type of suicide is called "anomic suicide" (Davenport & Davenport, 1987). Durkheim believed that "suicide increases during periods of social change regardless whether the change is positive or negative" (Davenport &

Davenport, 1987). "Whenever serious readjustments take place in the social order, whether or not due to sudden growth or to an unexpected catastrophe, men are more inclined to selfdestruction" (Davenport & Davenport, 1987).

In 1990, researcher Travis wanted to see which White Nation theory best explained suicides in our Red Nation and White Nation communities. Travis applied Durkheim's "social disorganization" theory and Halbwacks' "social isolation" theory to 400 suicides that were committed in Alaska between 1959 – 1973. Durkheim hypothesized that suicides were the result of a person's individual psychological make up and the impact that society had or didn't have on that person. Whereas, Halbwachs hypothesized that a person's suicide was based on his/her own personal social psychological conditions and their level of awareness. Halbwachs believed that a person's "change in consciousness was sufficient" to drive them to suicide.

Detached from one group by a sudden disturbance, you are incapable, or at least you believe yourself incapable, of ever finding any support in another, or anything to take the place of what you have lost. When one becomes lost to society thus, one most often loses his principle

reason for living. Halbwachs emphasizes the efficacy of internal sentiments, like anguish and terror, which have no obvious basis in the external world and which arouses feelings of solitude that seem without remedy. This anguish leads to social isolation as Halbwachs explains. When a man is not in accord with the others on what he takes most to heart, and when their representations of beings and things no longer clearly coincides with his own on any point of interest to him, he is clearly isolated in their midst. not so much because he does not understand them at all as because they do not agree with him... Thus psychopathic states produce the same effect as other causes of suicide. There is nothing that a thought formed by society is less capable of standing up to than a social void. This state of anguish and terror is alone what matters. There is nowhere beyond it to go when one wishes to explain suicide (Travis, 1990).

After statistical analysis, Travis (1990) discovered that Halbwacks' "social isolation" theory explained the pre-death conditions in 42% of the suicides while Durkheim's "social disorganization" theory explained the pre-death condition in

33% of the suicides. But, for statistical significance, these two theories could only explain one third to less than one-half of the suicides, at any given time.

Another White Nation Elder, who has studied suicide for many decades, is Edwin Shneidman. Shneidman (2005) argues that "suicide and depression are not synonymous". He also believes that "suicide is not best understood as a disturbance in the genes or the brain; rather it is essentially a perturbation in the mind" (Shneidman, 2005). "The essence of suicide is pain" (Shneidman, 2005).

Psychological pain is <u>not</u> the same as somatic or physical pain. It is how you feel as a person; how you feel in your mind or heart. It refers to how much you hurt as a human being. It is mental suffering; inner torment. It is called <u>psychache</u> (pronounced sīk-āk) Psychache refers to hurt or misery. It is the pain of shame, or guilt, or grief, or humiliation or hopelessness or loneliness or sadness or anguish. It is how you feel inside. It is an ache in the mind (Shneidman, 2005).

Shneidman (1999) had explained earlier that the basic formula for suicide is "Elevated psychache plus constricted perceptions of life's options plus thanatophilic thoughts (preference for being dead over being alive) equals suicide". "Psychache is the elevated psychological pain caused by frustrated psychological needs created by destructive (catadynic) life events" (Shneidman, 1999). Shneidman (1999) also provided suggestions and tools for healing such as; the use of his "Psychological Pain Assessment Scale", and for therapists to "look for assets and strengths" in the patients. For suicide victims to heal, Shneidman (1999) recommended that therapists needed to identify

characteristics and features of the inner life that have kept that person <u>alive</u> and that are life promoting and lifesustaining, especially items in the past that permitted the person to endure the unendurable and to tolerate the intolerable for that is what <u>not</u> committing suicide involves (Shneidman, 1999).

Lastly, Shneidman suggested therapists also looked for "clues that are precursors [to] committing suicide in the future" (Shneidman, 1999).

One research project that is reflective of Shneidman's psychache concept (1999) was conducted by Paproski, in 1997.

She interviewed five women from five different Red Nations for her thesis titled "*Healing Experiences of British Columbia First Nations Women; Moving beyond Suicidal Ideation and Intentions*". Who or what drove these women to suicide when they were children or when they were teens? All these women either thought about or attempted suicide due to commonly shared pain-filled experiences:

- significant separation from family and/or community
- victims of emotional and physical abuse
- made to feel rejected or worthless because of how they were treated by new caregivers or guardians
- did not feel understood
- felt controlled by others
- experienced isolation

As Red Nations' People who have and/or are suffering from personal and environmental factors that drive us to suicide, we are not alone. Many of us have died along the way....

They died along the way: Statistics

If I had fully died when I hung myself, they would have never known my name.... I would have just become another number thrown into another pile.

(Holy Woman, Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim, suicide survivor. Winter of 2003-2004: interviewed in her home.)

According to RCAP (1995) findings, the effects of

colonization, cultural genocide, and assimilation are the leading causes of suicides within the Red Nations' of Canada. But Canada does not stand alone. At a world level, high Red Nation suicide statistics in Canada are similar in comparison to fellow Original Nations who have also been colonized by the British Empire. Fellow victims of British Empire colonization include the Original Nations of Australia, New Zealand, and the United States. The Original Nations of these British Empire-made countries share very similar histories and suffer similar impact that British colonization and cultural genocide has had on the Red Nations in Canada (Hunter & Harvey, 2002). Today, Original Nations continue to suffer higher suicide rates than the British Empire's People. These high suicide rates are symptoms that reflect the "impact of the breakdown of cultural structures and historical processes associated with colonization" (Hunter & Harvey, 2002).

In the United States, suicide rates for Red Nations males between the ages of 15 – 25 years old have grown from 4.1 to 12.1 deaths in a village of 100,000²⁰ between 1958 and 1982 (Hunter & Harvey, 2002). In New Zealand, the Maoris' suicide rates for their men aged 15-24 was 49 deaths in a village of 100,000 in 1989 (Hunter & Harvey, 2002). While in Australia, suicide rates have remained constant over the last century at 20.6 deaths in a village of 100,000 for men while women suffered from suicides at the rate of 5.5 deaths in a village of 100,000 (Hunter & Harvey, 2002).

Since the 1970s, suicide rates have increased throughout the world. When we compare Canada to the rest of the world, Canada still has some of the highest suicide rates, in the world. In a five year period from 1986 to 2001, a total of 52,500 Canadians had committed suicide (Weir, 2001). As a result,

²⁰ I have indianized a common statistical term of x per 100,000 to be written as x deaths in a village of 100,000. This term is more meaningful by representing our interconnected lives. I have also developed this measurement of a theoretical village of 100,000 to help people understand that suicide does not occur in isolation; it occurs in our villages.

20% more Canadians have died from suicide than all the Canadians who died fighting in World War II (Weir, 2001). It was also in 1970, when Canada's total population suicide rate surpassed the United States' rate (Weir, 2001). In 1999, while Canada's non-Native suicide rate was 14 deaths in a village of 100,000 people (Canadian Press Newswire, 1999) our Red Nations' youth suffered suicide death rates as high as 500 - 800 times the national average (Chandler & Lalonde, 1998). By comparing Canada's Red Nation's suicide rates to the rest of the world, we begin to see that Canada still continues to have some of the highest suicide rates in the world.

Within the boundaries of Canada, between 1988 and 1994, Red Nations' People who were living off-reserve suffered an average suicide rate of 31.8 deaths in a village of 100,000 while on-reserve communities suffered with a rate of 52.9 deaths in a village of 100,000 (Malchy & Enns, 1997). Canada's Red Nations' women were 7.5 times more likely to commit suicide than non-Native females (Strickland, 1997). Canada's highest suicide rates were found in the Innu People of Davis Inlet²¹.

²¹ The history of my Blackfoot and Sioux great grandparents appears to have repeated itself in the Innu People. ... The Innu People of Davis Inlet had been forcibly moved from their traditional hunting grounds and away from their

They were said to be "the most suicide ridden People in the world" at a rate of 178 deaths in their village of 100,000 community members (Ferry, 2000). In a 1999 Canadian health study, the Inuit people were struggling with 79 deaths in their village of 100,000 while the rest of non-Native Canada was at 14 deaths in their village of 100,000 (Canadian Press Newswire, 1999).

At a provincial level, in British Columbia, the BC Coroners Service's First Nations Deaths in BC 1999 to 2003 – Coroners Cases report (Office of the Chief Coroner of British Columbia; OCCBC, 2004) stated that in 2003 there were 30 known status Red Nation suicides. This represents 16.95% of all suicides in British Columbia. Of these suicides the following methods were used: 57% hanging, 23% firearms, 7% falls 3% carbon monoxide poisoning, 10% alcohol/ drugs/ other poisoning, 0% stabbing or incised injury and 0% drowning (OCCBC, 2004).

We must remember that suicide statistics only represent the tip of the iceberg. Below the surface are all the suicide

source of life, caribou, to make room for economic development. The government sanctioned forced move destroyed their means of living, feeding, and supporting themselves, as well as their way of life. As displaced People and without the caribou, they have not been able to re-claim their strength and ways of life.

thoughts, urges, plans and/or attempts, as well as the high number of accidental deaths that in reality were actual suicides that have gone unreported. In RCAP's (1995, p.17) special report on suicide, it was estimated that 25% of all Red Nations accidental deaths in Canada may actually be completed suicides. What is also left out of government suicide statistics are all the Métis and non-treaty status Red Nations' People who have committed suicide. They are not counted because the victim was not registered under the Canadian government's sanctioned treaty or status card number system.

Below the surface of completed suicide statistics is the reality of suicide attempts. It has been estimated that for every completed suicide there have been 100 suicide attempts (Link, 1998). However, in Ross and Davis' (1986) three year study, of a Red Nation community in northern Manitoba, the community had a suicide rate of 77 deaths in their village of 100,000 community members. Young men in the community, who were of the ages of 20 to 24, had a suicide attempt rate of 241 attempts in their village of 100,000 (Ross & Davis, 1986). Meanwhile, the young women, in the same community, who were between the ages of 15 to 19 years of age, who used drug

overdose as their means of suicide, had a suicide attempt rate of 7,722 attempts in their village of 100,000 (Ross & Davis, 1986). During this same time, Canada's non-Native suicide rate was at 14.0 deaths in their village of 100,000 (Ross & Davis, 1986) with an estimated suicide attempt rate of 1,400 in Ross and Davis' studied Red Nations village of 100,000 when using Links' (1998) estimated 100:1 ratio.

Lastly, to understand the deadly methods that our fellow Red Nations People have used to commit suicide, Malchy and Enns (1997) conducted research in Manitoba from 1988 to 1994. In their research, they discovered that our fellow Red Nation People used; hanging and asphyxiation 52.0%, firearms 26.0%, drug overdose 15.0%, while carbon monoxide poisoning occurred only 0.9% in all the reported suicides. This phenomenon differs from how non-Native Canadian People committed suicide in their communities. Their suicide rates showed that they used: firearms 32.9%, hanging or asphyxiation 24.3%, carbon monoxide poisoning 15.7% and drug overdose 15.7% (Malchy & Enns, 1997).

It felt like I was standing on a piece of ice that was drifting down the river. I was floating between two very different

cultures while not belonging to or being claimed by any one of them. Meanwhile, the ice is slowly melting away. Standing alone, I felt that everything and everyone that gave me strength, worth, love, and meaning no longer existed.... whereas, suicide was still there haunting me... (Half-breed University student. Winter 2003-2004; interviewed in Prince George, B.C..)

The nature of driven to suicide

This research project takes a critical look at one of our shame filled secrets that still exists in many of our Red Nations' families and communities. For many of us, we are shocked, frightened, hurt, and ashamed of the suicides in our communities. It means that we have failed to be there for our own People²². In our Nations, there are many different types of suicide. This research project only focuses on one type; *driven to suicide*.

Driven to suicide can be found in many of our People's lives. For example, our Holy Woman shares her soul-felt belief that she was driven to suicide as a little girl. She shares her story with us as a victim of a Christian, Indian Residential School; a

²² It is a common traditional law that we are to "be there" for our people.

story of the brutality and racial hate that drove her to suicide. She shares her story so that we can understand why she believes that *driven to suicide* still exists (see appendix G).

Our Holy Woman defined *driven to suicide* for us while looking back over her residential school experiences and her life long experiences of racial hate. Our Holy Woman explains....

I define driven to suicide is when a person believes that they are being driven to suicide by one or more violent people in their lives.

Our Holy Woman's definition of *driven to suicide* with its lack of options or escape and its unbearable pain links up with Shneidman's (1999) definition. Shneidman (1999) believes that "Suicide occurs when a person is no longer able to endure the unendurable and able to tolerate the intolerable". More specifically, Shneidman (1999) defined the basic formula for suicide as "Elevated psychache plus constricted perceptions of life's options plus thanatophilic thoughts (preference for being dead over being alive) equals suicide. Psychache is the elevated psychological pain caused by frustrated psychological needs created by destructive (catadynic) life events". Shneidman talks about unbearable pain but does not clarify who or where that

unbearable pain comes from. However, our Holy Woman has taken one step further by taking the ambivalence out of Shneidman's definition.

Our Holy Woman identifies that her unbearable pain came from the priest, a supervisor, and staff of the Christian Indian Residential School that she was forced to attend (see appendix G). By being exact and to the point as to "who did what to her under what conditions and to what extent"²³, our Holy Woman has defined the reality of *driven to suicide* in many of our lives.

For our Holy Woman, Shneidman's (1999) "constricted perception of life's options" was not just a perception; it was reality for many of our Red Nations' children. The true and actual reality was that there was no escape for her from the Christian, Indian Residential School she attended. There were also no other "options" apart from continuing to be raped, tortured, hated, and humiliated on a daily basis or die mentally, emotionally, psychologically, spiritually, and eventually.... physically. The "destructive life events" (Shneidman, 1999) in our Holy Woman's life were individual educated, religious, White

²³ Dr. Rick Grinnell, (1987) Social Work Research Course Lecture, University of Calgary.

Nation People acting under their federal government sanctioned laws rather than any acts of God such as drought, flood, earthquakes, or hurricanes. For our Holy Woman, the "destructive life events" (Shneidman, 1999) were the specific White Nation People in her life who ran the Christian, Indian Residential School; the ones who hated, raped, tortured, humiliated, and beat her on a daily basis until they had broken her will to live and drove her to her suicide attempts.

Our Holy Woman was driven to two suicide attempts and survived one actual hanging before she was 6 years old. Today, the silent reality of *driven to suicide* also exists in our domestic violence.

I watched my uncle, he was a middle aged dry drunk. He ended up marrying an alcoholic woman. Right after the wedding reception, he started in on her, demanding that "his" "wife" give up her drinking for him. He wanted to measure his worth by how much he could get his brand new wife to suffer, sacrifice, and change for him. He couldn't accept her for who she was and help her out; instead he demanded that she change for him. The more that he harassed her about her drinking, the more he drove

her to drink. The more that she drank to escape him, the more infuriated he became. The more infuriated he became, the more he demanded her to pay attention to him and take good care of him, and fulfill his wants and needs; not hers. It was like he just wouldn't allow her to exist for who she was. And, he was always demanding that she had to need him more than the bottle. He just couldn't leave her alone. ... even after her arm was amputated when she used a shotgun to kill herself in her first suicide attempt, he refused to psychologically leave her alone. He just wouldn't leave her alone. He was so obsessed in emotionally tearing her apart because she was not doing what he needed her to do for him. It was like he had to destroy her for who she was so that he could re-build her into the person that he needed her to be so she would take good care of him. I don't understand why he just didn't do it himself? He had been cooking and cleaning for himself for decades, why didn't he just do it himself?...

.... in his eyes, she would never be perfect and her best would never be good enough for him. He kept destroying her until there was nothing left to destroy. Eventually, she

was able to escape his never-ending obsession of ripping her apart and destroying her. He just couldn't leave her alone. He just couldn't let her go. He just had to destroy her and re-build her into the person that she wasn't able to be. But, she was finally able to escape him when she successfully completed her second suicide attempt. I think my Auntie died Boxing Day not because she wanted to die but because she needed to live. My Auntie needed to live but in order to live she had to escape from her husband and there was only one way out for her and that was to die because he just wouldn't leave her alone. Some of the relatives on the white side of the family tell me that she is going to burn in hell because she had committed suicide. From my point of view, she didn't kill herself; he did. He had destroyed her a long time ago.... (Suicide survivor. Summer 2005: interviewed in her home.)

While being critical of her own peers' lack of leadership, our Holy Woman also believes that mainstream society is another reason for *driven to suicides*, in our young people today.

We hide behind half opened curtains while we stand back and watched for years while we gossip amongst ourselves. We gossip about the awful beatings and the drinking and the violence that is going on in our communities. For many of us, we stand back and watch the perpetrators drive our young people to suicide and... we didn't even know how to stop them. Our young people are being driven to their deaths. Today, the drug dealers are like predators and parasites. They are feeding off our youth and our single mothers and our unemployed young men and they are killing them. They are driving them to their deaths because of the poverty, and the worthlessness, and the hopelessness, and the emptiness, and the hurt, and the lack of direction and leadership. And when they dangle their drinking, and their drugs, and their sex money, and all the glitz and glamour of the fast life of their cities in front of our children's noses, our children leave to go die in their cities. As Elders, we have to stop them from destroying our children. They are destroying our children's traditional reasons for living. Our people are dying off just

like when they killed us with their alcohol and small pox,

but now it is cocaine, crystal meth, and aids.

(Holy Woman, Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim, suicide survivor. Winter 2003-2004: interviewed in her own home.)

On a larger scale, at a Nation to Nation level, *driven to suicide* is about how our traditional Indian way of life was suddenly destroyed by the dominating colonizers.

> In addition, the Department had the power to make and enforce regulations under the acts [Indian Acts of 1876 and 1880 and the Indian Advancement Act of 1884] affecting all aspects of public and private life in communities. Aboriginal traditions, ritual life, social and political organization, or economic practices could be proscribed as obstacles to Christianity and civilization or could be declared by Parliament, as in the case of the potlatch and sun dance, criminal behaviors (Milloy, 1999, p.21).

Our ways of life were replaced with the colonizer's foreign way of existing on reservations while starving on food rations in poorly constructed government housing, without our children. This sudden social upheaval was the result of colonizers taking our traditional territories and our sources of life, such as the Buffalo, away from us. For my Blackfoot People, life would never be the same again....

The Buffalo were gone. The buffalo truly had been their staff of life. It had given meat for food, skin for lodges and clothing, bones for tools, horns for ladles, the paunch for containers, teeth for necklaces, hair for stuffing saddle pads, and the hoof for rattles. Even the tail had been used to sprinkle water on hot stones for the sweat lodge. The buffalo was the very foundation of their existence. It was at the heart of their religion, their mythology, their daily lives, their annual migrations, their food, and their shelter. The old people in particular could not understand where the millions of buffalo had gone. They knew the animal had been a gift of the Sun spirit, so they assumed that the Bloods had offended him and that the Great Spirit had opened a hole in the earth and driven all his animals into it. For many years, after the tragic winter of 1880 -81, the older Indians waited and prayed for the buffalo to return (Dempsey, 1995 p.132).

Through out all of Canada, the original way of life and being for all Red Nations was destroyed...

According to Canada's first Prime Minister, Sir John A. MacDonald, the nation, too, dreamed of discharging its benevolent duty. A national goal, he informed Parliament, was "to do away with the tribal system and assimilate the Indian people in all respects with their inhabitants of the Dominion, as speedy as they are fit to change (Milloy, 1999 p.6.)

When the colonizers took away our great grandparents freedoms, rights, honour and worth, traditional territories, ways of life, and sources of life... it appears that the colonizers also wanted to feel good and morally right about what they were doing to our ancestors...

Let us have Christianity and civilization among the Indian tribes; let us have a wise and paternal Government.... Doing its utmost to help and elevate the Indian population.... And Canada will be enabled to feel, that in a truly patriotic spirit our country had done its duty by the red men (Milloy, 1999, p.6). Unfortunately, what was civilizing for the colonizing White Nation was barbaric for our ancestors of all Red Nations. The external pressures of the British colonizers civilizing and dominating society were so great on our Red Nations that many of us died along the way....

In residential school, I remember lying in a pool of my own blood. I had been beaten to a pulp. It was a "white rabbit beating". I was called a "white rabbit" because I was a half breed Indian kid. I was hated by the white staff for being Indian and I was hated by my own people because I had something of value that they wanted but couldn't have; white looking skin. I was beaten so badly that I couldn't even move to get up off the floor. I was just lying in my own blood and I was thinking to myself. I decided to quit fighting for my life. I didn't want to die; I wanted to live but I just couldn't take their hate anymore. I quit fighting to stay alive; I didn't care anymore...

(Elder; Indian Residential School Survivor. Winter 2004-2005: interviewed in her own home.)

Summary

For about 18 months, I would go into my doctor telling him about the pain that I was in. I was going through a lot of racial hate at work.... I just couldn't seem to get away from it... One day, I went into see him. By that time I was so... weak that all I could say to my doctor was two words.... 'afraid' 'suicide'... And he missed it....after 18 months he missed it.... (Suicide victim. Early Spring 2006: interviewed in Terrace, B.C.)

By combining the above statistics, we can develop a theoretical profile of a high risk suicide victim in Canada. That person, who is currently suffering with the highest levels of psychological pain which may eventually drive him to suicide (Shneidman, 1999), will statistically be a young Red Nation man, who is between the ages of 15-24 years (Malchy & Enns, 1997). He would statistically live and die on reserve in a remote northern community (Malchy & Enns, 1997). Statistically, he would come from a reserve that is already plagued with suicides and accidental deaths (Chandler & Lalonde, 1998). He may have been triggered to commit suicide by a deadly combination of a recent relationship breakup and heavy drinking (Malchy & Enns, 1997). But, he has also been suffering from unbearable psychological pain for years (Shneidman, 1999).

In his family, there is a high probability that he has suffered from one or more of the following symptoms of colonial genocide and assimilation; "sexual abuse, family violence, alcohol and drug abuse, solvent abuse, satanic practices, deterioration of family structure, or lack of proper leadership" RCAP (1995). In his community, there may also be the reality of colonization in the form of "third world level poverty, overcrowded housing, unfit drinking water, extremely high levels of unemployment, and third generation solvent abuse" (Taylor, 1995). Prior to his death, he probably did not know how to speak his own traditional language, have a sense of identity and pride from his traditional culture, and/or know his traditional ways of living off the land (Chandler & Lalonde, 1998). His mom and/or dad and/or grandparents would have probably been victims of residential school and/or he may have been a victim in and of the foster care and/or adoption systems (RCAP, 1995).

As an individual, he probably had less than a grade twelve high school education and about a 90% chance of living on welfare due to the reality that there are no jobs on his reserve (Taylor, 1995). Within his own being, he would probably be suffering from "racism, loss of culture, physical and mental abuse, family discord, feelings of boredom, loneliness, and powerlessness" (RCAP, 1995). With all the historical cultural genocide and assimilation odds stacked against him, while struggling with his everyday poverty of resources and opportunities and maybe even struggling with his own addictions, he probably didn't have much to look forward to, in his future (Chandler & Lalonde, 1998). His future may have been as bleak as his extended family and/or community members who have already committed suicide or died an early death, in an accident (Kirmayer, 1994). Even though his psychological pain and social isolation may have been unbearable for years (Shneidman, 1999; Travis, 1990; Hoberman & Garfinkal, 1988; Shafi, Carrigan, Whittinghill & Derrick, 1985 cited in Kirmayer, 1994) he may have made no prior attempts before successfully killing himself due to the lethal means he used. Statistically, he would have used hanging, a firearm to shoot himself, or a drug overdose while under the influence of alcohol (OCCBC, 2004). Unfortunately, statistics show us that he would not die alone. He would not be

the only one in his family and/or community to die of suicide when attempts rates soar as high as 241 men in his village of 100,000 (Ross & Davis, 1986). He would also not be the only one; the young women in his community also fight to die through their 7,722 attempts per 100,000 (Ross & Davis, 1986). Fortunately, due to the slow death that pills bring to us, the majority of his community sisters will be able to survive their drug overdoses (Ross & Davis, 1986).

What statistics do not tell us is....his name and what he loved to do that would make him feel happy and alive... We will never hear his voice and see his smile ever again... We will also not know what he was born to do and what he would have been working and living at his full potential; who he was meant to be according to the Creator. Statistics also never tells us that on an individual level every suicide victim has his or her own unspoken truth speaking story....

The following research project is just a small pebble tossed into an ocean of chaos, destruction, pain, and despair. As well, many of our People do not have access to mainstream formal mental health services to help us in our battles against *driven to suicide* (Schmidt, 2000). Thus, I went to listen to my fellow Red Nation Warriors to find out what they personally did that helped them in fighting for their lives....

CHAPTER THREE

METHODOLOGY

In our hearts and souls: Introduction

They stole from me all my reasons for living in exchange for

all their reasons for dying.

(Holy Woman, Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim, suicide survivor. Winter 2003-2004: interviewed in her home.)

As a Hereditary Chief, it hurts my heart every time I phone back home, to the reserve, and I hear that another one of our People has died from suicide. Unlike my White Nation research, back home, our suicide statistics are not faceless or nameless. We still remember who they once were, whose family they belonged to, where they lived, where they died, how they died, and... their suicides still hurt our hearts. If I was a traditional scientific White Nation researcher, I would be expected to be void of all emotional interests and personal agendas in order to do good, detached, scientific research (Morse & Field, 1995, p.15). However, as a Hereditary Chief for my People, I suffer in the sorrow of my People while *driven to suicide* continues to haunt our communities. At times, I wish I was void of all the emotional pain that cuts into my heart and soul every time I hear that another one of my People has died from *driven to suicide*. It cuts deep into my heart and soul because *driven to suicide* continues to be an enemy to all our Red and White Nations and People. *Driven to suicide* is a common and familiar enemy to all of us; it wastes our People's lives. It destroys our families and friendships. It scars our communities and ... it leaves its survivors with a lifetime of pain, shame, and permanent physical damage. Today, many of us continue to suffer the pain, shame, and permanent physical damage from our own *driven to suicides*. Alone our bests were not good enough to fight for our lives, we needed help....

It also hurts my heart and soul to think about...what type of communities are we living in when we can't even save our own People from the hate and violence that surrounds us and drives us to suicide?.... Our traditional law teaches us that we are to *be there* for our own People, but we are not. Who and what is getting in our way? What are we doing wrong? We should have been there for her when she asked us for our help (Elder; Healing Center's Board of Directors member. Summer 2006: Blood Reserve, Alberta.).

If I was a traditional scientific White Nation researcher, I would be expected to be neutral with no biases or personal agendas. However, as a Hereditary Chief, this research project is just one piece of my many personal commitments and traditional duties to my People; it is also my battle too. In spite of my traditional responsibilities and commitments to fight for myself and my People's lives, as a Chief I have also spent a life time being trained to put my own personal wants, needs, agendas, and biases to the back of the stove. My People come first. As a Chief, I have been trained to be strong enough to search for, fight for, and find the truth.

Respect the wisdom of the people in council. Once you give an idea to a council or a meeting it no longer belongs to you. It belongs to the People. Respect demands that you listen intently to the ideas of others in council and that you do not insist that your ideas prevail. Indeed you should freely support the ideas of others if they are true and good, even if those ideas are quite different from the ones you have contributed. The clash of ideas brings forth the spark of truth. Once a council had decided something in unity, respect demands that no one speak secretly against what has been decided. If the council has made an error, that error will become apparent to everyone in its own time (Bopp, et el, 1984, p. 78).

For this research project, I have found truth in five Warriors' personal lives. Their truths are their personal battle stories of what they have done to fight for their lives against *driven to suicide*.

From my White Nation's teachings, I have learnt that this act of collecting Warriors' real life experiences is called qualitative research. Qualitative research occurs when we collect personal lived experiences from a small number of people who are living in their natural environment while using least intrusive ways²⁴ (Morse & Field, 1995 p. 10). There are various types of qualitative research. The type that is most reflective of my

²⁴ Least intrusive way is a common traditional way of being. Least intrusive way is also found in qualitative research when the researcher collects life experiences in their natural state without applying any artificial limitations or experimental controls to the experiences.

Indianized research method is called phenomenology. Phenomenology was defined by Van Manen in 1990 (cited in Morse & Field, 1995, p.22) as, "research that seeks to understand the lived experience of individuals and their intention within their 'life world'".

Traditionally, listening to our Warriors truth speaking was part of our sacred Sun Dance. Each story is shared separately and it stands alone to be honoured, respected, and learned from. Traditionally, we never do comparison and contrast analysis; we are taught to accept things 'as is'. We also did not group together all our Warrior's truth speaking to analyze common themes. That would be so dishonouring. Traditionally, everyone, independent of age, has a right to stand out from the crowd when he/she has done a notably brave, ethical, compassionate, or charitable feat. We are to give credit where credit is due.... However, using phenomenological style of research, this research project takes learning from the Warriors' oral truth speaking one step further. In this Indianized version of phenomenological research, we gather all the Warriors' truth speaking stories together to discover if there are any common themes as well as any one-of-a-kind unique

suicide intervention strategies. This gathering to find common themes is called "thematic analysis" (Morse & Field, 1995, p.135).

Indianized research

"If the shoe doesn't fit, we don't have to wear it any more"...

(Holy Woman, Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim, suicide survivor. Winter 2003-2004: interviewed in her home.)

Tuhiwai Smith (1999) in her book *Decolonizing Methodologies: Research and indigenous people* challenged the traditional academic White Nation's approach toward researching us from their worldview instead of our own. Tuhiwai Smith (1999) recommended that as Original Nations, we need to start controlling, designing, and doing our own research using our own culture, view of our world, and our traditional ways. I fully agree with and support using our own cultures to conduct research for and with our own People. But, the remaining question was "how"? Tuhiwai Smith (1999) did not provide step by step "how to" guidance as to how I would be able to draw upon and use my own Red Nation cultures to appropriately design a research methodology that would actually make sense to us, fit our own needs, be do-able within our own cultural ways, and be useful to us. Thus, I decided to take the next step....

Before I started to design an Indianized research method that I could understand from my own cultural ways of being, I first had to understand what was required of me if I was a traditional old school academic White Nation researcher. "First seek to understand and then seek to be understood" (Author Unknown). I began by researching existing traditional and contemporary White Nation qualitative research designs and the necessary ethical and academic standards for a Master level thesis (Badine, 2002; Cone & Foster, 1993; Cutcliffe, 2003; Cutcliffe & McKenna, 2004; Horsburgh, 2003; McCormick, 1998; Morse & Field, 1995; Murray, 2003; Ramcharan & Cutcliffe, 2001; Reinharz, 1992; Rubin & Babbin, 2001; Tuhiwai Smith, 1999; University of Northern British Columbia, 1995; Youngblood Henderson, 2000). I came up with petroglyph of a skeleton containing the minimum standards that I needed to address in this research project as well as in the actual writing of this thesis. With this skeleton of minimum thesis, ethics, and qualitative research standards, my second step was to go back to my own Blackfoot and Sioux cultures to draw upon elements of my history, ways of doing things, concepts of understanding, and even my Sun Dance ceremony.

Due to significant cultural difference between Red and White Nations, I needed to draw upon my own Sioux and Blackfoot cultures so I could fully understand what I needed to do and why I needed to do the standards, in my own cultural identity, traditional ethics, and worldview. Research is not a normal activity that we do in our everyday lives so I wanted to take a least intrusive approach when working with the participating Warriors. To be least intrusive, I needed to be Indian (appendix C, D, E, and F) which included being respectful of my fellow Red Nations' Warriors and their own cultural way of doing things. Thus, I drew upon my Blackfoot and Sioux traditional ways so that my research would be the least intrusive and foreign to the volunteering Warriors. As a result, I needed to and was able to "Indianize" my research methodologies to meet the requirements of both Nations and worlds.

By *Indianizing* my research, I have been able to meet the academic requirements of my White Nations' university world as

well as meet my own cultural existence and my hereditary Chief duties to my People, in my Blackfoot and Sioux worlds. More specifically, to *Indianize* this research project, I looked back into my own Blackfoot and Sioux cultures to determine if there were any natural occasions when a Warrior would share his/her truth speaking battle stories with our People?

Today, back home on reserve, there are two common occasions for us to stand as Warriors and share our personal battle stories. One is in front of our A.A. (Alcoholic Anonymous) or N.A. (Narcotics Anonymous) meetings and the other is when we count coup on our Sun Dance Centre Pole. One occasion is the result of cultural assimilation and the other occasion is in spite of it.

I chose to use our Sacred Warrior Piercing Sun Dance Ceremony to give understanding, procedural structure, worth, dignity, depth, and meaning to this *Indianized* methodology and to *driven to suicide*. Sun Dancing as a pierced Warrior is not much different than suffering from *driven to suicide*. *Driven to suicide* is like being pierced in life by life which causes unbearable suffering, deprivation, and tragedies while not being able to break free from our enemies²⁵ that we are tethered to. Unbearable anguish in our lives not only happens within the Sun Dance arbor, it also happens in our daily semi-assimilated and damaged lives. I also used the Sun Dance Ceremony to give understanding, structure, purpose, depth, and meaning to this research project by emphasizing the sacredness of our Sun Dance in stark contract to the holocaustic horrors of Christian Indian Residential School (see appendix G).

Lastly, when I would watch our Holy Woman speak about her Sun Dance experiences, she would come alive with sparkle in her eyes and her face would brighten up while she shared ceremonial meanings and teachings that she loves and believes in. Thus, I wanted to have the Holy Woman share her sacred Sun Dance Ceremonial experiences with us so we will not only know our Holy Woman as a suicidal tortured child rape slave from her Christian Indian Residential School experiences but also recognize her for her most sacred rites that she was meant to perform at our annual Sun Dances.

²⁵ Enemies such as poverty, unemployment, destroyed traditional food sources, crowded housing; unclean drinking water, alcoholism, drug addictions, bingo and gambling,....

Back home, in my semi-assimilated Indian world, our Elders teach us that the toughest journey that we will ever need to walk is from our heads to our hearts. Because the unbearable pain of *driven to suicide* lies within our hearts and souls, the thesis has been written from my traditional Indian heart and soul, rather than from my academic and logical head (appendix C and D). In our hearts and souls, we are taught acceptance; to accept "what is". There are many aspects of life that do not make any logical sense to us but they still do exist. A good example of this existence is that there is no scientific reason for a bumble bee to be able to fly but he does anyway in spite of and independent of the lack of scientific calculations and theories. Thus, the bumble bee teaches us that sometimes.... we need to accept what is without having a logical, medical, or scientific explanation for it.

In my traditional ways, we are also always expected to speak our truth that comes from our hearts and souls rather than from our heads. However, in my White Nation academic world, I have also been taught to use my head to critically think, discover, challenge, expand, and push the outer boundaries of existing knowledge. Hand in hand, it is in my traditional way of

"with a sincere heart and good intentions" and with an open mind of curiosity to learn and understand that I have designed and implemented this research project to the best of all my worlds.

I have also been very privileged to be a student at the University of Northern British Columbia. I am grateful to UNBC and my professors who provided *space* for me to exist in a very supportive learning and research environment. The research environment was progressive yet safe; I was able to challenge my status quo thinking by asking myself, "why can't I quote and reference my own Red Nation's Elders' oral words of wisdom as much as I was referencing my own White Nations' Elder's words of wisdom that were documented in their books and scholarly journal articles"? Due to UNBC's academic environment and freedom that allows us to be creative and progressive in cutting edge research, I have also been able to break trail for the coexistence of both worlds within one thesis through referencing.

In this thesis, I valued and referenced my Red Nations' Elders as equals with my White Nation's Elders. Throughout this thesis, the reader will notice equality represented through the co-existence of both Red and White worlds. I have referenced my Red world of Elders; our Holy Woman, who is an Indian Residential School victim and suicide survivor, other suicide survivors, and our participating Warriors. I have also referenced my White Nations' Elders' academic work written by Shneidman, Durkheim, and many others.

In Chapters 4 and 5, for equality amongst all the truth speaking Warriors, I have intentionally referenced every Warrior in every discussed concept. I wanted all their voices to be heard equally. Amongst our People, some of our people are gifted with the ability to speak easier than others. At our gatherings, they are usually the ones who are heard and listened too more often than anyone else. But, I did not want that to happen in this thesis. I wanted all the Warriors to be heard equally independent of how difficult it was for them to put their thoughts and feelings into words. Thus, the Warriors were all quoted in equal amounts.

Lastly, I would like to request that the reader does not forget that the main focus of this research project is not research methodologies; methodologies are only the vehicle in which we search for the undiscovered truth. The main focus was not to create a new medium of research so my Elders from both worlds co-exist as equals, at the same time, in the same book, on the same page. The main reason for this research was also not to *"Indianize"* qualitative research so my cultures would exist in a written book on a university library shelf, in a city far away from my People. The main activity for this research project was to learn from the Warriors what they did for themselves and what external resources were available to them that helped them win in their battles against *driven to suicide*. The main purpose for this research project was to find practical cures to share with our People so they will not have to suffer as much as we have in fighting for their lives. We have all suffered enough. Now, it is time to heal...

The Elders' blessings

On November 23, 2005, the following research proposal received written blessings from the UNBC Research Ethics Board's Elders (appendix A). After receiving their blessings, I began to search for a research location. My number one priority was to find Red Nation Warriors who would be in a safe environment when sharing their suicide truth speakings. Emotional safety, anonymity, and confidentially were the

primary factors when selecting a Red Nation off-reserve community based agency. After selecting a potential Red Nation agency, I contacted two Elders; the Executive Director and the consulting Elder for the Board of Directors. After visiting with each Elder on the telephone, I went out to their agency to present my proposal and to address any concerns the Elders of the full Board of Directors had regarding the nature of the project and how the research would be done. The original proposal was adjusted to bring peace to the Elders' concerns regarding the safety of anonymity within their agency as well as within their small community and surrounding traditional territory. After the changes were written into the proposal, the Elders gave their oral blessings; their traditional form of approval.

Calling on the Warriors: Purposive sampling

All the Warriors, who were accepted into this research project had suffered from and successfully won their own personal battles against *driven to suicide*. They were of legal age for the province of British Columbia and all were members of their own Red Nations and clans. Participation was on an informed and voluntary basis for all the men and women Warriors. Their truth speaking stories were of their own personal experiences that they had suffered from *driven to suicide* including their thoughts, feelings, experiences, and/or attempts. Prior to the truth speaking gathering, I assumed that it would be too personal to ask the Warriors to share their individual stories of what led up to their pending or actual suicide attempts. However, all the Warriors wanted to and freely began telling their truths by sharing with me the sequence of events that led up to their pending suicides. After they shared their sacred stories, they went on to answer the three pre-determined research questions.

For this research project, five Warriors shared their truth through their personal stories. This gathering of Warriors' truth speaking stories fell within the range from 5 to 18 participants. This is similar in sample size with other Red Nations' suicide research projects (Gosek, 2002; Paproski, 1997; Walker, 1999). This was also in-line with phenomenological research methods that do not pre-determine a specific number of participants prior to beginning the research (Morse & Field, 1995). According to Morse and Field (1995, p. 80) data is collected

until there is "a rich and full description" or "until the primary researcher has exhausted all the potential research participants in the participating community". For this project, all the available Warriors at the non-reserve community based agency took part in this project.

Gathering our Warriors' truth speaking stories: Data collection

All the Warriors who participated in our project had defined themselves as victims and survivors of *driven to suicide* and had willingly volunteered to participate by truth speaking (purposive sampling²⁶). Before the interviews were conducted, I thanked them for volunteering and thanked them for fighting for their lives. Without the Warriors being alive today, there would be no truth speaking stories to hear. Without the Warriors, there would be no suicide intervention strategies to share with our People, who are still fighting for their lives.

Prior to interviewing, I provided a copy of the research information letter, two copies of the consent form, the list of the three primary research questions and a list of emergency

²⁶ Rubin & Babbie (2001).

counseling contact phone numbers (Appendix B). The Warriors all carefully read this introductory material prior to signing their consent form. By reading the introductory letter and the consent form, all the Warriors were able to freely give informed consent ((Appendix B). Ongoing consent was also received every time a Warrior mailed back his/her corrected transcript and after reviewing Chapter 4's and Chapter 5's drafts²⁷.

To conduct the truth speaking, the oral story gathering, the first Warrior did not feel comfortable with having his/her truth speaking tape recorded due to the spiritual nature of his/her story. To honour and respect this Warrior's wishes, a quasitraditional way was done. I wrote contemporary hand notes while listening in our traditional way. The second Warrior did not have a preference as to whether his/her truth speaking was tape recorded or done in hand written notes. The Warrior turned the decision over to me. I decided to go with hand written notes to establish the same level of accuracy for all the remaining Warriors' truth speaking rather than having some tape recorded and some recorded by doing hand written notes.

²⁷ Ongoing consent is based on traditional values of honour and respect which are echoed in the concept of "ethics as process" (Ramcharan & Cutcliffe, 2001).

Looking back on the truth speaking, I realized that tape recorders may not have a place in *Indianized* research. Traditionally, we were taught as children to listen very carefully and remember in detail; we were to develop our traditional memory and recital skills. In the days of our Grandparents, as children, they were expected to someday be able to repeat back word for word what they had heard. It was through this skill building that our oral history remained accurate from one generation to the next.

Immediately after each day of truth speaking, the hand written notes were typed out into type written format. The typed notes were then mailed out to each Warrior, asking the Warrior to review his/her typed notes as if it was the transcript of their truth speaking that I heard with my heart²⁸. They were asked to review all the statements in their transcripts and then decide if they wanted to accept, add, subtract, and/or change any portion of each statement. Some Warriors decided to completely withdraw some of their statements because they did not feel fully comfortable having those specific statements

²⁸ I have been taught, in my traditional ways, when people speak from their hearts I am to listen with my heart rather than with my ears.

recorded. All the Warriors requests and changes were fully respected and done. This continuous editing was done until each Warrior had exactly what he/she wanted heard and understood for their truth speaking. It was also done to insure that the Warriors had the safety of having complete and exact control over all the contents of their truth speaking.

Transcripts were mailed back and forth until all the remaining statements were accepted and there were no further changes. Transcript editing varied from one to seven drafts before the final transcripts were achieved. From the very beginning through to the final transcripts, the Warriors continued to maintain their traditional rights of ownership over their truth speaking. Their blessings only gave me the right to use their truth speaking for this research project. Their truth speakings belongs to them; it is a piece of who they are and what they have done to be with us today. The final transcripts were then kept for data analysis. Four months after successful completion of defense and meeting all academic requirements, all the transcripts, petroglyphs, and hand notes will be burnt in a traditional way with prayers of thanksgiving and tobacco.

Scraping the hides: Data analysis

Step 1: Understanding and learning from individual truths: Intra-participant analysis

In this first step of analysis, our Warriors truth speaking transcripts were read, one at a time. After reading each separate truth speaking, I put the transcript away and reflected on it. While reflecting on each separate truth speaking, I wrote out a second set of notes in regards to what aspects stood out the most for me, for each research question. In addition, I was also able to write out significant events and experiences of their pending suicide deaths. All the Warriors were excellent in sharing their truths which made it easy to hear and understand what their significant experiences were. I was surprised that all the Warriors could easily remember their suicide experiences so clearly and so accurately. It appears that their suicide experiences have had a significant impact on all of the Warriors and their lives. Even though it has been many years later, their suicide experiences continued to remain a very memorable and traumatic life experience for all the Warriors; they even could clearly remember details.

At this stage of analysis, I was beginning to see each Warrior's suicide interventions and experiences coming to the surface. I then went back to each truth speaking transcript to highlight significant examples of the theme(s) that stood out the most for me for each research question. Once the specific examples were gathered, I bundled these examples together, in groups, for each research question, for each Warrior. Due to the large amount of individual examples for each question, I drew out a chart to organize the information/data. The chart contained each Warrior's name at the top of his/her column while each row contained one of the research questions. Boxes were created from the coming together of each column and row. Each box contained the significant suicide interventions and/ or experiences for each individual Warrior. This chart brought together, all the significant suicide interventions and experiences of all the Warriors as individuals, on to one page. Step 2: Understanding and bringing together a collective truth: Inter-participant analysis

In this stage of data analysis, I gathered the truth speakings together to see if there were any common theme(s)²⁹ that ran

²⁹ For further information in regards to "meta theme" see Morse & Field, 1995

throughout all of the Warriors' truth speaking in regard to suicide intervention strategies and/or experiences. At first, it was very confusing to try to make sense of all the Warriors' individual bits and pieces from the chart that I made in step one. I tried to use all the truth speaking stories all at once using one question at a time, but it was just... not... going any where. All I could still see was an even larger pile of individual bits and pieces.

Out of frustration, I started all over again. Only this time, I took one Warrior's truth speaking at a time. Out of habit, I started to automatically doodle on paper a graphic expression of the sequence of significant behaviors and events regarding the first Warrior's suffering, breaking point, and healing journey. From that first doodle, I added the second Warrior's significant behaviors and experiences which started to firm up and organize a sequence of events that echoed the first Warrior's suicide – healing journey. Then, while I was adding the third Warrior's data, I realized that ah ha.. it finally made sense. I had unknowingly built a petroglyph of the basic skeleton structure of commonly shared events and experiences using the first two truth speakings. By the third truth speaking, I was now only adding on another layer to the already existing skeleton. This layer added more strength to the existing pattern of events and experiences; more meat on to the skeleton's bones³⁰.

I started doodling in order to understand the assortment of bits and pieces of information, in my visual, *Indian*, wholeistic patterned way. After a few moments, the petroglyph began to take on a voice of its own. The petroglyph began to tell me a story that spoke of the commonly shared precipitating events, suicide interventions, and helpful phenomena that the Warriors had experienced on their own, as individuals. As I layered the significant points from each Warrior's truth speaking on to this collective skeleton, the petroglyph began to take on shape and strength of its own. By the time I had added the third Warrior's significant events, I had reached an 'ah ha'.. in understanding the commonly shared sequences of events for all the Warriors

³⁰ As an Indian traditional healer in mainstream clinical practice, I have spent decades doodling and drawing out stick people pictures for my clients, in their therapy sessions. My doodling is my wholistic Indian way of helping people understand how their behaviors can keep dysfunctional relationship patterns going. Doodling out the circle of events also helps us discover any pivotal points where the client could do a small behavioral change to create a significantly different outcome. I have been clinically doodling circular behavior patterns and my stick people for decades as a therapeutic tool as well as an alternative to using written words and note taking. Jokingly, I call my clinical circle doodling, my therapeutic Indian petroglyph art.

but one. When I added on the fourth Warrior's story, there were no new points added on to the petroglyph, the collective whole. However, there was one exception that was very different and unique from all the other Warriors' truth speaking. This one Warrior had been clean and sober for seven years prior to being cursed with bad medicine. This Warrior was also unique in that he/she used traditional Elders and ceremonies in his/her healing.

The multi-layered petroglyph showed me that there were several consistent, strong, commonly shared suicide experiences and intervention themes. The petroglyph also showed me that there was a commonly shared pattern to our Warriors' suffering, breaking point, and healing journeys. The petroglyph showed me a common pattern of precipitating factors that built up over time which left the Warriors vulnerable. Then a significant event came along that was so overwhelming that it drove the Warriors on to their death trails. The petroglyph went on to show me that there was a common breaking point event when each of the Warriors decided that they didn't want to die. The petroglyph's path than started to decline when the Warriors started fighting for their lives by

accessing short term and then on to longer term treatment. The final stage of this petroglyph represented the 2-5 years of sobriety and education that led to full time employment for all the Warriors.

The petroglyph represents common themes for four out of five of the Warriors. However, there was one of the Warriors, whose truth speaking could not be blended in without losing very important and culturally unique suicide experiences and interventions. This Warrior's truth speaking contained some commonly shared suicide interventions and experiences similar to the other Warriors. However, it also contained some very unique, one-of-a-kind suicide precipitating factors and interventions that were reflective of the Warrior's traditional culture. I decided not to throw away this unique and true story even though it did not fit in with the rest of the truth speakings. The uniqueness that this Warrior's personal truth speaking brings to this research project is about being cursed with bad medicine in his/her community as well as the use of his/her Nation's traditional ways of healing from suicide curses. This unique one of a kind story was kept separate and included in Chapter Four's findings; this Warrior's truth speaking provided

a 'variation and enrich[ed] the data with a range of experiences' (Morse & Field, 1995).

Step 3: Petroglyph: Understanding the themes

In this step, I used the petroglyph's commonly shared themes, the meta themes, of the precipitating factors, suicide interventions, and experiences to write Chapter Four's, significant findings, and Chapter Five's discussion of results. To accurately write out this research project's findings, I used many quotes from the Warriors' truth speaking as a way of maintaining accuracy and authenticity. Using exact excerpts is a common aspect of our oral traditions. This use of authentic material from the original source is also commonly done by White Nation researchers. Morse and Field (1995) encourage researchers to use quotes "from the interviews [as] concrete illustrations to provide a realistic and accurate portrayal of the phenomena for the reader[s]".

Step 4: The Warriors' blessings: Degree of accuracy

To verify the quality of my workmanship in regard to how accurate I have been at understanding and interpreting the individual and common themes of the Warriors' truth speaking, I went back to the Warriors to share with them the findings. I asked them, from their point of view, if the contents of Chapter Four's, significant findings, and Chapter Five's, discussion, "made sense to them"³¹ and....

- Did I understand and use their truth speaking in an accurate, good, and honourable way ?
- Do the findings make sense to them?
- If I have used their truth speakings in an honourable and good way, could I receive their blessing to send this thesis on to the next step in its journey to completion and to fill its rightful place, in the public world.

I received blessings from the Warriors. Their blessings included

Thank you for the opportunity of helping others in a good way (Warrior).

I would like to thank you for this, as I was reading this, I could not help but feel very good about the story I shared, and the way you put it down on paper; very good (Warrior).

³¹ "Rigor in any research is required to prevent error of either a constant or intermittent nature" (Morse & Field, 1995). This will also include the concept of "fit and grab" as explained in Cutcliffe & McKenna, 2004.

While I was reading chapter four, it brought tears to my eyes (Warrior).

Traditional beadwork: Quality of workmanship

In my Sioux and Blackfoot cultures, workmanship within both the men's daily lives and the women's daily lives was highly valued and praised. When my ancestors hunted buffalo; bravery, accuracy, wisdom from experience, strength, skill, and a good horse meant the difference between life and death during a hunt. Through bravery, accuracy, wisdom from experience, strength, skill, and a good horse, buffalo were harvested for the winter's food supply. Hides were then scraped, tanned, and smoked. The hides were used to make teepee covers and clothing. Besides the everyday products that served useful purposes, my Great Grandmothers were also known for their meticulous and beautiful bead work.

In our traditional ways, we were taught that whatever we make and do with our hands was an outer expression of what lies within our hearts and souls. Many individuals were known for and by the quality of their workmanship. As children, we were taught not to boast about our skills, for the quality of our workmanship would speak for itself. Quality of workmanship is also valued in research. In White Nation research, workmanship is measured in four directions; external reliability, internal reliability, external validity, and internal validity.

According to Collins English Dictionary (Hanks, 1979, p.1233) reliability is defined as "able to be trusted, predictable or dependable". Research has external reliability when the researcher actually collected information on what he/she set out to collect. This research project was to collect oral truth from Warriors who fought battles against *driven to suicide*. The focus was on *driven to suicide*. While collecting the Warriors' truth speaking, it was soon discovered that there are many roads that led to *driven to suicide*. The Warriors' truth speakings are about their personal battles against *driven to suicide* that originated from various unbearable and overwhelming triggering events. The findings will reflect suicide intervention strategies that were used in fighting the following specific suicide triggering events:

- suicide attempt due to the unbearable pain of the
 sudden deaths of a Warrior's four children in a house fire
- suicide attempt due to the unbearable pain of a Warrior's

child being taken away

- near suicide attempt due to bad medicine cursing from evil, jealous community members (unprovoked lateral violence).
- suicide attempt due to the accumulation of overwhelming confusion and residual pain of childhood family violence and alcoholism which left the Warrior unable to be selfreliant; the Warrior believed that he/she lacked the needed life skills to live and to take good care of him/herself as an adult
- a pre-teen suicide attempt that was defined by the
 Warrior as attention seeking. As an adult, the second attempt was done after a chain of events due to the
 impact that the Warrior's addictions had on his/her
 marriage. An argument broke out that led to a
 separation. The Warrior went back to his/her home
 reserve. Once again, due to addiction related behaviors
 he/she was "kicked out of my own community". The

Warrior did not identity what precipitating factors led to his/her addictions³².

In spite of these various suicide triggering events, the findings resulted in commonly shared suicide interventions as well as one unique one-of-a-kind traditional healing journey.

Internal reliability in research occurs when the research project can be repeated and another researcher would get the same results. It is believed that if another researcher was to interview the same five Warriors, their truth speaking would remain the same. Time does not change the truth of a traumatic history. Any variation in the findings would be the result of personal differences (biases and skills) in the primary researcher's ability to listen to, understand, and analyze what was shared.

The third measure of workmanship is called validity. In Collin's English Dictionary (Hanks, 1979, p.1599) validity is defined as "having some foundations; based on truth" as well as "logic (of the inference) having premises and a conclusion so related that if the premises are true, the conclusion must be

³² In Red Nation treatment programs, addictions are seen as problematic symptoms of precipitating factors.

true: the conclusion will be false if one or more premises are false. When internal validity is applied to research it means "do the findings make sense" (Badine, 2002, p. 43). Are the results an accurate reflection of the Warriors' truth speakings, their experiences, and their suicide intervention strategies?

In order to achieve internal validity, I took two approaches. The first approach was done when I asked the Warriors to review their typed transcripts for detail and accuracy. Revisions were done from one to seven times which resulted in all Warriors having their truth speaking exactly the way they wanted to have their truth speaking heard and understood. The second approach took place when I went back to the Warriors to share the findings in Chapter 4 and 5. The bottom line for internal validity was "do the findings make sense?" without being written so widely that everything would fit in or written so narrowly that unique one of a kind experiences wouldn't be able to exist.

"Observe moderation and balance in all things" (Bopp et el, 1984, p. 81).

Lastly, workmanship in research includes the concept of external validity. External validity exists when the conclusions

from this research project can be applied to other individuals, in other communities, in other Red Nations. According to White Nation research rules, due to the very small sample size, the findings can only be applied to the Warriors who shared in this project. However, as a traditional Healer/ therapist, who has worked front line in the field for over 20 years, I have learnt that suicide tends to cross gender and culture barriers. Suicide tends to go far deeper than numbers of victims and the colour of our skin.

Suicide is about the unbearable, un-resolvable, unescapable, never ending pain that lies within our hearts and souls. It is hypothesized that the unbearable anguish of the death of a child for one parent is no different than the unbearable anguish of the death of another child for another parent independent of what colour our skin is or what nation or clan we come from... Thus, in spite of external validity rules, it is also hypothesized that these findings and the suicide prevention pamphlet will be helpful to others who are in unbearable pain, who live in different communities, come from different Nations, clans, and/or different walks of life. However, we will not know for sure if these findings will be helpful to

others until we look back. We will look back only after we have driven suicide out of our lives, families, communities, and Nations.

Because our research project was not conducted in the traditional academic White Nation ways, cultural difference will also have an impact on the quality of workmanship. In my traditional Blackfoot and Sioux ways, I have been taught to listen with an open mind and with an open heart. I have been taught that....

Respect demands that [we] listen intently to the ideas of others in council and that [we] do not insist that [our] ideas prevail. Indeed [we] should freely support the ideas of others if they are true and good, even if those ideas are quite different from ones [we] have contributed. The clash of ideas brings forth the spark of truth (Bopp et el, 1984).

In my White Nation research courses, I have been taught that in spite of being traditionally respectful, I will still automatically influence the data due to who I am and what I value in life. This influence is recognized in research and is

commonly called our "biases" or "reflexivity"⁴⁷ (Cutcliffe, 2003). There are many significant and contrasting cultural differences between Red Nations' cultures and White Nations' cultures, as well as vast differences between the Red Nations that have influenced this research project. One contrasting difference between our traditional ways and White Nations' is the skill of listening. We listen to our legends many times throughout our lives. We would hear the same legend over and over again and depending on where we were at in our own spiritual, mental, and emotional maturity would determine what stood out the most for us, at that specific time. Thus, as we grow more mature in character and in the depth and meaning of life, we understand deeper aspects of the same legend.

As I worked through the Warriors' truth speaking, my analysis was like scraping the buffalo hides of my ancestors. I worked through layers of information in order to draw out commonly shared suicide intervention strategies and

⁴⁷ Reflexivity refers to active acknowledgement by the researcher that her/his own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation. By means of reflexivity the researcher realizes that (s)he is an integral part of the world that (s)he studies and that neutrality and detachment in relation to data collection, analysis and interpretation are impossible. (Henwood & Pidgeon, 1993; Porter, 1993; Mason, 1996 cited in Horsburgh, 2003)

experiences as well as some one-of-a-kind strategies that were culturally significant in answering the three research questions. Through this modern day version of scraping of the hides, I looked for the Warriors' teachings that laid beneath their words. The thematic answers that I drew out of the Warriors' truth speaking were related to where I was at in my mental, emotional, and spiritual maturity as well as my analytical skills at the time of analysis³³ ³⁴. Like scraping the hides, each person who scrapes will bring about a different end product due to the differences in his/her character and skills³⁵. Also, what stood out as significant during analysis may be different from what I would hear as being significant ten years from now or what other researchers may see as significant from their own personal points of view or culture (Cutcliffe, Qualitative Research course lecture, UNBC, 2004).

The second influential cultural difference in regards to thematic analysis (Morse & Field, 1995) is the cultural

⁴⁸ Guba & Lincoln (1995) "similarly argue that finds are not facts *per se*, but are created via the interaction between the participant, the data, the researchers and the evaluation. As such, they are dependent upon the value system of each party and the context within which they operate (cited in Horsburgh, 2003).

³⁵ Sandelowski (1993) "stated that two researchers faced with the same qualitative task will produce different accounts due to their individual philosophies and theoretical commitments (cited in Horsburgh 2003).

differences in how we listen to others. In my traditional culture, we are taught "to listen with our hearts rather than our ears" and to listen to the many layers. We are taught to listen to people's emotions as well as their words. We are also to listen to "what lies within the spaces between the words". We are to listen intently so we can notice what meanings may be hidden amongst and behind a person's words. The cultural translation for this way of listening is to listen to the nature of the person that is expressed in the space between their words. We also hear the speakers' emotions and their unspoken expectations and assumptions that may be hidden within the words that they use.

For example, when we hear the words "Honey, are you busy?", the speaker may actually mean "I want you to do something for me". The space between the words is filled with *who* the speaker is and backed up with the emotions that the speaker is feeling at the time. Thus, we learn that what people say may not always be equal to who they are, what they mean, and/or what is lying within their hearts. What people say may also not match with what they are saying with their eyes.

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In our traditional Indian way, many of us have learnt how to read and speak with our eyes. In the past, when the People of the various Buffalo Nations' lived on the open prairies, their voices would travel long distances in the wind, thus sign language and speaking with their eyes was used. In Indian Residential School, this skill was re-activated. We learnt to speak to each other with our eyes when we were in the presence of violent and/or dominating staff (Fournier & Crey, 1997). Thus, some of us can still have a traditional *Indian* conversation by understanding what lies within each other's eyes by spiritsensing the silent messages that we feel in and with our spirits. With a slight nod of one's head (Blackfoot) or the pointing with one's lips (Cree), we confirm with each other the messages we have sensed and understood from within.

The third significant difference may occur in the cultural variation that exists in the way that we see and understand (interpret/analyze) behaviors. What we value in life may influence how we see and understand human behavior. For example, I once started a job in a remote sub-artic community wearing an old worn out pair of hiking boots. A woman who worked in a clerical position, who valued fashion, commented to me that I should buy myself a pair of dress shoes. An RCMP (Royal Canadian Mounted Police) officer commented that I should be wearing a pair of *women's* shoes. Lastly, an Elder came up to me to whisper in his quiet and gentle way. He spoke with a sparkle in his eyes. He mentioned to me that I.... "must have walked a long ways to be here today". He had noticed how worn out my boots were and was happy to see that I, too, had walked a long ways to be in his community on that day.

As a way of reducing the amount of misinterpretation of the Warriors' truth speaking (reflexivity), I asked the Warriors to keep, correct, add to, and/or delete all the statements, in their transcripts. This process was done to insure that I have listened and understood what they were trying to tell me. By going back to the original speakers to learn from them what they meant and what they wanted me to hear for their truths, we the readers are receiving information directly from the source rather than reading second hand, interpreted material that has been processed in and by a different culture. The best way to understand this concept of direct understanding would be similar to when we go directly to the mountain to drink spring water rather than going to the local grocery store to buy spring water that has been distilled, bottled, and shipped. Sakej (James) Youngblood Henderson (2000) has also explained this same concept from his experience and his point of view,

[B]ecause of their superior civilization, classic ethnographers assumed an illusion of objectivity, although few of them actually mastered Aboriginal worldviews, consciousness, or languages. Most re-created the Aboriginal realm in their own likeness and confidently taught it to Eurocentric society as the actual Aboriginal truth.

Within the sacred circle: Ethics

Hold thy word of Honour sacred. Lying is at all times shameful for the Great Spirit is everywhere all the time. To swear falsely in the name of the Great Spirit is a sin worthy of death" (Seton & Seton, 1963).

It is our traditional teaching that before we do anything, we must first determine if it is the right (ethical) thing to do. Before this research project was started, my first visit to the community was to visit with the Elders. The original research proposal was adjusted to meet the Elder's confidentiality concerns in their small community. Like most small communities, strangers are noticed, questions are asked, and gossip begins. Thus, to protect and honour the privacy of the participating Warriors, the original proposed sampling method was changed. After all the changes were completed, the Elders gave their oral blessings for this research project to take place with their People, in their non-reserve community within their traditional territory.

Prior to receiving the Elders' blessings, four sacred circles of ethics were recognized and respected. Like a pebble tossed into a pond, there are many circles that radiate outward from that one pebble. As the primary investigator, I stood at the centre of the circles like a pebble. As the primary investigator, I am also an Elder. As an Elder, I live and work according to my Sacred Pipe and my traditional Warrior Piercing Sun Dance Code of Ethics³⁶. By taking one step outward, I enter into the second

⁶ The Ways of our Sacred Pipe and the Warrior Piercing Sun Dance Code of Ethics has not been put into written form. However, our traditional laws are very black and white. They are not up for discussion or negotiations. They are

sacred circle which was my Blackfoot Code of Ethics (Bopp et el, 1984, p. 72-84). Another step outward brought me into the third sacred circle which was the traditional ethics of the participating Warriors that I was to respect in order to work with them in completing this research project. As an outsider, I needed to learn, honour, and respect the Elders' and the Warriors' own unique cultural set of ethics. The last step outward took me into the fourth sacred circle which was the University of Northern British Columbia's Research Ethics Board's Code of Ethics (UNBC, 1995).

As a commitment to myself, my children, my People, my Elders, the participating community's Elders and Warriors, and the Elders of UNBC, my research was not conducted in any known dishonesty or unethical behaviors. Prior to starting, I give my word

"If he gives you his word that he [the Indian] will do a thing, you may safely stake your all on his fulfillment of his promise" (Caitlin, cited in Seton & Seton, 1963). 102

figuratively written in stone. One of our basic laws is that we stand alone to face our Sacred Father, the Creator Sun, our Sacred Mother, Earth, the Sacred Tree of Life and our true selves. We are to live according to our Sacred Father's and our Sacred Mother's laws and fulfill the purposes that they have for us. We are also accountable for everything we have thought, spoken, done, and failed to do (Bullchild, 1985).

Limitations to the study

In December 2005, I received the Elders' blessing to conduct this research project in a very small mixed culture community, in a Nation's traditional territory, in northwest British Columbia, Canada. All the available Warriors who wished to participate in this research project were interviewed. However, due to the small sample size of five Warriors, it is not known if I have collected all the information that I needed in order to have a full and complete understanding of what this Nations' Warriors did on their own and what events occurred in their lives that helped them win, in their battles against *driven to suicide*. In White Nation research, this responsibility to gather enough information to have a true, accurate, and complete understanding is known as achieving data saturation point (Morse & Field, 1995, p. 80).

If the community had more Warriors and I continued to interview only to learn more of the same repeated themes then I would have been assured that the findings were indeed a full, rich, and complete description (Morse & Field, 1995, p. 80) of all the commonly shared and unique one-of-a kind suicide strategies. But, without more Warriors to interview, I am not sure if I have reached a full and complete understanding or if I need to listen to more truth speaking. Thus, it is not recommended that these findings be used to generalize and/or apply to other Red Nation Warriors, who live inside or outside this small community. Due to the small number of Warrior truth speaking, it is also not recommended that the findings from these Warriors' truth speakings be applied to other Red Nation communities. However, the findings do represent the true lived experiences of these participating Warriors.

De-limitations to the study

Due to this project using an *Indianized* research methodology that I designed and implemented by drawing upon my Blackfoot and Sioux Sun Dance cultures, it was hypothesized that this methodology would not fit or work well with research participants, who came from long house cultures. However, in this research project, we discovered that *driven to suicide* cuts so deep into People and their lives that as a researcher coming from my Blackfoot and Sioux Sun Dance cultures, it didn't matter. *Driven to suicide* is understood within the heart and soul of many People, independent of what Nations we come from.

Maybe... the de-limiting factor that driven to suicide wanted to teach was for us to discover that the human heart and soul feels unbearable pain and anguish independent of what cultures and languages we speak from? Maybe our soul felt tears of our broken hearts, wounded souls, and shattered lives speak the same language to all of us who have lived through the same unbearable anguish such as the death of one of our children?.... Maybe.... as researchers, we were to learn that unbearable suffering and human anguish of driven to suicide has no colour or culture attached to it?.... Maybe healing the depth, meaning, and overwhelming pain of driven to suicide will actually bring us together as Nations rather than pull us apart? We will not know if healing from *driven to suicide* and its unbearable, un-resolvable, un-escapable, never ending pain will bridge all our cultural barriers or if it will continue to tear us apart as Nations? We will not know untilwe have come together to heal our broken hearts, souls, spirits, and lives. We will not know until we have all fought together for our lives and won against driven to suicide.....

CHAPTER FOUR

SIGNIFICANT FINDINGS

Reasons for dying....

According to our Holy Woman, who was driven to suicide while attending a Christian Indian Residential School and according to Shneidman's (1999) research findings, the way of life prior to a suicide attempt is filled with unbearable pain and suffering that is "accompanied by thoughts of suicide". In this research project, the Warriors' lives were no exception. All of them had suffered difficult lives before they were hit with another one of a long line of one too many overwhelming traumatic events. In unbearable anguish, they prepared to die through suicide.

All the Warriors felt that they were driven to suicide because the pain and fear of living was greater than the anticipated relief that death would have brought to them; relief from unbearable, un-resolvable, un-escapable, never ending pain. The traumatic events that led to their unbearable pain and suffering came from three distinct directions. One Warrior suffered unbearable physical and mental anguish that originated from curses of bad medicine otherwise know as witchcraft in his/her Nation. They came one by one when I was in a vulnerable time. When I was weakened and my support people were busy. I knew I was dying.... Four old people came to me in the physical world; they were not elders. They were old people. They were from the dark side. One was from the spirit realm. I had no sleep; maybe 8 hours in three months. I was saving up pills. I was losing weight. I had scrambled thoughts. I was mixed up in time. I was questioning "why is this happening?" (Warrior)

Two Warriors suffered unbearable anguish when their children were tragically killed or taken from them.

> I was separated and I was really missing my son. I couldn't live without him. I blacked out from drinking; then took the sleeping pills (Warrior).

As for my suicide..... four of my children were killed in a house fire. I was angry at the Creator. I was full of anger and rage. I pushed everyone away because I was afraid to hurt somebody so I pushed them away.... I remember my daughter was about 3 years old, she would sit on my knee and sing so happy. I loved her very much and I was so angry at God for taking her away (Warrior).

The remaining two Warriors suffered unbearable pain when the impact of their addictions had destroyed their marriages; their spouses and children had left them.

> When I attempted to commit suicide, I was feeling alone, I did not have control over my wife. I felt like she [wife] didn't care any more. I went home and I started a fire on top of the cooking stove. I went into the bedroom to lie down and wait to die (Warrior).

I got kicked out at Christmas. I can't remember what we were arguing about.... Probably about money because of my active addictions (Warrior).

Preparing for death

Each Warrior remembered what he/she did to prepare for their pending deaths. One Warrior "*wrote out [his/her] will*". Another Warrior "*parked [his/her] truck on a hill pointed into the lake*" while he/she continued to drink. Another Warrior "took *pills*" while drinking heavily. Another Warrior had decided.... my thoughts were that I was going to see my kids one last time. I thought of jumping off the bridge into the [river] or jump in front of a semi. I was walking around [town] with a chocked feeling in my throat. I was trying to hold my tears. I didn't want people seeing that I was crying so I walked around really messed up and confused (Warrior).

The moment that divided death from life...

In the winter of 2003-2004, I consulted with our Holy Woman in order to operationally define *driven to suicide*. She shared one of her many life experiences. In a Christian Indian Residential School, she was driven to suicide. She remembers having been brutally raped the night before and left to bleed to death in her bed. The matrons found her the next morning barely alive. That moment of suspended time which divided our Holy Woman's life from her death was also the moment that converted the Warriors' pending deaths back into life. While waiting for their deaths to come to them, all the Warriors remembered making a conscious decision.

Once they made their decision not to die, they started fighting for their lives. Some decisions were made using thoughts and words. Others used life saving actions. Each made their own individual decision based on the fact that they didn't want to die. They also decided on what they wanted to change in themselves to improve their future lives. Their conscious decisions included....

I had to decide if this is the life that I wanted to continue. I made a decision (Warrior).

I went into the bedroom to lie down and wait to die. While I was lying in bed, I started thinking about what I was doing. I also started thinking about what I needed to do to change in my life (Warrior).

I had no awareness about what was going on.... What brought me out of the state I was in was a dream that I had. I was in this room with no doors or windows. I looked around the room and saw people who were moving around under blankets. A loud voice came out of me, 'I am not going to stay here – you people can stay here but I'm leaving' and I left through the door (Warrior). It all piled up on me. I reminisced of the past and the future. I guess the Creator was talking to me at that time. I started to think about my Grandchildren and think of the hard times that are coming up. I didn't finish what I was drinking. I got out of the truck. I sat by the lake. I listened to God's Creation; the surrounding sounds. I started to cry and pray. I thought about the Creator and where I was going. I went to see the doctor (Warrior).

I realized that I couldn't do it any more. I was walking around town with a chocked feeling in my throat. I was trying to hold my tears. I didn't want people seeing that I was crying so I walked around really messed up and confused. I couldn't kill myself. I felt helpless, hopeless (Warrior).

Reaching out for help

Within moments of consciously deciding that they did not want to die, the Warriors started to fight for their lives. They continued to think for themselves in regards to what they needed in order to save themselves from their near suicide deaths. The Warriors immediately made plans on how they were going to save their lives by defining what steps they needed to take. One of their first steps was to reach out for help. For two of the Warriors, this was the first time in their lives that they had asked for help:

I went to see the doctor. I told the doctor, I needed help. He said 'okay, I'll find a treatment centre for you'. I had never asked for help. I guess most of my life, I had been alone. I prefer to be alone. I didn't know nothing about treatment centres (Warrior).

I think while I was lying in the bedroom I was thinking ... I was wanting somebody to come in and intervene but nobody came. I didn't know how to ask for help (Warrior). The remaining Warriors accessed traditional, community, and/or medical services that they were aware of;

I knew that there was a psych ward at the hospital so I went there. I felt that the only place I could go was the psych ward. When I walked in I stood there waiting and one of the nurses walked up to me and asked me if she could help me. I told her that I wanted to talk to somebody (Warrior).

I decided that, 'I need to get out of here' the drinking environment at the village. I wanted to re-group myself and face life again. I went to [a native treatment centre]" (Warrior).

I spent my days and nights in prayer with a smudge and my Eagle Fan. I stayed outside as much as I could (Warrior).

I got up to get the fire out but it was too large. I went to the neighbors to get help to put the fire out (Warrior).

The helpers and their give away

To serve others, to be of some use to family, community, nation, or the world is one of the main purposes for which human beings have been created. Do not fill yourself with your own affaires and forget your most important task. True happiness comes only to those who dedicate their lives to the service of others (Bopp et al, 1984 p. 81)

After the unbearable pain that drove them to suicide. And,.... after the moment of suspended time that divided their pending deaths from life. And,.... after each Warrior consciously decided that they did not want to die, they started fighting for their lives by making life saving plans. Part of these life saving plans was to ask for help from another human being. These first contact helpers included a stranger, spouses, a friend, neighbors, RCMP officers, doctors, and a psychiatric ward nurse. These people clearly assisted in helping the Warriors fight for their lives. As helpers, they shared their interpersonal gifts such as; sharing their own suicide story; helping to put the fire out; therapeutic listening; understanding; taking the Warriors' suicide pain seriously; offering choices; admission to the hospital; admission to drug and alcohol treatment centres; conducting healing ceremonies; and conducting purification ceremonies. Some helpers even persevered while some of the Warriors lashed out in pain and others waited while the Warriors released their pain through soul felt tears. The Warriors shared....

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When the cops were driving me to town, I thought they were going to take me out to the back road and beat me up. When they stopped at an intersection in the road, they gave me a choice. They asked me if I wanted to go to the hospital or to jail. My thoughts about the hospital was that it was a place where old people go to die. I thought about jail and the drunk tank and I didn't want to go there either. So, I picked the hospital (Warrior).

I went to see a Native therapist. Another [non-native] therapist came to my home, we smudged before each session. He respected my needs. He listened, understood, took it serious and he realized that I was fighting for my life (Warrior).

I went to see the doctor. I didn't know nothing about treatment centres (Warrior).

I went to a treatment centre... another thing that helped me out was good mentors. Having good support is important (Warrior). *I felt that the only place I could go was the psych ward.* When I walked in I stood there waiting and one of the nurses walked up to me and asked me if she could help me. I told her that I wanted to talk to somebody. The nurse left to talk to another nurse and then she came back and asked me if I would like to have a seat. I looked at her, sat and cried for about 10 minutes. She was pretty good; she waited. She asked me 'what is going on?' I told her everything. She let me sit there again. The nurse went to talk to the doctor. The nurse came back and asked me if I thought about suicide and asked if I wanted to stay; I stayed. It was probably the best thing that ever happened to me.... The nurse was on the 4 to midnight shift. She always made time to talk to me. First night I was pissed off and I swore at her. The second night, I balled my eyes out. The third night, we had a good visit. She started talking about plans and things I can do for my plan for self-care (Warrior).

I went to NA meetings. I got myself a sponsor (Warrior).

Shocked into awareness: The startling reality of suicide

Each Warrior personally experienced an unexpected occurrence that shocked them into sudden increased self awareness. With an unexpected jolt of awareness, each Warrior was able to realize how life threatening their suicidal behavior had become. This "wake up call' varied from one Warrior to another....

I ran into a friend from my 12 step group. He looked into my eyes and told me to get help – his words shocked me into awareness (Warrior).

I hit bottom. There is nothing worse than having nothing (Warrior).

I realized that I couldn't do it (commit suicide) anymore (Warrior).

One of my bigger impacts was when my daughter asked me 'what am I doing wrong?' I was walking up to slap her and she asked me what she was doing wrong because I was going to slap her and I didn't know. She was 7 or 8 years old at that time (Warrior).

My wife's Grandfather came to visit once and started talking to me in a kind voice. I had never had anyone talk to me in a kind voice like that (Warrior).

I was not really aware that my wife and my kids were downstairs in the house. She had passed out and I didn't even know that when I lit the fire. I didn't know.... I could have killed her and my kids as well as myself (Warrior).

I went back to the RCMP and talked to the officer who busted me and told him that if he had not busted me I wouldn't be clean and sober today. He was being modest saying that he was just doing his job but I said no; if it wasn't for you busting me, I wouldn't be clean and sober today (Warrior).

A lady was put in my path. She told me her story about what happened to her when she was given pills and stuck in a psych hospital. She told me her story and she didn't even know what I was going through. She didn't know that she saved my life (Warrior).

Reasons for living

Once the Warriors started fighting for their lives, they defined, for themselves, their reason(s) for living and what they wanted to change in themselves that would improve their quality of life. Prior to attending residential drug and alcohol treatment programs, the Warriors defined their reasons for living. One of the Warriors decided "to face the darkness inside [him/her] and the world". Another Warrior found that his/her traditional teaching of "survival" gave him/her strength and a sense of direction to go on in his/her recovery.

I would think of survival when I didn't want to continue (Warrior).

This Warrior's desire was

I seen my sober friends who had sobered up. I envied them. All my friends were married, working. They had children, they owned cars. I wanted to be like that. I wanted to emulate those people. They looked happy. They looked all together.

Another Warrior wanted to continue to live so he/she could be there for his/her children and grandchildren; *"I didn't want my children and grandchildren suffering like I did when I was young"*. Another Warrior who grew up in a *broken home* plagued with alcohol fueled family violence and neglect wanted to continue to live because, [I] *always wanted to give my children a better life than I had as a child.* For the last Warrior, it appears that his/her reason for living was within him/her underneath all the unbearable pain. Once he/she was able to release his/her pain, he/she was freed up to re-claim himself/herself and his/her life from his/her addictions.

I just wanted someone to listen to me and what was going on with me (Warrior).

The healing journey and growth

Once each of the Warriors defined their reason(s) for living as well as what they wanted to change in themselves, the Warriors took a pro-active approach to improving themselves and the quality of their lives. One of the Warriors had already had seven years of sobriety in before he/she was cursed with bad medicine which resulted in him/her having to fight for his/her life. At first he/she worked on his/her own to save himself/ herself from his/her cursed suicidal urges.

I couldn't feel the sun on my face anymore. I tried to feel life and spirit but I couldn't. I went to the water and I would stay in the water as long as I could even though it was cold. I spent my days and nights in prayer with a smudge and my Eagle Fan. I stayed outside as much as I could (Warrior).

However, when his/her own traditional self-healing methods were not powerful enough to break the curse, he/she started to search for and access traditional healers and ceremonies to help in his/her recovery.

I went to see a Native therapist; she knew the spiritual aspect of what was happening to me; my visions and the strange occurrences. She helped me see the whole picture. Another [non-native] therapist came to my home. We smudged before each session. He respected my needs. He listened, understood, took it serious, and he realized that I was fighting for my life. I went to the sweat lodge and prayed with the pipe. I spoke to a spiritual Elder, offered tobacco and shared with her. I traveled to see a medicine man after a tobacco offering. He helped me do a 'Letting Go'. I trusted my intuition and relied on my vision which led me to the people who could help me (Warrior). For another of the Warriors his/her healing was a blend of White Nation treatment centre learning as well as returning back to his/her Nation's traditional teachings that his/her mother and father had taught him/her, as a child.

When I got on a healing journey, I got stronger. That was in November – December 1992. I went to a six week treatment program. At the treatment centre is where I picked up my tools. I am a traditional believer. I was brought up to believe in the Higher Power. I was taught to respect both human beings, wildlife, and mother nature. My mother and my father taught me to pray in our own culture. In our culture, in our prayers we say 'All Mighty Father of the Universe'. I was brought up in the church and I was hurt [by it] once in a while. It was like 'if you don't kneel in front of me, you will go to hell' (Warrior).

For the remaining three Warriors, they attended six week residential drug and alcohol (D & A) treatment programs at Red

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Nation residential treatment centres. At these centres, they were able to reconnect with their traditional cultures. The Warriors also had an opportunity to talk about and release much of their unbearable pain that had driven them to their drinking and drug use. Only one of the four Warriors, who attend a 6 week D & A treatment program, had one opportunity to talk about his/her most recent suicide attempt. However, it not clear whether this Warrior was able to fully "make peace"³⁷ with his/her two previous suicide attempts and/or healed the reasons that drove him/her to those suicides. This Warrior shared....

For the first two years of recovery, I started seeing a D&A counselor. I went to N.A. meetings. I got myself a sponsor. At six months, I went to [a Red Nation treatment centre] and spent six weeks [there]. I really talked about things. I dealt with my brother and my resentments.... my wife. I found it really tough to talk about my suicide. I never want to go back to that place [suicide] again.

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³⁷ Many years ago a Stoney Nation Elder taught me that as Indians we do not forgive each other. Only the Creator has the right to forgive us of our wrong doings. As Indians, we "make peace" with each other and leave the blessing of forgiveness to the Creator.

On the last week of treatment was for spouses. I told my wife about it. I was surprised when she walked in carrying her suitcases. The counselor got us to face each other. We faced each other and we were to listen without interrupting each other. She learnt about all the things that she was doing and saying to me. Her burden was heavier by the end of it (Warrior).

At the treatment centres, the Warriors lived in Red Nation cultural environments that were supportive of them through listening, sharing, and understanding. The Warriors had opportunities to talk in order to release some of their unbearable pain that drove them to their drug and alcohol use. While in treatment, the Warriors also learnt new healing, problem solving, recovery, and relationship skills;

At the treatment centre is where I picked up my tools (Warrior).

While at the treatment centres, the Warriors also began to attend A.A. and N.A. peer support meetings.

Once the Warriors returned to their home communities, they continued to pursue ongoing healing, learning, and support from their A.A. and N.A. meetings, their sponsors, and "D & A" counselors³⁸ (Warrior). Upon returning home, another unexpected event also occurred; their spouses and children returned to live and be with them once more.

> Before I went to [the treatment centre] the wife tried to set me up with a counselor. The counselor was a friend of ours. I was angry and I was harsh to her [the counselor]. The wife also took me to a couple's counselor. I thought I didn't need help. When she left me, I didn't go after her. It didn't matter to me if I was left alone...... On the last week of treatment was for spouses. I told my wife about it. I was surprised when she walked in carrying her suitcases (Warrior).

While in the first week of treatment, I thought about my common law wife and I was going to move out. My plan was that I would build a safe foundation first for one year before I would go back to claim my kids so they didn't have to live in an alcohol home. While I was in treatment, after the first week, my wife quit drinking too (Warrior).

³⁸ Drug and alcohol counselor

I quit the drugs. And I got back with my family. My wife took me back (Warrior).

For many of the Warriors, their spouses, children, and extended family members continued to provide on-going encouragement and support in the following years.

After [a Red Nation treatment centre] I was scared to leave the house because I didn't trust myself. My wife would kick me out to go to A.A. support meetings; she would tell me that I needed a meeting (Warrior).

The biggest help today is my wife, family, and grandchildren (Warrior).

My Mom was a big support in my early sobriety. She and two of my sisters were at [Red Nation treatment centre] before me and I didn't even know. My Brother-in-law got me back out in the bush walking around and camping. I never thought I had any support when I was trying to kill myself but I did (Warrior). I went to N.A. Mondays, Wednesdays, and Saturdays. For two years, when I missed a meeting my wife would notice that I was more agitated and she would remind me to go to a meeting (Warrior).

While continuing with their ongoing healing and addiction recovery peer support programs, the Warriors next step in rebuilding their lives was to attend career focused education.

> I went back to school for upgrading. I then went to (postsecondary educational institution) and took all the courses one week a month for four years. I got to learn the road between here and Edmonton and back really good (Warrior).

I decided to go back to school to do upgrading to get my ABE. The teacher started doing my test for me because of time. It felt like when I was a kid, when I was pushed through the school system and I didn't want that to be repeated. When I went back to talk to the teacher about how I felt about the test, I ended up in a life skills program. I kept it one day at a time and keep it simple. After the life skills program in the village, I applied for and paid for a life skills coach training course. I had a choice of Edmonton or White Rock. I talked with my wife and she encouraged me to go. I had to complete 480 hours to get my certificate – all free too (Warrior).

When I came back from [a Red Nation treatment centre] I went to college in [the city] for two years. I took business admin courses. I wanted to sharpen my skills in bookkeeping (Warrior).

A [clinical staff] position came up and I took it and I went to [required] training (Warrior).

At the completion of their career oriented education, the Warriors obtained positions working in the helping field of their choice, within their own Nations and communities.

Today, all the Warriors have been successful at putting their traumatic experiences, addictions, unbearable pain, and suicides to good use in their chosen careers. In their careers, they share from their hearts and souls their pain-filled journey in and of life. Lives that consisted of.... the unbearable, unresolvable, un-escapable traumatic events that led them to their unbearable and never ending pain which in turn led them to an increase in their addictions which in turn led them to very poor quality of life which in turn led them to wanting to die and their suicide attempts. While waiting to die the Warriors decided that they didn't want to die. That is when they started fighting for their lives.... which in turn was their turning points in their lives which in turn led them to their healing journeys which in turn led them to their new reasons for living which in turn led them to their drug and alcohol treatment programs which in turn taught them new life skills and re-connected them with their traditional cultures which in turn led them to new career education which in turn led them to achieving a new and better quality and way of life.

With the use of external helping services and their personal dedication to and invested strength in healing, recovery, and growth, all the Warriors have survived their suicide attempts. Today, they are active members in their families, communities, and Nations. In their chosen careers, they share their wisdom, experiences, and solutions while helping others to recover from their own life's unbearably painful traumatic events such as: deaths; loss of marriages and children; family violence and neglect; childhood abuse; emotional, life skill, and cultural poverty; addictions; lateral violence; bad medicine; lost and/or damaged cultural and personal identities; Indian Residential School trauma; and.... suicide attempts.

Summary

For all the Warriors, their death trails began with an unbearable, un-resolvable, un-escapable traumatic event. The traumatic event was the result of: bad medicine curses, tragic deaths and/or loss of children, or the loss of marriage and children due to the impact of their addictions. The traumatic event led to the accumulation and acceleration of unbearable pain and suffering for each of the Warriors. With the exception of one Warrior who was cursed with bad medicine, all the remaining Warrior's turned to alcohol and/ or drugs to selfmedicate their unbearable pain and suffering. With the increased use of alcohol and/or drugs to numb their internal pain, the overall conditions of their lives worsened. Prior to their suicide attempts, they had all lost or were about to lose their spouses and children. For all the Warriors, whether just prior to, during their suicide attempt, or after their suicide

attempt, they were shocked into sudden increased self awareness. Momentarily, they were able to understand the startling intensity and reality of their suicidal behaviors and attempts. Also, during their attempts, there was a moment in time that divided their pending death from life.

It was while they were preparing to die or waiting to die that the Warriors made a conscious decision; they did not want to die. When some of the Warriors broke, they were able to released some of their unbearable pain through their deep soul felt tears; the cry of unbearable anguish. Some of the Warriors returned to their traditional praying prior to defining their reasons for living and what they wanted to change in themselves in order to improve the quality of their lives. Moments later, the Warriors developed their own individual life saving plans that included reaching out for help from another human being.

Help came in three forms. The informal form of help was: strangers, friends, community members, spouses, children, and extended family members. Formal help came in the form of: Elders, traditional healers, healing and purification ceremonies, hospitalization, medication, treatment centres, peer support

groups, associated sponsors, and addiction counselors. The last form of help came in the form known to the Warriors, as the Creator.

Three out of the five Warriors believe that the Creator came to them either through: a powerful dream, directly by talking to them, through a serendipitous or coincidental sacred spiritual event, or a sacred life saving event that does not appear to have any logical, medical, or scientific reason to explain it. For one Warrior, he/she believes that the Creator saved his/her life when the Creator gave him/her a powerful sacred dream. He/she also believed that he/she was saved when the Creator sent a stranger who unexpectedly shared her suicidal story with the Warrior; "I can see how the Creator saved my life when I could have died. All I had left was just my spirit". For another Warrior, he/she believes that the Creator came to him/her when he/she was committing suicide to help him/her compare his/her past to the future; "I reminisced of the past and the future. I guess the Creator was talking to me at that time." For another Warrior, he/she believes that the Creator saved him/her from a drug overdose; "I didn't die. I believe that God the Creator wasn't finished with me. I found where I am

supposed to be; working at [a non-reserve community based agency]".

For the Warriors, recovering from their addictions, and their last suicide attempts did not occur overnight. From the time that they decided that they did not want to die to obtaining employment, it took two and a half to five years. During this period of healing, re-defining, and re-building their selves and their lives, all the Warriors had successfully achieved and maintained sobriety. While attending six week residential addiction recovery programs they learnt new tools (Warrior) such as life skills, relationship skills, grieving skills, healing skills, and problem solving skills. At the completion of the D& A treatment program, they were reunited with their spouses and children. Back in their communities, the Warriors did ongoing attendance in peer support A.A and N.A. programs and professional counseling. All the Warriors either returned to and/or continued the use of their traditional cultures. Lastly, they attended career focused education and achieved employment. Years after their suicide attempts, none of the Warriors reported having suffered with or re-experienced any further suicide attempts.

CHAPTER FIVE

CONCLUSION

Fighting for our lives: Introduction

Every man and woman, who is in sickness or adversity, or helpless old age, has a right to the protection and support of the Tribe – because in the days of their strength they also contributed to the common weal (Seton & Seton, 1963, p. 31).

The purpose of this research project was to look for a practical cure for *driven to suicide* in our Red Nations. What was one of the most amazing findings was that for all the Warriors who were referred to healing services, they were referred to drug and alcohol treatment programs for their suicides rather than being referred to any suicide treatment programs. We learnt from these Warriors that drugs and alcohol were not the reasons that drove them to suicide. Drugs and alcohol were only used to numb their unbearable pain. Numbing the unbearable pain did not cure the pain. Drugs and alcohol only made the quality of themselves and their lives worse. From the Warriors, we discovered that on their own they defined what they needed to change in themselves or their lives in order to have the quality of life that they wanted. By learning new personal and inter-personal skills when they had stopped using drugs and alcohol, the Warriors were able to build better lives for themselves. However, we are not sure if the Warriors actually fully addressed the core traumas that drove them to their suicide attempts or if the core traumas were only covered up by layers of addiction treatment. Future research will be needed to investigate if addiction treatment actually heals the core traumas that drove the Warriors to their suicides or if they only got busy living better lives.

I hypothesize that in order to truly cure *driven to suicide* we need to give our People suicide healing treatment services that will directly address their individualized, specific core traumas that drove them to their suicides rather than deflect their focus on to the accompanying self-medicating addictions. In order to truly eliminate *driven to suicide* from our families, communities, and Nations, we need to stop and heal who and/or what continues to drive our People to suicide... what ever that may be for each individual sufferer....

Key findings

When I hear that someone is suffering from the unbearable pain of suicide, I assumed that they would go to a mental health office and get help. What surprised me was that in this small, rural community there was no mainstream suicide prevention, intervention, and postvention system, suicide healing lodge, and/or mental health agency for the Warriors to access in a time of need or crisis. Instead, each Warrior experienced a series of serendipitous and sacred spiritual events while they worked as their own clinical case managers.

This collection of unconnected events played a disconnected but important role in helping the Warriors fight for their lives. Events such as.... The RCMP coming to a fork in the road and asking the Warrior if he wanted to go to the hospital or to jail; the Warrior made a good choice. For another, bumping into a friend at an AA meeting and bumping into a stranger who shared her own personal suicide story saved another Warrior. For another one of the Warriors, he/she had gone to the city to say goodbye to his/her children before killing himself/herself. He/she happened to remember that there was a psychiatric ward at the nearby hospital so he/she walked himself/herself there and got help. All five of the Warriors experienced life saving serendipitous events. For 3 out of 5 of the Warriors, they blame God for saving their lives through sacred serendipitous and/or sacred spiritual events.

Through the Warriors' truth speaking, we have learnt that it was the Warriors who saved their own lives. Just prior to, or while waiting to die, all the Warriors were able to physically and psychologically pull themselves out of their pending deaths. Somewhere deep inside, they were still able to value themselves and/or their children in order to put a stop to their own suicidal deaths. After they were able to pull themselves out, they were also the ones who did their own clinical case management by reaching out for the help that they needed in order to meet and fulfill some of their clinical needs.

The most powerful help that the Warriors found was a series of people who cared enough to take their time to therapeutically listen to what the Warriors were going through and/or lend their helping hand by giving the Warriors the specific help that they needed at each specific step in their healing journey. One of the Warriors even found a helper who hung on hard enough to weather his/her lashing out. For another one of the Warriors, he/she found a non-native therapist who even did house calls and started each session in pray and smudging.

Significance of the findings

When we send our suicidal People off to drug and alcohol treatment and they came back sober, we assume that we have cured their suicide. However, we may be experiencing a false sense of security. It may only be an illusion of a cure. In reality, all we may have done is diverted their focus off of who and/or what was driving them to their suicides and on to their addictions. We may only be diverting their attention off of their suicides and on to their addictions because we have addiction treatment programs while we do not have any suicide healing programs. We may have only flipped their attention off of their suicides rather than heal the core traumas that drove them to their suicides. We may have only covered up or buried their suicidal core under layers of addiction treatment and not really cured their suicide and/or their reasons for dying at all?

Our Holy Woman explained that when her skipping rope, which she was going to use to hang herself, was chopped up into useless bits and pieces her overwhelming pain was made worse and.... she still wanted to die. She still wanted to die because.... she was still being raped on a near daily basis. In spite of her hanging rope being chopped into useless bits and pieces, she was still being raped. Even without her skipping rope, she still wanted to die because she still had rapists in her life that still driving her to suicide. From our Holy Woman's experience, we have learnt that taking away the means of suicide does not cure the cause that was driving her to suicide... it only takes away the means.

Four out of 5 of the Warriors were sent to drug and alcohol treatment programs for their suicides. One out of four was able to talk about his/her second of two suicide attempts once in D & A treatment. However, we do not know to what extent he/she was able to work through the core cause and precipitating factors of his/her first suicide attempt and/or the core cause and precipitating factors of his/her second suicide attempt or his/her sense of worthlessness, powerlessness, and emptiness or his/her reasons for living. What we do know is that drugs and alcohol were not these Warriors original core traumatic reasons for wanting to die. The Warriors only used drugs and/or alcohol to numb the unbearable pain of their traumatic reasons for dying and.... We also know that overtime, their pain numbing drugs and alcohol caused more problems and actually drove them closer to death... Drug and alcohol treatment helped the Warriors to achieve sobriety but did it truly cure the individualized core traumatic experiences that drove them to their suicides?....

When looking for a true cure for *driven to suicide*, we also have to be cautious in realizing that shocking people into awareness does not heal the traumatic core reason either. We have learnt that when the Warriors were shocked into increased awareness of his/her pending suicide, there was only a 20 % chance that this shock was helpful. It appears that shocking a suicidal person into increased awareness does not stop the continued inflow of overwhelming pain, or decrease their reasons for dying, or create or empower their reasons for living, or increase their sense of worth so they can exercise their basic Human Rights and Freedoms to live their lives to the fullest, in their own individual and cultural ways, for themselves.

The exceptions

There were two unique exceptions that stood out from all of the Warriors' truth speakings. The first unique exception was that one of the five Warriors received specific short term, stabilizing, suicide intervention treatment when he/she walked into and was admitted to a regional psychiatric ward of a hospital for approximately a one week stay. Two Warriors were admitted to local hospitals. However, only one received psychiatric services that specifically addressed his/her suicide³⁹. What is unique is that this Warrior's suicide, rather than his/her drug and alcohol addictions, was recognized as the focus of short term immediate treatment. What was also unique for this same Warrior was that when he/she did attend a six week addiction treatment program, he/she had one more opportunity to talk about his/her past suicide attempts. This Warrior remembered how hard it was for him/her to talk about his/her suicide, in the addiction treatment program. However,

³⁹ The other Warrior used the safety of the hospital walls to self-isolate in order to get away from all his/her family members and external demands. By self-isolating, in the hospital, he/she was able to have time to reflect on what he/she wanted and needed to do to improve the quality of life for his/her children and himself/herself.

this Warrior did not elaborate on how deep his/her two suicide attempts were addressed.

The second unique exception occurred when one of the five Warriors sought out and solely used his/her traditional Elders and healing methods to address his/her pending cursed suicide. This Warrior had already had seven years of sobriety that included attending three treatment centres; a six week drug and alcohol treatment program, a six week trauma treatment program, and a two week gender specific trauma program. This Warrior's suicide was also seen as an exception because the triggering overwhelming traumatic experience was the result of being cursed by evil people using their bad medicine which nearly drove him/ her to committing suicide.

Implications for practice: First Nations suicide

interventions

When my heart is broken, don't try to fix the thoughts in my head...

(Holy Woman, Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim, suicide survivor. spring 2006: interviewed in her home.) When we have someone who is suffering from unbearable, un-escapable, un-resolvable, never ending pain that is driving them to suicide, we have to realize that they can not stop that unbearable pain on their own. If they were able to resolve the un-resolvable, on their own, they would have done it a long time ago to avoid years of unbearable pain. As human beings, we are not built to be able to resolve unbearable and impossible traumas alone such as the death of four of our children in a house fire. As human beings, many of life's tragedies are impossible to work through alone. Thus, we need to be there for one another when all alone.... our best will never be good enough.

As helping professionals and as community and family members, we need to start being there for our people who can't do the impossible all by themselves. As helping professionals and as community and family members, we need to start hitting the bull's eye by focusing on what practical help our People need in order to address their specific, individualized, immediate suicide intervention needs. Once the Warriors are safe and stable, we then need to help them find and heal their source of the unbearable traumatic pain that was driving them

to suicide. We need to help them address and resolve who and/or what was driving them to suicide rather than diverting our attention and their attention on to fixing their pain numbing addictions.

As professionals, and as community and family members, we need to stop being so afraid of driven to suicide. Being afraid of driven to suicide does not make it go away or heal it. We need to stop avoiding *driven to suicide* because avoiding doesn't make it go away or heal it. We need to stop sweeping it under the carpet so we don't have to look at it because sweeping it under the carpet doesn't make it go away or heal it. We need to stop looking the other way so we don't have to get involved because looking the other way doesn't make it go away or heal it. We need to stop passing the buck on to someone else because passing the buck doesn't make it go away or heal it. We need to stop covering our buttes to protect ourselves from liability because we need our hands in order to extend a helping hand that will help out in healing it and resolving it once and for all. We even need to stop separating ourselves in to groups of us, who are doing okay, and *them*, who are suffering, because

separation doesn't stop or heal *driven to suicide*, in our communities.

Stopping *them* by taking away their pain numbing methods of drugs and/or alcohol does not cure their traumatic suicidal reasons. Sending them to drug and alcohol treatment programs only diverts our focus and their focus away from their suicides and on to their sobriety. Taking away their pills, ropes, or guns will also not cure the unbearable pain of the core traumatic experience(s) that drove them to their suicides. Taking away their means of killing themselves only means that they will not be able to use that specific bunch of pills or that specific piece of rope to kill themselves. Shocking our People into increased awareness also does not cure their unbearable traumatic reasons that are driving them to suicide. In order to cure driven to suicide, we need to hit the bulls' eye by helping our suicidal people heal from their own personal traumatic sources of unbearable pain that is driving them to their suicides.

From the Warriors' truth speaking, we have learnt that there was no formal, organized suicide intervention, healing system, or suicide treatment centre for the Warriors to use. What helped the Warriors fight for their lives was their own personal

collection of random serendipitous and/ or sacred spiritual events that included a variety of informal suicide interventions.

The first type of intervention that saved three out of five Warriors was what I have described as *by the Grace of God*. There is no scientific, medical, or logical reason to explain why one of the Warriors is still alive today. He/she had taken a lethal dose of sleeping pills and alcohol. Today, this Warrior firmly believes that the Creator had intentionally saved his/her life in order for him/her to fulfill a sacred purpose that the Creator had for him/her. For the other two remaining Warriors, they also credit the Creator for saving their lives through the use of sacred spiritual experiences.

The second type of effective suicide intervention was the use of traditional Elders, Medicine People, Healers, and ceremonies. These traditional healers and ceremonies directly helped one of the suicidal Warriors by successfully breaking and healing a near *perceived* suicidal death caused by a bad medicine curse⁴⁰. For three other Warriors, they were able to gain inner strength by returning to and using their traditional cultural ways.

⁴⁰ If this Warrior had died his/her death would have been seen as a suicide whereas in reality, according to our Indian laws, it would have been a murder done by evil people using a bad medicine curse.

Alone, the Warriors were unable to stop, resolve, or escape the sources of their unbearable pain. They could not do their impossible alone; they needed help. Thus, one of the most powerful and helpful suicide intervention resources was helpful, sincere, and courageous people; people who lent a helping hand. Some of these people temporarily did a sincer e^{41} coming together⁴² with the Warriors to help the Warriors, in their time of desperate need. Together, as a temporary working team, the helper provided needed supportive back-up to the Warrior who was now able to define what he/she wanted and needed in order to fight for his/her life. Together, the helper directly face the Warriors' pending suicide by giving him/her the needed help that immediately addressed the Warrior's unfulfilled suicide intervention need(s). These sincere, helpful, and courageous people included non-professionals and professionals such as: neighbors, family members, friends, RCMP officers, a nurse, doctors, strangers, and Elders.

¹¹ Over the decades, I have watched mechanically correct professionals offer the right procedures but when a different person does the same mechanics with a genuine and sincere heart, their help is far more powerful and healing to the suicidal victim.

⁴² The closest cross cultural translation that I can use to explain this Indian *coming together* phenomena would be the same spiritual experience when I spirit connect with a young untrained horse so it will *join up* with me.

These sincere, helpful, and courageous people took the suicides seriously and directly decreased the unbearable pain by giving the Warriors what they needed right then and there to meet the Warriors' immediate suicide intervention needs. These helpers were able to *be there* for the Warriors. By providing immediate assistance to the Warriors, the helpers were able to decrease some to their unbearable pain by: physically making them safe, weathering the Warriors' lashing out, listening to their tearful release of unbearable anguish, and/or physically doing what needed to be done.

The helpers most powerful and helpful healing skill was their ability to give to the Warriors what he/she needed the most at each specific step in their healing journey. This informal give away⁴³ gave the Warriors what they needed when they needed it and how they needed it. This helpful assistance ranged from: being able to listen with a caring and courageous heart to the Warriors' soul-felt tears to lending a helping hand to putting out a fire to driving them to the hospital where they would be kept safe from outside demands to emotionally being

⁴³ After our warrior piercing Sun Dance, we do a give away to share our material wealth with others who are less fortunate. I understand in the long house culture, Chiefs also do give aways to share their material wealth with others.

there for them to speaking to them in a kind way to teaching them their traditional ways to supporting them in their sobriety to....

Lastly, some of the most powerful self-help healing skills for driven to suicide victims included their ability to fight for their own lives once they had decided that they didn't want to die any further. The Warriors started to decrease their unbearable pain when they were able to ask for help. Once they got their immediate suicide intervention safety needs fulfilled, the Warriors were then freed up to figure out what they needed from themselves and from others in order to win their battles against *driven to suicide*⁴⁴. Another critical skill for the Warriors was their increased ability to do truth speaking.

Since their traumatic event, the Warriors had stuffed their unbearable emotional pain inside their hearts and souls and then.... they built a tough outer shell so that nobody would be able to break in. They had built their tough outer shells to

⁴⁴ When we are in unbearable pain and wanting to die, we will hang on to our spirits (lives) until we have a chance to figure out if killing ourselves is the right thing to do. We are so focused on trying to stay alive in spite of wanting to kill ourselves that we can't focus on anything else but physically staying alive. We immediately need gentle, emotional, physical, structural, safety so we can be relieved from our responsibility of keeping ourselves safe. Once we are freed up from keeping ourselves safe, we are then able to figure out who and what we need to do in order to heal ourselves from who and/or what is driving us to suicide.

protect their broken hearts and wounded souls. Now, tough on the outside while suffering unbearable pain on the inside, they had suffered in silence for many years. Through spirit, psychological, and/or emotional break down, the Warriors were finally able to start truth speaking. Through truth speaking, the Warriors were able to release some of their unbearable pain that was stored in their hearts and souls; the unbearable pain of their impossible traumas that had driven them to their near deaths.

As victims of *driven to suicide*, we need to learn how to reach out and talk to someone who cares. As family and community members, we need to *be there* to help our loved ones decrease the unbearable pain of their impossible traumas....

Implications for further research

When I was in the middle of conducting this research project, I realized that I had jumped ahead of existing published Red Nations' suicide research. In a traditional academic approach, I should have first researched the various types of suicide that already exist in our Red Nations communities. Once I had formally documented the various types of suicides, and formally *discovered* and documented the phenomena of *driven to suicide*, then I would have been able to link this research project to an already existing journal article.

Due to jumping ahead, this research project stands alone unconnected to existing scientific journal articles regarding *driven to suicide*. However, it does stand on a foundation of truth speaking and reality. Over the years, whenever I used the concept *driven to suicide*, Red Nation listeners knew exactly what I was talking about. Many of us have been driven to suicide independent of whether *driven to suicide* has been formally documented in a scholarly journal or not. Thus, I have researched *driven to suicide* because *driven to suicide* was destroying me and my People and.... I was hoping to find a cure.

From this research project, I was surprised by its key findings. I never knew that suicidal people were being sent to addiction treatment programs rather than to suicide treatment programs. I was also amazed by the fact that when the Warriors were shocked into increased awareness that it didn't stop 80 % of them from continuing on in their pending suicides. Due to these findings, further research is needed to discover if the Warriors did receive a true cure for their suicides in their addiction recovery programs or if there are still unaddressed suicidal traumas lying dormant and unhealed under layers of treatment and sobriety. Did the Warriors actually receive treatment that truly healed the core causes which drove them to suicide or did treatment just cover up their suicides with layers of avoidance by deflecting their attention from their suicides and on to sobriety? What specifically do addiction treatment centers do to help our People heal from the unbearable pain of their first, second, third,... driven to suicide attempts? How does the healing of our traditional Elders differ compared to the work of addiction treatment centres? It was noted that some of the Warriors decided to go on living so they could give their children a better life than what they had as children. But, can these Warriors go on living for themselves; do they feel that they are now worth living for? Lastly, research is needed to find out if there are suicide healing services available to our People who are suicidal but do not have the needed addiction that would qualify them to attend drug and alcohol treatment centre.

Summary

Sometimes... life is made too hard for us to carry alone. That is why we need to "be there" for each other....

(Holy Woman, Hereditary War Chief, Traditional Head Chief, Traditional Healer, Indian Residential School rape victim, suicide survivor. fall 2007: interviewed in her home.)

From the Warriors truth speaking, I learnt many teachings that really surprised me. The first surprise was that the Warriors had to save their own lives from their own suicidal deaths; they were all alone when they were waiting to fully die. The second surprise was that the suicidal Warriors were not sent off to any suicide treatment programs. Instead, they were sent to drug and alcohol addiction programs for their suicides. The third surprise was that when all of the Warriors were shocked into increased awareness about their pending suicides, only one of the five was able to get immediate help. The rest still wanted to die so they continued on their death trails.

From the Warriors truth speakings, it is not clear if drug and alcohol treatment truly healed all the sources of the Warriors' unbearable pain and their core traumas that drove them to suicide or if drug and alcohol treatment just deflected the

Warriors' attention off of their suicides and got them busy focusing on their sobriety and re-building their lives. What is clear is that today, all the Warriors are alive and doing well with their families, in their home communities. For many of the Warriors, they were blessed with gifts in their lives that they had never anticipated or expected when they decided that they didn't want to die any further. One Warrior who had suffered the deaths of four of his/her children in a house fire shared that he/she was "blessed with two more children". Another Warrior who lived and almost died in Vancouver's East Side was blessed when a "[clinical staff] position came up. I am where I am suppose to be". There was the Warrior who was able to stop himself/herself from jumping off a bridge remembers the time in recovery when "I felt great just from walking on the other side of the street". Another one of the Warriors decided to live because he/she wanted to give his/her children a better life than he/she had as a child shared...

My first grandson really helped me when he was being tall enough to open the door. He would open the door and yell 'ye'eh'. That is the traditional word for grandfather. He would have a big smile on his face. That is what a

grandfather is all about. They came and hug every time they see me. My oldest boy and I wrestle, we are pretty close – him and I (Warrior).

The Warrior who received help, healing, and strength from his/her traditional Elders shared in humble pride, *"I am now* sober fourteen years and ten months. I can see how the Creator saved my life when I could have died" (Warrior).

Lastly, a blessing of strength from our Holy Woman.... When we look for a logical reason to go on and there isn't one.... We go on anyways because going on is about who we are as Indians, as individuals, and as a Nation....

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UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Beginning of a New Day Hosanna Waa ksis to akii

From: Henry Harder, Chair Research Ethics Board

Date: November 23, 2005

Re: E2005.0520.061 Fighting for our lives: A collection of strategies used by First Nations' Warriors in their personal battles against suicide

Thank you for submitting your proposal and requested amendments to the Research Ethics Board. Your proposal has been approved.

Good luck with your research.

Sincerely,

Hehry Harder

Appendix B: Participant's information package:

Research project information letter

Fighting for our lives; First Nations' suicide interventions

Dear Research Participant,

My name is Beginning of a New Day Hosanna Waa ksis to akii. I am from the Buffalo Nation, Eagle Clan, Thunderbird Family. Currently, I am working on my Master's Degree in Social Work, at the University of Northern British Columbia, UNBC. The focus of my thesis is to research what various First Nations' People have done, on their own, in their personal battles against suicide. The specific type of suicide that I will be researching is when people believe that they were *driven to* suicide by one or more people in their lives.

If you are interested in this project, your voluntary participation will be greatly respected and appreciated. This research project has been designed to be a meaningful and rewarding experience for everyone. However, sometimes we are unexpectedly triggered by events in our lives. If you experience any stress or feel upset, please feel free to contact the following emergency counseling services to have someone to talk to: Crisis Centre for Northern BC at 1-888-562-1214 or BC Suicide Crisis Line at 1-800-Suicide (784-2433). You also have the right to quit at any time and you don't even have to explain why.

The complete research experience will consist of four contacts. The first contact will be a telephone call to say hello, introduce myself, explain the focus of the research to you, and to answer any questions that you may have. The second contact will be to come out and visit with you. This visit will be about 1 hour long and the focus of this visit will be to tape record your story of what you did in your battles against *driven to* suicide. If you do not feel comfortable in having your story tape recorded, that is okay. Instead of tape recording, I can either take notes while I am listening to you or I can write down some notes afterwards, the choice is yours.

Once I have listened to your story, I will type it out so your story will be in paper transcript form. I will then mail a copy out to you. The third contact will be another phone call to orally review your transcript together. I would like to review your transcript with you so to see if there is anything that you would like to change, correct, add to, or take out before I start to sift through it to discover the strategies you used in fighting for your life. Once all the stories have been analyzed, a suicide prevention pamphlet will be developed containing interventions that were collected from all the participants' stories. Once the next-to-final draft of the suicide prevention pamphlet are completed, I will mail out copies to you for your review and to get your final blessings before the material goes off for printing. Thus, the fourth contact will be another phone call to review the drafts together and to get your final blessings.

From this research project, the most important material end product will be the suicide prevention pamphlet. The suicide prevention pamphlet will contain a collection of strategies you and your fellow research participants have used in order to win your battles against driven to suicide. The suicide prevention pamphlet will be presented as a gift to your community to be shared with others who are still struggling with driven to suicide. The other end product will be my Master of Social Work thesis. Throughout the whole research project your name and all your material will be respectfully kept safe under lock and key, anonymous, and strictly confidential; I will be the only one who will have access to your material. Once I have stood before the UNBC Elders, to defend my thesis, I will personally destroy all the research materials such as all the transcripts and notes that I wrote throughout the project. The only remaining materials products will be the suicide prevention pamphlet, the thesis, and good memories in my heart.

If you are interested in participating in this research project, please feel free to call me at 638-2202 and I will book a time to come out to visit with you. If you need any further information and/or if you have any questions and/or concerns about this research project also feel free to contact my thesis supervisor, Dr. Glen Schmidt or the office of the VP of Research for further information.

Lastly, I would like to thank you, from my heart, for the courage you have shown in fighting for your life and sharing your story so others may live.

Thank you.

I tam ma to ta tsi sinaan; May you walk in peace until we meet again....

Sincerely,

Beginning of a New Day Hosanna Waa ksis to akii BSW, MSW (candidate) phone: (250) 638-2202 Dr. Glen Schmidt PhD. Thesis Committee Supervisor UNBC, Social Work Program phone: (250) 960-6519

UNBC; VP of Research Office Phone: (250) 960-5820

Informed consent form Fighting for our lives: First Nations' suicide interventions

 Have you received and read a copy of this research project's Yes No information letter? Do you understand that you have the right to quit at any time? Yes No Do you understand that your will have a choice of having your interview tape recorded or having hand written notes done as an alternative to tape recording? Yes No Do you understand that you have a right to skip any interview Yes No Do you understand that you have a right to skip any interview Yes No questions that you do not feel comfortable in answering? You also do not have to share any information that you do not feel comfortable in sharing and you do not have to give a reason. This selective information sharing will not affect your further participation in this research? Have you had an opportunity to ask questions and discuss this project Yes No Do you understand the possible benefits and risks involved in participating in this research? Has the issue of confidentiality been explained? Yes No Do you understand who will and will not have access to the information you provide? Yes No Do you understand that a thesis, and a suicide Yes No Do you understand that a thesis, and a suicide Yes No This research project was explained to me by: Beginning of a New Day Hosanna Waa ksis to akii
 Do you understand that you have the right to quit at any time? Yes No Do you understand that your will have a choice of having your interview tape recorded or having hand written notes done as an alternative to tape recording? Yes No Do you understand that you have a right to skip any interview Yes No Do you understand that you have a right to skip any interview Yes No Do you understand that you do not feel comfortable in answering? You also do not have to share any information that you do not feel comfortable in sharing and you do not have to give a reason. This selective information sharing will not affect your further participation in this research? Have you had an opportunity to ask questions and discuss this project Yes No participating in this research? Has the issue of confidentiality been explained? Yes No Do you understand who will and will not have access to the information you provide? Yes No Do you understand that a thesis, and a suicide yes No
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prevention pamphlet will be the material products of this research project?
This research project was explained to me by: Beginning of a New Day Hosanna Waa ksis to akii
I agree to take part in this research project; On this day of, 2005, in, British Columbia.
signature/ symbol of research participant print name I believe that the person signing this form understands what is involved in the research project and voluntarily agrees to participate.
signature of primary investigator date - please keep the information letter and one copy of this consent form for you own records
Beginning of a New DayDr. Glen Schmidt PhD.Hosanna Waa ksis to akiiUNBC; Social Work ProgramBSW, MSW (candidate)Thesis Committee Supervisor
Beginning of a New DayDr. Glen Schmidt PhD.Hosanna Waa ksis to akiiUNBC; Social Work Program

......

List of research questions

- What did you intentionally do that helped you in winning your battles against driven to suicide, in order for you to be alive today?
- What events occurred, in your life, that were of significant help to you in your battles against driven to suicide?
 - What did you intentionally do to make your life worth living?

List of counseling services

I would like to thank you for volunteering as a participant in this research project. As a participant, you will have the opportunity to share your story of what you did right when fighting against driven to suicide. By sharing your story, you will be part of developing a suicide prevention pamphlet to help others who are currently struggling with driven to suicide. Most people find that sharing their story in a research project is empowering and healing for them. However, if you begin to suffer from flashbacks such as old memories and/or emotions, please feel free to seek help from your fellow Elders, Clergy, traditional prayer, and/or contact your Band Office to be referred to a counselor.

Other 24 hour services include:

Crisis Centre for Northern BC 1-888-562-1214

BC Suicide Crisis Line 1-800-Suicide (784-2433)

Appendix C: Language

The language that I have written this research project in is in my first natural language. I, like the vast majority of my People, was not taught or "allowed" to speak my Grandma's language of Blackfoot nor my Grandpa's Sioux language. However, I still speak my first natural language. My Cree Mother, of my first adoption, and my Saulteaux Father, of my second adoption, had taught and encouraged me to speak our first natural language. Our first language is the language of our Creator, our little ones, our Elders, and our Holy Ones. Our first natural language is the language of the truth that lies within our hearts and souls. Thus, my research proposal has been written in a format that speaks from my heart and soul rather than from a purely scientific, logical, academically trained head.

Due to this thesis being designed, implemented, and written at a deeper heart and soul level, it may be very confusing, irritating, and/or even frightening for some readers who specialize in cognitive level academics. Not all material presented is logical in nature; sometimes the overwhelming pain of suicide does not make any logical sense to us, as outsiders. There may also be confusing concepts such as a broken heart or soul-felt tears; terms that are not found in White Nation's medical books. However, the realities of overwhelming and unbearable pain continue to exist within the hearts and souls of our People and our lives.

Appendix D: Inclusion

In my traditional teachings, I would be ashamed of myself if I was to speak in a language that my Elders would not be able to understand. I would also be ashamed of myself if I spoke in a language that intentionally locked people out from knowing and understanding what I have to share. Traditionally, shunning was only used in very serious crimes against our People. In order to prevent academic shunning and to connect my People back home on the reserve with my White Nation world of university learning, I have worked hard to translate technical information into simple every day language so nobody will be excluded from understandings that I would like to share with them. In "Fighting for our Lives; First Nations' suicide interventions, I have intentionally written specifically for Red Nations' People in a language that hopefully will bring no shame to any of our People. Thus, I attempted to accurately translate non-native academic research concepts and my Indian concepts into a language that All, from both worlds, will be able to understand.

Appendix E: It is not doing resilience: It is about being Indian

From a White Nation perspective, many may read this thesis and identify the findings as examples our People's resilience to foreigner's unbearable living conditions. However, the White Nation term resilience takes away our right to hang on to what is rightfully ours. The focus of this research was not about what we do that is called resilience; it is about who we are as Indians, as individuals, and as members of our own Red Nations.

This concept may be a little difficult to understand and to explain because it is about our right to define our selves using our own words and our right to hang on to our pieces that are a part of who we are, not what we do. This dynamic is similar to when White Nation explorers discovered and re-named our rivers and mountains and then claimed them for themselves when we had already had names for them and they were a part of our traditional territories and our Sacred Mother, Earth. As Red Nations' People, we have aspects of our collective character that symbolize who we are. In the English language, this collective phenomena has been called being Indian. We do not want anyone to come along and grab another sacred aspect of who we are from us only to re-label it as if it is something that some of us have just begun to "do" because a White Nation person just noticed it.

This research project is not about being resilient; it is about being Indian and who we are as individuals, and as Red Nations. In my Blackfoot language, we would say iss tso' kini; it means to be strong (Frantz & Russell, 1995). Being strong enough to bend like the prairie grass without giving up our roots; it is about who we are as Indians. Thus, we are not "doing" resilience; we are "being" Indians.

Appendix F: Our Elders

In our Red Nation communities and in our traditional ways, we are to honour, respect, protect, and help our Elders. Our Elders are more than just old people to us. They are active, knowledgeable, and valued members in our families, communities, and Nations. Our Elders are our band members who pass on to us our history, languages, and traditional teachings. They also pass on their own personal wisdom that they have earned along the way; their own life experiences. Some of our Elders have specific sacred rites/areas of expertise such as using herbs and/or ceremonies to doctor the sick. Others teach us our traditional legends, songs, and dances. Others teach us our traditional ways of hunting, trapping, gathering, and fishing. Others carry the sacred Pipes and Bundles for our People.

One specific type of Elder that was consulted in this research project is known as a traditional healer/ Indian doctor. In my Blackfoot culture, in order to become a traditional healer/ Indian doctor, one has to have suffered from one or more very painful life experiences. By healing themselves, traditional healers have learnt and earned their sacred rights to doctor others who are in need of healing from the same or similar life experiences. Thus, a traditional healer's healing knowledge and powers comes from his/her own life experiences rather than from medical or academic books. Traditional healers are valued and respected in our communities; they are able to listen to, understand, connect with, and "doctor" the sufferer. As their patients, we may be scolded but we are rarely shamed for the suffering what we are going through because our traditional Indian doctors have also suffered the same hard life experiences in their apprenticeship years as medicine men and medicine women.

Appendix G: Life in Indian residential school: Our Holy Woman's truth speaking....

As outsiders to her culture as well as outsiders to her *driven to suicide* experiences, and as a consulting Elder, our Holy Woman wanted to help us understand the intensity, duration, depth, and meaning of the unbearable human anguish that sometimes drives our Red Nations' People to suicide. For our Holy Woman, her suicide was not about a chemical imbalance in her brain due to depression⁴⁵, or distorted thinking⁴⁶. She wanted and needed to die as a way of protecting herself from life in a Christian Indian Residential School which was unbearable for her. It is from her traumatically violent experiences that our Holy Woman developed her lived definition of *driven to suicide* that she shares with us.

"....when a person feels that they are being driven to suicide by one or more violent people in their lives."

Our Holy Woman's life, in a Christian Indian Residential School, is a living example of Shneidman's definition of suicide due to unbearable psychological pain (1999). It is our Holy

⁴⁵ Our Holy Woman was referring to one of the current medical beliefs that are shared by the Canadian Mental Health Association.

⁴⁶ Our Holy Woman was referring to Ellis & Newman (1996, p. 12)

Woman's life experience and her definition of *driven to suicide* that has been the gruesome but powerful reality behind her *driven to suicide* definition. While in residential school, she was driven to two suicide attempts. In that locked down institution, suicide was her only escape from the brutal, shaming, and terrorizing sexual abuse, beatings, and torture that she could no longer endure. One August morning, when a child welfare worker had come to take her back to residential school for another year, she did her third attempt; she hung herself in an abandoned barn. She hung herself as her way of protecting herself from being sent back to residential school for another unbearable year.

As a five year old little girl, she had decided that she needed to die because she could not bring herself to going back to residential school. She knew that she would never survive another year of brutal rape, humiliation, and torture thus she hung herself. As a little girl, our Holy Woman was found, hospitalized, survived, and then sent back to the foster care – adoption system as an alternative to another year in residential school. Today, as our Holy Woman who was that little girl, she shares a portion of her truth speaking story as an example of *driven to suicide*

I remember being so terrified when the priest would call me into his office. He had read my child welfare report and discover that my birthfather had taught me how to give him blow jobs before I was two years old. While interrogating me, the priest would slap me on the side of my head; it felt like my ear was going to explode. Day after day, he would yell at me and hit me until I could no longer take his beatings. I couldn't hold on to my secret any longer. I remember breaking down and crying; I didn't want to tell him the truth about what my birth father had done to me. I didn't want to tell him the truth... When I did tell him that it was true, the priest was furious. He called me a liar and a sinner. He demanded that I show him what he was talking about. He grabbed my hair and my head and forced me to give him a blow job and then when he was done, he instantly slapped me on the side on my head again. He was furious with me all over again. He told me that I was going to burn in hell for what I had just done to him even though he was the one who had forced me to do it...I was crying, my nose was bleeding again... my ear throbbed in so

much pain. I was so confused that I couldn't understand what was going on. I couldn't understand why it was my fault when he was the one who forced me to do it to him. After that day, he refused to leave me alone. The priest would force me to give him blow jobs about once a week. Once, when I tried to fight him off he tied my hands behind my back. He grabbed my head and hair. He used my mouth to push his penis in while he would tell me over and over again that I was his dirty girl and that I was so filthy and worthless to him. And then it got worse....He brought in his two friends and I was forced to politely serve them traditional high tea first before the priest forced me to give them all blow jobs.... every week; week after week. I use to be so.... terrified and so.... ashamed of myself for what they were forcing me to do to them. While I was serving them tea, they would laugh at me and treat me as if I was some kind a freak show. Meanwhile, I was so afraid and so ashamed of myself. I felt so unbearably filthy and worthless. I would be so, so terrified and so ashamed of myself that I would run away and hide but the priest would search the school until he found me. He refused to leave me alone; he just wouldn't leave me alone. He would be furious.

He was left handed and he was always slapping me on that side of my head. He would slap me so hard that my nose would bleed and my ear throbbed in so much pain and I would still have to serve him tea and then give him a blow job. At first, I would faint, or have uncontrollable shaking or I would go into seizures or I would vomit so hard that I would pee my bloomers. I would cry so hard or I would be frozen in terror and.... it didn't matter to the priest and his friends. The priest would force me to do it no matter how terrified or ashamed I was of myself. Meanwhile, at the same time, the supervisor would come into the little girl's dormitory at night. In the middle of the night, he would come to rape me or one of the other little girls. I would lie in bed hoping that he wouldn't rape me but I would still feel so sick and so terrified when I would hear him raping one of the other little girls. When it was my turn, he would climb on top of me and use me. After he left, I would get up to go wash myself down in the washroom and then.... I would go sit in the sunspot that was made by the outside yard light shining into the little girl's dormitory window. I would sit in that sunspot, holding on to myself as tight as I could. I would rock myself back and forth to calm myself

down just like the way my mom use to rock me in her rocking chair when I was a little baby. She use to sing me to sleep. My mom use to wrap us up warm together, in her Indian blanket while she rocked me and sang me to sleep....I use to snuggle my face in her long beautiful hair....and fell asleep. I tried really, really hard not to cry but I would always break down and cried. It didn't matter how often the supervisor raped me... I would always cry. I couldn't get use to him raping me. I always had to cry. I also had to cry silently so nobody would hear me and.... I prayed so hard ... hoping that God would see *me sitting in that sunspot. I was hoping and praying that God* would hear me. I was hoping that He would look down upon me and forgive me for my sins and protect me from the priest and the supervisor. But, He never did... Even God didn't even come to get me in residential school.

After classes, I would wonder around the school feeling so sad and so hurt and so empty and so... dead inside. I would ask the bigger kids to teach me how to play skip rope or how to colour. But, nobody would take the time to teach me how to play. I was so empty and so numb inside; I couldn't feel anything anymore. I couldn't feel the sun on my face or the wind in my hair any more. I couldn't even cry anymore. One day, I just quit. I quit trying so hard to stay alive. I quit asking the kids to teach me how to play skip rope or how to colour. I had decided to hang myself. I was 5 years old and I decided that I would rather die than spend the next 11 years being raped in my mouth and in between my legs... I just couldn't take the white people and their hate any more. I decided to hang myself with my skipping rope; the one that they gave me for Christmas, as a present.

[F.... You are in unbearable pain IF You are feeling worthless, **THEIR STORIES OF THE OUR WARRIORS SHARE** logical reason to go on... and SUICIDE AND WON hopeless, confused, or empty BATTLES THEY HAVE FOUGHT AGAINST and you just can't take it any IF You are looking for a IF.... You are feeling numb. FIGHTING FOR OUR IF You want to die there isn't one. longer. LIVES inside.

Appendix H: Suicide prevention/ intervention pamphlet

prototype

TALK TO SOMEBODY.... LET GO OF YOUR PAIN.

I went to the sweat lodge and prayed with

the pipe. I spoke with a spiritual Elder.

CRISIS CENTRE OF NORTHERN BC

1-888-562-1214

BC SUICIDE CRISIS LINE 1-800-SUICIDE 1-800-784-2433

wanted to continue... I made a decision to

build a better life for myself.

I asked myself if this is the life that I

I quit the drugs. And, I got back with my

family. My wife took me back.

quit drinking and I went back to praying.

I remembered that my mother and father taught me to pray in our own culture so I

I stayed outside as much as I could.

[was waiting to die before] realized that]

couldn't kill myself.

DOCTOR

FAMILY MEMBER

didn't die. Scientifically, I should have but

didn't. I believe that God the Creator

wasn't finished with me. Years later, I

is where I am today.

to change in my life. I wanted a better life.

also started thinking about what I needed

started thinking about what I was doing. I

I went into the bedroom to lie down and

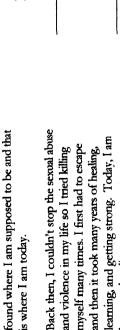
wait to die. While I was lying in bed, I

BEST FRIEND

RCMP

REACH OUT FOR HELP

happy to be alive.



187

IF You have hit rock bottom and have nothing to live for.

THE SUICIDE JOURNEY CAN BE BROKEN DOWN INTO STAGES...

CROWING UPMAY HAVELEFTUS VULNERABLETOSUICIDERISK, EMPINASS, WORTHLESSNESSLOSICHOPELESSNESSDONT KNOWHOWTO, ASKRORHELP, STEPTOOURSEF

TRAUMATIC EVENT OCCURS IN OUR LIFE THAT CAUSES OVERWHELMING AND UNBEARABLE PAIN

MAKING PLANS TO DIE BECAUSE WE CANT GET AWAY FROM ALL THE UNBEARABLE PAIN

OUR PENDING, SECRET, OR NEAR SUICIDE THINKING OR ATTEMPTS

DECISION THAT WE DON'T WANT TO DIE

DECIDE WHAT WE NEED TO CHANGE IN OUR LIFE TO MAKE IT BETTER

REACHING OUT TO GET WHAT WE WANT; HELP

TALKING TO SOMEONE ABOUT WHAT IS GOING ON IN OUR LIFE

LEARNING NEW TOOLS THAT WILL HELP US IN OUR FUTURE LIFE

A BETTER QUALITY OF LIFE THAT WE WANT TO LIVE AND ENJOY

FREEDOM FROM SUICIDE

IF YOU ARE THINKING ABOUT SUICIDE..... YOU ARE NOT ALONE.....

Many of our Warrions and Elders have fought their battles against suicide and they have won....They shared their stories:

I knew I was dying....

I was saving up pills....

I was separated and I was really missing my son. I couldn't live without him....

I thought I didn't need help....

I was feeling alone. I didn't have control over my girl friend. I felt like she didn't care any more.... When she left me is when I tried to kill myself.

I was walking around town with a chocked feeling in my throat. I was trying to hold my tears. I didn't want people seeing that I was crying so I walked around really messed up and confused.

I didn't know how to ask for help.....

I was so numb and weak that I couldn't even commit suicide... I could even put words to my pain; it was so deep inside.

I kept blaming everything and everyone while I was still dying on the inside.

WHAT WORKED

I would think of SURVIVAL when I didn't want to continue...

I went to a six week treatment program. At the treatment centre is where I picked up my tools.

Sober friends. They were good role models for me.

I went to see the doctor. I told the doctor I needed help. I had never asked for help before.

I found someone to listen to me and what I was going through

The RCMP officers drove me to the hospital

I went to the neighbors to get help

I knew that there was a psych ward at the hospital so I went there.

I went to see a Native counselor. She listened and understood me. She took my suicide seriously and she realized that I was fighting for my life.

I guess the Creator was talking to me at the time. I didn't finish what I was drinking. I started to cry and pray.

I started seeing an A&D alcohol and drug counselor. I went to NA meetings. I got myself a sponsor.

CLOSING PRAYER

Atsimoikan

A prayer

Ayo Apistotoki	O Creator
Ispomokinnaan	Help us
Nahkayistsiyisinnaan	Grant us the wisdom to listen to you
Nahkaikimotsiyisinnaan	To be kind to one another
Nahkayikakimahsinnaan	To try hard
Nahkokamotohsinnaan	To walk the sacred road
Nahkawatoyiitaksinnaan	To hold sacred all of Creation
Ohtokinnaan Apistotoki	Purest Creator
Kimmis kokosiks	Have pity on your children
Iksikimmatapsiya	We are in need
Kaamotaani	Grant us safety
Niistawatsimaani	Help us to raise our families
Naa piio'sini	So that we may live long lives

Но

Amen