

**INDIAN RESIDENTIAL SCHOOL EXPERIENCE: B.C. FIRST NATIONS SHARE
CRITICAL INCIDENTS ALONG THEIR PERSONAL HEALING JOURNEYS**

by

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Abstract

This qualitative study used the enhanced critical incident technique to explore what helped and what hindered the personal healing journey of six former students of the Indian Residential School (IRS) system in Canada. In-depth interviews were conducted with three women and three men who attended an Indian Residential School in B.C. and perceive themselves to be on a healing journey from their experience. The interviews produced 307 incidents. There were 196 helping, 64 hindering and 47 wisdom provided incidents. The incidents were placed into 11 helping, 6 hindering and 10 wisdom categories. The following helping categories emerged with the highest participation rate: 1) Sharing about the Indian Residential School Experience, 2) Community, 3) Cultural Healing, 4) Personal Strengths and 5) Reconnection to Family and Traditional Parenting. The hindering categories with the highest participation rates were: 1) Internalized Shame from the Indian Residential School Experience, 2) Coping Behaviors and Readiness to Heal, 3) Intergenerational Trauma and 4) Religious Indoctrination. The wisdom categories with the highest participation rates were: 1) Be Honest with Yourself, 2) Have Strength and 3) Think Positively. Eight validity checks were completed and validated. The study results contribute to current literature on the Indian Residential School Experience by describing what helped and what hindered the healing journey for these former students. The objective of the study was to create a better understanding of the healing journey from the perspective of former Indian Residential School students who are now survivors of their experiences. It is hoped that the information shared by participants will help additional Indian Residential School Survivors, including those inter-generationally impacted, move forward along their healing journey. Implications for counselling education and practice are discussed.

Preface

This research project was granted Full Board approval by the University of British Columbia Behavioural Research Ethics Board on May 14, 2012. (UBC BREB Number H12-00996)

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Dedication

I would like to dedicate this thesis work to the six participants who shared their healing journeys with me. I honor and respect your stories and am forever grateful for your trust.

1. Introduction

1.1 Historical Background

For many years, the effects of Historical Trauma, also known in the Indigenous literature as the “soul wound” have been an ongoing concern for Aboriginal people in Canada (Duran et al., 1998; Duran & Duran, 1995; Wesley-Esquimaux & Smolewski, 2004). Yellow Horse Brave Heart (1998) has defined Historical Trauma as: cumulative trauma – collective and compounding emotional and psychic wounding – both over the lifespan and across generations.

Historical Trauma for Aboriginal people in Canada is best understood within the socio-political-historical context in which the trauma was manifested. Current day health challenges such as, suicide, addictive behaviors, domestic violence, Elder abuse, sexual abuse, fetal alcohol syndrome, and mental health issues such as post-traumatic stress disorder and Residential School Syndrome of Aboriginal people are considered to be directly linked to the historical context of colonialism, oppression, and intergenerational trauma or Historical Trauma Transmission (HTT) (Kirmayer et al., 2007; Chansonneuve, 2007; Bopp et al., 2003; Dumont-Smith, 2002; Hylton et al., 2002; Tait, 2003; Corrado & Cohen, 2003; Gagne, 1998; Wesley-Esquimaux & Smolewski, 2004; Myran, 2008; Elias et al., 2012; Crey & Fournier, 1997).

1.1.1 *Historical Trauma Transmission (intergenerational trauma)*

A description of Historical Trauma Transmission (HTT) is described by Wesley-Esquimaux & Smolewski (2004) as:

“the traumatic memories are passed to next generations through different channels, including biological (in hereditary predispositions to PTSD), cultural (through storytelling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory process) channels. The complexity of the transmission process, as well as the complexity of the “image of loss” that is being passed on, must be recognized in order to fully

understand why unresolved grief and the residue of despair are still present in the Aboriginal people's collective psyche (p. 76).”

Authors also describe an inter-related term called the Unresolved Grief Response defined as: profound unsettled bereavement resulting from generations of devastating losses (Yellow Horse Brave Heart, M., 1998; Wesley-Esquimaux & Smolewski, 2004).

1.1.2 Residential Schools

Research has pointed to the specific impacts of the Canadian Indian Residential School Legacy among Aboriginal people as one aspect of Historical Trauma. Stout & Harp (2007) estimated there are 86,000 Aboriginal people who are alive that have attended Residential School. In addition, 287,350 Aboriginal people have experienced intergenerational effects.

The Royal Commission on Aboriginal Peoples (1996) reports that the Residential School system was an attempt to determine the fate of Aboriginal people in Canada appropriating and reshaping their future in the form of thousands of children (estimate 150,000) at approximately 5 years of age and older being legally, by way of the (Indian Act), removed from their families and communities and placed in the care of total strangers in Residential Schools. Anglican, Catholic, Methodist, and Presbyterian Church bodies became new guardians of Aboriginal children who would later grow into adolescence in the schools. The report further identifies the policy of assimilation outlined in the Constitution Act of 1867 designed to make Aboriginal people part of mainstream society and hence, become extinct.

1.1.3 Effects of the Indian Residential School Experience

The psychological, spiritual, physical and emotional effects of the Indian Residential School (IRS) experience can be contextualized in two ways. The first and probably most severe traumatic event was the initial separation from family, community, culture, identity, and Nation.

Bowker (2007) qualitatively investigated the stories of ten Lakota women who had attended boarding schools in the United States. Although, the boarding schools were not in Canada, the experiences of past students from Canadian residential schools and the United States boarding schools were similar (Evans-Campbell, 2008). The first interview explored the women's initial impressions of the school and how the women felt about being away from home. The second interview allowed the women to describe the impact the boarding school had on their emotional growth and maturation. The final interview discussed how the women presently function in their lives and the relationship it has to their experiences at boarding school. The study had four main findings, 1) the boarding school experience had produced intergenerational effects, particularly on their ability to love themselves and to nurture their children and families, 2) the psychological punishment of loneliness and alienation from the family had a far greater impact on the individuals than the physical punishment, 3) although the women who attended boarding schools were prepared to lead productive lives, they could not do so effectively until they had begun healing from their experiences, 4) by speaking and telling their stories, the participants believed that they could bring healing to themselves and others.

Secondly, when considering the psychological, spiritual, physical and emotional effects of the IRS experience, Aboriginal children reported subsequent cumulative trauma and abuse experienced in the schools by school staff, Church staff and fellow students, and therefore, were unable to form close nurturing attachment bonds with new care-providers and peers, which would have buffered the initial shock and trauma of being separated from family, community, and Nation.

Menzies (2005), in a qualitative study explored the lives of homeless Aboriginal men in Canada and the links to intergenerational trauma. The participants included 16 Aboriginal men

staying in a hostel. Data was extracted by way of focus groups with the 16 men along with other homeless men residing in the residence. Personal and family histories were examined isolating the indicators of intergenerational trauma within four domains: individual, family, community, and Nation. The residential school experience was one aspect explored and participants shared intergenerational family experiences related to residential schools, which included: family members being severely physically abused by way of being strapped and subjected to harsh discipline under strict rules, sexual abuse, not given permission to speak their Aboriginal language, experiencing prejudice by way of being called savages, prevented from going home or seeing family members, stress, tension and physical abuse among peers in the school, not benefiting from receiving love and nurturing, and loneliness. The four domains of individual, family, community, and Nation were further synthesized into an Intergenerational Trauma Model. The Model is predicated on the view that public policies have disrupted relations from the four domains and the resulting trauma has contributed to negative social conditions for Aboriginal people, making them more vulnerable to several conditions, including homelessness.

1.2 Rationale for the Study

In the past 10 years, despite increased research on the topic of the Indian Residential School (IRS) experience in Canada, very few studies have focused on asking former Residential School students about what helped and what hindered their healing journey following attendance in the school.

The purpose of this exploratory study was to describe what helped and what hindered the personal healing journeys of 6 participants who are former students of the Indian Residential School system in Canada. The first objective of this study was to contribute to current literature on the IRS experience by describing what has helped and hindered the healing journey for

former students. A second objective of this study was to create a better understanding of the healing journey from the perspective of former IRS students who are now survivors of their experiences. It is hoped that the information shared by participants will help additional Residential School Survivors move forward in their healing journey. Finally, the results of this study will contribute to the counselling, community and public health-care education and practice.

The significance of this study cannot be underestimated. The topic of the Indian Residential School system and subsequent effects continues to be a current issue that has adversely affected the health of Aboriginal people. Further, we will be hard-pressed to find any aspect of the lives of Aboriginal people which have not been affected by the experiences in the schools. The intergenerational impacts are astounding when considered within the proper context. The current study explores the healing journey of 6 First Nation former students of the Indian Residential School system. It is a small but very important contribution to the literature on the Indian Residential School experience in Canada as it relates to the healing journey.

1.3 Operational Definitions

Aboriginal person or Aboriginal – includes Metis, Inuit and First Nations, regardless of where they live in Canada and regardless of whether they are “registered” under the Indian Act of Canada (Castellano, 2006).

Indian Residential School Experience – a definition for this study will be the accumulation of various experiences undergone while being a student at the Indian Residential School. Note: Indian is a Canadian legal term used historically and currently in the Indian Act (Federal Law) and refers to status Indians, however, the term Indian is not generally used outside of its legal

usage. Aboriginal is a preferred term and is seen to be more inclusive (<http://laws-lois.justice.gc.ca>).

Individual healing – is focused upon personal growth and not community development (Castellano, 2006).

Residential Schools – the residential school system in Canada attended by Aboriginal students. This may include industrial students, boarding schools, homes for students, hostels, billets, residential schools residential schools with a majority of day students or a combination of any of the above (Castellano, 2006).

Survivor – an Aboriginal person who attended and survived the residential school system (Castellano, 2006).

Survivor's Healing Journey – process of individual healing encompassing four phases: awareness and understanding and the healing journey begins (establishing safety); partial recovery (remembrance and mourning); the long haul (reclaiming of a new way of life); and transformation and renewal (capacity to heal others) (Castellano, 2006).

1.4 Research Question

The main research question in this study is: What helped or hindered the personal healing journey from the Indian Residential School experience in Canada for 6 former First Nations students?

1.5 Role of the Researcher

As a former Indian Residential School student and current survivor, I have first-hand experience of attending and experiencing the IRS and my own personal healing journey that followed. As a daughter of a parent who attended the IRS, I have also experienced intergenerational impacts. As an Aboriginal person, I have become aware of the initial and

intergenerational impacts the schools have had on individuals, families, communities and Nations. As a professional, I have made it my goal to increase my knowledge and awareness of the many factors that surround the IRS experience, including the healing journey. As a researcher, I have chosen to learn more about the healing journey for former IRS students.

Although I have prior related experience and Aboriginal ancestry, as outlined by Schwandt (2007), I am going to bracket this experience and my cultural/political lens for the purposes of producing an unbiased research perspective. What this means to me as a researcher is that I will work to encourage the participants in the study to share their healing experiences as they see it from their own perspective. This will be accomplished through avoiding the use of leading comments or questions. In addition, I will work to suspend my previous knowledge of the research topic and adopt a neutral stance toward the interview, data collection process and throughout the research study.

2. Literature Review

This section will review the literature on the healing experiences of Aboriginal people in Canada which had some reference to Indian Residential Schools. An attempt was made to find specific literature on the topic of personal healing journey from the Indian Residential School Experience in Canada however search results among peer reviewed articles were almost non-existent. A further search on Aboriginal healing in Canada in general produced more studies. A decision was made to work with existing studies and reports to extract any information relevant to the current study.

2.1 Selection Criteria

It was important to focus on the research question in order to provide a coherent overview of the relevant literature. The main research question in the current study is: What helped or hindered the personal healing journey from the Indian Residential School Experience in Canada for 6 former First Nations students?

It should be noted that the topic of the Indian Residential School Experience in Canada is a massive historical and currently relevant topic which covers various aspects of Canadian society including but not limited to: history, legal, political, cross-cultural, anthropological, geography and environment, health, education and economics. In order to narrow the focus of the search, the researcher created the selection criteria outlined below:

1. Must be a peer reviewed study
2. Must be an empirical study
3. Must be relevant theoretical research
4. Must be a relevant literature review
5. Must be a relevant report

6. Must include Aboriginal participants
7. Must mention the Indian Residential School experience
8. Must reference Healing or Healing Journey
9. Must reference British Columbia or Canada

The intention of the review is not to re-invent the wheel by focusing on previous well-made discussions in the literature on various aspects of the Indian Residential School Experience. The focus will be on creating a reference to a body of literature on the personal healing journey and the Indian Residential School Experience. The research is limited to the last thirteen years including research from 1995 to 2008. The structure of the review will be to: summarize key relevant elements of the studies/reports in chronological order, analyze and discuss relevant themes and highlight recommendations.

Peer Reviewed Studies/Reports (Chronological) 1995 – 2008

In order to understand the evolving nature of the research over the years on the Residential School experience and the healing journey that followed, it was important to initially review the research studies chronologically. Themes of all research are then analyzed and discussed as they related to the current research question of: What helped or hindered the personal healing journey from the Indian Residential School Experience in Canada for 6 former First Nations students?

McEvoy & Daniluk (1995) researched the meaning and experience of child sexual abuse for Aboriginal women in a qualitative study with 6 Aboriginal women between the ages of 29 and 53. The women were mostly from Ontario and British Columbia with one participant being from Alberta. The method used to gather data was the phenomenological approach allowing for participants to give voice to their own experience. Although the main focus of the research is on the meaning and experience of child sexual abuse for Aboriginal women, aspects of the Indian

Residential School experience and healing are mentioned. Historical literature references to the Canadian Aboriginal Experience are provided including a link between the Residential Schools and native children being sexually exploited. Results from this study included six themes representing participant experiences of making sense of their history of child sexual abuse: sense of shame and guilt, sense of acute vulnerability, sense of internal fragmentation, sense of invalidation and cultural shame, need to make sense of abuse and experience of reintegration. The closest reference to the participants attending Residential School was in the themes of: a sense of internal fragmentation in the face of institutionalized oppression among additional factors, a sense of invalidation and cultural shame internalized as self-hatred and experience of reintegration. In the latter two sections women were identified as attending a Residential School, however, it is unclear how many women attended. It is also unclear if their family members attended Residential School which may have further explained intergenerational impacts such as further abuses. As it relates to their healing journey, the women placed themselves at different points along a continuum of healing and agreed that their reintegration and healing involved confusion, exploration, and finally acceptance. The healing journey included psychological support in individual and group sessions for survivors of childhood sexual abuse, dealing with cultural shame by transforming their experience of their native culture into something more life affirming to feel whole and valuable, understand the impact of cultural trauma and multi-generational abuse experienced by Canada's Aboriginal peoples and believing that understanding their Aboriginal identity was essential to reintegration of identity. Several recommendations were made including the need for therapists to work on multiple levels such as addressing complex issues related to culture, gender, class and multiple forms of abuse, when working with adult native women survivors of sexual abuse.

Paproski (1997) explored how five First Nations adult women (aged 30-45 years) in British Columbia obtained the support or healing necessary to move through suicidal ideation and intention in their youth. The five women came from different First Nations communities in different areas of British Columbia. The qualitative study used a phenomenological approach to understand participant's subjective experiences. The study does include some references to the Residential School experience and healing. Interview questions included a few relevant aspects of the healing journey such as: what events or experiences enabled you to move beyond that place? How did you heal? What events occurred that helped you? What happened inside you that allowed you to heal? These questions are of course related to moving beyond suicidal ideation and intention, however, at least one participant (of the five) was identified as attending a Residential School and speaks to how in the final year of school she felt suicidal. Results from this study included 12 themes with the last 9 themes addressing healing from suicidality. The 12 themes all begin with 'the experience of' and are: (1) suicidal ideation, intention and attempts, (2) an unsuccessful attempt, (3) deciding not to attempt, (4) separation from situations or people, (5) family, ancestry, and culture, (6) professional counselling, (7) spiritual connection, (8) elders and others, (9) positive sense of self, (10) learning from the past, (11) setting goals and (12) letting go of the past. Specific sections where the participant who attended Residential School spoke to included: experience of suicidal ideation and helpful factors included: experience of family, ancestry and culture, professional counselling, spiritual connection, positive sense of self, setting goals and letting go of the past. A recommendation/suggestion made was expressing the need for First Nations counsellors or counsellors who are knowledgeable and accepting of the First Nations worldview and who are aware of contextual influences in the lives of First Nations people and communities.

Van Uchelen, et al. (1997) did a qualitative study focusing on Indigenous concepts of wellness and the existing strengths of Aboriginal people who live and work in the Downtown Eastside community of Vancouver, British Columbia. The method used was grounded theory with a collaborative approach. Participants included 31 Aboriginal people (16 females and 15 males) coming from various First Nations cultural backgrounds. This study included one significant reference to the Residential School experience and healing. Results from this study included several wellness and strengths clusters. Wellness codes included six clusters: a sense of community with other First Nations people, Aboriginal identity, cultural traditions, contributing to others, spirituality and living in a good way. A theme that took participants away from well-being was 'illness.' Five strengths codes included: sense of community with other First Nations people, Aboriginal identity, cultural- traditions, contributing to others, and coming through hardship. The theme mentioning the Residential Schools among additional factors was 'coming through hardship.' It is unclear how many of the participants or family members have attended a Residential School. Key aspects of this theme involved progression from hardship and perseverance to reaching a turning point and coming to terms with the past. Codes included: (a) *hardship*: hitting bottom, attempted suicide, abuse, racism, residential schools, oppression, suffering violence; (b) *perseverance*: survival, tenacity, determination, persistence; (c) *turning point*: significant experience, contact with elders and /or cultural traditions, moving away from illness, moving toward wellness, guidance, role models; (d) *integration*: telling our story, traditions, spirituality, perspective, positive future vision, self-acceptance, self-esteem, self-knowledge, and self respect. A recommendation and challenge put forward in the conclusion was the difficulty for those who work within the mental health field to highlight and support the strengths that exist that are specific to each community and individuals within the community.

Hanson & Hampton (2000) conducted a qualitative study asking the question: what were the strengths that contributed to the survival of First Nations peoples during their stay in Residential Schools? Six elders who attended Residential School in southern Saskatchewan were interviewed using the Narrative inquiry method. The Narrative method was chosen because it was considered to be most compatible with the plains First Nations people and oral traditions such as storytelling. Characteristics of participants included: age range from 53-82, three females and three males, three on-reserve residences and three urban residences, number of years in the schools for participants ranged from 2 years to 13 years, time period of being in the schools for all are between 1919 to 1961, participants came from 3 different First Nations, and the faith of schools attended were identified as three Catholic and three United. This study was the most unique in the current literature review because it focused on what strengths helped the First Nation elders *during their stay* in Residential School. It raises a whole new set of questions around when the healing journey begins from the Residential School experience. It speaks to raising our awareness about strengths and resources used within the community of Survivors *while going through* the Residential School experience. Interview questions included: Tell me about your Residential School experiences? What experiences or feeling stands out in your memory of Residential Schools? and Did you draw on any internal strengths or beliefs that helped you deal with these experiences? Results were organized into the following themes: Autonomy of Will and Spirit (the largest theme around participants actively engaging in a process of resistance, for example speaking their own language anyway, knowing they would be punished), Sharing (the importance of friendship and of sharing resources with each other, such as food they had needed and taken), Respect (following and respecting the rules, such as listening to the nuns, was a form of survival), Acceptance (a state of mind towards an acceptance

of the way things were at that moment in time), Spirituality (as a core part of First Nations culture – praying in their First Nations language sustained them), Humour and Compassion (found humour, another important cultural value, to experience relief for feelings of overwhelm and pain and having compassion for themselves and other students who suffered in the schools), and Pride in Being First Nations (persevered in remembering, practicing, and feeling pride in being First Nations people in the presence of being subjected to extreme oppression and racism). Creating community among Survivors was a narrative being expressed in the interviews. An assertion made was that First Nations cultures have within them the resources to heal.

Nichol (2000) did a qualitative study exploring what factors contributed to resilience in six First Nations members (ages ranged between 50 and 70) who attended Residential School. There were two men and four women who shared their experiences. The participants attended Residential Schools in Alberta and Saskatchewan between 1939 and 1966. Methods used in this study were described as multiple individual case studies using an oral history tradition to gather data. The findings were driven by the information gathered from the participants with analysis in the nature of the grounded theory method. Although this study did not reference the healing journey directly, it is safe to say that the focus on the construct of resilience does encompass important aspects of the healing journey. The results show the participants were drawing on aspects of resilience to cope with their Residential School experience. The current study is also unique in this literature review because questions asked are referring to *time prior to attending the schools, time in the schools*, and factors outside the schools. The experiences prior to attending Residential Schools is very important to our understanding and the question of what strengths and resources Survivors had before going to school. The question relating to time in the schools once again challenge us to think about what strengths and coping strategies were

being used *while the Survivors were attending* school. Asking these questions do not negate the impact of the Residential School experience but encourage us to honor the healing journey as it relates to successful coping resources and strategies in the face of the Residential School experience. Research questions and results were: Is it possible to identify personal characteristics that appear to have positively encouraged resilience? Characteristics contributing to resilience were: intelligent analysis of the situation, identifying locus of power, the ability to plan, cooperative natures, and the ability to maintain or rebuild self-image. Were there experiences prior to attending Residential School that appear to have encouraged resilience? Prior experiences encouraging resilience included: having a happy and safe childhood and living with healthy, loving and competent families prior to attending Residential School. Were there factors outside the Residential School experience that appear to have positively affected resilience? Factors outside the Residential School experience positively affecting resilience included: their spiritual life and traditional practices, positive self-image, lack of risk-taking behaviour, intelligence and openness to learning. Recommendations coming out of this study included two areas of practice awareness: 1) work in the area of rebuilding a positive self-image through learning of Aboriginal history and achievements of ancestors, (2) the importance of the role of spirituality and its role in a positive self-image and general well-being.

The Aboriginal Healing Foundation (2006) commissioned a three-part evaluation report series. The first volume is titled, *Final Report of the Aboriginal Healing Foundation Volume I, A Healing Journey: Reclaiming Wellness*, 449 pages, written in 2006. As outlined in Appendix A of the report, section VI, 6.02 (a) of the Aboriginal Healing Foundation funding agreement, March 31, 1998, the Aboriginal Healing Foundation had the following mandate:

“to address the healing needs of Aboriginal people affected by the legacy of physical and sexual abuse in Residential Schools, which could include the intergenerational impacts.”

The initial report, volume I, covers the mission and mandate, launching a national Aboriginal organization, milestones along the way, evaluating progress (a summary of volume II data), promising healing practices in Aboriginal communities (a summary of volume III data), mapping the healing journey and the road ahead (including recommendations).

The mission and funding of the Aboriginal Healing Foundation is outlined for the purpose of:

“addressing the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts, by supporting holistic and community-based healing to address needs of individuals, families and communities, Including: Communities of Interest”

The second volume is titled, Final Report of the Aboriginal Healing Foundation Volume II, Measuring Progress: Program Evaluation, 438 pages, written in 2006. The mission of the Aboriginal Healing Foundation is further outlined as to:

“encourage and support Aboriginal people (i.e. youth/Elders, gay/lesbian, women, the incarcerated etc.) in building and reinforcing sustainable healing processes that address the legacy of physical abuse and sexual abuse in the Residential School system (hereinafter referred to as the Legacy), including intergenerational impacts.”

The ultimate goal of the Aboriginal Healing Foundation is:

“where those affected by the Legacy of Physical Abuse and Sexual Abuse experienced in the Residential School system have addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well being and that of future generations.

The areas covered in volume II included: background and the need for healing, the evaluation, (who, what, where, and when) characteristics of process or program implementation, sharing experiences and learning, performance report (impact on individuals, influencing communities and manage program enhancement), and concluding remarks. The third volume is titled, Final Report of the Aboriginal Healing Foundation Volume III, Promising Healing Practices in Aboriginal Communities, 217 pages, written in 2006. The third volume covers the

need for healing, best practices, promising practices, a framework for understanding trauma and healing, healing strategies for distinct populations, the healing environment: supporting strategies and conclusions.

The most relevant section of the above three volume report for the current study was Volume II, chapter 5 titled the Performance Report, section 5.1 Impact on Individuals. The research question in the current study is: What helped or hindered the personal healing journey from the Indian Residential School Experience in Canada for 6 former First Nations students? As it relates to individuals, the report provides the focus of the research as, to determine early Aboriginal Healing Foundation funded activity contributions to influencing individuals and families, specifically, their achievement with respect to: awareness and understanding of the Legacy, personal healing, and their capacity as healers. The Legacy is defined in the report as:

“refers to the ongoing direct and indirect effects of physical and sexual abuse at residential schools. This includes the effects on Survivors, their families, descendants and communities (including communities of interest). These effects may include, and are not limited to, family violence, drug, alcohol and substance abuse, physical and sexual abuse, loss of parenting skills and self-destructive behaviours”

Particularly helpful to the current study was the outline of a Survivor’s Journey in volume II, depicted in Figure 18, page 72 of the report. A survivor is defined in the report as – an Aboriginal person who attended and survived the residential school system. The background of a Survivor’s Journey was identified in volume I as the process of individual healing being blended from Mapping the Healing Journey, the final report of a First Nation Research Project on Healing in Canadian Aboriginal Communities (2002) and Judith Herman’s work titled, Trauma and Recovery (1992). A Survivor’s Journey in these two works encompassed four phases to healing: the journey begins; partial recovery; the long haul; and transformation and renewal. In addition, quantitative and qualitative evaluation data in volume II resulted in similar

phases of a Survivor's Journey summarized in volume I as: awareness and understanding of the Legacy, self-reflection/discovery, recognition and acceptance; establishing safety; remembrance and mourning; reclamation of a new way of life; and capacity to heal others. A more detailed description including more detailed evaluation data of a Survivor's Journey is explained in volume II, chapter 5, Impact on Individuals. Also outlined in volume II is a section on early funded activity progress as it relates to influencing healing in communities titled, Community Healing Journey.

The program evaluation approach used by the Aboriginal Healing Foundation and noted in volume I was to “look for evidence of individual progress along a healing continuum and increased capacity of communities to facilitate that progress” (p. 74). Data collection for program evaluation in volume II, a Survivor's Journey, included results from in-depth case studies, document review (including project files and minutes from regional and national gatherings), focus group discussions and results from individual participant questionnaires (IPQ's), see appendix G of the report. The IPQ's were used to strengthen Survivor's voice (including inter-generationally impacted), participant satisfaction and goal achievement. Overall program evaluation methods sought input from a variety of participants including Survivors who attended Residential School, families of Survivors including intergenerational and funded projects and community members. Results were displayed under each section of A Survivor's Journey in volume II: *Awareness and Understanding of the Legacy* – raising awareness was seen as key to healing from the IRS experience, more specifically, sharing about experiences was seen as contributing to healing; Legacy education for non-Aboriginal people and service providers was expressed as being necessary to healing; theatre, psychodrama and film were seen as alternative ways of expressing IRS experiences. *Establishing Safety* – participants were asked to

speak to types of services used and services most used were: healing/talking circles, Legacy education, workshops, ceremony, Elder, one-on-one counselling and traditional medicine. The rating of the types of services perceived to be most effective were: Elder, ceremony, one-on-one counselling, healing/talking circles, traditional medicine, workshops, conferences and Legacy education. *Remembrance and mourning* - sharing stories was a key part of healing from trauma. Psychodrama was most used for remembrance and mourning. Participants also validated the use of cleansing ceremonies while returning to the Residential School they attended. The use of group counselling was given a favourable rating by over 60% of the IPQ respondents when addressing issues such as: grief, identifying and handling triggers, general concerns related to the Residential School, depression, anger, violence, shame, guilt, past trauma, cultural oppression, addiction and relationship issues. Group sessions were seen as weaker when addressing issues of: sexual offending, problems with the law and foster placement. Outcomes included most participants having a sense of improved self-awareness, relationships with others, knowledge and cultural reclamation. Individual counselling sessions dealing with rejection or grief was given an approval rating by over 75% of IPQ respondents who participated in this healing approach. Of the same group, over 60% validated the use of individual counselling when working on violence, triggers, depression, anger, shame, guilt, past trauma, general Residential School concerns, cultural oppression, self-and spousal abuse, addiction and relationship issues. As with the group sessions, the areas of individual counselling session weakness were: issues of sexual offending, problems with the law and foster placement. A high proportion of IPQ respondents found the individual counselling sessions helped them with improving self-esteem, find their strengths and work through past issues. It should be recognized that a number of health providers were identified in the report as providing individual counselling sessions such as: trained counsellors,

Elders, traditional healers, psychologists, alternative health practitioners, social workers, peer caregivers, psychiatrists and volunteers. In addition, other one-to-one services included: outreach workers, grandmothers, art therapists, chiropractors, massage therapists, medical doctors, family members, nurses, sweat lodge keepers, friends, pastors, ministers, priests, Reiki practitioners, mentors and addiction workers. *Reclamation of a new way of life* - a majority of the IPQ respondents felt the project they participated in helped them handle difficult issues, resolve past and future trauma and secure support. In addition, participants were able to acquire relationship skills such as communication and parenting resulting in increased intimacy. Relationship with self was also instrumental to healing resulting in trusting the self, being more confident and practicing self-care. Improved coping and life skills such as remaining drug and alcohol free and seeking help were shared by IPQ respondents. *Capacity to Heal Others* - healers that Survivors can identify with was reported as appearing to work best for supporting healing. Special needs such as FAS/FAE and life threatening addiction were identified as factors that exceeded capacity of healers who had no choice but to provide the best services available. Participants reported that they would look for future support by consulting with a counsellor or trained therapist, Elder or traditional healer or AHF-funded project member. An important aspect of capacity to heal others was seen as a healer having the ability to challenge unhealthy conditions. Recommendations and discussion points for volume II included: the lack of understanding of institutional trauma (no reliable or valid way to measure); great disparity between communities on the healing journey (reaching those who are not yet ready to heal as well as supporting those on the healing journey); complexity between environment and person (beginning the healing journey at different places and times, in healthy or challenging environments) and sharing unique perspectives of Metis and Inuit groups.

The above three volume report is a comprehensive evaluation research project covering the Canadian Residential School experience and healing from that experience. Data collection in volume II, mostly referenced in this study, included various methods resulting in numerous perspectives on the healing journey as it relates to AHF-funded projects. Participants included IRS survivors along with family members including inter-generationally impacted, community members and project staff. The report provides a balanced view of healing modalities including both traditional Aboriginal healing methods and non-Aboriginal approaches to health and wellness. Preferences for choice in method are discussed and in some instances, in relation to specific health issues requiring attention. Evaluation challenges, outcomes and effectiveness of project activity were reflective of the diversity among Aboriginal communities, IRS experiences and various points along the healing journey as it relates to readiness to heal.

Thomas and Bellefeuille (2006) did a formative study on the evaluation of a cross cultural Aboriginal mental health pilot program. The program combined the traditional Aboriginal healing circle and the self-awareness psychotherapy technique called “focusing” (Gendlin, 1981). The program length was 8 weeks and included eight, 3 hour group sessions. Considering the emergent nature of the research, the method chosen was grounded theory with a qualitative approach because it allowed participants to have and give voice to context within the process. In addition, the qualitative approach was seen to be more of a cultural fit with Aboriginal worldview allowing for the inclusion of intuitive wisdom and indigenous knowledge such as harmony and interdependence. Participants included six Aboriginal people who attended Residential School. Participant ages ranged from 25 to 65 years and included two females and four males within the city of Winnipeg, Manitoba. The results of the study produced five themes capturing the participant experiences of the Aboriginal mental health program. The themes

were: 1) *Experience* (value placed on the trainer having experiential knowledge and formal academic training which contributed to a sense of safety); 2) *Relationships* (value of the relationships they had built among themselves); 3) *Spirituality and connectedness* (sacred rapport and compassion within the group); 4) *Empowerment* (regain their voice and place in the world as Aboriginal people); 5) *Self-awareness* (find their own answers when seeking own inner strengths – healing from within). One recommendation suggested that effective practice with Aboriginal people and communities must reflect historical injustices, de-colonization and take a strength based approach to capacity building.

Hunter et al. (2006) explored the question: How do urban-based First Nations peoples use healing traditions to address their health issues? Ethnography was used as the qualitative method of inquiry. Ethnography was used to learn about Aboriginal people in their own environment along with the inclusion of the researcher in the group setting. Finally, ethnography was considered to be more culturally suitable, acceptable and productive. The setting was an Aboriginal health center in a city in east-central Canada which used traditional healing methods such as talking and drumming circles, elders, smudging and a cedar sweat lodge. Participants included eight people of Aboriginal ancestry who accessed or worked at the center. Ages of the participants ranged from 21 to 79 years. There were three men and five women. It is unclear how many of the participants went to Residential School in this study. However, there is confirmation that at least one person (a 60-year old female) did attend Residential School and spoke of her experience of losing her traditions and not being allowed to speak her language. In addition, there is some reference to participants' residential school experiences under the 'following a cultural path' theme. The findings revolved around three major themes: 1) *Finding a Cultural Path* (trying to reclaim cultural heritage including from family members who likely

went to Residential School); 2) *Gaining Balance* (spiritual, mental, emotional, physical); 3) *The Circle of Life* (sharing culture and traditional health practices with others including individuals, families, communities, past generations and non-Aboriginal people including health professionals; a continuous process of relating, sharing and learning in the circle of life; accepting the Aboriginal worldview). A recommendation regarding the Residential Schools was the importance of health professionals needing to understand the history of the Residential School issue.

Scarpino (2007) did qualitative research exploring resilience with four Aboriginal women. The study focused on strengths of urban Aboriginal women. The Medicine Wheel (mental, emotional, physical, spiritual and the four directions of east, south, west, north and volition) was described and used as an analysis tool. Out of the four women, two were identified as attending a Residential School and live in Vancouver, British Columbia. Findings included the women contributing to defining resilience as they have experienced the construct. When defining resilience, the women used symbolism, for example, one Residential School survivor referred to resilience as ‘a rose bush that has been clipped constantly.’ In addition, the ability to grow despite adversity and a universal energy characterised as God or the Creator was important to their defining resiliency. Themes discussed were: 1) Relationship with the Creator (Residential School survivor described her relationship with her grandmother and her influence of prayer and spirituality which gave her strength); 2) Relationship with Other (Residential School survivor spoke of ‘connecting to the world in some meaningful way, journeying to the South on the Medicine Wheel and holding onto her traditional values taught by her grandparents as a source of resilience; another Residential School survivor spoke of being brought up by her grandmother before going to the Residential School, in a loving, nurturing way and learning strong traditional

values of working hard and how to conduct personal behaviour); 3) Relationship with Self and Self Reflection as Processes in Resilience (Residential School survivor spoke of ability to self reflect, reach out and go through the darkness, despite the pain, the two examples given were going back to university and wanting to prove the staff of the Residential School wrong in that she wasn't dumb and then realizing that she was doing it for herself and pursuing singing and poetry to reclaim her voice that had been taken away at Residential School). All three themes outlined above were presented within the framework of the Medicine Wheel teachings. The importance of understanding the impact of historical policies of assimilation on Aboriginal people was encouraged in order to see the increase of cultural commitment among Aboriginal women. Honoring Aboriginal knowledge and strengths was seen as important to healing.

Dionne (2008) conducted a study on bringing the two perspectives of abuse and trauma from Residential School together with transformational healing with a transpersonal approach utilizing both traditional and non-traditional practices. Participants were from the Blackfoot First Nations People of Alberta, Canada. The research explored the lived experiences of Residential School survivors as well as the impacts on family members who did not attend Residential School. The research questions in this study were: 1) what has been the lived experience of the trauma of Residential School abuse? 2) how are traditional and non-traditional healing practices mutually applied in the recovery process by individuals who are impacted by the Residential School experience? The study was stated as an interpretation of the lived experiences of Residential School abuse and the healing journey afterwards. The method chosen for the research was hermeneutic phenomenology with a narrative approach. The approach was used to focus the participant's storytelling directly on the phenomenon under study. Participants included five First Nations (1 male and 4 females) people who have experienced the phenomenon. Participant

ages ranged from 47 to 71 years. Four participants attended and experienced the aftermath of the Residential School experience and were able to articulate and speak to their experience. One participant was impacted inter-generationally by a primary caregiver. Results included six major themes, including a number of sub-themes, coming out of the Residential School experience with the first five themes relating to the IRS experience and the last theme having to do with healing:

- 1) Creating the Wounded Disconnected Self with sub-themes titled: Being Seized and Disbanding Families; Sacrificed, Ensnared and Abandoned into a Silent World; Institutionalized Conditioning and Inhumanity; Like a Prison: Fighting for Survival; Reduced to a Number; A Gross Lack of Nurturing and Nourishment;
- 2) Poignant Losses of Family and Culture with sub-themes titled: Loss of Familial Self; Loss of Freedom; Loss of Distinction and Dignity; Loss of Self-Worth through Abuse; Loss of Emotional and Spiritual Connection; Loss of Comforting Attention;
- 3) Self-Betrayal to Survive with sub-themes titled: Trauma Wounds: Internalizing Self-Rejection; Overwhelming Grief; Plagued by Guilt and Shame; Unrelenting Anger; Learning Manipulative Ways;
- 4) Spiritually Terrorized with sub-themes titled: Frozen Fear of God; Obey or Go to Hell; Religious Head Prayers but Visceral Disregard; Hating One's Own Branded Soul;
- 5) Crashed and Burned: The Treacherous Transition with sub-themes titled: Survival Skills; Colliding with Addiction; Residential School Remnants and Ever-present Ghosts of the Past.

The final theme related to the current study and was titled 6) Embracing the Healing Journey and included sub-themes titled: Aftermath: Healing and Re-spiraling; Holistic Healing: Embracing the Traditional; Honoring the Wound; Monetary Redress as a Form of Healing; Worlds Coalesce: Integrating Healing Practices. Implications for practice recommendations included the importance of understanding the impact of Residential Schools on First Nations people and having the ability to integrate and draw on multiple healing perspectives.

Discussion and analysis of relevant themes/recommendations

Research chosen for this literature review was completed between the years of 1995 to 2008. There were nine peer reviewed studies and one three-volume report. The current discussion will first focus on five study design themes. The second section will discuss demographic themes. The third section will focus on the nine studies and relevant results for the healing journey for Residential School survivors identified. The fourth and final section will discuss a sample of recommendations.

Study Design Themes

The first notable study design theme coming out of the review was the research *preference for using qualitative inquiry methods* and in some cases *integrating qualitative methods with Indigenous research methodology*. Within the qualitative framework, specific methods chosen were: phenomenological, grounded theory, narrative, case study, document review, focus group and ethnography. Indigenous methods used were: oral history, healing circle, medicine wheel and storytelling. Researchers relayed the following reasons for choosing the qualitative and integrated methods: a) to learn about Aboriginal people within their own environment, have findings driven by information gathered from participants, understand participant's subjective experiences, allow participants to give voice to their own experiences and allow participants to have and give voice to context within the process; b) more of a cultural fit with Aboriginal worldview allowing for inclusion of intuitive wisdom and Indigenous knowledge such as harmony and interdependence, most compatible with oral traditions and storytelling, focus on participant's storytelling directly on the phenomenon under study and the use of oral history tradition to gather data; c) importance of a collaborative approach and inclusion of the researcher in the group setting (McEvoy and Daniluk, 1995; Paproski, 1997; Van Uchelen et al., 1997;

Hanson & Hampton, 2000; Nichol, 2000; AHF, 2006; Thomas & Bellefeuille, 2006; Hunter, 2006; Scarpino, 2007; Dionne, 2008). The three-volume evaluation report used a mixed methods approach by using quantitative methods along with several qualitative methods through distribution of a survey which allowed participants to respond to specific project evaluation questions (AHF, 2006).

The second study design theme in the literature review expressed the research focus on *strengths and resilience*. Some researchers focussed on: Indigenous concepts of wellness and existing strengths of Aboriginal people, strengths contributing to the survival of First Nations peoples during their stay in the Residential Schools, factors contributing to resilience in members who attended a Residential School and exploring resilience with Aboriginal women with a focus on strengths (Van Uchelen, 1997; Hanson & Hampton, 2000; Nichol, 2000; Scarpino, 2007).

The third study design theme revolved around the research focus on the inclusion and use of *Indigenous approaches to healing*. Researchers highlighting this theme focused on: Indigenous concepts to wellness, urban First Nations use of healing traditions to address their health issues, evaluation of a cross-cultural Aboriginal mental health program and focus on bringing two perspectives of abuse and trauma from the Residential School experience by using both traditional and non-traditional practices (Van Uchelen, 1997; Hunter, 2006; Thomas & Bellefeuille (2006); Dionne, 2008).

The fourth study design theme involved the research focus on *use of integrated healing practices* which included: funded project evaluation report data including the use of traditional Aboriginal healing methods and non-Aboriginal healing methods, evaluation of a cross-cultural Aboriginal mental health program using the sharing circle and ‘focusing’ and focus on bringing two perspectives of abuse and trauma from the Residential School experience by using both

traditional and non-traditional practices (Kishk Anaquot Health Research, 2006; Thomas & Bellefeuille, 2006; Dionne, 2008).

The fifth study design theme was related to two *issue specific studies* worth noting which focused on the meaning and experience of child sexual abuse for six Aboriginal women and obtaining support to move through suicidal ideation for five First Nations women. In the first study it was unclear how many of the participants who experienced sexual abuse went to Residential School, however, there is mention of women having attended a Residential School and experiencing the effects and subsequent healing. In the second study one participant who had experienced suicidal ideation did attend Residential School and reported feeling suicidal in her final year of school and shared about moving beyond suicidal ideation strategies (McEvoy & Daniluk, 1995; Paproski, 1997).

Demographic Themes

Demographic themes of this literature review focused on the nine studies and participant characteristics such as: gender, ages and provinces in Canada (McEvoy and Daniluk, 1995; Paproski, 1997; Van Uchelen et al., 1997; Hanson & Hampton, 2000; Nichol, 2000; Thomas & Bellefeuille, 2006; Hunter, 2006; Scarpino, 2007; Dionne, 2008). There were a total of 77 participants in all studies, 49 females and 28 males. Of the 77 participants, 26 people identified as attending a Residential School, 12 females, 9 males, and 5 not identified by gender. Age ranges were less identifiable and resulted in only three studies confirming all participants attending Residential School with ages ranging from 25 – 65 years (Thomas & Bellefeuille, 2006); 50 -70 years (Nichol, 2000) and 53 – 82 years (Hanson & Hampton, 2000). The

geographical themes of all studies by province included participants from British Columbia (Paproski, 1997; Van Uchelen et al., 1997; Scarpino, 2007), Alberta (McEvoy & Daniluk, 1995; Nichol, 2000; Dionne, 2008), Saskatchewan (Nichol, 2000), Manitoba (Thomas & Bellefeuille, 2006), Ontario (McEvoy & Daniluk, 1995) and east-central Canada (Hunter et al., 2006).

Peer-reviewed Study Results on Healing from the Indian Residential School Experience:

The nine peer reviewed journal articles produced healing themes from the Indian Residential School (IRS) Experience. Participants who attended a Residential School were identified for the most part. A breakdown of the identification of IRS survivors shows an increase in the choice of researchers to clearly identify participants who have attended a Residential School or to recruit IRS survivors specifically. As mentioned earlier in the current study, there were very little articles which focused specifically on the healing journey from the IRS experience and less that asked both questions around what helped and what hindered the journey. Most themes were focused on what helped the healing journey. The themes coming out of the above literature review as it relates to the IRS experience and healing were identified and will now be summarized in Table 1 Literature Review IRS Experience and Healing.

Table 1: Indian Residential School (IRS) Experience and Healing

Study	IRS Experience	IRS Healing
McEvoy & Daniluk (1995)	Invalidation and Cultural Shame Internalized as Self-Hatred and Sense of Re-integration	<ul style="list-style-type: none"> • Transforming Native culture into something more life affirming to feel whole and valuable • Understand the impact of cultural trauma and multi-generational abuse experienced by Aboriginal people in Canada • Understanding and reintegration of identity

Study	IRS Experience	IRS Healing
Paproski (1997)	Experience of suicidal ideation	<ul style="list-style-type: none"> • Separation from situations or people • Experience of family, ancestry and culture • Professional counselling • Spiritual connection • Positive sense of self • Setting goals • Letting go of the past
Van Uchelen et al., (1997)	Coming out of hardship	<ul style="list-style-type: none"> • Progression from hardship and perseverance to reaching a turning point and coming to terms with the past: a) Hardship: <ul style="list-style-type: none"> - Hitting bottom - Attempted suicide - Abuse - Racism - Residential Schools - Oppression - Suffering violence b) Perseverance: <ul style="list-style-type: none"> - Survival - Tenacity - Determination - Persistence c) Turning point: <ul style="list-style-type: none"> - Significant experience - Contact with Elders and/or cultural traditions - Moving away from illness - Moving toward wellness

Study	IRS Experience	IRS Healing
		<ul style="list-style-type: none"> - Guidance - Role Models d) Integration: <ul style="list-style-type: none"> - Telling our story - Traditions - Spirituality - Perspective - Positive future vision - Self acceptance - Self esteem - Self knowledge - Self respect
Hanson & Hampton (2000)	Surviving in Residential School	<ul style="list-style-type: none"> • Autonomy of will and spirit • Sharing • Respect • Acceptance • Spirituality • Humour and Compassion • Pride in being First Nations • Creating community

Study	IRS Experience	IRS Healing
Nichol (2000)	<p>Resilience in Residential School</p> <p>Resilience prior to Residential School</p> <p>Factors outside of Residential School affecting resilience</p>	<ul style="list-style-type: none"> ● Characteristics contributing to resilience: <ul style="list-style-type: none"> - Intelligent analysis of the situation - Identifying locus of power - The ability to plan - Cooperative natures - Ability to maintain or rebuild self image ● Prior experiences <ul style="list-style-type: none"> - Having a happy and safe childhood - Living with healthy, loving and competent families ● Outside factors <ul style="list-style-type: none"> - Spiritual life and traditional practices - Positive self image - Lack of risk taking behaviour - Intelligence - Openness to learning

Study	IRS Experience	IRS Healing
Thomas & Bellefeuille (2006)	<ul style="list-style-type: none"> • Healing Program considerations 	<ul style="list-style-type: none"> • Experience <ul style="list-style-type: none"> - Experience and education of facilitator contributes to safety - Relationships built in group - Spirituality and connectedness in group - Empowerment to regain voice and place in the world as Aboriginal people - Self awareness and healing from within
Hunter (2006)	<ul style="list-style-type: none"> • Losing traditions and not allowed to speak language 	<ul style="list-style-type: none"> • Finding a cultural path: reclaiming cultural heritage • Gaining balance: spiritual, mental, emotional, physical • The circle of life: sharing Aboriginal worldview with others
Scarpino (2007)	<ul style="list-style-type: none"> • Resilience and Strengths 	<ul style="list-style-type: none"> • Relationship with the Creator • Relationship with other Relationship with self and self reflection
Dionne (2008)	<ul style="list-style-type: none"> • Creating the Wounded and Disconnected Self • Poignant Losses of Family and Culture • Self-Betrayal to Survive • Spiritually Terrorized • Crashed and Burned: The Treacherous Transition 	<ul style="list-style-type: none"> • Embracing the healing journey: <ul style="list-style-type: none"> - Aftermath: healing and re-spiraling - Holistic healing: embracing the traditional - Honoring the wound - Monetary redress as a form of healing - Worlds Coalesce: Integrating Healing

Sample of Recommendations

The final section of the literature review will summarize the sample recommendations related to the Indian Residential School experience and healing. The first recommendation theme in the above review focused on effective practice with Aboriginal people and communities and the need to reflect historical justices and decolonization. The importance of understanding the impact of historical policies of assimilation on Aboriginal people was encouraged. Health professionals need to understand the history of the Indian Residential School issue and to understand and measure institutional trauma. The second theme's focus was on competency and capacity to work on multiple levels which address complex issues related to culture, gender, class and multiple forms of abuse. The competency to integrate and draw on multiple healing perspectives was mentioned. The third theme involved the challenges at the community level where there are great disparities between communities on the healing journey where some individuals are committed to their journey and others who are not ready to heal and the complexity between environment and person where some environments are healthy and others are more challenging. Sharing the perspectives of Metis and Inuit Residential School survivors and communities was recommended. The final theme stressed the importance of having a strengths based approach to capacity building and the role of spirituality and honoring Aboriginal knowledge and strengths to general well-being was seen as paramount to healing. The importance of highlighting individual strengths within each individual and each community was a challenge put forth. The assertion that First Nations cultures have within them the resources to heal was a strong message (McEvoy & Daniluk, 1995; Nichol, 2000; Paproski, 1997; Van Uchelen, et al., 1997; Hanson & Hampton, 2000; Castellano, 2006; Thomas & Bellefeuille, 2006; Hunter et al., 2006; Scarpino, 2007; Dionne, 2008).

3. Methodology

This section sets out the methodology design used to gather information to address the research question. The main research question in the current study is: What helped or hindered the personal healing journey from the Indian Residential School Experience in Canada for 6 former First Nations students? The method design will first be described and then be further described as it was used in the current study. Sections included are ethical considerations, Aboriginal ethics, participant recruitment, data collection, data analysis, and reliability and validity checks.

3.1 Design

The specific approach to inquiry used in this study was a qualitative strategy using the Critical Incident Technique (CIT) (Flanagan, 1954). The background on the CIT indicates that it has been in use for over 50 years (Butterfield et al., 2005). Authors describe the origin, ways of applying and a description of the CIT method. The origin of the CIT came from industrial and organizational psychology during World War II. The CIT was initially developed by Psychologist John C. Flanagan as part of the Aviation Psychology Program of the US Army Air Forces for selecting and classifying aircrews. More specifically, the CIT was used primarily to determine the job requirements critical for success in a variety of jobs across a number of industries. The CIT has been applied in various research strategies including: measuring typical performance, training, measuring proficiency, selecting and classifying personnel, designing jobs, creating operating procedures, designing equipment, determining motivation and leadership attitudes, and counseling and psychotherapy. The authors provide the five major steps in the CIT method which are: 1) ascertaining the general aims of the activity being studied which should answer two questions: a) what is the objective of the study and b) what is the person expected to

accomplish who engages in the activity; 2) making plans and setting specifications where precise and specific instructions be given to observers or individuals performing the activity; 3) collecting the data such as interviewing individuals who report from memory about extreme incidents that happened in the past with full, precise details; 4) analyzing the data by a) determining the frame of reference, b) formulating the categories through an inductive process which involves insight, experience and judgment, and c) determining the level of specificity or generality to be used in reporting the data, for example, a few general behaviors or several specific behaviors; and 5) interpreting the data and reporting the results by first examining biases and decisions which have been introduced by the procedures used, discuss limitations and the degree of trustworthiness and credibility of the final results.

The authors further provide a description of CIT within Creswell's (1998) qualitative framework (p. 483) and describe its distinctive features:

- a) Focus is on critical events, incidents, or factors that help promote or detract from the effective performance of some activity or the experience of a specific situation or event;
- b) Discipline origin is from industrial and organizational psychology;
- c) Data collection is primarily through interviews, either in-person (individually or in groups) or via telephone;
- d) Data analysis is conducted by determining the frame of reference, forming categories that emerge from the data, and determining the specificity or generality of the categories;
- e) Narrative form is that of categories with operational definitions and self-descriptive titles.

The CIT technique within a qualitative framework is an appropriate research strategy to use within this study for the following reasons. First, as described in Butterfield et al. (2009), the CIT explores what helps or hinders in a particular experience or activity. The CIT is exploratory and is appropriate to use when the researcher is interested in learning more about little-understood events, incidents, factors, or psychological constructs.

In this study, the main research question is: What helped or hindered the personal healing journey from the Indian Residential School experience in Canada for 6 former First Nations students? The knowledge sought in this study is critical incidents that helped or hindered the personal healing journey from a set of individuals (former Indian Residential School students) who are on a personal healing journey from their Indian Residential School experience. The study is exploratory and is seeking to find out more about the healing journey from the IRS experience. Second, the critical incident technique is situated within a qualitative framework. In the previous discussed literature review, one of the main themes coming out of that research tells us that Aboriginal researchers for the most part, have a preference for the use of qualitative methods. Specifically, researchers would like to have findings driven by participants and to give voice to their experiences and contexts. The qualitative approach is seen as a cultural fit which allows for stories to be told regarding the particular phenomenon under study, in this case what helped or hindered the healing journey from the Indian Residential School Experience.

3.2 Participants

The participants from this study consisted of a diversified convenience sample of 6 First Nations former students of the Indian Residential School system in British Columbia, Canada. All 6 participants attended an Indian Residential School in British Columbia, however all participants did not attend the same school. In addition, participants came from various First

Nations communities which reflect the diverse and distinct cultural communities in British Columbia.

3.2.1 Demographics

Demographic information was collected for all participants and is outlined in Table 1. The study included 6 participants, 3 women and 3 men. Ages ranged from 53 to 76 years. Ages of men were 53, 56 and 59. Ages of women were 61, 67 and 76. The participants attended an Indian Residential School on a range of 7 to 12 years. The average number of years of attendance at the school for all former students was 10 years. All participants were First Nations from British Columbia. Please see Table 1 for specific community and cultural identity information for each participant. All participants attended an Indian Residential School in British Columbia. Almost all participants had either or both parents attend Residential School. It should be noted that these participants not only attended and Residential School but in addition, had a parent or both parents attend a Residential School. The survivors who attended a Residential School and had at least one or both parents who have attended a Residential School are referred to in the literature as second generation survivors who have attended an Indian Residential School and have a parent or both parents who have attended an Indian Residential School (intergenerational). Most participants mentioned several if not all siblings attending a Residential School. When asked how long they have been on their healing journey, participant healing journeys ranged from 7 years to 61 years.

Table 2: Demographic Information

Participants	Where are you from?	What is your Aboriginal Language?	What Residential School did you attend and what Province was it located?	How many years did you attend the school?	Did either of your parents or siblings ever attend Residential School? If yes, what Province?	How long have you been on your Healing Journey from your Residential School Experience?
Stephen (First name)	Nicomen First Nation, Lytton, British Columbia	Nlakapmux, Interior Salish Thompson	St. Georges Indian Residential School, Lytton, British Columbia	10 Years (1964-1974) Went in at 9 years old.	Mother attended, British Columbia	The real healing began for me 6 or 7 years ago Presently 56 years of age
Jessica (Pseudo name)	Huu-ay-aht First Nation, Bamfield, British Columbia	Mu-muu-chan-mult-h	Port Alberni, British Columbia	11 Years, started at 8 years old.	Don't know if mother attended but assumed she did because she spoke fluent English	Since I was 20 years of age Presently 76 years of age 56 years on my journey
Aiona (First name)	Lytton First Nation, British Columbia	Nlakapmux, Interior Salish Thompson	St. Georges Indian Residential School, Lytton, British Columbia	7 Years in total (8 years of age to 15 years of age)	No Parents attended 4 sisters attended 1 brother attended	The whole time, since I was 15 years of age Presently 61 years of age 46 years on my healing journey

Participants	Where are you from?	What is your Aboriginal Language?	What Residential School did you attend and what Province was it located?	How many years did you attend the school?	Did either of your parents or siblings ever attend Residential School? If yes, what Province?	How long have you been on your Healing Journey from your Residential School Experience?
Frank Cameron (First names)	Lil'wat First Nation, Stl'altmix, Mount Currie, British Columbia	Interior Salish	St. Mary's Mission, British Columbia (1959 to 1963) Transferred to Sechelt Indian Residential School from 1963 to 1969	10 Years (1959-1969)	All family attended in British Columbia, 12 family members including my mom and dad. My 6 brothers and 3 sisters	20 – 23 years on my healing journey. I sobered up around that time. Presently 59 years of age.
Elsie (Yellicy) (First names)	Yunesit'in Stone First Nation, Tsilhqot'in Nation, British Columbia	Tsilhqot'in, Athabaskan Language Family	St. Joseph's Mission, British Columbia	10 Years (1954-1964) Born February 24, 1945	Dad attended in British Columbia. for 2 weeks Mom never attended Siblings Attended: 7 Brothers 9 Sisters, including me	1980 after I quit drinking to today Presently 67 years of age 33 years on my healing journey

Participants	Where are you from?	What is your Aboriginal Language?	What Residential School did you attend and what Province was it located?	How many years did you attend the school?	Did either of your parents or siblings ever attend Residential School? If yes, what Province?	How long have you been on your Healing Journey from your Residential School Experience?
Anthony (Ken) (First names)	Soda Creek Indian Band, British Columbia	Secwepemc, Interior Salish	St. Joseph's Mission, British Columbia	10 Years, plus 2 Years off and on. Got out in 1975 at 17 years of age.	Both of my parentings attended in British Columbia. for 10 Years 7 Siblings attended – 4 older brothers and 3 sisters.	27 Years on my healing journey Now 53 Years of Age

3.3 Data Collection and Ethical Considerations

There were a number of ethical issues anticipated in this study. The researcher was very aware of the sensitive nature of the proposed study when considering the research question and designing the research proposal. The most notable was the fact that the study was addressing an issue that was very meaningful and at the heart of many Aboriginal people in Canada. As an Aboriginal person and second generation survivor, the researcher was also aware that there was a substantial lack of trust on the part of Aboriginal people towards anyone (Aboriginal or non-Aboriginal) who wanted to ask such personal questions about their Indian Residential School Experience. There is a saying in the Aboriginal community, that, ‘we have been researched to death by fly-bye researchers who swoop in and get their data and disappear never to be seen

again without acting with integrity and in the spirit of reciprocity by way of giving the research back to the Aboriginal community'. Lastly, the very discussion of the Indian Residential School experience in Canada for a former student who attended the schools has the potential of bringing up past traumatic memories which may contribute to psychological and emotional impacts in the research process and beyond. This may also have a ripple effect and family members and communities may be further affected by the mishandling of the research process on the part of the researcher.

A number of measures were put in place to ensure that the research was carried out in an ethical manner both for the University of British Columbia Behavioral Research Ethics Review Board and the Aboriginal community. As described in Creswell (2009), care was taken to address any ethical dilemmas that arose during the research process. The research thesis was believed to be one that will benefit individuals being studied and be meaningful for others besides the researcher. The research study focused on the healing journey for Indian Residential School Survivors. It was hoped that the research would benefit Indian Residential School survivors, their families, including those inter-generationally impacted, their communities, the larger Aboriginal community, and finally the wider populations of education and health-care providers in Canada.

The researcher explored the literature on how to conduct data collection in a qualitative study (Rubin & Rubin, 2005; Kvale & Brinkman, 2009). In addition, the researcher referred back to her qualitative research coursework taken while in the Masters of Counselling Psychology program. Once the researcher was satisfied with her knowledge on how to do data collection she began to begin the process of data collection. Potential participants were invited to participate in the current study through the researcher initially posting the recruitment poster up at various

Aboriginal agencies and organizations and email (see Appendix A). The poster communicated the study under a short title called, The Indian Residential School Study. The researcher introduced herself as being a First Nations Masters student seeking participants for her thesis research. The purpose and research question were communicated on the poster. Finally, the intentions of the research were further identified as needing a face-to-face interview lasting 1 to 1 ½ hours in length followed by a future interview for approximately 30 minutes to review the content. Participant preference in location was mentioned along with the confidentiality of the interview. Selection criteria was communicated as participants needing to be at least 18 years of age, identifying as an Aboriginal person, attended a Residential School in British Columbia, see self on a healing journey from that Residential School experience for 4 years or longer. The 4 years or longer requirement was to protect the vulnerability and safety of those Residential School survivors that are just beginning or early in their healing journeys. It was assumed that these survivors may be at risk of getting psychologically or emotionally triggered by the interview process. The researcher then physically went out into Aboriginal community events and activities in order to introduce and inform potential participants. It should be noted that there were no phone calls to the interviewer from the posters that were posted. The second strategy of going out into the community proved to be more successful. When potential participants expressed interest the researcher provided the person with a recruitment letter which introduced the researcher, research supervisor, the university and study in more detail including contact information (see appendix B). The researcher then asked the participants for contact information including the best time to phone to set an interview time. The researcher called each potential participant and confirmed the criteria had been met to participate in the study.

Exclusion criteria included not interviewing interested persons who had been on a healing journey for less than 4 years. No participants needed to be excluded under exclusion criteria.

The purpose of the study was clearly stated a number of times to ensure clear communication and decision to participate. Emphasis was placed on the focus of the interview with the participants, such as, information sought will be what helped and hindered their personal healing journey *after* attending the IRS, with the intention of minimizing psychological and emotional risks and to adequately address the specific research question and focus of the study. The researcher was continuously aware of her behavior within the Aboriginal community and focused on a respectful attitude at all times. The researcher made a special effort to listen to participants and those she came in contact with in the Aboriginal community. The researcher immersed herself in the Aboriginal community by going to an Elder's community fun day, where an Elder did her nails! Other community events included attending a community dinner, a garage sale fund raiser for a local Aboriginal organization, a play about the Indian Residential School experience, and various visits to Aboriginal organizations. Interviews were conducted in a safe setting chosen by the participant, such as, participant's home, place or work, or a suggested community agency. The community agency was chosen because it was an Aboriginal agency in a central location easily accessible by transit or vehicle and was a familiar location for participants and the wider Aboriginal community. The researcher sought permission and filled out the necessary paperwork to have access to the interview site if participants chose to be interviewed at this local site. Three participants chose to be interviewed at the community agency, two participants chose to be interviewed in their homes, and one participant chose to be interviewed in the workplace. Interviews were face to face, one-on-one, semi-structured, open-ended, and in-person intended to illicit experiences of the participants (Creswell, 2009).

Interviews were 1 to 1 ½ hours long. Interviews were audio taped with permission of participants, and transcribed soon after each interview was completed. Special attention was paid to ensure the research participants were not put at potential further risk of experiencing psychological and emotional distress while being interviewed. Posters were placed on the interview room door communicating ‘meeting in progress,’ in order to minimize interruptions. The researcher paid special attention to not assume a secondary role as a caregiver or counselor. Participants were aware through informed consent of the researcher’s role and that they may experience uncomfortable feelings during the interview process and afterwards. All participants were given the Indian Residential School Support Line along with an orientation to the services offered for this referral. The researcher called the line first to ensure it was in good working order and there was available staff to support participants if they called into the line. The researcher experienced a staff member picking up the phone immediately on the first ring and was satisfied that this was a suitable resource for participants to call if they were in crisis or needed a referral. Participants were advised that if this was not a suitable referral, another referral could be suggested. The researcher did a check-in before the interview began to ensure the participant felt comfortable in the interview environment. Water was provided to each participant for hydration purposes. Informed consent and confidentiality was secured through an informed consent form which was signed by each willing participant (see Appendix C). In addition, a definition section was included to increase knowledge of terms such as an individual survivor’s healing journey. The researcher asked participant’s permission to audio tape the interviews. All participants approved the audio taping of the interviews. Participants were assured on a number of occasions that they can withdraw from the study at any time. At the beginning of the interview, the interview guide was shown to each participant to allow them to

be fully aware of what to expect during the interview. The interview guide (see Appendix D) was used to assist the researcher to stay focused on the research questions. The main research questions posed to participants were: what factors do you believe positively contributed to your healing journey from the Residential School experience? In some instances, the researcher reframed the question to: what helped you along your healing journey from the Residential School experience? The second main question was: while on your healing journey, what interfered with or was not helpful to our healing journey from the Residential School experience? This question was reframed at times as: what was not helpful to you along your healing journey? In order to get in-depth rich descriptive answers, additional questions included finding out the source of the helping or hindering incident and what happened within that source. Finally participants were asked what the outcome was for the helping and hindering incidents. Participants were asked a question regarding willingness to be open and share their experience. Most were open and felt it was important to healing to be open and share. A question around order effects was originally proposed to allow participants to reflect on when in their lives the incidents happened, however, the researcher found this question to be too distracting and confusing for participants as it took away from the participants being able to tell a free flowing story about their incidents. In some instances participants needed to clarify the question. The researcher had to consider what the research question and objectives of the research were trying to accomplish. Was the research asking participants to remember a dated timeline or share about their healing journey? It was determined that allowing the participants to freely tell their story about their healing journey was more important than having them remember a timeline of dates and the need clarify the research question. The researcher realized the question about remembering dates and timelines was more technical in nature and the questions around sharing

about the healing journey incidents was more open-ended. However, it was important to emphasize the construct of healing journey which will include specific periods or dates in a participant's life so a visual line was included in the interview guide to depict the healing journey and it was referenced during the interview process to illustrate the main questions. Lastly, a final question asked participants to share wisdom with other Residential School survivors who are also on a healing journey from their Residential School experience. This was an open-ended question which did not require the participant to share actions and outcomes, but rather just share wisdom they have to offer IRS survivors. The researcher advised participants that the researcher may be taking notes during the interview and that the participants could review these notes at any time. However, the researcher ended up taking few notes because she wanted to give her full attention to listening and really hearing what the participants were sharing. No participants asked to receive a copy of the interview guide notes. For safety purposes, during the interview, the researcher was acutely aware of the participant's comfort level. It was important to ask the research questions, listen for the answers, and to watch for any signs of distress in the participants and if needed offer a break or option to discontinue. There were no interviews that needed to be stopped or discontinued at any time. Although, the researcher did make personal decisions along the way to not ask a question or to not probe any further if there were any signs of hesitation on the part of the participant. There was one instance where the researcher needed to redirect the participant away from traumatic memories. This was done by validating the participant on the healing journey and asking the participant to share about a personal characteristic or strength. The researcher enlisted the assistance of a transcriber to translate the taped interview data into a transcribed version.

Confidentiality and identities of the participants and places were protected throughout the process by offering pseudonyms and removing locations. In the second member checking interview, most participants asked their real names to be used and to keep most locations in the study. Finally, the researcher worked to not suppress, falsify or invent findings to meet the researcher or audience needs. In meeting this ethical responsibility, the researcher was aware and worked hard to not ask leading questions that would service researcher bias and ultimately compromise the research results. This goal was accomplished through a research process called 'bracketing' where the researcher suspends judgment and sets aside or brackets any assumptions about the research topic in order to focus on the true meaning of the phenomenon (Schwandt, 2007). The researcher wrote analytical memos to stay focused on the research questions and objectives of the study.

The researcher used appropriate cultural protocol when interacting with participants. The researcher worked to keep the integrity of the Aboriginal culture by researching within the 4 R's of research with Aboriginal people:

1. Respect is demonstrated toward Aboriginal Peoples' cultures and communities by valuing their diverse knowledge of health matters and toward health science knowledge that contributes to Aboriginal community health and wellness.
2. Relevance to culture and community is critical for the success of Aboriginal health training and research.
3. Reciprocity is accomplished through a two-way process of learning and research exchange. Both community and university benefit from effective training and research relationships.
4. Responsibility is empowerment and is fostered through active and rigorous engagement and participation (www.iah.ubc.ca).

The researcher did her best to appropriately interpret the 4 R's of research with Aboriginal people. Respect was demonstrated by entering into the Aboriginal community in a good way. The researcher was respectful and listened to the needs of the Aboriginal communities and

potential participants. Examples include, 1) not pushing her way into a community if they were not interested in the research, 2) not misrepresenting the research by trying to appease to the participants so they can agree to be interviewed, 3) understanding the timing issues and realizing when it was not a good time to engage participants, 4) reading non-verbal cues and body language and not introducing the research agenda if there appears to be no interest, even if unspoken. Relevance of the research was communicated by the researcher if she was given the opportunity to introduce the research. The researcher worked to communicate the intention of exploring the healing journey's of Indian Residential School Survivors in the hope that the research will contribute to an understanding and to potentially encourage healing for additional survivors. Reciprocity was given from the researcher by meaningfully thanking the participants for sharing their stories and contributing to the research on the healing journey from the Indian Residential School experience. Each interview participant received a small gift in the form of a coffee mug with an inspirational message of strength and was advised that this was in the spirit of reciprocity to thank them for their openness and willingness to share their healing journey. The researcher was aware of cultures in the interior and along the west coast of British Columbia when considering the gifts. The participants chose from an interior design or a coastal design for their mugs. To keep the connection to the community and to thank the Aboriginal organization for the use of their space, the researcher purchased the mugs from the local art gallery within the location of the organization. Participants were advised that this is where the mug came from so they can know that the research was being connected to the community. Each participant was then given a piece of beadwork made by the researcher's mom and participants were advised that every bead is a prayer. Finally, in the spirit of reciprocity, the research advised each participant that he or she would have the option of receiving a copy of their categories with coinciding

transcript incidents for their records and a final thesis copy once all approvals have been confirmed by the university. All participants requested to have both a copy of their categories, corresponding interview transcript incidents and a final thesis copy. The category packages provided to participants ranged from 11 pages to 17 pages, single lined, table format. It was important for the researcher to provide this option to the participants because it was important that the research go back to the persons that provided the data and in a more general sense, back into the Aboriginal community if the participant's chose to further share this information. One participant confirmed that he would share the information with his children as he had never spoke to them of his IRS experience. Responsibility and engagement were carried out by the researcher entering into the Aboriginal community physically to obtain data versus just anonymously posting posters up at various locations. The researcher enjoyed going out into the Aboriginal community and participating in the various activities with a wide range of Aboriginal people. The researcher was professional during this process knowing that she was in the researcher role and at the same time relaxed and at ease knowing that she was familiar with the Aboriginal community.

3.4 Data Analysis

Data analysis for the current study was completed by further reviewing the literature on the CIT method and coding processes (Butterfield et al., 2005; Butterfield et al., 2009; Woosley, 1986; Flanagan, 1954; Saldana, 2009). The researcher followed the guidelines outlined in the literature on the CIT method, analysis and coding frameworks. The data in this study included 6 semi-structured in-depth interviews which took on average 1 ½ hours in length. In addition, there were member-checking second interviews which took 25 minutes to 2 hours in length, although these were not recorded or transcribed, but mainly were discussions about the research

process, validating categories, additions and minor changes to the category titles. Participants were very interested in knowing what happened with their interview data and what to expect next. The analysis process involved the researcher making a total of 69 analytical memos which helped keep the research focused on the aim, research questions, and objectives. Finally, the researcher created checklists to remind herself of things to do in future steps of the final writing process. Several steps were taken to ensure the researcher was transforming the raw data into incidents and categories that were consistent with the participant's experience along their healing journey from the Indian Residential School experience. The first step included organizing the raw data. The researcher purchased ample amounts of printer toner and paper, notebooks, file folders, several different colored highlighter pens, sticky notes and additional stationary supplies to keep the data organized. A manual method was chosen to analyze the data. The researcher considered using computer software to analyze the data and purchased Atlas TI version 7, however soon realized that this was not going to be an option. The choice to not use qualitative analysis software was mainly because the researcher was inexperienced in using the software, and secondly, the researcher felt more in control of the data by handling it. As the researcher began and was well into the analysis, it was concluded that this was a good decision as there were so many contextual components to the data and it was thought the software use may interfere with proper interpretation. More specifically, the participant responses to the interview questions were often in a story format with a lot of detail and the researcher wanted to ensure she was not distracted by trying to learn how to use the Atlas TI software while analyzing and interpreting the data. The second step involved the researcher reflecting on an interview which she thought provided good depth and breadth to the interview questions. The researcher then created a color coding scheme using the colored highlighters. For example, helping incidents,

including actions and context were highlighted in one color and the corresponding outcomes of the incidents were colored in another color. The analysis was started by first reviewing the whole transcript and applying holistic codes to the data as described by (Saldana, 2009). Holistic coding is initially used to get the general idea or basic themes in the data. Once the holistic coding was completed for the helped, hindered and wisdom sections, the researcher went on to the more detailed line by line, in vivo coding. In vivo coding is used for studies that want to honor the participant's voice. In this process, the codes are retrieved word for word and not paraphrased by the researcher. In vivo codes were copied out of the interview transcript and placed in quotation marks within a separate table in Microsoft Word. A corresponding initial category was created in a separate column and placed beside the in vivo codes. A paper-based rough copy of the incidents/codes and categories were created in order to lay these out on a table and view all categories at a glance. The above process was completed for each transcribed interview. In the subsequent interviews, new incidents were placed into existing categories and new categories were formed for those that did not fit into existing categories. A few categories were merged with other categories as it was determined that there was a better fit. Self descriptive category titles were finalized along with an operational definition. A table of incidents and categories was created for each participant. This table and a separate three page summary listing of the categories were provided to participants during the second member-checking interview. The 69 analytical memos were created to assist with data analysis and write-up. Saldana (2009) presented 11 types of analytical memos that may be useful to data analysis and are listed below:

1. Reflect on and write about how you personally relate to the participants and/or the phenomenon. Establish connections between yourself and the social world you are

studying. Sympathize and empathize with the participants' actions to understand their perspectives and worldviews.

2. Reflect on and write about your study's research questions.
3. Reflect on and write about your code choices and their operational definitions. Define your codes and rationalize your specific choices for the data. This is an internal reality check of your thinking processes and may generate other possible codes.
4. Reflect on and write about the emergent patterns, categories, themes, and concepts. Remember that individual codes eventually become part of a broader scheme of classification. Reflection on how codes get tentatively placed into categories and/or sub-categories, suggest a higher level concept, may begin to create a sense of order to your analysis thus far.
5. Reflect on and write about the possible networks (links, connections, overlaps, flows) among the codes, patterns, categories, themes and concepts. Interpret how the individual components of the study weave together. The actual integration of key words from the coding into the analytical memo narrative – a technique called code-weaving is a practical way of ensuring that you are thinking how the puzzle pieces fit together.
6. Reflect on and write about an emergent or related existing theory. Reflect on how your observations may apply to the bigger picture. Explore possible metaphors and symbols at work in your data that suggest transferability.
7. Reflect on and write about your problems with the study. An opportunity to write about and to reflect on fieldwork or analytical glitches by writing about them may generate solutions your dilemmas.

8. Reflect on and write about any personal or ethical dilemmas with the study. Ethical issues of varying magnitude arise in virtually every study with human participants. Most of the dilemmas are usually unforeseen, based on what participants unexpectedly bring to the interviews or what the researcher observes in the field that counters her value, attitude and belief systems. Reflection keeps you attuned to these matters and may help you brainstorm possible solutions.
9. Reflect on and write about future directions for the study. Each qualitative project is unique and cumulative in nature. The more you interview participants and observe them in natural social settings, the more ideas you generate for possible future research.
10. Reflect on and write about the analytical memos generated thus far. It is worthwhile to periodically review the stock of analytical memos developed thus far to compose meta-memos that tactically summarize and integrate what's been developed to date. This method also provides the researcher a reality check of the study and analysis in progress.
11. Reflect and write about the final report of the study. Extended analytical memos can become substantial think pieces suitable for integration into the final report of your study. Or you may use analytical memo writing as a way to ponder the organization, structure and contents of the final report.

Summary of Researcher Analytical Memos:

The researcher found the above process to be valuable in keeping track of the large amount of interview data as it related to the research question and complex nature of the study. In addition, the memos assisted the researcher in continuously checking in with herself to do reality checks on her perceptions, connections, interpretations and decision-making of the data. Finally, the memos assisted the researcher in not forgetting to include important points in the final write-

up. The process outlined below includes type of analytical memo, number of memos generated, type of information noted, and samples of memo content.

In the first type of analytical memo regarding personally relating to the participants, the researcher wrote 4 memos which captured how the researcher was moved to tears when coding 3 participant incidents of their healing experiences and how she related to the incidents. A specific incident example was when a participant shared about reconnection to family (parent) and learning traditional food gathering from parent (mom). At first the researcher felt self-conscious for crying while working with the data but after processing these emotions realized that it would be inevitable to have the experience of emotional expression when one is genuinely and empathetically connecting with their research phenomenon and has related experiences. The key consideration was if the researcher was able to handle these feelings and not allow them to interfere with the analysis. It was concluded that the researcher was able to manage her emotions and stay focused on the research question and continue to explore the data.

In the second type of analytical memo, regarding writing about the study's research questions, the researcher did not include any memos. It was determined that the research questions were very clear and in the forefront of the researchers mind throughout the study. A copy of the interview guide was always present throughout the analysis process to maintain focus.

In the third type of analytical memo, regarding code choices and operational definitions, the researcher wrote 11 memos. The memos included the creation of the coding framework, considerations for capturing the in-depth descriptions of what happened within the incidents being reported, ideas on how to capture larger codes and their meanings, codes derived from the literature, capturing full stories of data into codes, handling repeated information and determining the meaning for participants, noting my surprises at codes that were different from

the literature, doing reality checks on my coding process and framework, what codes are emphasized by participants, note on saturation levels, the second sweep of coding incidents and categories where some were amalgamated for better fit, layout of code themes for participant copies e.g. in order of mention to capture healing journey, member checking changes to codes and categories.

The fourth type of analytical memo regarding emerging patterns, categories, themes and concepts produced 5 analytical memos which included contextual themes emerging which were significant, such as rich descriptions of healing journey experiences. Patterns which were similar for participants regarding outcomes of incidents and higher level concepts realized through data review. An example of a higher level theme was the reflection on subsequent traumatic family experiences which brought back memories of the Residential School experience and could be termed as cumulative traumatic experiences. Examples are divorce and death in the family triggering issues of grief and loss of family.

The fifth type of analytical memo on possible networks (links, connections, overlaps, flows) among the codes, patterns, categories, themes and concepts produced 10 memos which addressed various overlaps in the data. It was important for the researcher to remember that in the Aboriginal culture everything is interconnected. It was necessary for the researcher to make decisions based on her knowledge of the Aboriginal community and culture which was gained through personal experience and many years of research. An example of an overlap was a participant speaking about being happy and fulfilled along her healing journey while learning her culture through traditional parenting and reconnection to family, with an emphasis on the traditional parenting and cultural teaching aspects of the incident. This incident was placed under reconnection to family and traditional parenting which would include cultural teachings

versus the overlapping category of cultural healing. One could argue that the incident could go into either category; however, it required a researcher decision and rationale through the use of memo writing to justify the placement. In addition, the researcher needed to place additional participant codes in the same framework for consistency. A memo on chronological flows and hierarchies was also included in this batch and examples included intergenerational flows of hindering experiences.

The sixth type of analytical memo required the researcher to reflect and write about an emergent or related existing theory. There were 13 memos written in this section which covered areas such as: themes which were running through a few interviews and had a direct connection to existing theory in the literature, metaphors discussed relating to existing theory, for example, one participant wrote about being a clown-child in the past or a male-child, both metaphors relating to the adult child of an alcoholic theoretical literature. Additional memos touched on metaphors around 'walking in two worlds' when coding incidents of clarifying various types of spirituality within the Aboriginal culture and non-Aboriginal culture. Themes relating to the bigger picture in the Aboriginal community were also noted such as one participant feeling the lack of opportunity to share about his experience with the rest of Canada and how this relates to the bigger picture of literature referencing the discussion on 'conspiracy of silence' in the societal sphere. In addition, reference was made to the next generation and the researcher reflected on the existing literature on intergenerational and future generational aspects of the discussion such as the needs of Aboriginal children and youth. Related constructs were also considered such as the use of 'strengths or resiliency' when making analytical decisions.

The seventh type of analytical memo required the researcher to reflect on any problems with the study. There were 6 memos written for this section including the decision to remove a

probing research question which was distracting the flow of the interview, the question was on order effects and asked participants to think about the approximate time or timeline of the incidents, the researcher made the decision that this question distracted participants and the researcher from the main research questions which were what helped or hindered your healing journey from the Residential School Experience. It was observed that one question was technical in nature (timeline) and the other was more open-ended (healing journey). Additional memos were written to capture coding decisions for dealing with the in-depth contextual stories and historical contexts that were unfolding in the interviews. Finally coding decisions needed to be written for dealing with capturing the true essence of the incidents, for example, a cultural program was a vehicle for healing, but what was happening in the program and what was the outcome for those actions. Safety decisions needed to be made to protect participants from being triggered emotionally and psychologically, this required writing a memo about the willingness to share question and deciding to ask the question or not ask the question depending on participant comfort levels. This was not a problem for the researcher because of ethical considerations, but the decision needed to be made and writing the memo helped with making the decision. In most interviews the question was asked and the participants were open to sharing.

The eighth type of analytical memo encouraged the researcher to reflect on and write about personal or ethical dilemmas with the study. One memo was written for this section, which asked the questions around including names of people and places which were mentioned by the participants. This speaks to ethics of confidentiality. The decision was made to ask participants if they would like to use their real name or a pseudo-name, most chose their real names. In addition, during the member-checking second interview, participants were asked if they would like to leave in names and places. Most were adamant about leaving names and places in as this

information added to the context of what they were communicating in their story as a whole. In one case, a participant phoned a family member to get permission to use the member's name.

The ninth type of analytical memo asked the researcher to write about future directions for the study. The researcher wrote 3 memos and decided to write future recommendations for research from the participants. One participant was passionate about recommending future research topics and these were noted. The researcher committed to reviewing her own recommendations and contributing them in the final Discussion chapter of the thesis.

The tenth type of analytical memo recommended the researcher reflect and write about analytical memo generated so far. The researcher wrote 2 memos for this section to review the analytical memos on a continuous basis to keep up with analytical notes and decisions.

The eleventh and final type of analytical memo suggested the researcher reflect and write about the final report of the study. The researcher wrote 14 memos to consider for the write-up. Memo included notes on Aboriginal ethics, reference to additional recommended reading for historical background, descriptions on memo framework, incorporating context where needed, relay participant's contribution to clarifying the meaning of categories during member-checking second interview process, further operational definitions for new terms revealed during analysis, reference consideration to theoretical literature for categories, two broad cross-cultural counselling theories discussed in literature review and interviews, adding a brief introduction to participant section before wisdom contributions, number of incidents for each category and the interpretation based on number or meaning and theoretical literature comparisons, the need to fully document research process for trust worthiness and credibility, go back and review transcripts to be thorough, note what participants thought of the research process and anything new brought up in the second interview.

The researcher was extremely grateful for Saldana's coding framework (2009). The researcher was initially completely overwhelmed with the amount of data to be coded. As the analysis began and momentum was built, the coding framework helped to keep the researcher focused on the research questions and reflect on the many research decisions that needed to be made or consulted. Thoughts and ideas continued to flow and there needed to be a way of capturing these so they wouldn't get lost in the process. Finally, the researcher needed to do reality checks to stay on track with the thesis purpose and objectives as well as capture participant voices and recommendations.

3.5 Trustworthiness and Credibility

Butterfield et al. (2005a; 2009b) describe trustworthiness and credibility as the measures used to validate the research results. Further, measures are used to convince the reader the research study results are trustworthy. Eight validity checks described by Butterfield et al. (2005a; 2009b) were used in this study to report the trustworthiness and credibility of the findings. These eight checks are outlined below.

3.5.1 Participant Cross-Checking

The first validity check is participant cross-checking which invites the participants in the study to provide their expertise on their own histories and perspectives. It honors the voices of the participants through involving them in the process of validation and approving their interview results. This is completed in a second interview conducted over the phone, email or in person. The interview is not normally taped or transcribed. However, the researcher takes detailed notes of any changes or clarifications to the results. It is also an opportunity for the researcher to follow up on any questions or clarifications that arose during the analysis of the data. The meeting is proposed after the interview data has been reviewed, coded, analyzed and

placed into categories with self-descriptive titles and operational definitions. The researcher contacts each participant and arranges a time to discuss the results of their interview. The researcher provides the categories and incidents to the participants and asks each person to answer the following questions: 1) Are the helping/hindering critical incidents and wish list (or in this study, wisdom items) correct? 2) Is there anything missing? 3) Is there anything that needs revising? and 4) Do you have any other comments? Additional questions asked are: 1) Do the category headings make sense to you? 2) Do the category headings capture your experience and the meaning that the incident or factor had for you? and 3) Are there any incidents in the categories that do not appear to fit from your perspective? If so, where do you think they belong?

The researcher felt it was important to consider the objectives of the study and determined that this credibility check was important to ensuring the participant's voices and perspectives were further heard during the research process. The participant's incidents were coded using In vivo coding however the categories were created by the researcher and needed to be validated by participants. Doing this validity check also validated the trustworthiness and credibility of study's data collection, analysis process and results. The participants met all of the study criteria for inclusion, were qualified to speak to the research question, and were willing to share their healing journey from the Indian Residential School experience. The data collection process and researcher analysis process was clearly documented and reported. Finally, as mentioned earlier in the Aboriginal ethics section on reciprocity, the researcher felt it was important to offer and provide the participants with their category themes and corresponding incidents from the interview transcripts. The second interview was an opportune time to complete this step.

The researcher contacted the first interview participant, whose data was coded and categorized. The second meeting took place in the participant's workplace. The second interview took 1 ½ hours to complete. The researcher provided the participant with a participant cross-checking form (see Appendix E). The participant was asked to confirm the spelling of her name and asked whether or not she would like to use a pseudo-name for the thesis document, which is defined as a false name intended to meet the ethical guidelines of confidentiality. The participant chose to use her real name. The next step was to review with the participant her categories and incidents in her interview data and ask follow-up questions. The participant was asked the validation and clarifying questions in order to check validity. The participant had the following changes: she provided the correct spelling of her name, she added the numbers of siblings who attended Residential School, made minor and major changes to the wording of the helping categories and incidents to depict her meaning, such as changing 'Finding my Identity to Remembering my Identity'. It was important for the participant to express that she did not lose her identity and therefore needed to find it, but had it all along and just needed to remember her identity, she added that her identity was stolen and she didn't lose it. Another change the participant made to a hindering category title was changing 'Identity Loss' to 'Identity Crisis', as she needed to express the meaning of again, not losing her identity, but having an identity crisis. Finally, the participant added a brief section on the work she does with Residential School survivors and intergenerational and future generations to justify her competence in providing wisdom to other survivors. The participant confirmed that she agreed with the remainder of the categories and incidents. Both the participant and the researcher then initialed the participant cross-checking form to confirm date, time of meeting and authorization to email the changes. The changes were made and emailed to the participant with confirmation of receipt.

The researcher contacted the second participant to set up a time to do the participant cross-check of the data analysis validity. The second meeting took place in the participant's home. The meeting took 2 hours to complete. The researcher provided the participant with a participant cross-checking form. The participant was asked to confirm the spelling of her name and asked whether or not she would like to use a pseudo-name for the thesis document. The participant chose to use her real name. The participant phoned her son and asked his permission to use his name in the thesis document and he agreed to have his name used. The researcher and participant reviewed the categories and incidents in her interview data and addressed follow-up questions. The participant was asked the validation and clarifying questions in order to check validity. The participant reviewed the categories and incidents in detail and made the following changes: provided year of birth, clarified name to be used with parenthesis, added siblings who attended a Residential School, added four incidents, and made a few minor and major changes to the categories. A major change was made to one category which was very meaningful for the participant. The helping category initially coded by the researcher as 'Church' was changed to 'Holy Spirit Filled Christianity (Pentecostal). The participant needed to communicate that she did not want readers to think that she was helped by a Catholic church, as she had attended a Residential School which was Catholic. She also did not want to communicate that she attended Church in general, but want to clearly state the denomination of Holy Spirit Filled Christianity (Pentecostal). She also wanted to emphasis the meaning of her practice of Spirituality under this category versus practicing religious based teachings. The participant relayed that since the first interview she has started one-to-one counselling and joined an Aboriginal circle format grief and loss group in a cultural setting where she shares her Residential School experiences. The other two incidents added were music and sports. The participant and researcher then initialed the

form to confirm understanding of the changes. The changes were made and a hard copy of the categories and incidents was delivered back to the participant's home.

The third participant chose to have the second meeting in a local restaurant. The meeting took 25 minutes to complete. The researcher provided the participant with a participant cross-checking form. The participant was asked to confirm the spelling of his name and asked whether or not he would like to use a pseudo-name for the thesis document. The participant chose to use his real name. The participant needed to express his thoughts around the use of his name. He specifically mentioned that he had one name for what people call 'real/government legal name', he had the same name for what people call 'traditional name' and he had the same name for what people refer to as 'day-to-day name'. He further expressed the meaning behind his thoughts, and shared that he never had the opportunity yet to receive a cultural traditional name. He added that he felt strongly about not having a traditional name but he was expected by his people to be a role-model and lead his people into the next millennium and how this relates to his feelings of not being recognized by his own community as relayed in the first interview transcript. He further mentioned that this is an example of internalized shame within himself and his relationship with his own community. However, he shared that he owns his truth around not having a traditional name and therefore, is able to release this shame. The participant and researcher then reviewed the categories and incidents in the interview data and addressed the follow-up questions. The participant was asked the validation and clarifying questions in order to check validity. The participant did not have any major changes to his interview transcript but did make one addition regarding the Truth and Reconciliation Commission's (TRC) work after having attending a TRC event since the first interview. The information added on the TRC included the participant's impressions of the TRC's work and are discussed in the final chapter

of the study. This participant and researcher initialed the form to confirm clarification of meaning and additions. The participant was given a copy of the categories and incidents.

The fourth participant agreed to discuss the outcome of his interview over the phone. The meeting took 45 minutes to complete. The researcher and the participant reviewed the participant cross-checking form. The participant was asked to confirm the spelling of his name and asked whether or not he would like to use a pseudo-name for the thesis document. The participant chose to use his real name. The researcher and participant reviewed the categories and incidents in his interview data and addressed follow-up questions. The participant was asked the validation and clarifying questions in order to check validity. The participant did not have many major changes to the categories. He confirmed that the categories were really good and he liked them. The changes made were: under the helping categories, renaming a category from 'Church' to 'Guidance from God'. The participant expressed the meaning as: not having attended a Catholic church, he wanted to ensure that it was more the guidance from God that helped him with his healing journey versus church per se. The researcher took time to clarify her understanding of what the participant was communicating. He added that he does not recall his experience as attending Church religiously, but more receiving guidance from God on his alcoholism, how to express his feelings and realize a better way of life. He no longer attends church now but prays often for himself and others. He also wanted to clarify under the hindering categories his use of alcohol was in his younger years and he has not used alcohol for many years. Finally, the participant communicated that his hearing challenges in the Residential School were due to an undiagnosed hearing disability and this hindered him in the school and within subsequent educational settings causing him to feel shame. The participant and researcher

then initialed the form to confirm clarification of category meanings. The participant was given a copy of the categories and incidents through email and registered mail.

The fifth participant agreed to discuss the outcome of his interview over the phone. The meeting took 35 minutes to complete. The researcher and participant reviewed the participant cross-checking form. The participant was asked to confirm the spelling of his name and asked whether or not he would like to use a pseudo-name for the thesis document. The participant chose to use his real name. The researcher and participant reviewed the categories and incidents in his interview data and addressed follow-up questions. The participant was asked the validation and clarifying questions in order to check validity. On first review of the categories the participant said that he could see it all when the researcher has divided it all up and to see what avenues he had to take because he didn't know how to go about the healing journey and that he had to find out for himself and experience different atmospheres including alcoholism, to heal and honor his journey and saving his own life. The participant made three additions/elaborations and clarified the definition of an abbreviation used in the interview. The first addition was under the demographic section where the number of siblings who also attended Residential School was added. The second addition was under the outcome part of an incident where he provided more detail from saying that 'it was healing' to 'he learned how to say good-bye and have peace physically, mentally, emotionally, and spiritually and finalize the good-bye to his friends and family members who died young due to alcoholism and how he learned to talk about the deaths and be honest about his experience including intergenerational impacts. The third addition was where the participant elaborated on an outcome around community. The researcher asked the participant to clarify or elaborate on his communication around the community hindering his healing journey. The participant elaborated and said that when he tried

to get sober in the community, there was nowhere to turn because everyone was drinking alcohol and he felt he had no one to trust. The outcome was that he moved because there was nothing there for him in the community. He further added that it was a life or death decision where he asked himself 'do I want to stay here and die or save my life'. The clarification on an abbreviation was for the reference to DT's where it was reported that DT's are hallucinations for a person who drink alcohol a lot. A final follow-up question was asked which was not asked in the first interview due to the researcher being so focused on what the participant was relaying in his healing journey story, she forgot to ask it. She realized this upon review of the transcripts. The question was: Is there anything else that helped or hindered your healing journey, but you would rather not share about? The participant answered: "when I talk about the abuse I may not share every detail about what happened to me, but will tell about the fact that there was abuse. I was a broken man because of Residential School abuse and the church issue of religious indoctrination." The participant and researcher finalized the meeting by initialing the form to confirm clarification of category meanings and additions. The participant was given a copy of the categories and incidents through registered mail.

The researcher attempted to contact the sixth participant by phone three times. The researcher decided to not continue to make contact at this point and needed to consider moving on with the writing and finalization of the thesis. A commitment was made to provide the participant with a copy of incidents and categories if requested at a future date.

3.5.2 Independent Judge Placing Incidents into Categories

The second validity check involves asking an independent judge, someone who is familiar with using the critical incident research method, to place 25% of the study's overall critical incidents into the tentative categories formed by the researcher. The researcher compares the

placement match between the researcher's initial placements to the judge's placements. The objective of this check is for the researcher and the judge to reach agreement on the placement of the incidents into the categories. A match rate of 80% between the researcher and judge is recommended for credibility and trustworthiness. If there are any disagreements regarding placement of the incidents into the categories, the researcher and judge discuss their rationale for placement and work together towards an agreement. If the researcher and judge cannot agree, the final decision is made by the participant who provided the data which is done during the second interview member-checking process and follow-up.

A fellow Masters student using the Critical Incident Technique in his thesis research assisted with the independent judge validity check. There were (307) incidents in the total study: helping (196), hindering (64) and wisdom provided (47). A further break-down of 25% of the incidents worked out to be: helping (49), hindering (16) and wisdom provided (12). The independent judge placed the 25% sample of incidents into the categories provided by the researcher. The number of categories for each section was: helping (11), hindering (6) and wisdom (10). The helping category match results were a percentage of 91.8%. The hindering category match results were a percentage of 100%. The wisdom provided category match results were a percentage of 100%. The overall match results for all sections (helping, hindering and wisdom provided) were a percentage of 94.8%. The validity check met the requirements of 80% or higher for credibility and trustworthiness. The researcher and the independent judge then went on to discuss the discrepancies. The differences were in the helping section and included 4 incidents placement disagreements. The first incident disagreement was originally placed in another category (Sharing about the Indian Residential School Experience) by the researcher and the judge felt it fit better in a different category (Personal Strengths). After discussion and

review, the researcher agreed and moved the incident to match the judge's rationale. The second incident disagreement belonged in one category (Cultural Healing) originally placed by the researcher and was subsequently placed in a different category (One-to-One Counselling) by the judge. After discussion and review, the researcher and judge agreed the incident fit better in the original researcher placement rationale and was moved back to that category. The next incident disagreement was where one incident was placed into the category (Friendships/Relationships) but was originally placed by the researcher in the category (Personal Strengths). After discussion and review, the researcher and judge agreed the incident fit better where it was originally placed. The last incident disagreement balanced an earlier disagreement where one category (Cultural Healing) was missing an incident and as discussed, it was placed back from (One-to-One Counselling). After the researcher and judge completed the discussions, rationale and review of the incident placements there was a 100% agreement on all final placements.

3.5.3 Exhaustiveness or Redundancy

The third validity check exhaustiveness or redundancy refers to a researcher tracking and being aware of when they have reached a point in the data collection process of adequately covering their research question or topic. More specifically, it is when no further new categories emerge from the data analysis process (Butterfield et al., 2005). As discussed earlier in the data analysis section, the researcher wrote analytical memos to keep focused on the research questions and objectives of the study. The researcher made a memo in the middle of the fifth interview coding process that she felt there were few incidents being reported that were creating new categories. This was further validated when the researcher coded the sixth interview and noted there were no new categories coming out of that interview. The helped and hindered critical incidents which were reported in the sixth interview fit into the existing categories

provided by the previous five interviews. The researcher concluded that the exhaustiveness and redundancy validity check had been confirmed.

3.5.4 Expert Analysis

The fourth validity check requires the researcher to submit the tentative categories of the study to an expert in the field (Butterfield et al., 2005). The experts are then asked to review the categories and speak to their usefulness in practice. Experts are asked to comment on whether they are surprised by any of the categories, if they think anything is missing based on their experience. The researcher contacted the first expert who agreed to review the categories. The meeting took place in the expert's employment location. The meeting took 25 minutes to complete. The researcher provided the expert with the final listing of the helping, hindering categories and wisdom provided by order of participation rate. The researcher asked the expert to comment on the following questions: 1) do you find the categories useful? 2) Are you surprised by any of the categories? 3) Do you think there is anything missing, based on your experience? The first expert in the field of counselling with Indian Residential School survivors commented that under the helping category of Cultural Healing, the idea of self-care mentally, physically, emotionally and spiritually was common in practice. He further added that with a cross-reference to the helping categories of Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life and Cultural Healing the personal journey of working through or needing to clarify Church/religion versus Creator/Great Spirit was common in practice. He went on to say the categories were fairly valid and he was surprised by the inclusion of the helping category Education because there are so many people having trouble going back to school. He was surprised as well by the Addictions Treatment helping category not receiving a higher participation rate due to the various addiction issues survivors are still dealing with on their

healing journey. He added that he could understand that these participants in the current study may have overcome addiction issues and no longer view addictions as a hindrance. The expert found the hindering categories to be very useful and valid. He added that the hindering category of intergenerational trauma for survivors is a wide term which involves addressing trauma which will echo for generations. When reviewing the wisdom categories the first expert said, “yes, very much” indicating that he sees the wisdom categories as useful. The researcher and expert signed the Expert Opinion Check Form to confirm validity (see Appendix F).

The researcher met with a second expert in the field of counselling Indian Residential School survivors in her place of employment. The meeting took 15 minutes to complete. The researcher provided the expert with the final listing of the helping, hindering categories and wisdom provided by order of participation rate. The researcher asked the expert to comment on the following questions: 1) do you find the categories useful? 2) Are you surprised by any of the categories? 3) Do you think there is anything missing, based on your experience? When commenting on the helping section, the expert said, “yes it makes sense.” The expert went on to say that it is very subjective, for example, under the helping categories, Sharing about the Indian Residential School experience, some Residential School survivors don’t want to share, under Addictions Treatment, it is a personal decision and not everyone wants to go to Alcoholics Anonymous so we can’t have a cookie-cutter approach as it does not apply to everyone. The researcher agreed and spoke to the fact that the research is not intended to be generalized to the whole population of Residential School survivors. The expert added that her experience of working with Residential School survivors has concluded that any reference to Church as helping is a topic that is not supported widely because of what was experienced in the Residential Schools. The expert went on to review the hindering categories and noted that under

the Intergenerational Trauma, she has seen in practice where a parent survivor has unknowingly exposed his/her children to his/her traumatic experiences by way of involving them in discussions inappropriately. The expert went on to say that the trauma can be transferred down to the child just by the child listening and then becoming vicariously traumatized. The expert reviewed the categories further and offered a contribution to a category title in the hindrance section. The title of the category was Community/Society, however, she noted that it wasn't the community per se, but more the Silent Agreement within the Community, which is a coping mechanism where community members agree unconsciously or consciously to be silent about the Residential School experience. She further added that this is why the coping behaviors remain at the personal and community level to be silent, not talk about it and use alcohol to cope. The researcher took the expert's insight into careful consideration and decided to incorporate the information on community coping into the Discussion chapter. In addition, the researcher changed the Community category to read Community Coping and Societal Dynamics to reflect the expert and researcher's interview/member-checking discussions with the two participants who contributed to this category. The hindering category section was reviewed and the second expert confirmed that the hindering category of Money Cannot Heal makes sense in practice. In her experience with working with Residential School survivors, she has observed that there is a lot of shame attached to the Common Experience Payment and any additional money's received for compensation. It was seen as dirty money and survivors wanted to rid themselves of it. The expert reviewed the wisdom categories and confirmed that she could see their usefulness. The researcher and expert signed the Expert Opinion Check Form to confirm validity.

3.5.5 Participation Rate

The fifth validity check was to determine the participation rate for the categories in the study. The participation rate is determined by calculating the number of participants who cited a specific incident then dividing that number by the total number of participants. A participation rate of 25% is considered to be valid (Butterfield et al., 2005). The researcher reviewed and calculated the number of incidents per category and further calculated the participation rates for each helping, hindered and wisdom category. These results are shown in Tables 3, 4 & 5 displayed in the following Results chapter.

3.5.6 Theoretical Validity

Theoretical validity is described as the researcher taking steps to compare the categories of the current study to the literature in the field to see if there is support or validation for them (Butterfield et al., 2005). The goal is to get theoretical agreement to validate the categories, however the lack of support for a category does not necessarily mean it is not valid, especially in an exploratory study. It is important to check theoretical validity to ensure an understanding of the support or lack of support of the categories theoretically and what that means (Butterfield et al., 2005). The researcher consulted the theoretical literature on the healing journey from the Indian Residential School experience, the study's categories within the literature and summarized this research in the Discussion chapter.

3.5.7 Descriptive Validity

The seventh validity check used in this study is descriptive validity. Descriptive validity is described as a check to validate the accuracy of the account or participant's voice and intent (Butterfield et al., 2005). The check can be confirmed by audio-taping the interviews and having the interviews transcribed to ensure accuracy of participant message. In addition, the researcher

can do participant cross-checking to ensure participant's validate the intention of their response to interview questions. The researcher conducted both of these checks, first, all six interviews were audio-taped with the permission of the participants, second the tapes were then transcribed to ensure accuracy, third, the researcher used In vivo coding to capture participant voices accurately by copying and pasting actual interview responses and finally, the researcher did participant cross-checking and confirmed with five participants the validation of their answers to the research questions.

3.5.8 Interview Fidelity

The eighth validity check used in this study was interview fidelity. This involves asking an expert in the Critical Incident Technique (CIT) or research method, to listen to a sample of the interview tapes to ensure the researcher is following the CIT method correctly. It is recommended the expert listen to every third or fourth interview. Important points for the expert to consider are checking for consistency in how the researcher applies the CIT method and checks for the use of leading questions on the part of the researcher (Butterfield et al., 2005). The researcher enlisted the assistance of her Thesis Research Supervisor to do the interview fidelity check along with reviewing all of the researcher's thesis documents and project. The Thesis Research Supervisor confirmed the interview fidelity check and noted the documents were very thorough.

4. Results

Six participants were interviewed for this research study. The research question was: What helped or hindered the personal healing journey from the Indian Residential School experience in Canada for 6 former First Nations students? In addition, the participants were asked to provide wisdom to other Indian Residential School survivors who are also on a healing journey from their Residential School experience. The six participants were all from the province of British Columbia.

4.1 Overview of Categories

The six study participants reported 196 helping incidents, 64 hindering incidents and 47 wisdom incidents, with a total of 307 total study incidents. The researcher coded the helping and hindering incidents into categories which best described the participant's voices and experiences along their healing journey. The wisdom provided incidents were also coded into categories which reflected participant voices and offerings. All incidents were validated by the participants through member-checking and by experts in the field of counselling Residential School survivors. The categories are listed in Table 3 Helping Categories by Participation Rate and Number of Incidents, Table 4 Hindering Categories by Participation Rate and Number of Incidents, and Table 5 Wisdom Categories by Participation Rate and Number of Incidents. Categories are listed in order of participant rate as described in the trustworthiness and credibility validity section. Categories are listed in alphabetical order if the percentages are equivalent.

Table 3

Helping Categories by Participation Rate and Number of Incidents

Helping Category	No. Incidents	No. Participants	Participation Rate
Sharing about the Indian Residential School Experience	25	6	100%
Community	8	5	83%
Cultural Healing	32	5	83%
Personal Strengths	28	5	83%
Reconnection to Family and Traditional Parenting	37	5	83%
Education/ Employment	16	4	66%
Friendships/ Moving on from Relationships	9	4	66%
One-on-One Counselling	14	4	66%
Self Help/ Self Talk	7	3	50%
Addictions Treatment	10	2	33%
Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life	10	2	33%
Total Helping Incidents	196		

Table 4

Hindering Categories by Participation Rate and Number of Incidents

Hindering Category	No. Incidents	No. Participants	Participation Rate
Internalized Shame from the Indian Residential School Experience	33	5	83%
Coping Behaviors/ Readiness to Heal	12	4	66%
Intergenerational Trauma	9	3	50%
Religious Indoctrination	4	3	50%
Community and Societal Coping Dynamics	4	2	33%
Money Cannot Heal	2	2	33%
Total Hindering Incidents	64		

Table 5

Wisdom Categories by Participation Rate and Number of Incidents

Wisdom Category	No. Incidents	No. Participants	Participation Rate
Be Honest with Yourself	7	4	66%
Have Strength	4	4	66%
Think Positively	6	4	66%
Believe in the Creator	5	3	50%
Everyone is on their own Healing Journey	4	3	50%
It Wasn't Our/Your Fault	4	3	50%
Open up the Can of Worms	6	3	50%
Be Patient with Yourself	3	2	33%
Get Beyond Surviving to Living	3	2	33%
Seek Knowledge	5	2	33%
Total Wisdom Incidents	47		

4.2 Helping Categories

The participants in this study provided 307 incidents. The helping section included 196 incidents which made up 63% of the total incidents. The incidents were coded into 11 categories. The category titles by participation rate were: 1) Sharing about the Indian Residential School Experience, 2) Community, 3) Cultural Healing, 4) Personal Strengths, 5) Reconnection to Family and Traditional Parenting, 6) Education/Employment, 7) Friendships/Moving on from Relationships, 8) One-on-One Counselling, 9) Self-Help/Self-Talk, 10) Addictions Treatment, and 11) Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life. The categories are described below along with examples of participant incidents, actions and outcomes provided.

4.2.1 Sharing about the Indian Residential School Experience

Participation Rate: 100% (6 participants)

Incidents: 25

All six participants contributed at least one incident to the Sharing about the Indian Residential School Experience category. The category was the only category to reflect 100% participation rate. There were 25 incidents in this category.

Sharing about the Indian Residential School Experience (IRS) included participants sharing about the IRS experience through a film and theatre lens, sharing about the Residential School experience from a disabilities perspective, with family members, within cultural and grief and loss groups with a circle teachings format, sharing in general with support networks, Residential School workshops, talking to God and the help of the Church to open up and express feelings. Specific *actions* of the Sharing about the Indian Residential School Experience category included

sharing about the sexual abuse experienced in the Residential School, sharing about sexual abuse in the Residential School from a disabilities perspective, sharing with family the impact of the Residential School experience on subsequent life events such as divorce, connecting the dots and understanding experiences of pain, shame, personal choices, family experiences and separation. Participants emphasized that opening up and talking about feelings and sexual abuse experienced in the Residential School was important to their healing journey. Participants spoke of also benefiting from hearing other survivors sharing of their experiences and realizing sexual abuse of siblings while at the Residential School. *Outcomes* relayed under the Sharing about the Indian Residential School Experience category included a large focus on participants *insight and understanding* of their experiences, moving forward, being catapulted forward along the healing journey, feeling emotional and realizing there was more to the Residential School Experience than previously thought, connecting the dots to their Residential School Experience and their subsequent life journey, not being stuck in fear anymore, gaining more strength, validating own experience, recognizing it wasn't their fault, realizing potential, to finalize good-byes and have peace physically, mentally, emotionally, and spiritually with loved ones who have passed away, realizing they are not alone, learning to respect self and feelings and feelings of others.

Samples

A sample of the participant voices for the Sharing about the Indian Residential School Experience category are outlined below,

- “One of the key factors of my healing was sharing about the sexual abuse/Residential School experience with the aid of my friend and film maker, we had participated in a couple of films that she produced” “talking about it and getting it out there – 4 years into

my counselling” *The outcome* – “then moving that forward, that really had advanced, catapulted me forward – just like [snaps his fingers]”

- “Sharing about my experience from an Aboriginal disabilities perspective on my experience at Residential School” “when your sharing about the mainstream in the Residential School, the student’s experience was horrific, but when you look at that disabled individual on the same level, their experience is triple that of the regular student” *The outcome* – “it was emotional, it was trying, realizing that there was a lot more to the Residential School experience than I thought, I thought I had a positive experience in Residential School but in actual fact, there were so many factors, you lost connection to family, you lost connection to language, you lost connection to who you were”
- “with theatre, for example, The Story Weaving Project, all those other healing journeys that I’ve been with, Jesus Indian and The Language of Love” *The outcome* – “The Language of Love was the key factor because it was my personal story of sharing, my, my experience in the residential school, about, about, being sexually abused and how as an Aboriginal person with a disability” “Sharing this experience has really moved me forward and become the individual I am today, in searching for that loss of love, loss of connection, loss of community, loss of companionship and learning how to love myself first before I can love anybody else” “I don’t have to be afraid anymore about sharing my personal experience, that was the key to moving forward for me, becoming the man I needed to become, Yep.”

- “you’d be amazed as to how sharing about my experience in the residential school and the experience about being sexually abused really helped, sharing, sharing that, helped move me forward” *The outcome* – “how it lovingly gave me strength in moving forward from this point on” “I can do anything now in regards to sharing anything” “Once I’ve shared that, that experience, it just catapulted me forward”

- “I shared this with my younger daughter and she said, “You know mum, I never really thought a divorce would have such similar impact or emotional impacts as a residential school” *The outcome* – “I said, “Well, it does, you know”

- “looking back, now that I am mature, I’ve had 60 years of life, I can look back and say, oh my gosh, now I can make the connection between what happened to me way back then and how that affected me and my teenage-hood or my adulthood or even today” *The outcome* – “now I recognize these things”

- “(the program) helped me to understand a lot of the Residential School stuff and the shame and to start healing from that” “I saw a lot of, heard a lot of other people’s stories and pain and what they went through” *The outcome* - “to realize I was a child and it wasn’t my fault” “I didn’t need to take responsibility for that, but certainly take responsibility for my wellness now as an adult” “became a lot more aware of my potential of who I was and what I had to offer”

- “when I started having to look at old stuff, even though I was going through healing, part of my healing was, when I started seeing and understanding all this pain and being, having to talk about it and bring it out” *The outcome* – “I started drinking and acting irresponsibly, by the time I finished the (program), I’d be, okay, I can’t do that, I have children, I had to take responsibility walk my talk and try to start practicing what I learned”

- “one of my residential school experiences was that um, there really was not much help there. ‘Cause everybody in my family were, residential school, they were from a residential school...and um, nine of them, well, up to date today, nine of them died from alcoholism and, one, died from cancer and gallstones. So, the odds were not very good at that time, and so, it was, it was kind of unknown why, why I was the way that I was” *The outcome* – “but now that I talk about it, you realize it had a big effect on my family, all of my family..... because of the stories of that church sexual abuse of my sister in residential school, and my brother ... and, and whatever else happened there you know. It was a, something that you know, you wouldn’t begin to know until you heard it. And, wonder why people were the way they were”

- “A lot of my friends died very young. One of my best friends was 20 years old. One of my best friends was 28. My sister was 27... another brother was 25, another brother was 33 ... My sister was 43. They died all very young. It’s a result of alcoholism and drugs and not, not proud of that, but once I learned how to talk about it and be honest with somebody...” *The outcome* – “I learned how to say good-bye and have peace physically,

mentally, emotionally, and spiritually, to finalize my good-byes to my friends and family who died”

- “I think I went to a residential school workshop. You’re talking about all kinds of stuff, what happened and different people and ah, it’s been a while. And different things that we went through. We had to write and role play and stuff like that” *The outcome* – “That helped. Kinda makes you open your eyes to different things. Yeah.”

- “And there was a fellow we went to at the Friendship Centre just last year. He did a, I think it was a, on your journey path, you know...at Residential School but anyways, how he wrote as a Native person, you know, we have a Circle. And in the middle of the Circle is our Creator. And we all strive towards that one for help” “I guess that’s just one of my thing too. I’m asking God for the truth and you know, just asking and talking with him and praying to him and stuff like that” *The outcome* – “That helped. A lot of it you know, helped you know, so much”

- “I’ll say. Mum. She was just so sad every time we were going to residential school. So she said, and we came back different. She knew right away. And she said when we left, it was so sad, it was so quiet. She was screaming. Yeah, her kids are over there. She doesn’t know what’s going on with them?” *The outcome* – “Sharing about my mom’s sadness while we were away at the Indian Residential School helps me heal because I understand where she was at and what she was experiencing while we were in the school”

- “Well, I tell different people. I tell my daughter about it and, and, different like, I even mentioned it to a Residential School Society in North Van. Yeah, stuff like you know, that he’d (Residential School Principal) accuse you of doing and it’s not true. That was the hindering.” *The outcome* – “I’m still kind of battling it”

- “I joined a grief and loss group that was in a circle format in an Aboriginal agency” *The outcome* – “it helps so much, sharing and being in validation in the group, someone else shares and I’m not the only one going through stuff”

- “And because I held them in too many times because in Residential School, you didn’t say too much. You ah, just did your daily routine, you got up in the morning, ah, put on your, made your bed and put on your clothing and went for breakfast, so it was just like ah, a daily routine of everything being the same. So I really didn’t talk too much about anything there. Unless one of the children talked to me then I would talk but even to this day, I don’t talk too much. If someone talks to me, I will talk to them but I’m not...too open up and start conversations, things like that.” *The outcome* – “Yeah. So, it (the Church) helped me to um, yeah, just kind of, like I said, just talk about how I was feeling and I think it changed my life on how I treat myself and respect myself and also to learn to respect others the same way as well too. So, um, that helped me in that area as well.”

- “I think to me, this is another healing part of me, to just open up and say something about it (the sexual abuse).” *The outcome* – “Um, so, I think that’s a big step for myself today. I think probably to just being able to say that.

4.2.2 Community

Participation Rate: 83% (5 participants)

Incidents: 8

Five of the six participants contributed at least one incident to the Community category. The category was one of four categories to reflect 83% participation rate. There were 8 incidents in this category.

The Community category included, knowing the issues in the community, role models, reciprocity, committed to healing, being inspired, helping others, reaching out, support, modeling the strength of being sober, acknowledgement from Elders and Youth, wellness programs and sports. Specific *actions* relayed in this category were knowing the issues of community, being a positive role model within the community, recognizing people in the community who are committed to healing, helping others, reaching out to community and doing work in the community, meeting other First Nations people from other communities, accepting help from community member, implementing strategies learned in Church and modeling those in the community, changing to alcohol free life, participating in wellness sport programs at work. The *outcomes* include, being inspired and encouraged to keep moving forward, feeling rewarded when seeing the change in others, expanded vault, less isolated, helped to leave the community to save life, recognition from Elders and Youth, reaching out and feeling confident.

Samples

A sample of the participant voices for the Community category are outlined below,

- “One of the things, I find that community is important” “that I am indebted to community, I’m indebted to friends” “I am indebted to those who are committed to moving forward” “knowing the issues of my community” “being a positive role model is important to me, but I’m not the only role model that is part of the leadership” “it takes a community to heal a community and having friends that are committed to that healing with you, is important to you” *The outcome* – “it helps me cause, it helps those, it works both ways” “There are those within the community that are, um, even though they are struggling with their addiction, regardless of what their addiction is, they are positive role models to me because it drives me to see what they are going through and yes, they do have an addiction, but they continually move forward and you wonder over the years that you’ve seen them, they are still addicted but they still find the will to move forward” “they find the strength and the will to continue, regardless, in spite of their addiction, they’re their inspiration and they inspire me” “it drives me to wanna, to wanna keep moving forward” “they’re the encouragement”

- “just being able to help others and, and to see some positive, positiveness come out with whatever I’ve done you know, with an individual. Like, I’ve dealt with a lot of, a lot of um, individuals who have relied on substance abuse to you know ah, to dull that pain. And I talk to them, what does substance abuse do for you and how does that alcohol numb you, or you know, just talking it through with them. And ah, really trying to make sense and so, you know, and encourage and to, if you have problems, become, go to AA (Alcoholics Anonymous) and deal with it there you know” *The outcome* – “And today, it’s amazing how many of those individuals have come up to me and say I’ve been sober

for thirty-five years, you know. And you know, it's ah, those are my rewards, those are my outcomes of ah dealing with ah, with individuals you know"

- "so I could start reaching out and doing work in the community" *The outcome* – "it really expanded my vault"

- "knowing other people" "people that were coming to the (course/program) from all communities, all different First Nations communities" *The outcome* – "up until then I was pretty isolated"

- "there's the one community member that comes to mind that helped me, was the one that helped me ah, leave the community to live in a white-family home" "Because I had nothing in my home" "to, just, go, get education, get myself in a white school" *The outcome* – "Um, because I wanted to better myself. Ah, that person took the time to take me to someplace else"

- "what really helped was it (the Church) just kinda set me up as a role model for other people. Because when I changed, people seen that and some of the people from my community seen me later on, they would tell me, you look different, um... you know, you're not the same person um. You know they tried to get me to drink again but I wouldn't. I had the strength by then to say that I didn't need alcohol in my life to make my life better." *The outcome* – "And, I got a lot of compliments from the Elders and even some of the younger people that I hung out with to say they were proud of me for making that decision to make a change. And, and ah, some of them were even saying that I was a

good role model, just being sober. So, ah, so, I think the Church was one of the best things that happened for me was to change my life in that way. I haven't really gone to Church since then probably. I still do pray. Um, but I don't go to Church on a regular basis now. Um, but, you know I have to say, ah, give credit to the Church for doing that for my life."

- "One of the wellness programs the school district does, is they allow us to play floor hockey once a week, so I go down with other teachers, and just, it's just a matter of just getting out and running around and just kind of keep some energy going and things like that so. And different programs they have to help ah, just getting, being more socialized. To mingle with other people because a lot of times, like now, I stay really close to the family. And what that does, it allows me to reach out. And I haven't done that really. Ever since I left Residential School, I haven't really reached out to other people other than really close family. So I don't, you know, I don't go out and um, reach out and do things. That's one of things I like about, at the wellness program for the school district, is it allows me to reach out and do other things with other people other than and with my family too." *The outcome* – "So that's another healing part that is helping me, help, ah, you know, reaching out, ah, you know. Because Residential School, it kept me close, close to myself, and I've never really opened up. So, um, so that part, that's a good healing part for me to ah, start learning to reach out more. Feeling confidence in myself because I didn't feel I had the confidence when I left Residential School."

4.2.3 Cultural Healing

Participation Rate: 83% (5 participants)

Incidents: 32

Five participants contributed at least one incident to the Cultural Healing category. The category was one of four categories to reflect an 83% participation rate. There were 32 incidents in this category.

Cultural Healing encompassed a wide range of incidents, actions, and outcomes. Participants included incidents under Cultural Healing in the following references, Potlatch, programs with Circle Teachings and grief and loss, remembering and retrieving identity, Native spirituality, the Balance or Medicine Wheel (mental, emotional, spiritual, physical and the will), self-care and seeking healing, connecting to the Creator, Elder teachings, rituals and ceremonies, traditional singing and dancing, pow wow, positive aspects of culture, Bannock Day, food and medicine gathering, respecting the land, traditional language, passing on knowledge to children in community and supporting other cultures. Specific *actions* relayed in the Cultural Healing category included, addressing issues of disconnection to culture, signing up for and completing cultural and grief and loss programs with circle teachings format, participating in ceremonies, practicing the balance or medicine wheel teachings in daily life, clarifying relationship with the Creator, practicing smudging ceremony, dancing and singing in the pow wow, respecting the Elders teachings, grateful for grandfathers and grandmothers, exploring Native Spirituality, accepting identity as an Aboriginal woman, went to another country and was challenged in expressing my culture because I didn't know how, grieving all that I should have known from my culture, dreams about the land, take the teachings from the Elders and pass it on to the children. *Outcomes* participants relayed included, actively engaging in issues relating to cultural

disconnection, real healing journey began and gave more strength and confidence, helped remember identity, improved quality of life and extended life, at peace with spirituality and relationship to the Creator, feeling life is a lot better than it used to be, realizing that I am going to be okay, that I am not alone, validating self for dancing and singing to make it a better place, learning that everything is connected, it makes you think and reflect on different things, emotional but happy sharing my culture and learning about other cultures, very healing to grieve, dreams help and are meaningful, grief and loss group helped because it is validating and I am not alone, makes me feel good and proud to pass on Elders teachings to students, healing for me to watch others grow.

Samples

A sample of the participant voices for the Cultural Healing category are outlined below,

- “I always say that my culture is, our culture is important, right, and so, we lost it, not only through the residential school but through the legislation that was passed by Federal Government and put into our Indian Act to say that we couldn’t have potlatches and so on” *The outcome* – “and so, I’ve always tried in my healing journey to make sure that I had addressed those issues that bothered me the most when I was in residential school and what the Indian Act had done to try to destroy us, and yes, you know, and so, so I guess basically, that’s you know, what I really been doing...hmm mmm.”

- “in my thirties, I went into counselling, there was a (program) that, my older sister, had developed for Native Healing Services, it was one week a month for two years (diploma), it had a lot to do with healing and looking at our culture, at that time I knew nothing

about our culture” *The outcome* - “it was the beginning, the REAL beginning of my healing” “that was the big, aha, the big catalyst in my life” “that really changed me in a way that helped me have confidence”

- “the program was not like a regular model of school” “it was Circle teachings, you know, we’re all in a Circle” “our teachers came to us” “they sat in the Circle with us” *The outcome* - “that was really incredible for me” “started me on a journey where I started doing a lot more self-healing” “I went to my first sweat-lodge, my first smudge” “it was amazing, I had no idea” “it felt like a whole another world, immediately I felt like this was a part of who I was”
- “culture helped me find out - this is who my people are” “this is where I come from, especially spiritually” *The outcome* – “it helped, it has helped me, you know, find some kind of identity”

One participant shared how she uses the balance or medicine wheel on her healing journey,

- “what really helped me was the spiritual, really strongly” “my father was a spiritual person” “when I found my native spirituality and connection” *The outcome* – “I felt very comfortable” “that gave me a lot of strength” “I spent a lot of time in prayer” “mentally, you know, I did a lot of reading” *The outcome* – “I still am an avid reader, I read, you know, about communicating with people”

“I am an artist as well” *The outcome* – “I found it really helps the balance, it’s not just all intellectualism, not just filling the brain with information and knowledge”

“it’s important for me, in the medicine wheel or the balance wheel, to take that knowledge and put it into action, into ‘the will’, take it from the head to the heart to ‘the will’

The outcome – “to walk it, to walk your talk”

“in the physical realm, I exercised, I changed my nutrition, developed nutrition in my family, raised my children in a healthy nutritional way”

The outcome – “so all those things have helped me in my life”

“I attribute a lot of that (miracles) to my healing, my physical healing”

The outcome – “I was told I would never have children because I was so sickly and unhealthy as a young woman, when I had my first child, the doctor said it was a miracle baby, then I had TWO MORE”

“I believe my physical health problems, directly related to malnourishment and physical abuse, I was a child in Residential School, I had a lot to overcome, I had like major surgeries, was told I would be crippled by the time I was 50, spinal problems, kidney problems, heart problems, *by living healthy..*”

The outcome – “I believe I have extended my life hugely not only my life but the quality of my life”

- “Well, when I sobered up, and the big book says you gotta find a God of your understanding. And so, I thought about that. I thought about that. I don’t know how long I thought about it. ‘Cause some of them, in there were talking about church, and

talking about Jesus, talking about whomever. And I didn't want to go there. But ah, they said you gotta believe in somebody, or something, so, while I was sitting there, I thought about it, and I said, "Do you know that big huge Cedar tree out there? That's about ah, two feet, three feet in diameter. It's grown from a little seed 'til its sixty feet, seventy feet tall, and it, it didn't eat it off the ground 'cause it would have been a big whole there. It needed to grow. It's solid mass. And so, somebody has to be smart enough to create something that'll grow like that...to turn something into a seed, into a solid mass. So, whoever designed the trees, gotta be somebody ... smart, and, so therefore, I said, "Yeah, somebody gotta create that must be a God or Creator". So, that's how I came to the conclusion of, there's gotta be somebody, so, but I'm going to call him Creator, that's all I'm going to call him. And so, I had to mention, every place, every establishment I went, I said, "You know, I'll respect your God but you respect what I believe in...because that's how I am" and I suffered too long in residential schools, for ten years, and all the beatings and whippings and everything that happened to me there. It was not a fun place. So, therefore, in knowing me, respect me for I am not, I will respect you for your ah, but this is my life I am dealing with. I am trying to survive here. I'm trying to save my life" *The outcome* – "Ah, that's a very good, it's ah, I, I like where I'm at today. I have my own ritual of how I pray to the Creator"

- "And how I, smudge. You just get some sage...and cedar and all these different things that were brought to me and, it ah, helped me on my journey. And I know my culture, know my language and I dance in the pow-wow. I pray there. That's my way of prayers to everyone who don't dance out there, who don't, aren't brave enough to go stand out

there and dance in front of a lot of people. That's what I do. That's part of me" *The outcome* – "A lot better than where it used to be. That's what I have to say"

- "Well. Experience that, I've gotten to a better place in my life. That ah, we all deserve to be somewhere in a better place in our minds and our hearts and that, we couldn't, I couldn't have been there if I died way back then. I have a lot of respect for what the Elders are teaching me as I was growing up, and that ah, helped me to claim my way. Don't let anybody tell me different. And that when I'm dancing out there, I'm grateful to all the people that want to come dancing. And, after that, I'm grateful my grandfathers and grandmothers who come join me, to be with me when I'm dancing" *The outcome* – "and that I'm going to be okay. That ah, I'm a survivor from residential school, ah, I have to realize that I'm not alone and that I have so many support groups...so many friends and places that I can go...that help me when things go down. And in doing so, I dance and I sing. And there, make it a little better, better place"
- "even on our Native side (Native Spirituality). And um, as I journeyed, I guess all this time I start seeking. I got the hunger. You know, to know, what my people did. What did they stand for? You know? So, I started reading books on Native stuff. Yeah. And history, and even movies you know. And anything that had to do with 'Native', I wanted to go there. Like ah, the Indigenous Gathering the last five years, I think. We've been going to the Indigenous gathering that's held in Lillooet area" *The outcome* – "And, it made me learn that ah, every thing's connected. We are connected to the Earth and

everything is connected out there even the trees, the plants, birds and animal...and I guess people don't see that"

- "Accepting my true identity as an Aboriginal woman. When I became, ah spiritually. I found that out. I craved to learn more about Native stuff. Like even you know, making moccasins and fishing, and just going out on land, you know" *The outcome* – "You know. I think it does help you when you go out on the land. It makes you think. It makes you reflect on different things. Yeah. I found that out"
- "My identity? I became proud of my race. That I am Aboriginal and I'm proud of it. I'm special. I'm a human being.....you know. *The outcome* – "I found that out. So, I was really glad I went into that spiritual aspect of my life you know. I learned all that stuff. How my ancestors, you know, that's where they were"
- "we went to Africa...for that whole year we had to make Native outfits and in the summer that I had such a hard time 'cause I didn't know how to do stuff like that...but ah, they had people that came and show us...with a script and, when we had to testify about what we were doing and why, and this and that. I guess we were making outfits going to Africa because the people there are losing their identify and culture and ah, we were to bring it back ...it's fine to have it, you know and, it helped me like um, to, what happened was um, some of the stuff I didn't even know how to do, like moccasins. And I thought when I testified, I was [*surprised*] you know about it, and they said, all these things I should know how to do, if you know...you know, from my mother. You know,

it was stripped away you know. You know, in our whole memory, we always had to do this, this and this thing you know, in our community. But, because I was at a Residential School, I didn't learn those. Yeah. And ah, and when we're going to actively had to do those things, and that's what really, it kinda, kinda confronted me, everything that was lost." *The outcome* – "Yeah. It was just really kinda emotional I guess. And ah, I was really was part of it." "Well I feel that ah, that you know, we were here to pass on something. To help some, you know, other race. To embrace their culture. Yeah. And that you don't have to be ashamed of it. It's a good thing of who we are eh? That's part of them you know."

- "I guess that was um...what would you call, name it, and... grieving. Grieving...all that you should have known how to do, you've lost. Just snatched away from you. That you should acknowledge all that...if you were happy with your parents" *The outcome* - "I think it helped. It helped, yeah because I wanted to do more after that. Yeah, it was very, very healing. Yeah it was therapeutic. Yeah.
- "Well, ah, I'm proud that I've come back. I mean you know, our actions and the way we went you know before after we came out of Residential School, I think that's what...you know, you're retrieving back all the stuff that's supposed to be your real clothing. That's how I see it. Yeah, that wasn't mine in the first place. Yeah. Yeah. For sure." *The outcome* – "Which is good. I like that."

- “And sometimes I dream. Yeah. I guess that’s when the mining first came. Like last, two years ago I guess, when we went to a hearing in Williams Lake. You know I had a dream that I was crossing the river at Chilco Bridge. And I just slipped ahead like that. And I saw native warriors on horseback. They were coming back from the war they had left. They were tired and they were all painted up and their horses were painted up. And they had spears and all the war gears. I saw that. In my dream. Yeah. At the same time, I saw the fish came back. I dreamt in one pool, the fish was just going like this [motions]. And I looked like that and I said, “Oh the fish are back”. And I thought maybe it was, it was before they said whole bunch of millions and millions of fish came. And I was thinking maybe that’s what it was that I was seeing. Yeah. And ah, I don’t know, I still wonder about those, those ah, warriors. And I’m thinking. Who are they? Are they our ancestors?” *The outcome* – “You know. That helped. I think so. Because a lot of times you dream of stuff that, that’s meaningful. Well, what happened was um, after the warriors there I dreamt of. That year, they rejected the mine.”

- “I did a grief and loss group in a Sharing Circle format” *The outcome* – “it helps so much, sharing, and being validated in the group, someone else shares, I am not the only one going through stuff”

- “So later on in years um, I took it upon myself to try some of those um, healings and I found that they were, they didn’t work for me. So I had to find out from another Elder and ask them how come it wasn’t working? And ah, the explanation that was given to me was that I still had too much um, negativity in me. And it was too much for the healing

to work. So, and that was the reason my face and nose and areas was getting burnt. So, ah, they said I still needed to look at myself more to get healed within myself. So, um, they didn't know what it was and I had to find out myself what it was." *The outcome* – "So um, so again I went to try to find what was ah, um, bothering me inside."

- "Um, I think just from being able to take the Learnings from my Elders and pass it on to, like the cultural aspect of ah, um, I think, looking after yourself and doing your best in whatever you do, so I try to show ah, explain to the children in First Nation culture that ah, these are some of the things that we do to look after ourselves. Um, so, I've learned how to um, take certain plants and berries and um, listening to First Nation songs and showing those things to students in school" *The outcome* – "and doing that makes me feel good because I feel like ah, not only showing my culture but also ah, showing positive things to ah, students. Yep."

- "Yeah. Like this year I had 20 dancers...signed up for my native dancing group" "and they're going to do a demonstration there for the public, and, do some dancing. And there are Kindergartens. I even have some pre-schoolers. All the way up to grade 6." *The outcome* – "Well, it makes me feel very proud...for them and ah you know, for myself to have the ability to show them that. You know just have that culture carried on."

- "And I think it makes them feel proud too. Like they can, you can see it in them when they get out on the floor. Their head is just way up high and they just...dancing so

proudly, so. And their parents are so proud. And the big part was the interaction with the parents, to get them involved with the school. So, because a lot of times, they've said, we've never had parents come to the school. Now look at all these parents coming to the school, willing to do stuff. You know, we've had 'Bannock Day', we've had bannock all day, we've had native dancing, we have Elders coming in telling stories and stuff, so, ah. A lot of parents are coming in now and doing stuff. Yeah. And I know a lot of the parents went to Residential School, is...even that is just giving them that little bit of confidence to come in...and do stuff like that you know, so, ah. To me, it's helping other people that's been in residential school to come out of their shell and participate in even small things like that. So, like one small step is a big step in the future." *The outcome* – "So, I think that's one of the things that's healing for me, just to see that happen." "To see people I know, growing...coming out of their shell as well too, so. It's kinda nice to see that happen as well. Yeah. So, it's a different kind of healing right, just ah, um, you know, it's not something you see, but it's something that you know that may happen later on. It's the start of something."

4.2.4 Personal Strengths

Participation Rate: 83% (5 participants)

Incidents: 28

Five participants contributed at least one incident to the Personal Strengths category. The category was one of four categories to reflect an 83% participation rate. There were 28 incidents in this category.

Participants included incidents under Personal Strengths in the following references, having a positive attitude, being comfortable with self, respect for self, assertiveness, personal wellness,

athletic and sports, problem solving, artistic expression through music, pride in accomplishments, confidence, self-reliance, dependable, competitiveness, determination, leadership, applying acquired life skills learned in Residential School, sense of humour, listening and ability to cry. Specific *actions* relayed under the Personal Strengths category included, having a positive attitude and being comfortable with self, consciously competing to be the best, saying no assertively, assertively challenging others, solving problems right away, actively addressing personal issues, validating self for using skills learned in Residential School, applying athletic skills, supporting self away from home, starting up a music band and actively engaging in music training and performing, laughing and crying, praying and respecting self and others, eating properly and nutritiously, feeling confident and holding my head up, honouring the Elders for believing in me and recognizing the timing of things in life. *Outcomes* participants relayed under the Personal Strengths category included, being comfortable with who I am, became really good at what I am doing and recognized my capability, others recognized my needs, it has helped me in my work, ability to deal with issues as they come up, I have very little that I need to hide or not address, developed good habits, I was validated for my sport abilities, I feel proud of myself, it was awesome what I had accomplished, helped me forget and get into a better space in my head, learned how to cry and grieve, recognizing how I think through things, my emotions and grief gets flooded out of me, I gain more confidence, if I look after myself I can look after others, I get more energy to do things, recognize the learning circle of life and steps along the way and realizing my leaderships skills.

Samples

A sample of the participant voices for the Personal Strengths category are outlined below,

- “I believed the Creator put, gave me this disability for this purpose and I am going along for the ride for the rest of the journey and having that attitude, now, is good for me to have, was one of my strengths – attitude.” “Some people don’t realize that I was born with a disability and so I didn’t have to adjust to much. I was growing up with that. To me I didn’t have a disability but it’s a perspective of what people who don’t understand what a disabled is, or what a disability is. It’s adjusting to that. It’s not adjusting to me.” *The outcome* – “And, I think it was important to share that I am comfortable as to who I am.”

- “but I think I, I continued to be rather competitive you know, in high school as well, ‘cause I remember being in this typing class and there’s a young fellow there and he was really good, he was really good at typing and I thought, “I’m going ta, I’m going to beat him” *The outcome* – “so I practised my typing and I became a really good typist because you know, just because I wanted to you know, to show that I was able to compete with, with the best person in the class you know. And so, and I did that with shorthand, I did that with all my commercial courses. I tried to keep up and be better, or up, or be better than that was the person that was the highest in my class so, because I never, although I knew that this was going on (referencing the earlier discussion about the hindering limits placed on her by the post-secondary school staff), I never allowed it to have too much of an impact, only because I knew what I was capable of, you know”

- “And I also remember meeting with my counsellor (high school) and she wanted me to take a foreign language, and she said ah, “Would you like to take French?” or ah, “You

have to take French”, and I said, “No, I’m not going to take French” and she says, “Well what about Spanish or” ... and I can’t remember what other language, I said, “No”, and she said, “Well, why not? You have to take one of these courses.” And I said, “I don’t think I HAVE to”, I said, I said, you know, “I live in the residential school and that for eight years or nine years, I was told that I couldn’t speak my own language. So, if I take English or I take Spanish, I can’t go home to speak to my Grandmother” *The outcome* – “You know, so, so, I, so she let me take another elect .. elect ... Elective, yeah [laughs]”

- “you know, it’s like I’ve told so many people you know, “until you’ve healed yourself, until you’ve dealt with your issues, you’re not in a position to help others because what you are going to do, you’re just going to transfer your issues you know, with that individual that’s telling you their issues, and you’re just going to mix it all up, so, so, I think that ah you know that ah, just ah, you know, staying assertive” *The outcome* – “I think it has helped me a lot in all the work that I’ve done”

- “I think that whatever my grandmother told me, whatever my grandmother instilled in me, that, you know, that I had to understand that I had to have a good outlook in life in order to help others and if I had issues, I had to bring them out and deal with it, you know, it’s just like what she used to do with me when she came to visit me, if there was something that I complained about or was concerned about, she went right to the source and said ‘what’s going on here?’” *The outcome* – “I think that really had some impact on me, to see that my grandmother, as little as she was, well about my size, that she was able to just you know, to ah, ah, make the supervisors or the principal or whoever, aware that

something's not right and they've got to deal with it. And I think that's been my outcome, my ability to deal with issues as they come across my desk"

- "because ah you know, I think that for myself, I've always believed that I needed to address some of my issues" *The outcome* – "I don't think that there's anything really that you know, that I can say that, I, I need to hide or I need to, you know, not address"

- "There's always something good you know, that happened in the residential school you know, for me ah, this is such a simple example, is that ah, every morning, the first, not the very first thing, but you know that ah, one of the very first things I do is I make my bed because that was one of the things that we had to do in Residential School" *The outcome* – "that became a habit with me, and you know, here I am you know, in my mid seventies, and I still remember that I had to make my bed when I got up ... Yeah, and I continue to"

- "I was sent away that next summer to, to ah, Cloverdale, a white public school and experiences up there are not pretty. It happened, ah, the white kids didn't like Indian boys there, and there was only a handful of us there. Then from there, I went to Lord Tweedsmuir and I stayed there. And the same thing over there. All the white boys. And, they didn't know I was such a good athlete and um, from the residential school, and when they picked teams, I was always the last one picked until they seen how much skill I had. *The outcome* – "Then the next time, they'd do the...they'd all want me on their team. And so that, it was ah, it was a lot of experiences like that"

- “Yeah, just, the fact that I had to continue supporting myself... ah, right from when I left home, and had to become self reliant” *The outcome* – “I’m proud of that because I needed to go, and where I want to go...I know what I’m going to do, I know I’m going to be okay”

- “And the good thing about that, I created a band in there (in the white school). [chuckles]. There were two white guys there and a white girl playing tambourine. I started music in 1964, and by the time I was in grade 7, I was performing on the stage. When I was in grade 9, I was performing in the night clubs...already. I wasn’t old enough to get in yet, but my band was good enough. And so, when I got to Cloverdale, I formed a little band with some of these guys” *The outcome* – “It was quite awesome to be an Indian boy amongst all these 900 kids to watch this Indian boy play [chuckles]”

- “And um, with music, was helping me heal a lot better than I was. But I had to eventually start talking about the truth...even though that I had my music career behind me, and it was ah, I called it my music therapy. If I was feeling down, I would pick up my guitar and just play and play and play. I could play it for about six hours” *The outcome* – “And then forget about what it was all about. And I would enjoy the rest of the day” “I had to put my thoughts into my songs and how it helped me, put me into a better space in my head. And, and it created, my anxieties would come down, my fears, whatever it was...and but not avoiding the fact there was other things going on. I still acknowledged them and then, but I said no, better than that, I need to put myself in a better space...and

pick up my guitar and learn some new songs...buy some music books and learn those songs ah, and it was, you know, it was great. It was, I had a lot of books, I read music. I do a lot of instruments, saxophone, trombone, trumpet, anything you know, I could do when I was going to music school”

- “Um, I’m just fortunate that I had opportunity to, to study music in Vancouver, well, Cloverdale, Lord Tweedsmuir and then in Eric Hamber, Douglas College...continue on with music and, King Edward Campus, I took my piano...but ah, I think that I did it in anger. I wanted to, like I said, I wanted to show my dad that he was wrong about, about what I was going to become” *The outcome* – “And in doing so, I had to learn how to cry. I learned how, I had to learn how to grieve. I learned, I had to learn how to talk about the things that was going on in my head. So, that I could move forward”

- “I feel like, as I go on you know, I come across something, I deal with it like. I talk. I talk to somebody about it and, you know, I try to focus you know, why is it here, what do I have to do and is it here for somebody’s benefit you know, through me, ah whatever.” *The outcome* - “I kinda think through it like that.”

- “Laughing? Oh yeah. Oh, definitely. Helps me. Well when you laugh, I think you allow different things, those toxic stuffs that’s in there ...When you laugh, I think it comes out. And when you cry too.” *The outcome* – “It’s flooded out. Yeah. That’s how I feel. Yeah, I think that’s what happens. Yeah. And, and you still can laugh about it even when you are grieving [laughs]”

- “I played music, I was in a Pipe Band” *The outcome* – “it takes me away from the monotony and the Indian Residential School Experience. “Therapeutic”.

- “I played sports, I played softball” *The outcome* – “gives me more confidence”

- “One of the things I talk to them about is ah, Sweathouse ...and what the Sweathouse resembles. Um, because when you go into the Sweathouse, ah, you have to be um, you’re praying for yourself, you’re praying for others...and um, so, I, when I’m talking to the students, those are some of the things I talk about is having respect for yourself and then because once you can gain respect for yourself, eventually you will start gaining respect for others. And when you start gaining respect for others, you start making good choices for yourself and you also start making good choices for others as well, so. Because if you’re not looking after yourself, then it’s hard to look after anybody else.”
The outcome – “So, I think it’s important to first, look after yourself and then start working on looking after other people. Because if you can’t look after yourself, then you can’t look after others.”

- “Um, I think within myself, I try to just kind of see, like health wise, just try to eat properly, um, just kind of, I guess trying to, just kind of um, to make myself well in making good choices for food and things like that, so.” *The outcome* – “Well it gives me more energy to do things. Um, because as I get older, my strength gets weaker, so I have

to ah, work on trying to keep my diet down, and drinking more water. And just kind of giving myself more energy to get out and do things.”

- “Um, I think, I think a big part is just getting confidence in having my, holding my head up. Because ah, I didn’t have confidence before, when I wasn’t healing myself, when I started healing myself, I started feeling more confident and holding my head up and um, expressing myself of who I really am as a person and who I can be” *The outcome* – “I think that’s probably like I feel really proud of myself of how much I changed...since um, my younger years of how much I drank and how much drugs I took um, and some of the people, my cousins tell me I’ve changed so much you’re such an inspiration to, to us to see that.”

- “In one of the things I felt really honoured about was the Elders coming up to me and telling me, you know, we think you’d be a really good candidate to be a Chief here at Soda Creek...because we’ve seen what you’ve done for your life and how much you’ve changed. Even with all the politics that’s going on, you showed that you are here for the community, not for yourself, so, they asked me to put my name down as a candidate to run for Chief and I said, “Sure, I’ll put my name down”. And so when the elections came, I lost by two votes, which is pretty good you know. I didn’t do any campaigning or nothing but a lot of community members thought I’d be, they felt that I was better as a natural resource manager than a Chief, because I was getting a lot of employment for the Band in forestry for them. So, I think a lot of them kinda went that way rather than me being Chief.” *The outcome* – “So, but you know, but I’m still in my learning circle of life

and working with children today and um, I think is probably just another step, maybe that's something ah, I can do later on in life yet. I'm only 53, I still have a chance to maybe consider that later on, but who knows."

- "I remember when I was probably about 7 years old, my grandfather who was a Chief for 36 years for Soda Creek, sat down and he was sitting there and he said, "You know what, I think you would be a good Chief one day". And I was fairly young and said "why are you talking to me about being a Chief, I'm only", like I don't know how old I was maybe 9 or something...He said, "You know why I say that?" I tell him, "Why do you say that Grandpa"? And he said, "Well, you're sitting here beside me listening to my stories and caring what's going on, while all the other kids are out there playing" and stuff. You know so, and, "you took it upon yourself to sit here and listen to me, learn about some of my stories, so it shows me that you're concerned about the community rather than yourself being out there", so, and then." *The outcome* – "So you know, I didn't think much about it then cause I was only 9 years old, hmm well, that's a good story but later on you know, a few years ago, I was sitting there thinking maybe there's something to that, not knowing that I have that within me, but I lost it when I went back to you know, Residential School and I lost that feeling"

4.2.5 Reconnecting to Family and Traditional Parenting

Participation Rate: 83% (5 participants)

Incidents: 37

Five participants contributed at least one incident to the Reconnecting to Family and Traditional Parenting category. The category is the fourth of four categories to reflect an 83% participation rate. There were 37 incidents in this category.

Participants included incidents under the category of Reconnection to Family and Traditional Parenting in the following references, freedom and safety from Indian Residential School abuse, traditional parenting/education and food gathering, alcohol free parenting, family potlatch and naming ceremony, working hard on bringing family together, healthy and stable family, guidance and independence, talking about parent's drinking with siblings, forgiveness to parent for drinking, Elders teachings, having own children, role modeling, showing the younger generation, connecting to children, taught by doing, play, stories, discipline with love, show by example, honesty, dependable, retrieving previous cultural knowledge, nature, gathering medicine, being on the land, spirituality and sweathouse ceremony. Specific *actions* relayed under the Reconnection to Family and Traditional Parenting category included, listening to guidance from grandmother to be independent, appreciating that my family didn't use alcohol, organized a family potlatch and naming ceremony, leaving Residential School and living back with family, receiving healthy unconditional love, mom teaching me about how to tan hides, beading and basket weaving, learning about food gathering, recognizing my mom for being intelligent, feeling ok with being with my dad even though he was drunk, feeling happy mom taught us our culture, remembering and retrieving back culture, actively speaking traditional language in front of children and grandson, recognizing children for their spiritual and cultural activities, talked with siblings about dad's drinking to problem solve why he drank, living one day at a time, spend time with family out in nature, listening to stories told to me by my family, gathering medicine with family, hiking on traditional territory, listening to grandfather's cultural

teachings about the land and the sweat-lodge, showed my children alcohol is not what we need, visiting my family often, being aware of how I am interacting with others and disciplining my children. *Outcomes* participants relayed under the Reconnection to Family and Traditional Parenting category included, ability to go out and leave my reserve in search of career opportunities, alcohol free parenting helped me a lot, bringing family together and showing younger generation we acknowledge our family, felt happier and treated like a human being again, the start of healing, identify and remember who my family was, brings healing, felt connected to my mom and positive, felt pride in my mom's teachings, witnessing my mom's sharing of our culture and ethno-botany, feeling safe, got the hunger to know more about culture, it is hard but I do it, understanding why people drink alcohol, it makes you forget those things and move on and be proud of your children and grandchildren, brings me joy, learned what traditional medicines look like, realizing and seeing first-hand the desecration of the land helps me on my healing journey, received a lot of cultural education, helps my children make good decisions around not using alcohol, stronger connection to my family and earning self respect and respect from others.

Samples

A sample of the participant voices for the Reconnection to Family and Traditional Parenting category are outlined below,

- “the guidance from my grandmother, and ah, because my grandmother was ah, because she played the role of grandmother and mother after my mum died, and so, um, so, you know, she's was always um, making sure that, you know, that ah, I was aware of what to expect in life, you know” “She wanted me always to know that I had to be responsible

and reliable and I had to be independent and that was one of the things ... independence was one of the things she really focussed on 'cause you know, our family broke up, not only from the residential school but through the loss of our mother, because she left six of us behind, and what my mother did, she called her relatives to her bedside when she knew that she was getting, that her health was failing, she had T.B., and so she, you know she could feel her body weakening and that, and so, so, she called her relatives, and she assigned six kids to the different relatives” *The outcome* – “On myself and my healing journey, I think you know, that ah, just ah, just my ability to, to ah, to go out, to leave my reserve and, you know, which was so small, and you know, being in the residential school, so being isolated from everything and everybody and, and really not knowing what kind of career opportunities there were... what careers were out there, right?”

- “I was fortunate I came from a very healthy type of a family. My uncle and my auntie that my mom assigned us to, they didn’t drink, so I didn’t see any alcohol in my growing up years” *The outcome* – “I think that helped me a lot too”

- “I’m really close to my siblings now, you know. In our adult life, we’ve become very close and one of the things that we did with our CEP (Common Experience Payment), that we’ve got, is that we held a family potlatch on my brother’s and my sister and we ah, a year ago last October, we went to Port Alberni and put on a potlatch. We named 75 of our family members. They all got their Indian names” *The outcome* – “that was my way of bringing my family together and acknowledging them, that ah, we lost our culture as a result of being in residential school and that we separated as a family and ah, just

showing our young generation that we have to come together at some point to acknowledge our family” “you know things like that, that I, that I really have to work on in order to deal with the you know, deal with the issues that bothered me when I was going to school, and have some outcome”

- “ getting out of that place” *The outcome* – “I felt a lot happier”

- “being back with my family and treated (by my family) like a human being instead of not” *The outcome* – “felt a sense of freedom that I never felt at the Residential School” “felt like a little more independent”

- “living back with family” *The outcome* – “was the start of healing, the beginning of healing”

- “being with family” “belonging to family” *The outcome* – “starting to identify and remember who my family was”

- “with your family, you know, having real healthy love and affection and unconditional love, that kind of thing that you never had in the Residential School” *The outcome* – “of course, that’s going to bring healing, right”

- “my mom started teaching me how to tan hides, to do beading, to do basket weaving” “she started teaching me about food gathering and cultural food” *The outcome* – “those

were really important to my healing and feeling connected again to her you know, and to our cultural ways, to our plants, “I just felt very good about all that, I felt very positive, it was all positive things”

- “my mom was wonderful and very knowledgeable, my mom never went to school, she never learned to read and write” *The outcome* – “I was very impressed with her and I was so proud of her because she was a relatively intelligent woman, she didn’t have to know how to read and write to be intelligent”
- “she (my mom) shared whatever she knew about the culture, about the environment or ethno-botany, whatever people wanted to know” *The outcome* – “I got to witness that over the years”
- “When I left the residential school, it didn’t matter if my dad was drunk. But, when I was thinking of it, it was, it was better than being in residential school” *The outcome* – “at least my dad didn’t beat me like what the missionary, all the brothers and sisters did to me”
- “I was just so happy to learn that ah, she (my mom) taught us our culture...and she taught us how to respect her culture and people and the land and animals, you know, how you hunt and, how you appreciate it, stuff like that” *The outcome* – “Oh geez, yes. Yeah. (my mom played a role in my healing journey)”

- “I guess I more or less have to like, it was kinda being shunned away or scraped away from me. But, I stayed, I think I stayed home (with family) ‘til I was about 10, so I had that knowledge. I just had to retrieve it back. Yes.” *The outcome* – “Ah, well, when I did that, I, it just um, I guess um, I got more hunger to know more. More spirituality and more of what our people did. Yeah. And, it was so much I didn’t know. Still I don’t know everything but I want to know. You know, everything. You know, when you go home and listen to the Elders. You know, it’s awesome”

- “Well, what I wanted to do, was um, maybe even practice and you know, speaking my language. So, I can speak my language. When I go home, I speak. But um, my children they were kinda upset with me not teaching them. So, I decided you know, I’ll say a few Native words there, you know. Start at home” *The outcome* – “So, it’s kinda hard because you don’t speak it around here. You don’t have people speaking that language around here. So, so sometimes I just forget. But when I do remember, I say different things. So, they ask me, what does that mean, and that...and I tell them what it means. Even with my grandson you know.

- “I know my oldest son, he goes to sweats. My grandfather used to always bring him in all the time. So, I notice my son, he goes into sweats with his buddies and they pray” *The outcome* – “So, I think that helps (me along my healing journey).

- “And, and, my daughter. She’s really into the Native and being out there with nature and stuff like that” “And she (my daughter) always wish she could speak our language because when we went to visit mom, you know, we had to speak their

language (traditional language). She (my mom) wouldn't speak English. She (my daughter) said, oh I missed out on so much you know. Not knowing what she's saying. Yeah, she (my mom) died. *The outcome* – “Yes, I think she's hungry, just like I am, you know”

- “Dustin, I guess, I think he came to the Gathering with us last year. And he went and helped out with everything there. And he, and he went into ah, what do you call it, “Native American Church”? He drew that thing where they have a Ceremony. He went to that. So I think he's probably, really, looking into it too. Yeah” *The outcome* – “That encourages me because they're finding themselves, you know, earlier than I, you know. Seems like when I was their age you know, I wasn't really, I was just floating around I guess” “That's how I see. But actually not really floating around, I know that. That I learned from Christianity and stuff”
- “And but I, although mom never drank at all.” *The outcome* – “I was so thankful for her. That she was such a good mother, you know.”
- “I talked about it (dad's drinking and maltreatment). I think I talked about it with my siblings. And, you know, just thinking that ah, you know, why do these kind of stuff happen to us? Maybe there's a reason, you know.” *The outcome* – “A reason for it, maybe it's for us to understand how all these people are treated like that and able to be helpful to them you know. Yes.”

- “Yeah, I, I did forgive my dad. I left home when I was 16, and I was angry at my dad. I never saw him until after I got married. *The outcome* - “And, and um, after that I used to visit and go cook Christmas dinner or New Year’s dinner for them and stuff like that.”

- “I guess just one day at a time you know, like ah, different things that we’d do. Even with your family. Yeah.” *The outcome* – “You know, it makes you forget those things. Yep. You know. There’s lots of victims in life, you know. It makes you go on. And, your proud of your grandchildren, your children and stuff like that you know.”

- “Well, we just walk sometimes when we’re talking our grandson to the park or whatever and we have him in ball, grass ball, which is exciting. And ah, how we go into the wilderness and do different things. You know, fish, whatever, can fish, and smoking fish, that’s what I do with my family.” *The outcome* – “I enjoy that. Yes.”

- “But ah, I’m really glad she (mom) taught us so much, she told us stories, after stories, after stories, about stories, legends, passed on about my ancestors. Oh yeah. Yes. And, and grandpas. Yeah. And what they did with things and how they lived and respect and stuff like that.” *The outcome* – “that helped me on my healing journey.”

- “Oh, she taught us by doing things. She had, her hands were never idle. She was working all the time. Yeah. So were were haying, or looking after cattle, horses...and gardens. Oh everything, and then, hunting, picking berries.” *The outcome* - “You know, we do that now.”

- “And gathering medicine. A couple of years ago and last year we, I went with my brother last year to get some medicine. Yeah. Some of them I’m scared to take but, you know, I take just a little piece, like this. One medicine that people use back home. If there’s any...it’s ah poisonousness if you take too much. So, you only take a little amount. So, I know that now.” *The outcome* – “Which is good I know how they look like [chuckles] It’s just awesome. And ah its, it’s awesome, you know.”

- “And then we went travelling all over our, our ah, Traditional area. Which was good. We went to the mountains, and hiked and we went hiking into where they’re trying to mine. It was awesome you know. I was just so happy he (my brother) brought us. [chuckles] We hiked seven miles there one time.” *The outcome* – “That helped me on my healing journey. It made me see how they desecrated our land. Logging clear cut. And now they’re trying to mine. They’re trying to poison our waters. Our headwaters. That goes down into the rivers for salmon, you know... spawn, and on and on. I can’t believe the government would allow them to do that, you know. See, that’s the head waters, eh, from the mountains.”

- “Um, well, they, they explained to me the differences of ah, how they used to do. I guess you could say, cultural things. It was a cultural learning that my grandfather taught about of ah, things they used to do. Um, like going out on the land and understanding the land and um, benefiting from the plants for proper nourishment for ourselves, and um, also cultural part and understanding healing, of looking after yourself, um, going into sweat houses and um, how that heals a person...mainly on the stress part. When a person is stressed out from daily activities, you go into the Sweathouse and it’s a relaxation and it teaches you to relax so, um.” *The outcome* – “ah, so I got a lot of education from my grandfather in that aspect of the cultural part” “I didn’t do much of that but he explained a lot of that to me, what those were for.”

- “And also I think probably ah, having children was a really good healing aspect of myself too...because that’s when I really got on to looking after myself. Because when you grow up in Residential Schools, you go back to your homes and normally that’s what you see when you go back home ... is alcohol. So, when my son was born, I made a decision for myself to heal myself on one of the things was not to do that in front of my children. Ah, and also just trying to be a role model for them, to show them alcohol is not something that you need.” *The outcome* - “Um, it was a positive outcome because ah, my children today see the importance of ah, you know alcohol, is not something that you need. Um, I think that, for me, that is something very positive I think that came out of being a role model, doing that for them. So, when they’re on their own, at least it gives them the knowledge of trying to make good decisions for themselves by watching me making good decisions. Yeah.”

- “Well when I was in Residential School I didn’t get to see my family. So, the only time we really got together was at Christmas time kind of and um, even then, ah, they were older than me so they were always off drinking somewhere so I, and I wasn’t really much of a, I drank a little bit but I wasn’t much for that so I just stayed home a lot with my ah, grandfather, or my uncle or something and just stayed home. I didn’t really reach out their either, so. Um, and when I left Residential School, it allowed me to ah, come in contact with my siblings and then I actually got to come into contact with my younger siblings who, I have a brother and sister younger than me to be able to reach out to them and spend time with them now. I find that I, ah every chance I get; I visit my brothers and sisters wherever I go, and get a chance and spend time with them. And um, so we never had that opportunity when we were in Residential School so now I try to make it a point to, when I’ m going somewhere, I know I have a relative in a certain area, to stop by at least, to visit um.” *The outcome* – “So, the communication with the family got a lot stronger after so, and it made me feel better, so that to me, was another healing point in my life, was reaching out to my family because that healing of connecting with my family ah, made me feel good. So, um, so just connections with the family and their children now is ah, is to me, is a really good healing, which I still do today. So, I’m still healing myself in that part as well, too”
- “I guess you could say of ah, you know, the only thing I guess, I guess you could say that was a cultural thing was going down fishing at the river ... and catching salmon but, ah, the good part about that was that we were kind of ah you know, there was a

family, so it kinda felt nice to be there as a family. We were there for a purpose and it was to catch salmon.” *The outcome* – “so I, even though there was some negative things you know that happened with them, there was still some positive things in that aspect of trying to be together. So, that was one good thing about it.”

- “Um, I think one of the hardest things I had to learn to do was the way of discipline. Because discipline in Residential School was quite hard with the strapping, the verbal abuse, ah, the sexual abuse that was going on there. And um, so it was hard to um you know, not keep that in myself and then try to bring it with me and bring it out on to other people. So that was really hard to do. So um, so like when I’m, like today, I try to show everything by example by, just by being nice to people um, I mean discipline has to happen, I try to do it through love, through talking about making the right choices, not just, try to get them to talk about it themselves. Um, because I do, I didn’t like what happened at Residential School and seeing that, you know I didn’t want to see that happen to, not just to my children, but anybody’s children or anybody that I came in contact with so, ah.” *The outcome* – “Well I think the outcome is I got a lot of respect from people for who I am. Being honest of who I am. Um, and I think being dependable I guess you could say.”

4.2.6 Education/Employment

Participation Rate: 66% (4 participants)

Incidents: 16

Four participants contributed at least one incident to the Education/Employment category. The category was one of three categories to reflect a 66% participation rate. There were 16 incidents in this category.

Participants included incidents under the category of Education/Employment in the following references, having a sense of independence, self-confidence and self-esteem, bettering myself, creating a work ethic and making better decisions, career transitions and planning, obtaining transferrable skills, working with foster children in the community, enjoying my job and sports wellness program at work, recognizing and valuing education earned within the Indian Residential School experience. Specific *actions* relayed under the Education/Employment category included, graduating from public school/high school and college, able to get a summer job and work, working was a positive part of my healing, I got a job after completing a program, got a degree as a holistic teacher and taught as a substitute teacher, work with and validate foster children, getting myself educated was important, struggling due to hearing problems made me work harder and develop a work ethic, finding new work when out of work, having good work references, using transferrable skills to new career, getting the school work and assignments done, showing up for classes and really enjoying my job, recognizing and valuing education, sports skills and work ethic skills earned in the Indian Residential School and applying these today. *Outcomes* participants relayed under the Education/Employment category included, big changes in my life, felt really positive because I was contributing to my own financial well-being, I felt more confidence, self-esteem and independence, started to be able to give back and share and support the students, huge awakening for me on my healing journey, I get a good feeling out of my work, looking at myself and trying to better myself, understanding the importance of getting smarter and making better decisions for myself, I was able to keep working

because I had a good work ethic in me, when I applied for another job I didn't have to wait long for another job, I work hard when I get to the school, I can still have a lot of fun and work hard, I like playing sports because I get to use energy, being thankful for my educational and work aspect of my Residential School experience to get the real healing process of where I am at today.

Samples

A sample of the participant voices for the Education/Employment category are outlined below,

- “I was going to a public school, I went through high school, graduated, I went to college”

The outcome – “big changes in my life”

- “I was able to get a summer job and work” *The outcome* – “that felt really positive because I was contributing to my own financial well-being and wasn't feeling dependant on someone else”

- “working was really, I think, a positive part of that healing journey as it relates to my confidence and self-esteem” *The outcome* – “I felt a little more independence”

- “one of the things that helped me , when I finished the (program), I actually got a job, I became a co-teacher/assistant teacher in the program for one year” *The outcome* – “I started to be able to give back and share and support the students, that was very, very healing and very helpful for me”

- “going to university in California, private school system with a very holistic philosophy and methodology on child development and how to teach” “mentally, emotionally, spiritually, physically, respect for the earth” “I got a degree as a holistic teacher and taught as a substitute teacher” *The outcome* – “that was another HUGE awakening for me, I would have never got there without the Native Healing Services (program) on the healing journey, which was like a catalyst that put me out there in the world” “that was huge on my healing journey”
- “I work with children. Foster kids so, I feel, they’re probably going through that same thing. So, I’m kind to them and you know, let them know that I accept them, you know, and talk to them...you know, which is good.” *The outcome* – “I get a good feeling out of that, you know. Some of them get attached to you, you know.
- “Um. I think ah, education was a big part of that. Getting myself educated. Well I just felt education was important to go somewhere and do something with my life. Um, I think that would be maybe one of the positive things I got out of Residential School was some importance of that education was a need to do something in your life. So I would say was a positive thing from going to Residential School.” *The outcome* – “Well I think the, the outcome was just um, kind of looking at myself and trying to better myself for a better life um, for myself. Um, so I, even though I struggled a lot in education because I had a lot of hearing problems when I was younger”
- “I went to a place called Coqualeetza, quite a bit, when I was younger. And so, my learning was slower than a lot of other children, so I had to work harder. And I think, probably just

from my working harder, gave me a good work ethic that I have today, of working hard to try to accomplish something for myself.” *The outcome* – “So I think that helped a lot. So, um, I think as well, just understanding the importance of ah, I think just getting smarter and making better decisions for myself, um. There’s a lot of times when I was not in my healing process, I wasn’t making proper decisions. So, um, I decided to better myself by going back to school and trying to you know, heal myself that way.”

➤ “Well I think one of the things that Residential School did was ah, made you work a lot. Ah, you had a lot of chores to do before you went to breakfast, you had to um, make your bed, shine your shoes ah, get the crease out of your clothes um, things like that, so. That kind of work I kinda still had in me when I grew up to get the things that needed to get done for work. *The outcome* – “So um, I always had the ability to work hard and understand that you know, this needs to get done in order to continue on to something else in the work. I’ve had a lot of different employment from carpentry, to forestry to um, mining to ah, various labour jobs and all of them you have to have a good work ethic and um, I was able to keep working just because I had that work ethic in me.”

➤ “And um, all the jobs were not because I got fired. It was because there was a shortage of work. A lot of them were programs that only went for a while then they had to, the funding ran out. So I immediately would find something else because for the most people would say, well ah, Anthony’s a good worker. So, they gave me good references” *The outcome* – “so when I applied for another job, I didn’t have to wait very long for another job.”

- “So, ah, so, even to make a change in my career from forestry as to a teacher-support worker today, ah, the work ethic even is still there today to do that.” *The outcome* – “So, to understand that forestry is not doing so well, I’m going to have to make a decision to go back to school after so many years, and I still, the work ethic in me ah, to get through the schooling because I hadn’t been in school for so long really helped me.”
- “So, because if I didn’t get the homework done and ah, the assignments done that were needed, and showing up for class and so, the work ethic in those areas, abled me to get the proper papers I needed to work for the people I’m working for in the school district today. And even now, when I’m in working with the school now, the work ethic I do is still really good.” *The outcome* – “I work hard when I get to the school.”
- “I really enjoy my job and I think that’s the biggest part, you have to enjoy what you’re doing and I enjoy working with ah, students so, ah. Because I have a background in teaching ah, coaching and baseball and hockey, so, again, the work ethics I have, I try to bring on to the children for them to have that same ability to work hard and but most of all is having fun.” *The outcome* – “So, um, because I think a person can have, still have a lot of fun yet work hard. Yes.”
- “Yeah, there was ah, I think those two areas of having you know, ah working at the Residential School and getting education, getting a starting education there, um, helped me with my education later on. So, um, I think what Residential School showed, was the importance of those two aspects, of working hard and having an education to make it in life.”

The outcome - “So I think those were probably um, you know a couple of things that I really got out of being at Residential School. So, I mean there was a lot of negative things that went on but ah, I would say for myself, to get to the healing process that I’m at today, those two things really helped me out in healing. So, I would say, I’m thankful for that part, so.”

- “I mentioned there was a couple of positive things for me about going there. Ah, sports was in there...it helped ah, you know, being um, a liking for sports, to play sports, ‘cause we were allowed to. It was in the later years the last couple of years...that we were allowed to play sports, earlier, before, we weren’t allowed to play sports but the last couple of years before they closed, we were allowed to play sports, so. They allowed me to stay after school and join teams and go different places and experience different things, so...” *The outcome* – “today, I still like playing playing sports. That’s one, another good healing part for me that helped ...was ah, going out and playing sports. It was a healing part for me because I get to use energy...and ah, things like that. So that’s another good healing part for me.”
- “came from an isolated village and there was no other educational opportunity for you, just think in terms of, well, if that Residential School wasn’t there, what education would I have received you know, because you know, there’s just absolutely nothing, there’s no daycare, there’s nothing in our, in the reserve that I came from but that’s always something I think about when, you know, when I think about the Residential School” *The outcome* – “just ask myself, if it wasn’t for that school, where would I be today? What would I have become, or, where I have gone, you know.

4.2.7 Friendships/Moving on from Relationships

Participation Rate: 66% (4 participants)

Incidents: 9

Four participants contributed at least one incident to the Friendships/Moving on from Relationships category. The category was the second of three categories to reflect a 66% participation rate. There were 9 incidents in this category.

Participants included incidents under the category of Friendships/Moving on from Relationships in the following references, committed to healing, honest and direct communication, being open, having safety and trust, bonding over common interests like music, camping, swimming, fishing and horseback riding, maintaining friends made in the Indian Residential School and moving on from unhealthy relationships to healthy relationships. Specific *actions* relayed under the Friendships/Moving on from Relationships category included, receiving honest and direct communication, listening and having dialogue, wanting to gain tools to related to the opposite sex, seeking a relationship with a woman and learning how to do that, talking with good friends about my divorce, talk to friends I made in the Indian Residential School and discuss the good and bad experiences we had, getting out of an unhealthy relationship, surrounded myself with friends who played music and sang music, really enjoying being with and doing various common interest things with my friends. *Outcomes* participants relayed under the Friendships/Moving on from Relationships category included, positive outcome for my healing journey, taught me who to seek out for guidance or share life with, relationship gets stronger, a tear falls because of the boldness and honesty from friends but it is very healing, began my healing journey of learning how I have hurt women in the community without realizing it, allows me to ‘talk the talk’ and ‘walk the walk’ in my relationships, realizing

that if I survived the Residential School I can survive a divorce as well, sixty years later I am still friends with people I met in the Residential School who are in the same situation as I was, leaving a relationship behind and realizing I was self-confident and I could do it, remember the good times I had with my friends and having fun with my friends made me forget about everything.

Samples

A sample of the participant voices for the Friendships/Moving on from Relationships category are outlined below,

- “Friends around me, my friend the film-maker, and the (film) cast that I’ve worked with in the past, those individuals, that are really geared and committed to healing, aiding those that are ready to heal” “Those in your past that are there for you” “the real friends are the ones that are direct and honest with you and they care for you” “listening and having dialogue with them and they don’t want to waste my time and I’ve learned not to waste their time” “They are honest and direct, that’s the best way of communicating” *The outcome* – “it’s taught me a lot about how and who to look to for guidance or share life with” “that’s the best love one could get” “it’s a positive outcome for my healing journey, I know where they are coming from” “then I know that our relationship only gets stronger” “they want to share time with you, they want to be with you, but they also want to be honest and direct with you” “every now and then a tear falls, to be honest with you because it’s hurtful, but that’s the best healing process in knowing that there are people out there who care enough to be bold with

- you and honest with you, and direct with you” “if you’re not emotionally stable, emotionally, then it’s gonna hurt”
- “as a Residential School survivor, we weren’t taught the tools of how to relate to the opposite sex and have a healthy relationship” *The outcome* - “so that began my healing journey and realizing that I have hurt women in the community without even realizing it because I didn’t know the language of communication”
 - “I’m gradually moving towards, ah, I mean I can’t change what I’ve done in the past but I can certainly make an impact on change in the future towards...and seeking a relationship with women and how to go about that” *The outcome* – “I’m going to talk the talk and, I’m going to learn to walk the walk in regards to our Aboriginal women with a disability being treated the same, so if I don’t walk the walk and talk the talk, I’m just like everybody else, judging our women with a disability, so I want to seek, seek relationship with them too ‘cause they know what I’m going through”
 - “but ah I had to come to terms with that divorce, and that um, and then I had to start my healing journey over again and deal with that and ah talk with some of my good friends as how it affected me and just you know, what is through, not keeping a lot of that inside of me” *The outcome* – “being able to say, “Well, I survived residential school, I’m going to survive this divorce as well” and I think I have. Only I don’t think I have, I know that I have you know, because I’ve continued, and I’ve ah, sort of picked myself back up and ah, just continued on with the work that I was doing you know to the point where few, really few people knew that I had divorced because

- it wasn't something that I talked about publicly or, you know, I just felt this with my closest friends, yeah”
- “another, another um, good, good thing I always look back at in my experience at Residential School, is that I made friends at that school and today, I still have those, I still have a lot of friends from Residential School you know, we, we visit back and forth, we, we talk on each other and we can sit and reminisce and we can talk about the good and the bad experiences that we had and you know” *The outcome* – “so, that’s really one very...really one of the good outcomes that I’ve had you know, that you know my experience being in the residential school is the, is the close friendships that I developed and you know, sixty years later, we’re still friends and we still have those contacts, and you know, and so, you know, I, I just really think that you know, um, that survivors are like in the same situation as I was”
 - “getting out of an unhealthy relationship was also part of my healing journey” *The outcome* – “leaving that behind, that was very, very difficult to raise three children by myself, and but I was self-confident, I could do it”
 - “Some of my friends, I grew up. My, my father was a musician and he played all the instruments. And so, I played everything too. I treated music that, prior to that, my friends consist of those ones who played music and sang music and had some kind of instrument in their hands, so, I surrounded my friends, we played a lot of songs, we played a lot of dances and I just had a great time in those years, and we travelled,

doing road ah, rodeo dances and tournament dances, and wedding dances .. and many entertaining, many different communities, and Agassiz, and Mission and Vancouver. You name it, we played everywhere” *The outcome* – “Those were the times. The good times that I had”

- “Well, one of the things that I really enjoyed when I was growing up, is being with my friends, camping. We’d camp across the lake. Swimming. Being with my friends. We had such a great time. And we’d saddle back, take our horses and saddle back way up in the top of the mountains. And then we’d camp there for a few days. Or we’d backpack all the way up there and then go canoe, and these things with my friends” *The outcome* – “Forgot about everybody, forgot about the community, forgot about...things like that and then the sad thing about summer was over”

- “I enjoyed fishing too, so I’d go fishing with my friends and stay fishing all day” *The outcome* – “Those were, those were the good times that I had with my friends”

4.2.8 One-on-One Counselling

Participation Rate: 66% (4 participants)

Incidents: 14

Four participants contributed at least one incident to the One-on-One Counselling category. The category was the third of three categories to reflect a 66% participation rate. There were 14 incidents in this category.

Participants included incidents under the category of One-on-One Counselling in the following references, adult-child to adulthood transitions, intimate relationships, honesty with

self, directness of counsellor, learning about abuse, inter-generational aspects of healing, lateral violence, realizing strengths, removal of internalized shame, grieving loss of family, letting go, releasing survivor guilt, sober healing, sharing and validation of personal challenges. Specific *actions* relayed under the One-on-One Counselling category included, running from counsellor because of still being a child inside, it is up to me to decide to be truthful with myself, counsellor shared with me that it was my time with her and it was my decision on how to spend that time, counsellor being more direct with me because we like to sway and play games, realizing that it wasn't the truth (my identity of being Indian was terrible, shame, horrible), sitting with my counsellor and sorting out all of my stuff, talking about all of my family one-by-one and the pain would come and I would cry, I saw a counsellor to tell me it wasn't my fault that I witnessed a boy dying in Residential School, even when I was sober my problems came and I talked it through with a counsellor, I started to do the grief work on all those members of my family who were deceased, realizing the need to separate what happened to my peers in Residential School and what happened to me and sharing about the Indian Residential School experience with a counsellor. *Outcomes* participants relayed under the One-on-One Counselling category included, it really helped me move forward to see the difference between the clown in the past and the male today, I realized there were many factors to moving on from being lonely and single all my life, counselling has got me where I am today on my healing journey, realizing I was just hurting myself and it was me who needs to heal, I learned about all the abuse words such as inter-generational and lateral violence, realizing that I am smart and I can succeed at anything, I started to breakdown and cry in the counsellor's office, that was the beginning of my journey where I started to let go, understanding the Residential School and why I became an angry man, I realized that I had to basically help myself, problems came but I managed them a little better,

realized I needed to do the grief work when they died and not twenty or thirty years later, allow myself to move forward and use my tools I learned because it's no longer scary, I can take care of myself and not own everybody else's stuff because I have enough stuff of my own and receiving validation for my experiences.

Samples

A sample of the participant voices for the One-on-One Counselling category are outlined below,

- “I was an adult child prior to counselling” “I used to run, even run from my counsellor because I was still that clown child” *The outcome* – “it helped me move forward within the last six to eight years, I've really moved forward and saw the difference between that clown in the past and being the male”
- “I'm 56 years old and I've never had a relationship, so it's entirely up to me, whether I'm going to be truthful with myself, let alone the counsellor” *The outcome* – “I realized there were many factors, if I were to ever move beyond loneliness or being single all my life, I had to be serious, not only with my counsellor but with myself”
- “the key factor was the counsellor shared with me, this was my time with her and it was up to me how I would like to spend that time, I can either waste her time and my time or get down to the meat of the matter and that was dealing with myself” *The outcome* – “what really opened my eyes was that I didn't want to be that lonely man today and I don't want to become that lonely man down the road” “counselling has got me where I

am today, made me realize that if I want to move forward I need to continue on the healing journey and that's through counselling"

- "the counsellor being more direct with me, because sometimes we like to sway and play games" "being that male child" "but through counselling, the counsellor would address the issue of me using these walls and hiding from them and laughter was one of the mechanisms of keeping me, keeping her at a distance or keeping the counselling at a distance" *The outcome* – "in the long run I realized I was just hurting myself" "I'm learning as I go, the healing journey for me is realizing that I'm either going to be that clown or I'm going to be that individual moving forward and the man that I should have been years ago and realizing that it's me who needs to heal"

- "as I grew older, I started realizing it wasn't the truth (my identity of being Indian was terrible, shame, horrible), in my thirties, I started getting one-on-one counselling after I finished that program" *The outcome* – "I learned about abuse, all the words we now know, inter-generational, lateral violence, and started really realizing, all those things aren't really true" "I realized that I am smart, I can succeed, I can go back to college and I can succeed in anything"

- "I had to sit with a counsellor for two years, sort out a lot of my stuff" "First of all, my family, all of my family up 'til about that time, about 6 or 7 had died from alcoholism. My mom, my dad, my brothers and sisters" *The outcome* – "around that time, and I started, I started to break down and cry in the counsellor's office. I was crying because I

ah, missed everybody, all my, important people in my life at that time, my father, my brothers, and my mother, everybody was gone already and I was basically kinda totally alone”

- “I continued going to see my counsellor as well in South Vancouver to talk about ALL my family. He would talk about them one by one and then the pain would come and I would cry some more then he’d talk about my sister and the pain would come some more” *The outcome* – “And those were the beginning journey of ah, starting to let go”
- “what happened to me, in my stay in residential school, you know, some of those things, I had to do some healing on, is a boy died in my dormitory...and it was, I was just a little boy...and somebody should have helped that boy...and I carried that with me for a long time...nobody helped that boy. He just laid there in his bed and died. I was angry about that too. And so I had to learn, how to, it wasn’t my fault. But ah, things, I don’t know things like that are, ah, deeply imbedded in my system. So I saw a counsellor to tell me that it wasn’t my fault. *The outcome* – “When you think of the residential school, why I became an angry man”
- “And it was all the talking I had to do to my counsellor as we went through the session after session...even though I had become sober, still problems came” *The outcome* - “Problems came but I managed them a little bit better”

- “when I finally started to doing the grief work on that, on all those members of my family who are deceased” *The outcome* – “I realized that I should have done that grief work when they died. And not, not have to wait twenty, thirty years, you know, to deal with it”

- “That was the, ah, the big step that I had to take ... because I was afraid to talk about them (my family). I didn’t even want to look at pictures of them. And, even memories of a song that my brother would sing would trigger me. Or a lot of things, a lot of triggers that would happen. But today, it’s okay. Because I learned how to talk about it and grieve about it” *The outcome* - “That I can allow myself to move forward. It’s ah, no longer ah, scary” “Now, because of the tools that I have today, to guide me to a better place in my mind”

- “I realized today, that wasn’t my stuff either. But, just the fact that I knew and the emotional stuff that happened and deep anger, whatever. That’s not my stuff. I had to separate what was happening to them (my peers in Residential School), to me, because ah, I had my own stuff.” *The outcome* – “And would be okay with that, I have to be okay with that. I had no control over what they (the church Brothers) were doing. And if I tried to interfere, I’d be next in line. So, I always think of that, what is my stuff. What belongs to them, what belongs to me. So, I can take care of myself. Not own everybody’s stuff. I have enough stuff of my own. [laughs]”

- “Sharing about the Indian Residential School experience with the counsellor” *The outcome* – “receiving validation for my experience

4.2.9 Self Help/Self Talk

Participation Rate: 50% (3 participants)

Incidents: 7

Three participants contributed at least one incident to the Self Help/Self Talk category. The category was the only category to reflect a 50% participation rate. There were 7 incidents in this category.

Participants included incidents under the category of Self Help/Self Talk in the following references, working on internalized shame, practicing self-talk and affirmations, being aware of stinkin' thinkin', working on pain and anger, reading, art therapy, self expression through writing, separating past from present in mind, forgiveness and having a perspective on moving forward. Specific *actions* relayed under the Self Help/Self Talk category included, you say to yourself that is your stinkin' thinkin' and that's not true and you put on a new tape, I would look up at them and say, "oh, no, no, that's not Father so and so...that's somebody else", divide the abusers from Residential School to today, I had to own it all and forgive myself for wanting to kill somebody for what they did to me, telling myself that I will survive, self help books and going to art therapy and I write about how I feel about what happened and why it happened.

Outcomes participants relayed under the Self Help/Self Talk category included, over the years the stinkin' thinkin' conditioned thoughts have gotten less frequent, I can feel ok and forgive those people who harmed me so I can move forward, able to realize that I don't want to do harmful things because I am better than that, realizing I have an opportunity to move forward and be the best person I can be and I gain more self esteem and feel pretty good.

Samples

A sample of the participant voices for the Self Help/Self Talk category are outlined below,

- “it’s those voices in your head” “the things I have learned over the years, the affirmations, that’s when I started my healing journey, a lot of my teachers used the words ‘stinkin thinkin’ so you say that’s your stinkin thinkin, that’s not true and you put on a new tape and say ok” *The outcome* – “over the years it has gotten less frequent, it doesn’t stay around long, you know that’s an old voice, old memory, isn’t true anymore, NEVER WAS true, recognizing that they were true at one time because I was conditioned to really believe those were true”

- “A lot of anger towards anybody. And then the things are, I had to, today I look at all the brothers and priests and sisters, if they are still in existence around here, because..I look at them and I would cringe, and then I would look up at them and say, “oh, no, no, that’s not Father so and so...that’s somebody else. That’s somebody that looks like him. So, I had to start dividing those times of who was, who was the abusers and stuff from residential school to today” *The outcome* – “And then I feel okay” “Cause in my mind, I had to forgive those people who harmed me” “And so that I can move forward”

- “And but so, that was the start. You know to. I had to do something about this and own it all...had to forgive myself for all the horrendous thoughts I had, I wanted to kill somebody because what they did to me” *The outcome* – “You know, I don’t want to go there. I ah, I’m better than that. You know. It was a journey that brought me here. And, more and more and more stories like that”

- “to think that my family died from alcoholism. You know they didn’t make it. They had some stories, untold stories. My brother died from cancer last December. And you know, it wasn’t, he always used to say, “Life’s not fair” you know, everybody’s got family. Seems like everywhere I went and, that I’ll survive. I’ll survive that. Those hard, hard things you know” *The outcome* – “Just part of me now. I have a whole opportunity to still move forward and be the best person I can be”

- “My self-esteem? Yeah, um, I think it was ah, self help. Self help books and going to different stuff like art therapy and ah, just talking about it you know.” *The outcome* – “The outcome? You gain more esteem.”

- “I try to. I write sometimes, I write. Yeah. I write about it and tell how I feel and why it happened and I wonder, is this a message or, you know, for me to do something about it?” *The outcome* – “I feel pretty good and I do it”

4.2.10 Addictions Treatment

Participation Rate: 33% (2 participants)

Incidents: 10

Two participants contributed at least one incident to the Addictions Treatment category. The category was one of two categories to reflect a 33% participation rate. There were 10 incidents in this category.

Participants included incidents under the category of Addictions Treatment in the following references, treatment center, sharing about grieving loss of family, alcoholics anonymous, sharing addictions problems, sense of common community and friendship, not alone, life saving,

medical doctor regular check-ups, support, patience, referrals, integration with other helping resources, church guidance, being sober, no need for alcohol and drugs and a lot more choices. Specific *actions* relayed under the Addictions Treatment category included, attended a treatment center back in 1990, talking about it which I never did before, cried very hard and sobbed the whole time, joined alcoholics anonymous and talked about problems with alcohol and drugs and listened to others, worked with my doctor, attended support groups, listening to the church and realizing I didn't need alcohol and drugs in my life and choosing and working at being sober. *Outcomes* participants relayed under the Addictions Treatment category included, I started talking about it (my family) because it was driving me crazy, when I finished crying I swear I could almost float because so much pain was lifted, I didn't feel so alone anymore, every day I tried to find answers about how I could be more happy and more at peace, it makes me feel good because I made friends and it made me feel valuable, I continued seeing my counsellor and continued seeing my doctor, realizing how close to death I had become, it opened up that part of me and made me look at that a bit closer and it allowed me to have more choice in life for me and my family.

Samples

A sample of the participant voices for the Addictions Treatment category are outlined below,

- “I attended a treatment center back in about 1990 or somewhere, um, I had no more alcohol, or wasn't taking any more drugs. And everything surfaced around that time. And then they talk about family and a lot of feelings, feelings, came up at the time... and I guess about at that time, I just wanted to die. I didn't wanna talk about it. I didn't wanna, you know, I

didn't wanna tell anyone how I felt about that time and ...*The outcome* – “way back then and um, and I had to start talking about it. It was driving me crazy ‘cause I missed all my family”

- “you know, I just ah, I was overwhelmed of the thoughts, the images of my family in my head in the treatment center and ah, I didn't wanna think about it but I couldn't stop thinkin' about it and so I cried very hard and I hammered the table and I said, “when is this going to stop? As a result of that um, the counsellor said, “You're doing it know Frank, you're talking about it” which I never did before” “the most important thing that I realized was that I don't know how long I was crying and hammering that table because I wanted that memory to stop. I wanted that feeling to stop and I cried and I basically sobbed the whole time” *The outcome* – “And when I finished crying after the counsellor there said ah, I was doing it now, I was talking about it. Like I cried and cried and cried but when I finished crying I was sitting there in his office, I swear I could almost float because there was so much lifted that day regarding my family and so that was a really turn around point of, of a lot of the pain that I carried for years ... years and years, also, it all started way back you know, way back when I was a child. You have no control over what was going on there. Grieving ..”

- “I joined the Alcoholics Anonymous. And I would sit in the room and ah, ah share some of my problems of alcohol and drugs and then also, I would listen to others in the room, in many rooms I sat in and I realized that a lot of people are going through a lot of pain” *The outcome* - “I realized then, I said, well, see you're not alone, seemed like some of them are talking my story. They don't even know me but they're talking their own story that sounds

like my life. And I didn't feel so all alone anymore. I could carry on and so I kept going to meetings”

- “when I drank to the extreme my liver was enlarged and you know, there was enzymes in my liver for a long time until my liver finally cleared up” “you know, I wanted to live, even though I wanted to die, I was too scared to die and had to do something about it and so I remained going to Alcoholics Anonymous for the next three years” *The outcome* – “and every day... trying to find some answers on how I could become um, more happier I guess, more at peace with myself”
- “one of the things that made me want to stay in Alcoholic Anonymous was because I would tremble and shake and sweat and I just wanted the meeting to be over so I could crawl into bed and hope tomorrow was going to be better. Every day, I hoped tomorrow was going to be better than today. But when one day I heard that lady say that she didn't have a very good week this week, she said her daughter committed suicide. And, at that time, I thought wow, her problems are so much, my problems seem so tiny compared to what she was going through at the time. And I said, this is the place I belong, people helping people” *The outcome* – “I felt pretty good because now I have made some friends. I only know them on a first name basis and like we became friends because we had something in common. We had some kind of addiction problem that people relied on drinking and drugging and that's the only lifestyle we knew at the time. And but, you know, their stories, it didn't really matter what they'd done. But it mattered to me how we were going to try to survive that time, those times, when I, in the early stages of my sobriety you know, the friends, you know that came

up to me and shook my hand and said “welcome Frank” you know, “keep coming back”, you know, so it makes me feel valuable”

- “I wanted to continue staying sober you know because my liver was enlarged and the doctor said that I was going to die in a year if I didn’t quit then. So, I went into depression, and I was on anti-depressants and my, my doctor, I approached my doctor and I said, “Am I going to be on these pills for the rest of my life?” and he pointed to me, poking my shoulder and said, “Frank”, he said, “You were so busy drinking and drugging, you couldn’t begin to know how to be happy. I want you to go out there and have the best time of your life.” *The outcome* – “So, I quit taking anti-depressants and said, “well, this is me, nothing more, nothing less”... and I started to go to more meetings and went to the AA dances ... and made more friends. I just continued doing that, continued seeing my counsellor, continued checking in with my doctor”

- “The, the doctor put a lot of input in my life and set me up for a treatment center...and set me up for support groups...and there’s other things that helped me through and, and, to where, to where I’m at today, it’s a long haul from down skid road” *The outcome* – “The outcome was. I had a very good real outcome and that was to, to realize that um, how closer to death I became. How close to death on numerous times and which alcoholic seizures and ah, my memory was gone for a while but it returned after I came to and, and I’d be grateful for that and that ah, my doctor was very patient with me. There was times when I only had so much money to give to the doctor’s office”

- “Um, it (the Church) showed me that ah, alcohol and drugs was not something that was normal. It was just brought on to me...as a child and um, it showed me that it was something I didn’t need to get by in life itself” *The outcome* – “so, it opened that part up and made me look at that a lot closer.” “I was probably, 24, 25 years of age, somewhere in there”
- “Um, I think for myself, the biggest thing is just being sober. Um, because just being sober itself made a big difference in my life.” *The outcome* – “Um, it allowed me to do ah, you know a lot of choices in my life of ah, what I want to do for myself. And also, ah for my family as well too.

4.2.11 Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life

Participation Rate: 33% (2 participants)

Incidents: 10

Two participants contributed at least one incident to the Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life category. The category was one of two categories to reflect a 33% participation rate. There were 10 incidents in this category.

Participants included incidents under the category of Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life in the following references, spirituality, self worth, self esteem, clarifying spiritual journey, share experiences and letting god help you, express feelings, open up, praying for strength for self and others and gratitude. Specific *actions* relayed under the Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life category included, Christianity really opened my spiritual eyes, being taught from the Bible that we all matter and are created equal and god loves us all, I went to Christianity in 1980, Christianity helped me with

Native spirituality which I never knew existed, I had to weigh everything according to the Word on how I was hurt and treated, being a Christian, learned how to not make fun of how people pray, openly shared my experiences of the day and let God into my life to help me, pray for myself and other people for strength to get through the day and talk to God and thank him for things and changing my life. *Outcomes* participants relayed under the Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life category included, I found out that I am something and that I am special, it opened up my spiritual eyes, I started getting interested in spirituality, it felt good to know I had a spirit, I can see the growth in myself, gain more self esteem, I just love that (having more self esteem) because people try to knock you down, it taught me to open up and express my feelings more and it makes me feel good knowing my life is changing for the better now.

It should be noted that one participant contributed to the Holy Spirit Filled Christianity (Pentecostal) section of this category. The other participant contributed to the Letting God into Your Life section of this category. Both participants expressed that it was not a Catholic Church they attended. One participant expressed strongly that the title of the category be named Holy Spirit Filled Christianity (Pentecostal) for her incidents. The other participant contributed to the category title of Letting God into Your Life for his incidents.

Samples

A sample of the participant voices for the Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life category are outlined below,

- “Okay. Think part of it was um, Christianity. I know I went through um, a time after I was trying to quit drinking...that ah, maybe I should go back to church, like you know, Catholic

Church. And I kept going there and there was nothing happening. Nothing happening, nothing registered because that's where we went through the Mission, you know.....the Catholic (Residential) school. But um, so Christianity and I guess that really opened my spiritual eyes" *The outcome* – "and, I found out then that, you know, I'm something. I'm special. And we all have a purpose in life. So, that's what I found out and it opened my spiritual eyes"

- "I was being taught From the Bible. Yeah, and ah, it was about human kind I guess. What they go through and that ah, we all matter eh? And God loves all and he made us all equal..and that you know, how they treat us, you know, the other race (the Residential School)...it's not true. That's their downfall. It's not mine, you know" *The outcome* – "Hmm mm. Yeah , and um, I guess from there on, I started getting interested in spirituality"
- "Um, I guess um, I went to Christianity when, in 1980 I guess that's when I first ah, what happened was I went to a meeting with my sister in law. And it opened my eyes. That's when I really knew that God existed" *The outcome* – "Um, it felt good. I had a spirit, you know"
- "What happened was, I took Christianity and it really opened my spiritual eyes and it helped me in the native spirituality. When I first started, I didn't have a clue what it was" *The outcome* – "Can you imagine that? Yeah. So, that's how it's been. Yeah."

- “Um. I guess um, all spiritually you have to kinda weigh everything you know, according to the Word. You know, that ah, how we were hurt, this and that, sometimes, how you were treated” “Especially if you went to ah, hard times” “I think any, any situation, ah for example, I was thinking of Nelson Mandela. He was in prison for 20 years but it brought him to freedom. Isn’t that awesome? That’s growth.” *The outcome* - it makes you grow. Yeah. And ah, I think as ah, we go through hard time, we tend to grow. They say, you don’t grow if you’re not going through a hard time. In Christianity, they say the time you grow is when you are in the valley. Yeah, so.” “Oh yeah. Definitely. (can see the growth in myself)”
- “And, especially being a Christian too.” *The outcome* – “You get more esteem ‘cause ah, you are special. You’re unique, as a person you know. No matter who you are. You’re here for a purpose.”
- “I heard a lady at the spiritual gatherings that, I know there was a lot of people that were knocking Christianity, a lot of native... thinking of residential school. That was Catholicism, right? Yeah, but um, the lady said, don’t ever, ever make fun of anybody, right. Whether its Buddha, ah Muslim, Christianity, American Indian. Don’t ever because that’s how they pray to their creator. That’s what she said. Yeah. *The outcome* – ‘I just love that ‘cause some people tend to try to knock you down, you down you know. So, I really appreciate that. That was ah, wisdom.”
- “one of things I did for myself was I went to Church. And um, it was ah, it wasn’t a Catholic Church. Um, it was a Church where you just openly were able to share your

experiences of the day and how um, just kind of just letting God into your life and help you.” *The outcome* – “So, that was ah, one of things I went back and did for myself was to help look inside myself to see what was bothering me. And I think ah, it taught me to open up and express my feelings more.”

- “The praying I do is for ah, well, once in a while for myself but mainly for other people...because when I have my daily life, I see certain things during the day and I would just say a quick prayer, um, “Lord, can you please help those people” or if I see someone hurt, um, “Lord, give them the strength to get through the day” for what was going on in their life at that moment. Ah, they’re totally complete strangers but yet I will still pray for them and um, sometimes I might have a bad day or something and I’ll just say, “Lord, give me the strength to get through the day” for me. ‘Cause I’m not um, or if I’m angry with myself inside for whatever reason, maybe that day” *The outcome* – “ah, so, those are some of the prayers that I do, mainly on my own, for people and for myself.”

- “I was sitting there by myself, and I was, I talk to God once in a while...I talk to him and thank him for things. And I said, “You know God, I thank you for changing my life and making me better for myself. I don’t know if you’re listening, you’re probably listening to a lot of other people but, I just want you to hear that” *The outcome* - And it made me feel better thinking, you know, it was a good, I think one of those healing days for myself where I felt good for myself you know, knowing that okay my life is changing to better

now. So, ah, things like that, I have little inspirational things just for myself once in a while, to help myself, you know, so. Yeah.”

4.3 Hindering Categories

The participants in this study provided 307 incidents. The hindering section included 64 incidents which made up 20% of the total incidents. The incidents were coded into 6 categories. The category titles by participation rate were: 1) Internalized Shame from the Indian Residential School Experience, 2) Coping Behaviors/Readiness to Heal, 3) Intergenerational Trauma, 4) Religious Indoctrination, 5) Community Coping and Societal Dynamics, 6) Money Cannot Heal. The categories are described below along with examples of participant incidents, actions and outcomes provided.

4.3.1 Internalized Shame from the Indian Residential School Experience

Participation Rate: 83% (5 participants)

Incidents: 33

Five participants contributed at least one incident to the Internalized Shame from the Indian Residential School Experience category. The category was the only category to reflect an 83% participation rate. There were 33 incidents in this category.

Participants included incidents under the category of Internalized Shame from the Indian Residential School Experience in the following references, education and career, separation from language, culture and family, cultural and spiritual identity crisis, low self esteem, parenting challenges, Indian Residential School abuse and effects including verbal, emotional, spiritual, physical and sexual abuse, blocking out some of my Residential School abuses, witnessing abuses on peers in the Indian Residential School, stinkin’ thinkin’, conditioned negative thoughts, men don’t cry, anger, isolation, illness, aggression and suicidal ideation. Specific

actions relayed under the Internalized Shame from the Indian Residential School Experience category included, they really didn't have an understanding of us or have any confidence in our educational knowledge, my loss of language, culture and separation from family, didn't have the freedom to associate with my four younger brothers while we were all at the Indian Residential School, subsequent family break-ups relating to similar losses at the Indian Residential School, I was taught to be ashamed, they (Residential School) programmed in us that we were failures, negative things they put on us such as, you are a dumb Indian, it is still conditioned in me way back in my mind, you don't realize why you do the things you do, I didn't know about smudging and ceremonies, I couldn't relate to the dogma of Christianity, coming out of Residential School feeling like I had no identity, I didn't understand and was confused, I was judging myself and being hard on myself, I came away with loss of self esteem and shame, over the years I had a lot of issues as a result of being abused at the Residential School, there are still old conditioned thoughts that creep back in, I was taught as a child that men don't cry, choking it down and not sharing, I witnessed other boys being brutally beaten, self esteem was so low from being shunned at Residential School, ashamed to do all kinds of stuff like drumming or speaking our language, feeling degraded because they (Residential School) felt they could do whatever they wanted with you, had dreams about the sexual abuse at the Residential School, a lot of it I blocked out for whatever reason and I had a hard time to understand because of my problems with my hearing. *Outcomes* participants relayed under the Internalized Shame from the Indian Residential School Experience category included, it depletes your confidence to go on, I have tried to do something about that on my healing journey, those are the issues that really bothered me, I had to come to terms with that and relate it to what happened at the Indian Residential School, I stuffed it and acted it out in an unhealthy way, I learned a lot of fear, I wouldn't have

had to have a healing journey if I didn't have that experience, I'm still affected by it, as a young person you act out what you feel, I was afraid and ashamed of that part of me and ashamed of my brown skin and parents, I felt lost spiritually, cry myself to sleep at night wondering why I was such a horrible person, grew up as a teenager trying to be good, invisible and perfect, I had dark skin so I couldn't hide my identity, I was afraid of going out into the world by myself, affected how I related in my relationships, definitely hinders my healing journey even today, I suffered for a long time trying to choke up my feelings, I believe it caused me a lot of illness such as hypertension, anxiety, aggression and suicide, all the anger that I carried, it was probably why I drank, I still have quite a bit to recover and heal yet, it was horrific, it was a challenge to deal with, those memories are probably in the back of my mind and receiving a poor and challenging education experience in elementary and secondary years.

Samples

A sample of the participant voices for the Internalized Shame from the Indian Residential School Experience category are outlined below,

- “when ah, my principal said that, you know, I, ah ... when, when I went to high school, you know, they ah, I think the counsellors really had a really negative understanding of us as people, because when I started high school, it was about the time that Indian Affairs allowed us to go to public school, right. and so, so ah, they really didn't know too much about us, and so, and, ah, I had to say that ah, a reflection from somebody that I went to ah, residential school with ah, they really didn't have any confidence in our educational ah, knowledge, or, because you know they wanted to put us all into the commercial you know, rather than the academic” *The outcome* – “Well, it made me feel like ah, I guess,

starting from high school, knowing that I couldn't ah, I couldn't ah choose whether I wanted to be ah, I think they called it the commercial level or the academic level. They told...I had to go into commercial level, yet I had the grades, like I went to school from grade 1 to grade 8 in the residential school. And then when I started in grade 9, I went to public high school and I was very competitive when I was in the residential school because we were a small group, right?. And so, I became very competitive and then, and then when I started high school and I was told by this counsellor, that I couldn't go into academic programme, I felt rather, well, why did I work so hard from grade 1 to grade 8, I was trying to catch up, you know because we started school so late, I was trying to catch up on my education and that, and then ah, and then ah, you know, going to, going to the high school and feeling like 'wow' you're not capable, you know, and so, I think that, that depletes your confidence I think, you know to really, really go on"

- “not so much ah, you know issues around the abuses or what have you but more issues around um, my loss of language, my loss of culture, my, my separation from the family and ah, ah, you know, those are the things that affected me most in school” *The outcome* – “and so ah, so, I've tried to do something about all of that, you know and, and ah, and that's been part of my healing journey”
- “you know, like I said earlier, I separated, my family, our siblings were separated because of the death of our mom and subsequently, the residential school separated us. We were all in the residential school together but there was an invisible line. I didn't have the

freedom to associate with my younger brothers and I had four of them there” *The outcome* – “so, so, I think those are the issues I’ve had that really bothered me”

- “I think the only hindrance that I identified with the, with the residential school experience is ah, the break-up of my marriage, you know, because I, it’s been a number of years ago now, that I actually divorced, but ah, for me, that divorce was like going through the same emotions and um, and same things as you know, the same things as residential school because it breaks up your family, it separates us, and ah, and you know it, brings you know, and there are issues that you have to deal with and you always wonder, well, why? I, I, it’s like ah, I still wonder why, you know, at 25 years later, I’m saying why did it happen? You know, and so, so, I think, for a period of time, just the break-up of my marriage, kind of hindered my healing” *The outcome* – “and then I had to come to terms with that and say, okay, so this happened, and I identified, so, I identified it so closely with residential school”

- “I never looked at it like, wow, I was taught to be ashamed” “I had those feelings that I didn’t recognize, well from abuse, didn’t even recognize that was abuse, the way we were treated” *The outcome* – “it was something that I would have just stuffed, stuffed, and act out some of it maybe in an unhealthy way”

- “they (Indian Residential School), kinda programmed in us that we were failures, already, we wouldn’t graduate” *The outcome* – “I learned a lot of fear from that Residential School”

- “all those negative things they put on us – you’re going to be pregnant by the time your 14, you’re a dumb Indian, you’re a drunk, that’s what your family is” *The outcome* – “definitely (hindered), I wouldn’t have had to have a healing journey if I didn’t have that to begin with, right?” “that kind of programming, that kind of abuse put on us, on me, individually, it certainly hindered my healing journey”

- “there’s still things that I can say, wow you know that still is there, way in the back of my mind and my memory or tape, it’s so deeply conditioned in me” *The outcome* – “I’m still affected by it”

- “you don’t realize why, why you’re doing these things, or why you are feeling these things?” *The outcome* – “at the time, as a young person, you act out whatever it is you know or feel”

- “I didn’t know about smudging, I didn’t know about ceremonies, I didn’t know any of that (culture), it was hidden from us” “we were all punished if we ever even spoke our own language, when we went to Residential School” *The outcome* - “I was afraid of that part of me” “I was ashamed that I had brown skin” “I was ashamed of my parents”

- “I couldn’t relate to the dogma of Christianity and the fear-based teachings of Christianity, I didn’t have the cultural teachings, especially you know, spirituality” *The outcome* – “I felt lost spiritually”

- “coming from that Residential School and feeling like I had no identity” “when I walked away or finally left there, I was nothing” “I was nobody” “I was never going to succeed at anything” *The outcome* - “I used to cry myself to sleep at night, wondering why I was such a horrible person” “I must have done something really bad sometime in my life, I was a child when I was thinking this”

- “I never really understood why I was being punished, I was confused” “I knew what they said wasn’t true, my mom and dad weren’t bad, my mom and dad weren’t drunks” *The outcome* – “I grew up as a teenager and then to my adulthood still trying to be good, hiding in myself, became very quiet, very good, I didn’t want to be recognized or noticed, tried to be invisible, a quiet child tried to stay out of trouble, do my work and everything I was told, trying to be perfect”

- “judging myself and being hard on myself” I didn’t know who I was, I was ashamed of being Indian, that’s what we were called back then” “I didn’t want to be Indian” *The outcome* – “I had dark skin so I couldn’t hide my identity” “I knew I was Indian and my identity of Indian was terrible, shame, horrible, drunks, bad people”

- “the low self-esteem and all those things were part of what I came away with, shame and all that stuff” *The outcome* - “there was a lot of stuff that wasn’t working well, you know”

- “I still suffered with low self-esteem and you know, doubting” *The outcome* – “I was afraid, I was afraid to go out in the world by myself”
- “over the years I had a lot of issues - in the Residential School there was a lot of not just mental, emotional abuse, spiritual abuse, there was physical abuse, there was sexual abuse” *The outcome* - “all these things affected who I was and how I related in my life, not just my marriage, but in all my relationships”
- “there is still those old conditioning thoughts that creep back in” “and say, no you can’t you are not good enough” “it’s pretty hard to change that old tape” *The outcome* – “It definitely, definitely hinders my healing journey, even today”
- “one of the things that ah, would surface sometimes people would talk about my brother who was deceased, and say, oh I remember your brother, and I, I would immediately change the subject because I didn’t wanna talk it because it was too painful... because I was taught as a child, don’t you cry, you’re a man” *The outcome* – “So, I suffered for a long time, trying to choke up my feelings about every incident that reminded me of my family. ‘Cause when I went home, there was nobody there anymore”
- “choking it down and not sharing hindered healing journey” *The outcome* – “it just caused me a lot of, I believe, illnesses. So, ah probably hypertension, anxiety, aggression and at the time, suicide ideation” “it sure didn’t bring me to some good places”

- “Well, one of the things that I have to say, that, there are other experiences I have that when you, they lined us up along the beds in Residential School and you had four boys, and you had to watch ...them getting them brutally beaten ‘til they were falling down on the floor... and there was no stopping the Brothers (church staff) at the time. And they’re crying and screaming and hollering and laying down on the ground and next turn, next turn, next turn.” *The outcome* – “And they’re all in pain. And all the anger that I carried about that. I couldn’t help them. It was from the mental and emotional abuse.”

- “My self-esteem, yeah. Oh, my self-esteem, my self-esteem was so low when I left the Residential School. Yeah. It was awful. I used to wonder why am I feeling this way, why am I like this, you know. But it was from, you know, being shunned about this and that and you’re not supposed to do this and this is not with the program and, you know and, calling you dumb. Calling you pagans and you know, just because you’re Native.” *The outcome* - “Oh yeah. It was really bad. Probably why I drank too. Plus, I grew up with that, drinking all the time too. How they thought it was okay to drink.”

- “Yeah. We used to be ashamed of all kinds of stuff. Ashamed of like just using a drum and to sing and stuff like that. Ashamed to speak your language you know, in the Residential School. Because you were shunned you know. Kind of strapped out of you.” *The outcome* – “I think I still have quite a bit to recover yet. To heal.”

- “I guess it would be ah, how you were seen and how you were ah, degraded sometimes. Yep. And ah. And thinking they can do whatever they please with you, you know.”

Yeah, stuff like that. I always, like you know, even, even with sexual abuse, you know, that, ah, the residential school tried to do with everybody.” *The outcome* – “Gosh. It’s horrific. I can’t believe that they felt good about themselves. I’d feel awful doing something like that. I wouldn’t want to live I was just wondering how can they do it to beings and children? Yeah.”

- “I had a lot of dreams. And the dreams were of things that happened to me in Residential School, um ... being sexually abused” *The outcome* – “of how I deal with that.” “it was a challenge to deal with it”

- “I think the other part too is ah, a lot of it was blocked out, might be at the school and I need to find a way to remember some of the stuff that’s been blocked out. Some parts I remember but there’s probably other parts I don’t remember. I blocked them out for whatever reason. So, um, I don’t know, I’ve got to find a way or ask someone how can I find a way to unblock those memories.” *The outcome* – “Cause those memories are probably something that’s in the back of my mind of ah, hindering my healing probably.”

- “I think the other part was that hindered me in education (Residential School) ah, was ah, I didn’t really get proper education at the beginning for myself. Maybe my hearing was a big part of that too as well too, because I couldn’t hear. And so, I didn’t understand a lot of the words and so, even when I was in grade one, I still had a lot of trouble of trying to understand the curriculum of the school, so ... Yeah. So. Um, so, so, that kind of carried on later on my years in school...was ah, I had ah, my own school, you know in my

elementary years so I didn't, because I had a hard time to understand and I was put into a modified class which was a class, if you don't understand the regular questions, you were put in the modified class to expand on the questions to make you understand what it is... or sometimes they just put you there and you really didn't get the teaching that you should be getting. So it was just more of a class where it was going to put you out of the way so they could continue with their class because they didn't have the time to spend with you one-on-one that you needed, so that kind of hindered my education a bit, ah.”

The outcome – “Ah, well the outcome of that was ah, poor education. So, I didn't get a good education um, in my elementary years. I had to work hard in my secondary years for myself to bring myself up to um, close to the regular student. I still had a hard time, but with the work ethics I have. I don't think if I didn't have those, I wouldn't have graduated.”

4.3.2 Coping Behaviors/Readiness to Heal

Participation Rate: 66% (4 participants)

Incidents: 12

Four participants contributed at least one incident to the Coping Behaviors/Readiness to Heal category. The category was the only category to reflect a 66% participation rate. There were 12 incidents in this category.

Participants included incidents under the category of Coping Behaviors/Readiness to Heal in the following references, use of alcohol to numb the pain, use of drugs, it was normal in family and community, lack of healing priorities, main hindrance is me until I am ready, resentment and un-forgiveness to my dad, haven't gone for counselling and unresolved anger from Indian Residential School abuse. Specific *actions* relayed under the Coping Behaviors/ Readiness to

Heal category included, until I am ready and I am learning as I go, fear is still a factor and a reluctance to move forward, I would get drunk to forget, to ease the pain I drank, my body was beat down from drinking everything, I had to learn to leave the alcohol and drugs alone because I had bleeding ulcers, my resentment and un-forgiveness to my dad for his drinking and maltreatment of the family, I haven't gone for counselling and I still need to go, I was angry at the Residential School principal for a long time and when I was younger using alcohol and drugs at home was the norm because that was all I seen. *Outcomes* participants relayed under the Coping Behaviors/Readiness to Heal category included, I know now what I have to look for in order to move forward, the fear of being rejected is still hindering my healing journey, hospitalized numerous times due to seizures and alcoholic DT's (hallucinations), the drinking was killing me, that's what brought me here today all the problems from childhood, I had to work through the resentment and un-forgiveness to my dad, I'm still working through it, putting up roadblocks to prevent myself from healing emotionally, my anger hurts, it's just upsetting and not really being able to look at myself and heal myself.

Samples

A sample of the participant voices for the Coping Behaviors/Readiness to Heal category are outlined below,

- “the main hindrance to my healing journey continues to be with me, so until I'm ready and I'm learning as I go” *The outcome* – I know now that what I have to look for in order for me to move forward is to continue on that personal healing journey”

- “to be honest with you, it’s me that stands in the way, of my healing journey” “Ah, I’m on a healing journey, that, that ah, some aspects of it is great. Some aspects of it is challenging” “(for example) how do I go about seeking a relationship with ah, the opposite sex if I’ve never done it before?” “How do you begin to have a healthy relationship with a woman” “and, um, fear, fear is still a factor. Or a reluctance to want to move forward, yet, you long for, and yearn for and want to move forward but sometimes old ghosts have, of yourself, come into play” *The outcome* – “well, it’s still hindering my healing journey. It’s still ongoing. Ah, my own fear of perhaps ah, being rejected. It’s my own fears perhaps that is stopping me” “and ah, I’m moving gradually towards that, but I’m only, if I don’t do anything, I’m only stopping myself or only fooling myself”

- “I didn’t know what to do way back then so, I would get drunk just to forget about that day only to wake up and it came back, and I kept drinking to the extreme” *The outcome* – “til I was hospitalized numerous times. Went through alcoholic seizures and DT’s, just to overcome what I was experiencing”

- “to ease the pain, I drank. I drank as long as I could. As long as I could. As long as my money would last” *The outcome* – “Basically, I was in emergency or in the doctor’s office going through DT’s and seizures and those are the extremes that I went to... to, get me, to see it was killing me. The drinking was killing me”

- “my body was beat down for so many years, drinking, like everything...you know, wine, whiskey, beer, Chinese cooking wine, 3 snakes and even Lysol. Not proud of that. *The outcome* – “But that’s what brought me here today. You know all the problems that, what happened to me as a child”

- “I most importantly, I had to learn to leave the alcohol and drugs alone, by the time I was 21 years old, I had bleeding ulcers already, I was very young ‘cause I drank to the extreme all the time. And everywhere I went, my guitar went, where there was a party, you’re sure to find Frank there and, ‘til I learned how to express myself about what was really going on in my head about residential schools” *The outcome* – “because it was killing me”

- “What hindered me? I guess, I don’t know. Probably ah, my resentments. Un-forgiveness.” *The outcome* – “I had to work through that first.”

- “So, I think I was working on forgiving him (dad). What he did (drinking and treatment to family). But even today, sometimes I notice the resentful sound in my voice when I talk about stuff like that.” *The outcome* – “Yeah. So, I’m still working with that.”

- “That’s kinda hard to connect. What hindered it? I guess it’s because I haven’t, I haven’t really gone for counselling and stuff. Probably. Yeah, that’s part of it. I still need to go. Yeah.” *The outcome* – “Um, probably putting road blocks, you know, to heal me emotionally, about some of these things and not progressing as fast as I should be

healing. Yeah. And um, maybe, I don't know, maybe I kinda of what's happened to me. I believe that."

- "Yes. I think I was angry about that for a long time. I'm still kinda of angry about it yet. Cause I haven't really dealt with it. He's died now (Residential School Principal). But, it made, I was angry. I'm still kind of angry about that." *The outcome* – "So, I guess that hurts. My anger about it."

- "Um, I think what interfered with my healing when I was younger was ah, the alcohol and drugs, I thought was a norm, 'cause when I came out of Residential School at Christmas time, that's all I seen. So to me, that was the norm for me, so right away, I adapted to the norm of thinking that alcohol and drugs was something that I do right you know, when I go home. Ah, so whenever I went home, to me, that's all I did." *The outcome* – "Um, well I think the outcome of that was probably not being able to really look at myself. Because when I was doing alcohol and drugs, I wasn't um, really looking at myself as a person. Um, I wasn't respecting people. I wasn't even respecting myself. Um. So, when you're in that state of mode of drinking, drugs ah, you only have one thing on your mind and that's to try to figure out where can I get my next drink, where can I get my next drug to take. So, my priorities weren't there for um, for myself to even look at trying to heal myself. It was just to find another way of continuing what I thought was the norm at that time."

4.3.3 Intergenerational Trauma

Participation Rate: 50% (3 participants)

Incidents: 9

Three participants contributed at least one incident to the Intergenerational Trauma category. The category was one of two categories to reflect a 50% participation rate. There were 9 incidents in this category.

Participants included incidents under the category of Intergenerational Trauma in the following references, witnessing family alcoholism and violence, dad's use of alcohol and maltreatment to the family, husband's and son's use of alcohol, my use of alcohol, yelling and physical abuse, parent's discipline techniques from the Indian Residential School, children seen but not heard, sibling's discipline techniques from the Indian Residential School, low self confidence, shame, sibling sexual abuse, abandonment and early death of family. Specific *actions* relayed under the Intergenerational Trauma category included, family members died early, my dad kicked me out and said get out of my house, my dad beating up my mom and my mom punching my dad and running away, my dad drank, my son and his dad drank, I drank, the discipline required us to sit still and keep quiet, I really didn't like the strictness from them and the sexual abuse was really hard to deal with. *Outcomes* participants relayed under the Intergenerational Trauma category included, I had to go to work to support myself at an early age, those things stopped me from growing and having a good life, my mom leaving me as a little boy, a lot of events happened, I was angry and resentful towards my dad for a long time, it interfered with doing things together as a family, it hindered any teachings from my family to learn about my culture, violent outcomes with physical abuse took away my self confidence and I had to work hard to heal myself from that abuse.

Samples

A sample of the participant voices for the Intergenerational Trauma category are outlined below,

- “My dad never gave me money. My mom left home when I was six. And she died in Vancouver. And then my dad died. All my family died after that” *The outcome* – “I had to go to the woods and go to work” “Work didn’t really play a role in my healing journey. Well, it gave me some material things, to buy my own clothes, to help support myself. It made me feel good, that to make money, support myself. Nobody can say they helped me because I helped myself...when I was very young”
- “I ran away after ten years from the residential school. Um, I got home and my dad kicked me out and said, “Get out of my house. Don’t come back”. He said, “You’re nothin’, you’re gonna be nothin’ but a bum” *The outcome* – “And so, I left (home). So, I slept in people’s porches and the sponge mattresses and then I, I had to go to work, buy my own clothes, going through...supporting myself”
- “It’s ah, something I wished never happened, but it did. You know, and, those are the things that stop me from growing, stop me from having a good life when I was young. I didn’t know how to go about it before. Because basically, I had nobody” *The outcome* – “And ah, I had to live by my wits. And doing so, I had to move away from my home”
- “So, once I realized that I was helping myself to get rid of a lot of garbage that I carried from, with me for many years. You know, to think of the time when my mom was home, my dad

was home and I'm just a little boy...My dad beating up my mom. My mom punching my dad through the window. And then, then my mom running away. Leaving me as a little boy, and my dad getting drunk" *The outcome* – "So, so, that was a lot of events happened within those ten years"

- "Yeah, my dad drank." *The outcome* – "I don't know. I was angry at my dad for a long time. He died drinking. So, ah, I guess ah, I didn't really, sometimes I still have a resentment you know, towards how he treated my mom and my siblings you know."

- "Yeah, and ah, he (son) would, he didn't listen. Like his dad drank, so, sometimes he would be around with his dad, so he drank too. I just, really, I don't know why his dad drank. Well, his father did that too, but I was thinking maybe some stuff happened to him in the Residential School. I drank also in my younger years" *The outcome* – "Yeah. It interfered with doing things together as a family"

- "Um. I think ah, with my parents, because of the discipline that was brought on to them in Residential School...ah, they brought that home. So the discipline was basically the same at the Residential School was at home as well to so, um, when some visitors came over to the house, for example, we had to act a certain way. We had to keep quiet, sit still, don't move, don't say anything. Um, and don't ask for anything. Just basically sit there. So, and that's the discipline they have at Residential School. You have to, when you went somewhere, you just sat there, kept quiet and ate your food or they, whatever you were doing ...at that time at Residential School so, my parents at that time still thought well, that's the way it should be

taught at home because they lost their language, they lost their way of life before they went to residential school” *The outcome* – “So, um, that hindered any teaching from them to understand my culture”

- “Um, well, I think with, with my brothers and sisters, they were basically the same as my mom and dad. Their discipline was the same, so um; it was hard to be with them sometimes because they were trying to be strict as well with you all the time so, and I didn’t like to, I didn’t like being strict from them when I had it at Residential School already because I went home trying to get away from that, yet it was at home, so I kind of a you know, it was something I really didn’t like from them, sometimes.” *The outcome* - Um, well, it, the outcome was sometimes violent outcomes or hollering at me, sometimes it was physical abuse, um, just kind of smacking me on the back of the head, things like that. So, you know it really took the confidence away from me on being myself. So, I um, I walked around with my head down a lot and not wanting to say things sometimes. So I had to ah, I didn’t care for too much of that sometimes. So that was a part that really hindered my healing part because it really brought me you know so I had to work hard to come out of that.”

- “Well, I think for me, I think a lot of, it was ah because my brothers were sexually abused at the Residential School, it was brought home upon me. So, um, and again that really hindered my healing because I really went down in confidence, because when that happened to me, and this is yeah, that was really hard for me to deal with the daily life of ah, anything, because when things like that’s on your mind, you just kind of wonder what’s going to happen next, you know.” *The outcome* – “So I had to work hard to um, heal myself from

something like that. And I've hadn't had a chance to talk to anybody about it. This is the first time I've talked about it. So, um, you know, that...and, maybe one day I might talk to someone more about it, ah, so, but, I feel proud of myself for where I'm at today you know, going through a lot of stuff like that and um, you know, but, you know that was one of the real down parts to me in my life, was that part, so, um. I don't know what else to say about it 'cause I've never talked about it before, so...and it happened a lot so, I don't know what to say about it."

4.3.4 Religious Indoctrination

Participation Rate: 50% (3 participants)

Incidents: 4

Three participants contributed at least one incident to the Religious Indoctrination category. The category was the second of two categories to reflect a 50% participation rate. There were 4 incidents in this category.

Participants included incidents under the category of Religious Indoctrination in the following references, spirituality, sexuality struggles, Church things forced on us and learned about a punishing God. Specific *actions* relayed under the Religious Indoctrination category included, having a struggle with sexuality, recalling the mind-blocks of yesterday of what we have been told in the past, Christianity forced on us as children and I was angry at anyone who talked about Jesus. *Outcomes* participants relayed under the Religious Indoctrination category included, being robbed of my choices in decisions in my sexuality, feeling like I am still chained to the post of religious influence, it took me years and years to do healing around relating to Christianity and the only God I knew was a punishing God.

Samples

A sample of the participant voices for the Religious Indoctrination category are outlined below,

- “the struggles, having a, having a struggle with sexuality, have a struggle with that, um, am I able to do it then? Is that my fear, is that my, is that my hindrance? Absolutely.”
The outcome – “one of the things that I realize is that we are brought into this world as sexual beings and having been robbed by that, having the Church say, ‘oh you can’t have a relationship without being married first’ and that was one of the things that angered me, is that you can’t have a relationship outside of Church. You have to get married first.”

- “Yeah, and the mind blocks of yesterday. Like a lot of the things we have been told in the past” *The outcome* – “You know the illustration of the elephant. The elephant from an infant has been chained to the post. And, as the elephant grows and grows, and finally it grows to adulthood. That chain is taken off of that elephant but he will only go to the extent of that chain because up here, (points to head), that is the only distance he can go. So, same, same with my heart. Yeah.”

- “the church, you know all those things that were kind of forced on us as children, you know, Christianity” *The outcome* – “I still feel like, you know, it took me years and years, but now I can relate to Christianity to a certain point” “I have done some healing around that as well”

- “I was angered at anybody, I hated anybody who talked about Jesus...I hated anybody who talked about God...I hated anyone who said, “We’re going to pray” *The outcome* – “Cause the only God I knew at the time, was a punishing God”

4.3.5 Community Coping and Societal Dynamics

Participation Rate: 33% (2 participants)

Incidents: 4

Two participants contributed at least one incident to the Community Coping and Societal Dynamics category. The category was one of two categories to reflect a 33% participation rate. There were 4 incidents in this category.

Participants included incidents under the category of Community Coping and Societal Dynamics in the following references, lack of recognition from my community, my community was not as helpful, I needed to leave my community, lack of opportunity to share the Indian Residential School Experience with Canada, addressing questions from society about Aboriginal people and communicating on my and our terms as Aboriginal people. Specific *actions* relayed under the Community Coping and Societal Dynamics category included, not being accepted in our own communities, not having the ability to share with Canada especially new immigrants about the Indian Residential School Experience and I had nowhere to turn or no one to trust because everyone was drinking alcohol in the community. *Outcomes* participants relayed under the Community Coping and Societal Dynamics category included, I am angered and concerned over us not being recognized as being successful as survivors, not having the capacity to learn to teach Canada is a hindrance to growth and moving forward, caught between two nations and two cultures , needed to leave my community to save my life.

Samples

A sample of the participant voices for the Community Coping and Societal Dynamics category are outlined below,

- “there’s a lot more factors in regards to the pain of not being accepted in our own communities because we were the cons, dubbed the ‘lost generation’ and we were expected to bridge the gap between the mainstream and the Aboriginal community”
The outcome – “my concern and my anger about that is the Aboriginal people who have gone through the Indian Residential School system have not been recognized as being successful in their experience, they’re expected to lead their people in to the next millennium and they haven’t been recognized by their own people” “caught between two nations, two cultures”

- “I think not having the ability ta, be, to share. To share ah, with Canada. To share with immigrants. Some people say, “what’s wrong with those Indians? Why don’t they get over it? Why don’t they get a job and get over it?” *The outcome* – “The reason is that, I want to be able to, one of the hindrances is ah, not growing, is they, they, not able to make the capacity to learn, to teach Canada. It’s all in the history that is so shameful” “To that, they want to keep it under..yeah, they give you a section to share but they won’t. They won’t have it in their history. They won’t have it in their books, they won’t have it in their schools. I, ... that’s one of the ... the hindrance is not being able to share that with Canada”

- “I believe that sharing, that all the strength in me, sharing honestly and earnestly with Canada (as a whole). What Canada needs to know. What right at this time, is a hindrance to my healing. Not having that opportunity to share on our terms, on my terms, on those student’s terms that have gone to Residential School” *The outcome* – “That it’s so long to share from this point forward, in order for me to begin to heal, in order for me to begin a different, in order for me to begin moving forward”
- “Every time I tried to get sober I had no-where to turn because everybody in the community was drinking alcohol. I had no-one to trust and I moved away because there was nothing for me there. I had to decide to either stay there and die or move and save my life” *The outcome* – “needing to leave the community.” “to save my life”

4.3.6 Money Cannot Heal

Participation Rate: 33% (2 participants)

Incidents: 2

Two participants contributed at least one incident to the Money Cannot Heal category. The category was the second of two categories to reflect a 33% participation rate. There were 2 incidents in this category.

Participants included incidents under the category of Money Cannot Heal in the following references, no amount of money can heal and money does not make you happy. Specific *actions* relayed under the Money Cannot Heal category included, believing that it is not the money factor but it is being damaged that is the issue and I believed that if I make lots of money I would be happy but that is not so. *Outcomes* participants relayed under the Money Cannot Heal category

included, I was reluctant in taking the Common Experience Payment money and I realized from my counsellor that money is not everything.

Samples

A sample of the participant voices for the Money Cannot Heal category are outlined below,

- “It’s not the money factor. Money’s nothing. It’s being damaged. No amount of money can heal. It’s insane” *The outcome* – “For a lot of our people within Canada, including myself, I was reluctant in taking the Common Experience money. Because, I saw what it had done to a lot of our people, it was blood money. And it’s already gone”

- “I drove different places. I worked many jobs. And I thought, all the time I thought, if I make lots of money, I’m going to be happy. But, not so. Only, my big paycheque but I said to myself, “I’m not happy, after this money. What’s wrong with the picture?” So then I had to go see my doctor. I had to go see my counsellor. I’m not happy. He said, “well, money’s not everything, yeah” “Let’s talk about that” *The outcome* – “And I didn’t want to talk about it but he talked it out of me [chuckles]”

4.4 Wisdom Categories

The participants in this study provided 307 incidents. The Wisdom section included 47 incidents which made up 15% of the total incidents. The incidents were coded into 10 categories. The category titles by participation rate were: 1) Be Honest with Yourself, 2) Have Strength, 3) Think Positively, 4) Believe in the Creator, 5) Everyone is on their own Healing Journey, 6) It wasn’t Our/Your Fault, 7) Open up the Can of Worms, 8) Be Patient with

Yourself, 9) Get Beyond Surviving to Living, and 10) Seek Knowledge. Participant are introduced below. The categories are described along with examples of participant incidents.

Participant Introductions:

1. Name: Stephen

“my experience from an Aboriginal disabilities perspective on my Indian Residential School Experience” “as an actor, writer and community advocate”

2. Participant Name: Jessica (Pseudo-name)

“As a person who has been on a healing journey from the Indian Residential School Experience for 56 years”

3. Participant Name: Aiona

“As a counsellor dealing with Indian Residential school client issues of intergenerational-trauma, addictions, abuse: sexual, physical, mental, emotional, challenges with self-love”
“I work with 1st, 2nd, 3rd, and 4th generation survivors and I don’t see an end in the near future generations to come”

4. Participant Name: Frank Cameron

“As someone who has been on a healing journey for 20-23 years from the Indian Residential School Experience” “as someone who works with Indian Residential School Survivors and their families”

5. Participant Name: Elsie (Yellicy)

As a person who has been on a healing journey from the Indian Residential School Experience for 33 years.

6. Participant Name: Anthony (Ken)

“As someone who is still on the journey, a lot further along than before. I have developed confidence. Positive area of life – moving forward and go further along my comfort zone. To explore things and the willingness to step out of my comfort zone and open myself up inside more and realize my capabilities”

Wisdom Provided:

4.4.1 Be Honest with Yourself

Participation Rate: 66% (4 participants)

Incidents: 7

Four participants contributed at least one incident to the Be Honest with Yourself category. The category was one of three categories to reflect a 66% participation rate. There were 7 incidents in this category.

Participants included incidents under the category of Be Honest with Yourself in the following references, we have no way but up, no way but forward, share in counselling, sharing on our terms, dialogue of openness, being vulnerable but strong, look into yourself to heal, speak the truth about your Indian Residential School Experience and practice conscious healing.

Samples

A sample of the participant voices for the Be Honest with Yourself category are outlined below,

- “Be honest with ourselves, with yourselves. I think that is the way we have to go because we have no way but up. No way but forward, from this point, forward. It’s how we handle the issues and how we no longer, we know what we’re dealing with, and we, in order for us to help our Nation heal, we have to be healed.”

- “When you go into counselling, take that opportunity, because the counsellor is not there for them, it’s there for you. Share with what you will, and what you need to but share”

- “It’s very important that we, as a people, on our terms, as long as we share, on our terms, the issues that need to be shared, are shared from our perspective. We need to have that dialogue of open, openness. We have always had that dialogue of openness. Regardless of what our history has been. We’ve always been open. And vulnerable. Ah, being vulnerable is the purest way of healing. For me, being vulnerable but strong as well.”

- “this healing, consciously, really consciously working on healing, you will have negative thoughts but you don’t need to hang on to them”

- “wherever I go, and speak the truth. I’m telling the truth about my experience. And, I’m not lying to myself anymore with alcohol and drugs. Just have to be myself and accept the things that have happened, that you know, probably happened for a reason. You have to let it go.”

- “I think, in order to heal, you have to look into yourself, um, and healing yourself first”

4.4.2 Have Strength

Participation Rate: 66% (4 participants)

Incidents: 4

Four participants contributed at least one incident to the Have Strength category. The category was the second of three categories to reflect a 66% participation rate. There were 4 incidents in this category.

Participants included incidents under the category of Have Strength in the following references, The Greatest Gift...is the Greatest Struggle, we have to have strength and you have courage.

Samples

A sample of the participant voices for the Have Strength category are outlined below,

- “The greatest gift...is the greatest struggle.”

- “we just need to be really strong and really strong in how we address this”

- “this is the first step on the healing journey, walking through that door” “you have courage to walk through this door”

- “You know, to go for it, to not to be afraid to walk and retrieve what, you know, what they need.”

4.4.3 Think Positively

Participation Rate: 66% (4 participants)

Incidents: 6

Four participants contributed at least one incident to the Think Positively category. The category was the third of three categories to reflect a 66% participation rate. There were 6 incidents in this category.

Participants included incidents under the category of Think Positively in the following references, The Paintbrush that Colours Your World, look at the positive outcomes and negative

outcomes from the Indian Residential School Experience, play and enjoy life, allow yourself to be truly happy and you can keep your power and strength.

Samples

A sample of the participant voices for the Think Positively category are outlined below,

- “The paintbrush that colours your world.” “Having the right attitude. If you want to move forward, depending on how you want to move forward, attitude plays a major role.”
- “humour, attitude, yeah, and having just a, a, a positive outlook in life. Actually, that’s what kept me going.”
- “I think that even though you really had really bad experiences in those Residential Schools, I have the strong belief that everyone of us has some good memory of what happened to us there, and certainly, you know, I have. I have good memories because it taught me to do a lot of things, like, truthfully you know, we didn’t have our parenting skills, we didn’t acquire any parenting skills but, ah, we learned to do things that helped us as parents you know, we were taught to do, we were taught, some of us girls, we were taught to cook, we worked in offices and we worked in the classrooms. We learned all parts of life skills. How do you clean, how do you cook, how do you, you know, how do you establish habits that are routine...yeah, that you have to on a daily basis in order to make your life easier you know. So that’s I think that, that’s the thing that I would say to survivors...that you know, we survived, and we have to rejoice for it. We have to look at the good and the bad and say, you know, try to balance out you know, with those. And that’s what I’ve tried to do all these

years, is to try to balance out what I thought was good and what found to be emotionally and spiritually you know...and...I just tried to balance all that out.”

- “when are you going to allow yourself to be truly happy? When are you going to allow yourself, to go out and play and enjoy life ... the best that you can.”
- “that thing about power-giving power away” “we can control our thoughts” “we can keep our strength”

4.3.4 Believe in the Creator

Participation Rate: 50% (3 participants)

Incidents: 5

Three participants contributed at least one incident to the Believe in the Creator category. The category was one of four categories to reflect a 50% participation rate. There were 5 incidents in this category.

Participants included incidents under the category of Believe in the Creator in the following references, seek your true spiritual self and the Creator put you here for a reason.

Samples

A sample of the participant voices for the Believe in the Creator category are outlined below,

- “believing in the Creator”
- “Spirituality. Christianity, spirituality, whatever you know, works for them”

- “to learn their spirituality because they’re spiritual beings. Come to know your true spiritual self. Because our body is just a shell. Yeah. When we die, it’s our spirit that goes on.”
- “it’s really necessary that we do. Because when you don’t know spirituality, you know, you just don’t know where to turn.”
- “the Creator put you here for a reason” “your life is as important as mine, as the President or anybody else, you are no less than”

4.4.5 Everyone is on their own Healing Journey

Participation Rate: 50% (3 participants)

Incidents: 4

Three participants contributed at least one incident to the Everyone is on their own Healing Journey category. The category was the second of four categories to reflect a 50% participation rate. There were 4 incidents in this category.

Participants included incidents under the category of Everyone is on their own Healing Journey in the following references, be the best person you can be and help other Indian Residential School Survivors, be whole again and stop the rippling effect.

Samples

A sample of the participant voices for the Everyone is on their own Healing Journey category are outlined below,

- “everybody has their own ‘walk.’ Cause they all have similar and different experiences.”

- “it’s not over yet. But I wanna be the best person that I can be. I wanna be able to help somebody else that’s suffered the consequences of Residential School. And doing so, a little part of me, be able to respond to it and say yes, I want that too. I wanna be, have peace in my head...in my heart.”

- “I have to be whole again. And doing so, I can walk this earth with every different colour, race and colour. It doesn’t matter what kind of car you drive. What kind of God you pray to ...and, how much money you have. It doesn’t matter. One thing that makes us all the same is that we’re going to die. And but, we have three things in common...we’re going to live, we’re going to love, and what makes us all the same, is that we’re all going to die. And that means, whatever colour blood you have, you’re still going to die. You got on this earth with no clothes on, somebody had to dress you up. You had nothing. You’re going to leave this way. Just whatever you have. So, in doing so from here, till the time it ends, I want to be the best person I can be, to make a difference for my people, as my friend and my friends wherever I go. It’s been a journey already, and it’s going to continue with the best way that I can.”

- “to consider stopping that rippling effect because our people are worth it.”

4.4.6 It Wasn’t Our/Your Fault

Participation Rate: 50% (3 participants)

Incidents: 4

Three participants contributed at least one incident to the It Wasn't Our/Your Fault category. The category was the third of four categories to reflect a 50% participation rate. There were 4 incidents in this category.

Participants included incidents under the category of It Wasn't Our/Your Fault in the following references, we lost out on a lot of opportunities, you are not a bad person, you deserve respect and it wasn't your fault.

Samples

A sample of the participant voices for the It Wasn't Our/Your Fault category are outlined below,

- “I always say, that ah, you know, with our people becoming more educated and having more opportunities and education and career choices that, you know, that, it, that we're going, that's going to make a big difference in our lives because you know um, I think that you know ah, our situation today, or you know, it's really been because we didn't have the education, that ah, that um people are getting today, you know. If we had the same opportunities, I think we wouldn't be, we wouldn't have faced all the of the difficulties that we faced in all of these years, you know going from...and even if the Residential Schools were administered in a different way, you know that would have, it could have been a very good experience if it was, if it was done in a good way, and that, and that ah, you know, the powers that be, didn't take advantage of their authority and ah, um, abused the kids that were in the schools and that, you know, I think that um, it would have made such a difference, you know if things were run differently”

- “you are not a bad person” “alcohol and drugs are bad, but that doesn’t make you bad” “your good”
- “you deserve to be treated better” “you deserve respect-I respect you” “you have strength to ask for help” “you’re not bad” “you’re a wonderful human being” “you are a creation of the Creator”
- “go on to tell that little boy or that little girl, whatever happened there wasn’t their fault. That they can grow up and play, and enjoy the rest of their life and start to leave their story behind them. And allow themselves to move forward, and say, yes, I survived that. And I’m going to be okay with that.”

4.4.7 Open up that Can of Worms

Participation Rate: 50% (3 participants)

Incidents: 6

Three participants contributed at least one incident to the Open up that Can of Worms category. The category was the fourth of four categories to reflect a 50% participation rate. There were 6 incidents in this category.

Participants included incidents under the category of Open up that Can of Worms in the following references, share from the heart, have dialogue and release the pain.

Samples

A sample of the participant voices for the Open up the Can of Worms category are outlined below,

- “if you are serious about moving forward, then open up that can of worms, share from the heart. You’d be amazed at how much strength that gives you.”
- “it’s important to open those ah, to continue to use dialogue as, as the opportunity of um, I think it’s important to have dialogue with non-aboriginal people.” “Dialogue is important.”
- “allow yourself to let those pain, those, the ugliness, or fear and anxiety go so that you can be yourselves”
- “Not to hold on to stuff and let it fester. Otherwise, your body gets sick.”

4.4.8 Be Patient with Yourself

Participation Rate: 33% (2 participants)

Incidents: 3

Two participants contributed at least one incident to the Be Patient with Yourself category. The category was one of three categories to reflect a 33% participation rate. There were 3 incidents in this category.

Participants included incidents under the category of Be Patient with Yourself in the following references, begin healing when you are ready and relapses are normal.

Samples

A sample of the participant voices for the Be Patient with Yourself category are outlined below,

- “You do it when you are ready. If you are willing to get beyond, or begin healing, do it on your time, at your time, on your time.”

- “another thing I say is be patient with yourself” “we are our own worst critics”

- “you are going to have relapses-I have relapses in my thinking, after thirty years”

4.4.9 Get Beyond Surviving to Living

Participation Rate: 33% (2 participants)

Incidents: 3

Two participants contributed at least one incident to the Get Beyond Surviving to Living category. The category was the second of three categories to reflect a 33% participation rate. There were 3 incidents in this category.

Participants included incidents under the category of Get Beyond Surviving to Living in the following references, move away from all that stuff and allow ourselves to grow, forgive so you can move forward, have peace and walk gently.

Samples

A sample of the participant voices for the Get Beyond Surviving to Living category are outlined below,

- “we’ve survived for so long, that we are dying inside. We need to get beyond surviving, to living because our future depends on it. You can see via the rippling effect and how damaging it is still is. If we are going to lead our people into the next millennium, then we need to get beyond surviving, to living.”

- “I would say, um, regardless of what kind of horrendous life you’ve had ... You’ve lived in residential school. Somewhere, we need to allow ourselves to grow...to move away from all that stuff that’s been hindering us for years and years.”

- “I also have to forgive, all my abusers, that’s one of the toughest things I had to do. Because I was an angry man. How can I forgive those guys? But, in order for me to move forward, in my mind, I forgive them because I’m better than that. I need to allow myself to let it go, so that I can move forward. That I can have peace with myself and wherever I go...and, so, I can walk gently. Wow, it’s been a long road.”

4.4.10 Seek Knowledge

Participation Rate: 33% (2 participants)

Incidents: 5

Two participants contributed at least one incident to the Seek Knowledge category. The category was the third of three categories to reflect a 33% participation rate. There were 5 incidents in this category.

Participants included incidents under the category of Seek Knowledge in the following references, retrieve the knowledge from your Indian-ness, obtain guidance, get a good education and career, learn good people skills, conflict resolution, dealing with anger, business writing, management, time management and listening.

Samples

A sample of the participant voices for the Seek Knowledge category are outlined below,

- “go back and try to learn their, where they’re from. And all the stuff that’s supposed to be theirs. To retrieve their...yeah, knowledge from their Indian-ness”

- “always to seek someone, you know, in that capacity you know, that know all these things.”

- “what they can do for themselves, is getting a good education.”

- “finding out through a career program of what kind of career is good for you.”

- “I took um, various counselling to dealing with anger...dealing with conflict um, business writing, and management skills. Um, all these courses that you need to look after yourself when you’re in a position of employment to do things that need to be done while you’re working. Because you always work with people. People are always having concerns and issues. You have to learn to deal with that.” “you always have to have good ah, time management skills” “being a good listener I think is a really big part of it.”

5. Discussion

The final section of the current study will first discuss the theoretical validity of the helping and hindering healing categories which were reported in the preceding Results chapter along with limitations of study, implications for practice, recommendations for further research and discussion and conclusions of study results.

5.1 Theoretical Validity

The researcher consulted the study's nine peer reviewed journals in the literature review on the healing journey from the Indian Residential School experience, additional literature, and the study's results categories to confirm theoretical validity. It should be noted, that just because there is no theoretical literature match between the current study's categories and the current study's literature review categories, this does not mean the category is an invalid category. Butterfield et al. (2005a; 2009b) note that the Critical Incident Technique (CIT) method of qualitative research is an exploratory method. The lack of support for a category may mean that the study has brought attention to something new which may not be discussed widely in the literature. What this means is the category area will need to be researched further in order to reach appropriate theoretical validity and explanation. The lack of sound connection between a category and the literature review may also mean the literature review studies were not specifically focused on certain aspects of the current study. For example, in the current study, the research question's focus is on what 'helped or hindered' the healing journey from the Indian Residential School Experience? As we have seen in the study design themes mentioned in the current study's literature review, some studies may be focused on strengths and resiliencies or more helping aspects versus what hindered the healing journey. Finally, another explanation for lack of theoretical match may be due to the researcher not accessing additional literature beyond

the studies reviewed due to being unaware of such literature. The Wisdom categories were excluded from the theoretical validity check because they were offerings from the IRS participants and did not need to be validated.

5.1.1 Helping Categories

1. Sharing about the Indian Residential School Experience

In the current study all six participants communicated that sharing about their Indian Residential School (IRS) Experience helped their healing journey. Participants indicated a range of different ways of sharing including, through a film and theatre lens, grief and loss groups with a circle teaching format, Residential School workshops, in Church, with family members and with support networks. Literature review supported the category of sharing about the Indian Residential School Experience. McEvoy & Daniluk (1995) reported for their study the IRS experience of invalidation and cultural shame internalized as self hatred and sense of reintegration, an important part of healing was gaining an understanding of the impact of cultural trauma and multi-generational abuse experienced by Aboriginal people in Canada. Van Uchelen et al. (1997) reported that the IRS experience of coming out of hardship, an important healing aspect under reintegration was “telling our story”. Hanson & Hampton (2000) reported for the IRS experience of surviving in Residential School, an important part of healing was “sharing”.

2. Community

In the current study five participants indicated that a connection to community was helpful along their healing journey. Participants identified knowing the issues in the community, role

models, those who are committed to healing, being inspired, helping others, reaching out, support, modeling the strength of being sober, acknowledgement from Elders and Youth, wellness programs and sports. The current study's literature review support for the category of community included Van Uchelen et al. (1997) and the reference to the IRS experience of coming out of hardship and finding that contact with Elders, guidance, and role models were important to healing. Hanson & Hampton (2000) referenced surviving in Residential School and the importance of creating community.

3. Cultural Healing

In the current study five participants communicated that Cultural Healing helped their healing journey. Participants indicated many ways of using culture to heal including, Potlatch, programs with circle teachings and grief and loss, remembering and retrieving identity, Native spirituality, the Balance or Medicine Wheel (mental, emotional, spiritual, physical and the will), self-care and seeking healing, connecting to the Creator, Elder teachings, rituals and ceremonies, traditional singing and dancing, pow wow, positive aspects of culture, Bannock Day, food and medicine gathering, respecting the land, traditional language, passing on knowledge to children in community and supporting other cultures. The current study's literature review support for the Cultural Healing category included, McEvoy & Daniluk (1995) referencing the IRS experience of invalidation and cultural shame internalized as self hatred and sense of integration. Participants communicated how the transformation of Native culture into something more life affirming to feel whole and valuable and how understanding Aboriginal identity is essential to reintegration of identity was a key part of healing. Paproski (1997) reported the IRS experience

of suicidal ideation and how the experience of family, ancestry, culture and spirituality was important to healing. Van Uchelen et al. (1997) reported how contact with Elders, or cultural traditions and spirituality was important to the IRS experience of coming out of hardship. Hanson & Hampton (2000) communicated the participants in that study found spirituality and pride in being First Nations was important to surviving in Residential School. Nichol (2000) found that factors outside of Residential School affecting resilience were spiritual life and traditional practices. Thomas & Bellefeuille (2006) reported that spirituality, connectedness and relationships built in group and empowerment to regain voice and place in the world as Aboriginal people was an important part of Residential School healing program considerations. Hunter (2006) reported that participants who had the IRS experience of losing traditions and not being allowed to speak their language found that finding a cultural path and reclaiming cultural heritage, gaining balance: spiritually, mentally, emotionally and physically along with the circle of life teachings of sharing Aboriginal worldview with others was important to healing. Scarpino (2007) reported participants in the study found a relationship with the Creator contributes to resilience and strengths. Dionne (2008) reported that participants found holistic healing and embracing the traditional to be important aspects of healing from the IRS experience of creating the wounded and disconnected self, poignant losses of family and culture, self-betrayal to survive, spiritually terrorized and crashed and burned: the treacherous transition.

4. Personal Strengths

In the current study five participants communicated that Personal Strengths helped their healing journey. Participants indicated the following ways Personal Strengths help their healing journey, having a positive attitude, being comfortable with self, respect for self, assertiveness,

personal wellness, athletic and sports, problem solving, artistic expression through music, pride in accomplishments, confidence, self-reliance, dependable, competitiveness, determination, leadership, applying acquired life skills learned in Residential School, sense of humour, listening and ability to cry. The current study's literature review support for the Personal Strengths category included, Paproski (1997) reporting a participant voice around the IRS experience of suicidal ideation and the importance of having a positive sense of self and setting goals. Van Uchelen et al. (1997) relayed participant characteristics of perseverance, survival, tenacity, determination, persistence, positive future vision, self acceptance, self esteem, self knowledge, and self respect as being important to healing and surviving in Residential School. Hanson & Hampton (2000) reported participant characteristics of autonomy of will and spirit, acceptance, humour and compassion. Nichol (2000) reported participant characteristics of intelligent analysis of the situation, identifying locus of control, the ability to plan cooperative natures, ability to maintain or rebuild a positive self image as important to resilience factors along the healing journey. Thomas & Bellefeuille (2006) found self awareness and healing from within to be important aspects of a healing program.

5. Reconnection to Family and Traditional Parenting

In the current study five participants communicated that reconnection to family and traditional parenting helped their healing journey. Participants indicated a full range of examples of how this category helped them along their healing journeys and the category was the largest in the study in terms of number of helping incidents. Participant examples included, freedom and safety from Indian Residential School abuse, traditional parenting/education and food gathering,

alcohol free parenting, family potlatch and naming ceremony, working hard on bringing family together, healthy and stable family, guidance and independence, talking about parent's drinking with siblings, forgiveness to parent for drinking, Elders teachings, having own children, role modeling, showing the younger generation, connecting to children, taught by doing, play, stories, discipline with love, show by example, honesty, dependable, retrieving previous cultural knowledge, nature, gathering medicine, being on the land, spirituality and sweathouse ceremony. Literature review support from the current study included, Paproski (1997) reporting the experience of family, ancestry and culture as being healing when dealing with suicidal ideation and the Residential School experience. Nichol (2000) reported participants in the study relaying the importance of having a happy and safe childhood and living with healthy, loving and competent families as resiliency factors outside of the Residential School experience.

6. Education and Employment

In the current study four participants communicated that education and employment helped their healing journey. Participants indicated the following examples, having a sense of independence, self-confidence and self-esteem, bettering myself, creating a work ethic and making better decisions, career transitions and planning, obtaining transferrable skills, working with foster children in the community, enjoying my job and sports wellness program at work, recognizing and valuing education earned within the Indian Residential School experience. Nichol (2000) was the only study in the current study's literature review to identify an aspect of education (openness to learning) as helpful along the healing journey as it relates to factors outside of the Residential School which contributed to resilience.

7. Friendships and Moving on from Relationships

In the current study four participants communicated that friendships and moving on from relationships helped their healing journey. Participants indicated the following examples, committed to healing, honest and direct communication, being open, having safety and trust, bonding over common interests like music, camping, swimming, fishing and horseback riding, maintaining friends made in the Indian Residential School and moving on from unhealthy relationships to healthy relationships. The current study's literature review support for the friendships and moving on from relationships category included, Paproski (1997) reporting participants in the study included separation from situations or people as healing from the experience of suicidal ideation. Scarpino (2007) reported participants' expressing that relationship with others is important to resilience and strengths and healing.

8. One-on-One Counselling

In the current study four participants communicated that one-on-one counselling helped their healing journey. Participants indicated examples such as, adult-child to adulthood transitions, intimate relationships, honesty with self, directness of counsellor, learning about abuse, inter-generational aspects of healing, lateral violence, realizing strengths, removal of internalized shame, grieving loss of family, letting go, releasing survivor guilt, sober healing, sharing and validation of personal challenges. The current study's literature review support for the One-on-One Counselling category included, Paproski (1997) reporting participants expressing that professional counselling helped healing from the experience of suicidal ideation. Dionne (2008) reported participants in the study referencing integrated healing practices as helpful from the IRS

experience of creating the wounded and disconnected self, poignant losses of family and culture, self-betrayal to survive, spiritually terrorized and crashed and burned: the treacherous transition.

9. Self Help and Self Talk

In the current study three participants communicated that self help and self talk helped their healing journey. Participants indicated examples such as, working on internalized shame, practicing self-talk and affirmations, being aware of stinkin' thinkin', working on pain and anger, reading, art therapy, self expression through writing, separating past from present in mind, forgiveness and having a perspective on moving forward. The current study's literature review support for the Self Help and Self Talk category included, Paproski (1997) reporting the participants in the study found that letting go of the past to be helpful in the IRS experience of suicidal ideation. Van Uchelen et al. (1997) reported that participants found that having a perspective on things in the area of integration helped the healing journey from coming out of hardship. Thomas & Bellefeuille (2006) reported that participants found self awareness and healing from within to be a helpful component of the healing program. Scarpino (2007) reported the participants in the study identified relationship with self and self reflection as being helpful to contributing to resilience and strengths.

10. Addictions Treatment

In the current study two participants communicated that addictions treatment helped their healing journey. Participants indicated examples such as, treatment center, sharing about

grieving loss of family, alcoholics anonymous, sharing addictions problems, sense of common community and friendship, not alone, life saving, medical doctor regular check-ups, support, patience, referrals, integration with other helping resources, church guidance, being sober, no need for alcohol and drugs and a lot more choices. The current study's literature review support for the Addictions Treatment category included, Van Uchelen et al. (1997) reported the participants in the study found that moving away from illness and moving towards wellness and telling our story was helpful along the healing journey of coming out of hardship. Dionne (2008) reported participants in the study referencing embracing the healing journey and the aftermath of healing and re-spiralling as being important to healing. An additional search of the literature produced a study (Gone, 2009) which described a community based treatment centre for historical trauma and the meaning of healing where the setting was in a nationally accredited First Nations controlled substance abuse treatment centre in Canada. The treatment centre research outlined many of the above factors in this category.

11. Holy Spirit Filled Christianity (Pentecostal) and Letting God into Your Life

In the current study two participants communicated that holy-spirit filled Christianity (Pentecostal) and letting God into your life has helped their healing journey. Participants indicated the following references, spirituality, self worth, self esteem, clarifying spiritual journey, share experiences and letting god help you, express feelings, open up, praying for strength for self and others and gratitude. There were no direct references in the current study's literature review to the Holy-Spirit Filled Christianity (Pentecostal) and Letting God into Your Life category. There were several references in the literature review to spirituality, and these

references most likely point to Native spirituality. At the same time, it is unclear if any of the participants who attended Residential School in the current study's literature review were Pentecostal or prayed to God. The lack of literature review reference in this study does not reflect the notion that IRS survivors within the category are not well represented in the IRS survivor population. Moreover, it is important to remember that there may not be as much literature available for this category and hence, more research is needed with IRS survivors within this the two aspects of this category.

5.1.2 Hindering Categories

1. Internalized Shame from the Indian Residential School Experience

In the current study five participants communicated that internalized shame from the Indian Residential School Experience hindered their healing journey. Participants indicated a range of references under this category including, education and career shame, separation from language, culture and family, cultural and spiritual identity crisis, low self esteem, parenting challenges, Indian Residential School abuse and effects including verbal, emotional, spiritual, physical and sexual abuse, blocking out some of my Residential School abuses, witnessing abuses on peers in the Indian Residential School, stinkin' thinkin', conditioned negative thoughts, men don't cry, anger, isolation, illness, aggression and suicidal ideation. The current study's literature review support for the internalized shame from the Indian Residential School experience category included, McEvoy & Daniluk (1995) reporting participant references to invalidation and cultural shame internalized as self-hatred and sense of reintegration. Hunter (2006) reported participants

making reference to losing traditions and not allowed to speak language and reclaiming cultural heritage. Dionne (2008) reported participant references to creating the wounded and disconnected self, poignant losses of family and culture, self-betrayal to survive, spiritually terrorized and crashed and burned: the treacherous transition. Additional research included Barnes et al. (2006) explored the impact on Aboriginal student's academic and cognitive development including impacts such as truancy, drop-out, facing difficulties in the Residential School of gaining a good education and useful vocational training, disrupted psychological and academic development.

2. Coping Behaviors and Readiness to Heal

In the current study four participants communicated that coping behaviors and readiness to heal hindered their healing journey. Participants indicated the following references, use of alcohol to numb the pain, use of drugs, it was normal in family and community, lack of healing priorities, main hindrance is me until I am ready, resentment and un-forgiveness to my dad, haven't gone for counselling and unresolved anger from Indian Residential School abuse. The current study's literature review support for the coping behaviors and readiness to heal category included, Paproski (1997) reported a participant reporting having the experience of suicidal ideation. Van Uchelen et al. (1997) reported participants in the study referencing coming out of hardship through hitting bottom, attempted suicide, abuse, racism, Residential Schools, oppression and suffering violence.

3. Intergenerational Trauma

In the current study three participants communicated that intergenerational trauma hindered their healing journey. Participants indicated the following references, witnessing family alcoholism and violence, dad's use of alcohol and maltreatment to the family, husband's and son's use of alcohol, my use of alcohol, yelling and physical abuse, parent's discipline techniques from the Indian Residential School, children seen but not heard, sibling's discipline techniques from the Indian Residential School, low self confidence, shame, sibling sexual abuse, abandonment and early death of family. The current study's literature review support for the Intergenerational Trauma category included Dionne (2008) reporting participants communicating the IRS experience of poignant losses of family and culture. Additional research confirms the category of intergenerational trauma experienced by IRS survivors. Stout & Peters (2011) discuss various effects on a daughter's experience of being mothered by a Residential School Survivor, intergenerational effects for herself and her children along with resiliency and healing. Meseyton (2004) discusses the healing stories of the daughters of Residential School Survivors and the significant intergenerational impacts along with intergenerational stories of healing. Yellow Horse Brave Heart (1999) discusses the effects of historical trauma on changing Lakota parenting behavior placing children at risk of substance abuse and a healing curriculum. Bombay et al. (2011) explored the impact of stressors on second generation Indian Residential School survivors and the relationship between parental attendance at an IRS and depressive symptoms. Bombay et al. (2013) did a study looking at the relationship between the offspring of IRS survivors and the influences of identity centrality and past perceptions of discrimination.

The last study was interesting because it explored factors of intergenerational aspects outside the family.

4. Religious Indoctrination

In the current study three participants communicated that religious indoctrination hindered their healing journey. Participants indicated the following references, spirituality, sexuality struggles, Church things forced on us and learned about a punishing God. The current study's literature review support for the religious indoctrination category included, Hunter (2006) reported participants expressing the experience of losing traditions and not allowed to speak language. Dionne (2008) reported participants' accounts of being spiritually terrorized.

5. Community Coping and Societal Dynamics

In the current study two participants communicated that community coping and societal dynamics hindered their healing journey. Participants indicated the following references, lack of recognition from my community, my community was not as helpful, I needed to leave my community, lack of opportunity to share the Indian Residential School Experience with Canada, addressing questions from society about Aboriginal people and communicating on my and our terms as Aboriginal people. A review of the current study's literature review did not result in too many matches between community coping and societal dynamics and the hindrance of the personal healing journey for IRS survivors. This does not mean the category does not exist within the experiences of Indian Residential School Survivors however it does mean there is the potential for more research to do in this area of study as it relates to IRS survivor's perspectives

on their healing journey from the Indian Residential School Experience and their personal experiences of community coping and societal dynamics. The Aboriginal Healing Foundation's three-volume report (2006) outlined in the current study's literature review did report that communities are at different healing stages where there are some supportive environments for healing and some environments that are not ready for healing. A search of the literature produced one example of a societal dynamics study Bombay (2013) which discussed the Canadian Government apology to Aboriginal people for their role in the Indian Residential School System and a sample of Aboriginal people's response and expectations to the apology. In addition, there is literature available on a theoretical construct of the 'conspiracy of silence' (Assembly of First Nations, 1994) which speaks to the IRS experience and silence. Also, recall the discussion earlier in the 'expert validity check' where one expert spoke of the 'silent agreement' in communities as a coping mechanism for not talking about or dealing with the IRS experience. Finally, one participant did speak to his inability to share with the rest of Canada about his IRS experience. The same participant had reflections on the Truth and Reconciliation Commission process and its impact (trc.ca).

6. Money Cannot Heal

In the current study two participants communicated that money cannot heal and the thoughts around money as compensation hindered their healing journey. Participants indicated the following references, no amount of money can heal and money does not make you happy. The current study's literature review did not produce any references to money or compensation for the Residential School Experience. An additional search of the literature identified a report

commissioned by the Aboriginal Healing Foundation (Stout and Harp, 2007) where the Lump Sum Payment to Residential School Survivors received both positive and negative impacts.

5.2 Limitations of the Study

The first limitation of the current study findings involve cautioning to the reader that the results do not generalize to other Indian Residential School Survivors who are on a healing journey from their experience. It is hoped that the results will assist additional IRS survivors however, it is important to remember that every IRS survivor is on his or her own healing journey. Creswell (2009) notes that the value of the qualitative research data lies in the description and categories or themes developed in *context* of a specific data set or site. The researcher in this study took great care in providing in-depth data with *context* as shared by the IRS survivors in the study. Readers may relate to the participants in the study and may very well have similar experiences, however, the research is not meant to reach the goal of having the results generalize to the entire IRS survivor population in B.C. or Canada. An illustration of the generalizing construct is found in the second expert validity meeting that took place where the expert communicated to the researcher that not everyone wants to attend alcoholics anonymous or share about their Indian Residential School Experience. The researcher then agreed and communicated the results are not meant to be generalized to the whole populations of IRS survivors.

The second limitation of the current study is that the participants in the study were asked to provide a self report from memory about their healing journey. With self reported data there is a possibility that the information will not be remembered accurately. In the current study, the

researcher took great measures to focus participants on the research question and provided an atmosphere of comfort for participants to recall aspects of their healing journeys. The researcher ensured that informed consent was freely given from each participant so they could fully commit to answering the research question. Participants provided rich in-depth descriptions including naming the incident, describing actions taken and outcomes for each incident. Butterfield (2005) states that to ensure accuracy of retrospective self reports the researcher must take steps to capture full, clear and detailed information which contributes to the quality of incidents recounted. The researcher is confident that all participants were qualified to report on their healing journeys and did so in an effective manner.

A third limitation to the study revolves around the one participant member check that was not obtained. The researcher took appropriate measures to ensure all six participant checks were completed however the researcher could not connect with one participant with the contact information provided. There could be a number of reasons for this outcome however it was important for the researcher to continue on with the thesis research project and work towards completing the next and final steps. A commitment was made by the researcher to provide the participant with the categories if possible. The remaining five participants did complete and validate the findings.

A fourth limitation to the study is the current participants may not be representative of the IRS survivor population as a whole. The six participants interviewed for this study were well advanced along their healing journeys. They have been on a healing journey for many years. They were able to articulate detailed full descriptions of their healing incidents without hesitation or confusion. Not one participant needed to stop the interview process due to emotional difficulties or triggers. They demonstrated advance healing concepts such as forgiveness and in

some cases validating their hard work earned at the Indian Residential Schools and carrying this work ethic into their current careers and life experiences, meanwhile, realizing that they did have a negative experience in the IRS. They no longer used alcohol or drugs to cope with IRS effects. The personal awareness level was quite high in all participants as it relates to their responsibility for their own personal healing journey. Most participants went through the Aboriginal Healing Foundation's (2006) framework of A Survivor's Journey: awareness & understanding, self-reflection and discovery, recognition and acceptance, establishing safety (the journey begins), remembrance and mourning (partial recovery), reclaiming a new way of life (the long haul), and developing the capacity to heal others (transformation and renewal). Under this framework participants spoke to aspects of learning, guidance and support and a new lifestyle. However, it is important to note that the participants also spoke to areas they still need to work on in their healing. It is understood that the very nature of a healing journey is that it is a journey not a destination so in that sense, they are still healing.

5.3 Implications for Practice

The current section will discuss implications for practice in counselling.

Knowledge of the history and current effects of the Indian Residential School System

When working with Aboriginal individual, families and communities it is extremely important for any counselling professional (Aboriginal or Non-Aboriginal) to be educated on the history of the Indian Residential School System in Canada. Especially important is accessing the

knowledge on the intergenerational effects, cumulative and complex trauma for IRS survivors, their families and communities. The schools are closed currently, however the IRS legacy still continues to have a rippling effect on Aboriginal people in Canada. How this education is received is a personal decision on the part of the counsellor. If the education is not part of the curriculum offered in the counsellor education program, the counsellor must work towards this professional development need through additional training. If the counsellor does not want to obtain this education for any reason, it is ethically important to consider referring the Aboriginal person to a counsellor who has the training on the Residential School experience or to obtain supervision from such as counsellor. In addition to knowing about the history of the IRS it is important for counsellor to keep up to date on current day issues that Aboriginal people are concerned about as it relates to health and well-being. Finally knowing about current information and events such as the Truth and Reconciliation Commission (www.trc.ca) will enhance knowledge and understanding of the IRS experience. One of the participants in this study advised the researcher in the member checking validity session that he attended the TRC event and came away with questions around the TRC's relevancy to his personal healing journey and the healing of all Indigenous people of Turtle Island. When counsellors are aware of the current events they are able to be participate and be helpful to IRS survivors who seek to answer existential questions about the bigger picture.

No One Size Fits All

As with any counselling decision on what intervention to use with clients, it is especially important for counsellors to do a thorough assessment with IRS survivors and Aboriginal people

who seek out counselling. As was mentioned in the expert validity check, not everyone will want to go to alcoholics anonymous or share publicly about their Residential School Experience. This does not mean that these resources are not helpful but has more to do with personal preference. It is important to consult with Aboriginal clients on their choices on a number of interests. For example, not every Indian Residential School survivor will want to work on family issues or have a strong connection to their communities. For example, as we have seen in the participation rates for Reconnection to Family and Traditional Aboriginal Parenting although the category did receive an 83% participation rate (5 participants), one participant did not wholeheartedly speak to this category in his helping incidents. Another example under the Cultural Healing category, the participation rate was 83% (5 participants), one participant did not speak to this category in his helping incidents. It is interesting to note that under the two categories of Reconnection to Traditional Aboriginal Parenting and Cultural Healing, it was the same participant who did not have a strong response to accessing these helping resources. It is easy when doing beginning work with Residential School survivors and Aboriginal people in general to assume that they would naturally want to have a connection to family, traditional parenting and culture, however this may not always be true for some at that point in their healing journey. Finally, when considering culture we need to be aware of the differences between the Coastal Aboriginal Cultures and the Interior Aboriginal Cultures in B.C. It is also important to note that B.C. is the province with the most diverse Aboriginal languages and cultures in Canada. Although tempting, it is not enough for us to expect the client to educate us on their culture.

Movement along the Healing Journey from the IRS Experience

It is important to do a thorough assessment with the IRS survivor on what helps what hinders their healing journey from the IRS experience. Research conducted in this study has allowed the researcher to witness participants being grateful for the process of inquiring into various aspects of their healing journey in a structured way that addresses both helping, hindering and wisdom categories. Some participants communicated to the researcher that participating in the study itself has been healing for them. IRS survivors benefit from knowing and having perspective in a general sense where they are in their healing journey. Several participants mentioned in the study that their healing journey began when they quit drinking and doing drugs in their younger years. This may explain why there was such a low participation rate for the Addictions Treatment category. Recall the first expert validity check where the expert said he was surprised by this low of a participation rate but could understand that maybe these participants have overcome a lot of the addiction issues. These clients may come to counselling to address underlying issues that still remain a challenge for them in their daily lives, for example, internalized shame and grief and loss.

Religion and Native Spirituality

Two participants shared their experiences of sorting out their identities around religion, spirituality and Native spirituality. Recall the discussions around participants not wanting to express that they go to formal Church per se or Catholic Church. It was extremely important for the participants to clarify with the research in the member check that they do not go to Catholic Church or practice religion. The same participants shared about their experiences in both

categories of Holy Spirit Filled Christianity (Pentecostal)/Letting God into Your Life and Cultural Healing including Native Spirituality and Ceremony. The researcher was very interested in the participants' clarity and articulation of their experiences under these categories. It was obvious that the participants had worked on understanding their personal identities in these areas. Counsellors need to assess IRS survivors' relationship to religion, spirituality and Native spirituality and learn how the clients work through these areas along the personal healing journey.

Indian Residential School Survivors with a Disability

Counsellors need to explore and assess the physical aspects of an IRS survivor's experience including disabilities. One participant spoke poignantly about his experiences of sharing his IRS experience from both a disability perspective and from a person who has experienced sexual abuse in the Residential School. Another participant shared how his undiagnosed hearing disability affected his learning experience within and without Residential School. Another participant spoke about the various physical ailments she has had over the years as a result of physical abuse and nutritional neglect in the Residential School.

Interdisciplinary approach to Healing

The Final Report from the Aboriginal Healing Foundation (2006) identified data on various aspects of healing for IRS survivors and their families and communities. In the one-on-one counselling section a number of services providers including family and community members

were noted as being helpful along the healing journey for IRS survivors and their families. A participant in the study noted how helpful his family doctor was in saving his life through addiction treatment referrals. Counsellors would benefit from working closely with interdisciplinary teams and Aboriginal professionals including Elders and those trained in traditional Aboriginal healing ceremonies.

5.4 Recommendation for Future Research

The final section will outline recommendation for future research.

Healing Intergenerational and Complex Trauma in Families and Indian Residential Schools

Researchers have begun to focus directly on the construct of Intergenerational Trauma and the Legacy and rippling effects. There is less research available on specific family dynamics within the IRS experience. It is important to do this research in order for Aboriginal people and society to understand the continuous cycle of the IRS experience in families and communities. It is also important to explore aspects of the healing journey in order for IRS survivor families to have perspective on their own healing strengths and challenges and to move forward. The Aboriginal youth population is the fastest growing population in Canadian society and is also the population with the highest suicide rates. Exploring the various intergenerational factors within families along with society's understanding of the pressing issues for the health of Aboriginal people in Canada will help counselling professionals to contribute to understanding and healing.

Traditional Aboriginal Parenting

Reconnection to Family and Traditional Aboriginal Parenting was well supported as a helping resource for the participants in this study. Further research on Traditional Aboriginal Parenting may contribute to the interruption of the intergenerational challenges around internalized shame and parenting. Participants in this study gave rich in-depth examples of how they were parented traditionally and how there was a strong connection to cultural traditions and connection to the land. The category of Traditional Aboriginal Parenting had many references to regaining and restoring Identity as an Aboriginal person.

Internalized Shame from the Indian Residential School Experience

Participants in this study gave detailed descriptions of their experiences of having difficulty healing from various shaming messages received in the Residential School. One participant was able to clearly articulate through many incidents of her experience of feeling like she was a horrible person and wanted to hide her brown skin. The participant also spoke of being ashamed of her parents because of the conditioning shame messages she received in the Residential School. Most of the research on intergenerational trauma has focused on parenting behaviour as a transmission source which may also have a cumulative impact on internalized shame. This participant has opened our eyes to a shame message being silently communicated back to the parent because of internalized IRS messages received in the Residential School. Counsellors would benefit from knowing more about this very silent and sometimes unspoken dynamic in families in order to assist in helping individual, families and communities understand how this shame dynamic travels through generations both from parent to child and child to parent.

Counsellors can look to the root issues when considering presenting symptoms of family disharmony. Family genograms are helpful when addressing family history challenges, however, we need to know as a counselling profession how to incorporate the IRS institutional intergeneration trauma aspects of family functioning and healing.

Education and Employment

Education and Employment was a helping category that did not come up in the theoretical literature. Openness to learning was mentioned in one study. Most of the participants in the current study were working in paid employment positions or working on various projects in the community. A few participants mentioned aspects of working to survive at a young age. A few other participants spoke of learning good work ethics while growing up. Exploring how education and employment relates to the healing journey would provide a fuller picture of the overall healing journey.

Healing and the Arts

Participants in this study referenced the use of theatre, music and the arts to help them along their healing journey from the IRS experience. Aboriginal culture is rich with artistic expression. We as a Canadian society just have to turn on the Aboriginal Peoples Television Network (APTN) to experience the full range of artistic celebration with in the Aboriginal population. Research focused on the use of the Arts as a healing modality for Indian Residential School survivors, families and communities would enlighten us to a whole new world not often reported.

5.5 Discussion and Conclusion

The participants in this study contributed a number of helping and hindering incidents along their healing journeys. One category stands out for me as a researcher and counsellor.

The Internalized Shame from the Indian Residential School Experience was a large hindering category (33) incidents supported by five of the six participants. The overall participation rate tells us that a large percentage of this sample felt that incidents within this category were the number one hindering factor that prevented them from moving along their healing journey. In addition, participants confirmed they still are challenged in the area of dealing with various aspects of what was categorized as internalized shame today.

The relationship between Internalized Shame from the Indian Residential School Experience and various aspects of the Historical Trauma Transmission (HTT) and the Unresolved Grief Response is important to consider in research and health care education and practice. Former students of the Indian Residential School System in Canada experienced a horrific traumatic break in attachment from family, culture, community and Nation. This break in attachment trauma was followed by cumulative and compounding complex traumas on multiple levels while in the Indian Residential Schools and subsequently after leaving the schools.

Participants in this study articulated their shame experience within the Indian Residential Schools, family, community and society. One participant spoke about 'taking clothing off' that was not hers and 'putting her own clothes back on'. She was speaking in a sense about taking off the internalized shame from the Indian Residential School experience that did not belong to her and putting back on her own identity as an Aboriginal person. Another participant spoke about the abuse he experienced in his family and that during the interview was the first time he

had spoken of the abuse. Another participant spoke of not feeling recognized by his community as a Residential School Survivor, not receiving an Indian name and the shame associated with both of these experiences. The second expert validity check person identified a ‘silent agreement’ within communities as a way to cope with the Indian Residential School experience. In a second member checking interview one participant shared about feeling ashamed about the negative aspects of leaving his community and being considered an ‘apple’ (red on the outside, white on the inside) and being caught between communities and cultures and not feeling accepted by either community. Another participant shared about feeling silenced and not having the opportunity to share with the rest of Canadian society about the Indian Residential School experience. He shares his thoughts on the Truth and Reconciliation Commission (TRC) by saying that we cannot allow the TRC to give the impression that the legacy of the Residential Schools has been put to rest (silenced). Finally, one participant shared the feeling of internalized shame in a second member checking interview as: though unchained and powerful as fully grown elephants we find ourselves conditioned – why, when we are adults do we still believe we are NOT strong, and remain tethered by a tiny chain?

Internalized shame is isolating and thrives when hidden deep within a person’s soul. It can exist for years, remaining long after the various coping behaviors have been remedied. It can present itself as low self-esteem and a profound sense of low self-worth or invisibility. The participants in this study were able to speak to various aspects of internalized shame and identify shame that did not belong to them. I was inspired by their willingness to share their deepest feelings and experiences. It has made me reflect on my own healing, my family, community and society. Specifically, it has made me reflect on where we are on the healing journey as a whole. It has brought up the following questions for me: Is it time for us to move the discussion forward

to addressing Internalized Shame from the Indian Residential School Experience and relational trauma on all levels, meanwhile, balancing these discussions by continuing to validate Strengths and focus on what helps the healing journey from the IRS Experience? If we moved passed the shame would we be able to address the enduring grief and loss associated with the Indian Residential School Experience? Finally, if we moved passed the grief and loss would we be able to internalize our true identities and claim our rightful place within our families, communities and society as Aboriginal people.

References

- Aboriginal Healing Foundation Funding Agreement (<http://www.ahf.ca/downloads/07-funding-agreement-amendment.pdf>).
- Aboriginal Healing Foundation Summary Points (<http://www.fadg.ca/downloads/rapport-final-eng.pdf>).
- Archibald, L. (2006). *Final Report of the Aboriginal Healing Foundation. Volume 3. Promising Healing Practices in Aboriginal Communities*. Ottawa, Ontario: Aboriginal Healing Foundation.
- Assembly of First Nations (1994). *Breaking the silence : an interpretive study of residential school impact and healing as illustrated by the stories of First Nations individuals*. Ottawa, Ontario: Assembly of First Nations.
- Barnes, R., Josefowitz, N. & Cole, E. (2006). Residential Schools: impact on Aboriginal student's academic and cognitive development. *Canadian Journal of School Psychology*, 21(1/2), 18-32.
- Bombay, A., Matheson, K. & Anisman, H. (2011). The impact of stressors on second generation Indian residential school survivors. *Transcultural Psychology*, 48(4), 367-391.
- Bombay, A., Matheson, K. & Anisman, H. (2013). Appraisals of discriminatory events among adult offspring of Indian residential school survivors: the influences of identity centrality and past perceptions of discrimination. *Cultural Diversity and Ethnic Minority Psychology, online journal*.
- Bombay, A., Matheson, K., & Anisman, H. (2013). Expectations among Aboriginal peoples in Canada regarding the potential impacts of a government apology. *Political Psychology*, 34(3).

- Bopp, M., Bopp, J. & Lane, Jr., P. (2003). *Aboriginal domestic violence in Canada*. Ottawa, ON: Anishinabe Printing (Kitigan-Zibi).
- Bowker, K. M. (2007). *The boarding school legacy: Ten contemporary Lakota women tell their stories* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3284077)
- Butterfield, L.D., Borgen, W. A., Amundson, N. E., Maglio, A. T. (2005). Fifty years of the critical incident technique: 1954 – 2004 and beyond. *Qualitative Research*, 5(4), 475-497.
- Butterfield, L.D., Borgen, W. A., Maglio, A. T. (2009). Using the enhanced critical incident technique in counselling psychology research. *Canadian Journal of Counselling*, 43(4), 265-282.
- Castellano, M. B. (2006). *Final Report of the Aboriginal Healing Foundation* (Volume 1). *A Healing Journey: Reclaiming Wellness*. Ottawa, Ontario: Aboriginal Healing Foundation.
- Chansonneuve, D. (2007). *Addictive Behaviours among Aboriginal people in Canada*. Ottawa, ON: Dollco Printing.
- Corrado, R. R. & Cohen, I. M. (2003). *Mental health profiles for a sample of British Columbia's Aboriginal survivor's of the Canadian residential school system*. Ottawa, ON: Anishinabe Printing (Kitigan-Zibi).
- Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (3rd Ed.). USA: Sage Publications Ltd.
- Crey, E. & Fournier, S. (1997). *Stolen from our embrace: the abduction of First Nations children and the restoration of Aboriginal communities*. Vancouver: Douglas & McIntyre.

- Dionne, D. (2008). *Recovery in the Residential School abuse aftermath: a new healing paradigm* (Master's thesis). Available from ProQuest Dissertations and Thesis database.
- Dumont-Smith, C. (2002). Aboriginal elder abuse in Canada. Retrieved October 20, 2009, from <http://www.ahf.ca>.
- Duran, E. & Duran, B. (1995). *Native American postcolonial psychology*. USA: State University of New York Press.
- Duran, E., Duran, B., Yellow Horse Brave Heart, M., Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In: *International handbook of multigenerational legacies of trauma*. Danieli, Yael (Ed.). New York, US: Plenum Press.
- Elias, B., Mignone, J., Hall, M., Hong, S., Hart, L. & Sareen, J. (2012). Trauma and suicide behavior histories among a Canadian indigenous population: an empirical exploration of the potential role of Canada's residential school system. *Social Science and Medicine*, 74, 1560-1569.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: a multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316-338.
- Flanagan, J.C. (1954). The critical incident technique. *Psychological Bulletin*, 51(4), 327-358.
- Gagne, M. (1998). The role of dependency and colonialism in generating trauma in First Nations citizens: The James Bay Cree. In: *International handbook of multigenerational legacies of trauma*. Danieli, Yael (Ed.). New York, US: Plenum Press.
- Gendlin, E. T. (1981). *Focusing*. USA: Bantam Books Inc.

- Gone, J. P. (2009). A community-based treatment for Native American historical trauma: prospects for evidence-based practice. *Journal of Counselling and Clinical Psychology*, 77(4), 751-762.
- Hanson, I & Hampton, M. R. (2000). Being Indian: strengths sustaining First Nations peoples in Saskatchewan residential schools. *Canadian Journal of Community Mental Health*, 19(1).
- Herman, J. (1992). *Trauma and recovery*. USA: Basic Books.
- Hunter, L.M. (2006). Aboriginal healing: regaining balance and culture. *Journal of Transcultural Nursing*, 17(1), 13-22.
- Hylton, J. H., Bird, M., Eddy, N., Sinclair, H., & Stenerson, H. (2002). *Aboriginal sexual offending in Canada*. Ottawa, ON: Anishinabe Printing (Kitigan-Zibi).
- Institute for Aboriginal Health. (n.d.) Retrieved from <http://www.iah.ubc.ca>.
- Kirmayer, L. J., Brass, G. M., Holton, T., Paul, K., Simpson, C. & Tait, C. (2007). *Suicide among Aboriginal people in Canada*. Ottawa, ON: Dollco Printing.
- Kishk Anaquot Health Research (2006). *Final Report of the Aboriginal Healing Foundation* (Volume 2). *Measuring Progress: Program Evaluation*. Ottawa, Ontario: Aboriginal Healing Foundation.
- <http://laws-lois.justice.gc.ca/eng/index.html>
- Kvale, S. & Brinkman, S. (2009). *Interviews: learning the craft of qualitative research interviewing, second edition*. USA: Sage Publications Inc.
- Lane, P. L. et al., (2002). *Mapping the Healing Journey: The Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*. Ottawa, Ontario: Solicitor General Canada and The Aboriginal Healing Foundation.

- McEvoy, M. & Daniluk, J. (1995). Wounds to the soul: the experience of Aboriginal women survivors of sexual abuse. *Canadian Psychology*, 36(3), 221-235.
- Menzies, P. M. (2005). *Orphans within our family: Intergenerational trauma and homeless Aboriginal men* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database.
- Meseyton, H. R. (2002). *Daughters of Indian Residential School Survivors: healing stories* (masters thesis). Available from ProQuest Dissertations and Theses database.
- Myran, S. (2008) *The educational experiences of First Nation people in the Indian residential school system in Canada* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database.
- Nichol, R. A. (2000). *Factors contributing to resilience in Aboriginal person who attended residential schools* (masters thesis). Available from ProQuest Dissertations and Theses database.
- Paproski, D. L. (1997). Healing experiences of British Columbia First Nations women: moving beyond suicidal ideation. *Canadian Journal of Community Mental Health*, 16(2), 69-89.
- Royal Commission on Aboriginal Peoples. (1996). *Volume 1: Looking forward, looking back*. Ottawa: Minister of Supply and Services Canada. Retrieved from <http://www.aadnc-aandc.gc.ca>
- Rubin, H. J. & Rubin, I. S. (2005). *Qualitative Interviewing: The Art of Hearing Data, second edition*. USA: Sage Publications Inc.
- Saldana, J. (2009). *The coding manual for qualitative researchers*. Great Britain: Sage Publications Inc.

Scarpino, G. (2007). Resilience and Urban Aboriginal Women. *Native Social Work Journal*, 6, 33-55.

Schwandt, T. A. (2007). *The Sage Dictionary of Qualitative Inquiry, 3rd Edition*. USA: Sage Publications Inc.

Stout, M. D. & Harp, R. (2007). *Lump sum compensation research project: the circle rechecks itself*. Ottawa, ON: Dollco Printing.

Stout, R. & Peters, S. (2011). *The inter-generational effects on professional First Nations women whose mothers are residential school survivors*. Winnipeg, Manitoba: The Prairie Women's Health Centre of Excellence.

Tait, C. L. (2003). *Fetal alcohol syndrome among Aboriginal people in Canada: Review and analysis of the intergenerational links to Residential Schools*. Ottawa, ON: Anishinabe Printing (Kitigan-Zibi).

Thomas, W. & Bellefeuille, G. (2008). An evidence-based formative evaluation of a cross-cultural Aboriginal mental health program in Canada. *Australian E-Journal for the Advancement of Mental Health*, 5(3),1-14.

www.trc.ca

van Uchelen, C. P. (1997). What makes us strong: urban Aboriginal perspectives on wellness and strength. *Canadian Journal of Community Mental Health*, 16(2), 37-50.

Wesley-Esquimaux, C.C. & Smolewski, M. (2004). *Historical Trauma and Aboriginal Healing*. Ottawa, ON: Anishinabe Printing (Kitigan-Zibi).

Woosley, L. K. (1986). The Critical Incident Technique: An innovative qualitative method of research. *Canadian Journal of Counselling*, 20(4), 242-254.

Yellow Horse Brave Heart, M. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, 68(3), 288-305.

Yellow Horse Brave Heart, M. (1999). Oyate Ptayela: Rebuilding the Lakota Nation through addressing historical trauma among Lakota parents. *Journal of Human Behavior in the Social Environment*, 2(1), 109-126.

Participant Recruitment Poster

Indian Residential School Healing Study

A First Nations Masters student is seeking participants in her Thesis research.

The purpose of this study is to learn from former First Nations students of the Indian Residential School (IRS) system in British Columbia. Specifically, the study will ask the question: what helped or hindered your Personal Healing Journey from the Indian Residential School experience? It will require a face-to-face interview lasting 1 to 1 ½ hours, followed by an additional 30 minute review of the interview, at a location convenient to you. The interview and results will be kept completely confidential.

I invite you to participate in the study if you are:

1. 18 years of age or older
2. Identify as an Aboriginal person
3. Attended a Residential School in British Columbia
4. See self on a Healing Journey from the Residential School experience for 4 years or longer

I respectfully hope that you would be willing to share your healing journey experiences. The results of this study may help other Residential School survivors along their healing journeys and increase our understanding of the Residential School experience as a whole.

If you would like more information, please call _____.

Appendix B: Participant Recruitment Letter

Hello,

Date:

My name is _____ and I am a (Name of Program) student in (Name of Department), (Name of Faculty) at the (Name of University) in (Name of City), (Name of Province).

I am researching the Healing Journey of Residential School Survivors. As an Aboriginal person and a second generation survivor myself, I would like to learn more about what has helped or hindered the healing journey of other survivors. In addition, the information gathered will contribute to the current research on healing from the Residential School experience in Canada. It is hoped that the research will also contribute to helping other survivors along their healing journey.

I am currently looking for volunteer participants to share their experiences with me. In order to participate in this study, you must:

- 1) Be 18 years of age or older
- 2) Identify as an Aboriginal person
- 3) Have attended an Indian Residential School in Canada
- 4) Be on a Personal Healing Journey from the Indian Residential School experience for 4 years or longer

I will be interviewing participants in person. Interviews are strictly confidential and will take about 1 to 1 ½ hours. Later, I will ask you to review parts of the study to ensure it accurately reflects your personal story which should take an additional 30 minutes.

This research project is supervised by a licensed counselling psychologist, who can be contacted at any time with questions or concerns you may have. His name is _____ and he can be reached at the (University Name) by email at: _____, or by Phone/Fax: _____.

If you are interested in participating in this study or have any questions, please send an email with your contact information and some good times to reach you to: _____. In addition, I can be contacted at the following phone number: _____.

If you are not interested in participating in this study but know others who might, please feel free to forward this letter to them or any other members of the Aboriginal community. The success of this study will be greatly increased by your willingness to circulate this letter throughout your Aboriginal community.

Thank you for your time and consideration,
All My Relations,

Student Name, Program
University Name, City, Province

Appendix C: Informed Consent Form

Informed Consent Form

Title: Indian Residential School Experience: First Nations Share Critical Incidents to Healing

Principal Investigators/
contact persons:

Student Name Home _____, Cell: _____

Research Supervisor Office: _____

Dear Prospective Participant:

My name is _____ and I am a (Name of Program) student in (Name of Department), (Faculty Name) at the (University Name) in (City), (Province).

Purpose:

I am researching the healing journey of Residential School Survivors. As and Aboriginal person and a second generation survivor myself, I would like to learn more about what has helped or hindered the healing journey of other survivors. In addition, the information gathered will contribute to the current research on healing from the Residential School experience in Canada. It is hoped that the research will also contribute to helping other survivors along their healing journey.

Criteria:

I am currently looking for volunteer participants to share their experiences with me. In order to participate in this study, you must:

- 1) Be 18 years of age or older
- 2) Identify as an Aboriginal person
- 3) Have attended an Indian Residential School in Canada
- 4) Perceive self to be on a Personal Healing Journey from the Indian Residential School experience for 4 years or longer

Procedure:

I will be interviewing participants in person. This is a semi-structured interview study. The interview will take about 1 to 1 ½ hours. The interview consists of two parts: 1) clarifies the nature of the study and asks for demographic information and 2) asks questions regarding what helped and what hindered (or didn't help) your healing journey from the Indian Residential School experience. The interview will be audio-tape recorded, transcribed and given a code number. The research supervisor, research committee members, myself (masters student) and

potentially a student transcriber will have access to the interview information. The tapes will be stored in a locked filing cabinet in the faculty advisor's research office.

Potential risks/benefits:

Some minimal risks you may experience include feeling sad or emotional while remembering your healing journey. I will provide you with the Indian Residential School Survivors Support Line if you need to obtain support after the interview. Some benefits of participation include: first, you will have the opportunity to have a voice and speak about your healing journey and you may gain some personal growth through reflecting on your experience. Secondly, your participation will contribute to increasing knowledge and education in the counselling field around the Residential School experience as a whole.

Monetary compensation:

There will be no monetary compensation to the participants, however, they will be given a coffee mug as a token of appreciation for their time and effort.

Confidentiality:

All names and identifying information will be altered in the transcript to protect the confidentiality of your identity and others mentioned in the interview. In any publication resulting from this research, the participants' identities will be kept strictly confidential. Each participant is given a code number to protect their identity. The participants will not be identified by the use of names or initials. You will be debriefed regarding the main findings and you may have a summary of the research findings if requested.

Supervision of the research study:

This research project is supervised by a licensed counselling psychologist, who can be contacted at any time with questions or concerns you may have. His name is _____ and he can be reached at the (Name of University) _____ by email at _____, or by Phone/Fax: _____.

If you have any concerns about your treatment or rights as a research participant, you may contact the Director of Research Services at the University of British Columbia, Office of Research Services, at _____.

Your involvement in this study is voluntary and you may decide to participate or not participate, or you may withdraw from the study at any time.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

Participant Signature

Date

Printed Name of the Participant signing above

In addition, would you like to receive feedback on the findings or results of the research at a later date? Please check yes or no below,

Yes _____ No _____

Thank you for your time and consideration,
All My Relations,

Student Name, Faculty Name
University
City and Province

Appendix D: Interview Guide

Interview Guide: “Personal Healing Journey” What helps and what hinders?

Participant: _____

Date: _____

Interview Start Time: _____

1. Contextual Component

Thank you for being here and sharing with me today. As you know, I am exploring the healing journey of Indian Residential School Survivors. Specifically, I would like to learn about what helps and what hinders (or doesn't help) the healing journey from the Indian Residential School experience.

The purpose of this interview is to ask about your personal healing journey from your Residential School experience and what has helped or hindered the journey.

It is important for you to know that there are no right or wrong answers and if you have any questions, please ask me at anytime. During the interview, I might need to stop you and ask some questions along the way. Does this sound all right with you?

As a way of getting started, I will ask a few questions about yourself such as where you are from and where you went to school.

2. Demographic Information

- a. Where are you from (which First Nation, Band and Province)?

- b. What is your Aboriginal language?

- c. What Residential School did you attend and what province was it located?

- d. How many years did you attend the School?

- e. Did either of your parents ever attend Residential School? If yes, what province?

 - f. How long have you been on your healing journey from your Residential School Experience?
3. *Critical Incident Components Part 1: What factors do you feel positively contributed to your healing journey from the Residential School experience?*

For each answer, ask about:

SOURCE (eg self, program, other people or factors) What was the source of this incident?

ACTION -What exactly happened? **CLARIFICATION** – Tell me more about that.

OUTCOME-What was the outcome of this situation?

Approximately when did this incident occur (for order effects)?

Is there anything else that played a positive role and helped you along your healing journey that you are not willing to share with me?

4. *Critical Incident Components Part 2: While on your healing journey, what INTERFERED with or was not helpful to your healing journey from the Residential School Experience?*

For each answer, ask about:

SOURCE (eg self, program, other people or factors)- What was the source of this incident?

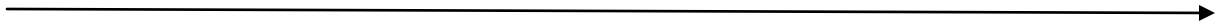
ACTION -What exactly happened? **CLARIFICATION** – Tell me more about that.

OUTCOME- What was the outcome of this situation?

When did this incident occur (for order effects)?

Is there anything else that played a negative role and interfered with your healing journey that you are not willing to share with me?

Timeline of Healing Journey



So far, along your healing journey you have pointed out a number of things that have helped or hindered you along your healing journey – when you look at this timeline and you see where you began your journey up until now, is there anything else you would like to add that helped or hindered your healing journey?

If you could pass on words of wisdom to other Residential School survivors who are on a healing journey from their Residential School experience, what would you say?

Interview End Time: _____

Length of Interview: _____

Interviewer's Name: _____

Appendix E: Participant Cross-Checking Form

Re: Thesis titled: Indian Residential School Experience: First Nations Share Critical Incidents to Healing

Name: _____.

Pseudo-Name chosen? _____.

1. Please review with me, the critical incident and wisdom provided results from our first meeting and clarify any part of your incidents shared for this thesis research.
2. Indicate with a yes, it is accurate _____ or clarification needed _____.
3. Initial below to confirm our second meeting today:
4. Date: _____
Start time: _____.
End time: _____.
Initials: _____.
5. Researcher name and initials: _____.

Appendix F: Expert Opinion Check Form

Re: Thesis titled: Indian Residential School Experience: First Nations Share Critical Incidents to Healing

Name: _____.

1. Please review with me, the helping/hindering category themes shared by 6 participants for this thesis research. As a person who is knowledgeable about the healing journey for Indian Residential School Survivors, please provide your opinion to the following questions:
 - a) Do you find the categories to be useful?
 - b) Are you surprised by any of the categories?
 - c) Do you think there is anything missing, based on your experience?
2. Indicate with a yes, it is accurate _____ or clarification needed _____.
3. Initial below to confirm our meeting today:
4. Date: _____
Start time: _____.
End time: _____.
Initials: _____.
5. Researcher name and initials: _____.