

**Learning from Healing the Healers**

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## Abstract

The original aim of this research was to provide learning materials for hospital-based health care providers as a step in building a much needed bridge between the worlds of First Nations people in the region served by Prince George Regional Hospital and an institutional culture in the hospital which has often failed to understand them and their needs.

I collaborated with Carrier Sekani Family Services (CSFS), an organization that provides health care services to member First Nations in the district west of Prince George, British Columbia, and CSFS in turn facilitated my collaboration with six Elders: Mabel Jack, Casimel Jack, Julia Morris, Angeline Crocker, Nancy Charlie and Eleanor Skin. These Elders were members of a program known as Healing the Healers. The purpose of that program, which had been sponsored by CSFS, was to provide a group healing and empowerment process to help the members, who had all suffered the effects of residential school attendance, claim their traditional roles as Elders and healers in their communities.

The result of this collaboration was a collection of narratives by five of the Healing the Healers members and my reflections as a health care provider on what I learned from the Elders who had become my mentors.

### Acknowledgements

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## Chapter One: Introduction

### *Genesis of this Study and How I Came to Collect the Narratives of the Healers*

In the final stages of completing this work I find that it has taken me in surprisingly unexpected directions and the final result deviates markedly from what I had originally proposed and conceived both in content, method and meaning. In my research proposal I suggested that my goal in embarking on this work was to contribute to building a cross cultural bridge between First Nations people living in the area served by Prince George Regional Hospital and that institution by building an awareness among hospital care providers of what First Nations people commonly experience when a loved one dies in hospital. In what now seems like rather strident language I spoke of a need for change in the culture of that institution; a culture, based on my observations as a clinical social worker in that setting for over ten years, of cultural insensitivity. I did learn, in answer to my original research questions, that First Nations people may well distrust the care givers they encounter in hospital and may believe that they should be receiving better care. They may also appreciate the efforts of some care providers. What I did not expect was that the elders who would become my mentors would teach me about a lived history of inherited community strengths, of overcoming adversity both personally and as communities and of trust betrayed by various agents of government, which in turn has made it difficult to trust care providers who, after all, remain agents of government. I found that a conspicuous community strength based in clan and potlatch practices was present when needed during times of grief and trauma and had been adapted with resilience and pragmatic compromise with the institutional setting of the hospital. What I found though, that departed most from what I was expecting, was the

ability of my mentors to tell their own story. My anticipatory angst about the possibility that I would misrepresent them with my personal bias in the process of helping them construct narratives of their life experiences was groundless. It was groundless because they didn't need me to help them tell their story. In fact, in a serendipitous turn of circumstances, they in fact rescued the whole project by capably assuming control of the process and structure of producing their narratives. My role became one of providing fairly minor facilitation and of (hopefully) being a cultural bridge to other health care providers by offering my reflections on what I was learning during the process.

I am a registered social worker and was a member of the Prince George Regional Hospital social work department for over ten years. When the remains of a deceased person are at PGRH it has been the responsibility of hospital social workers to facilitate the viewing of the remains by family members who request to do so. It is also the responsibility of hospital social workers to offer emotional and practical support to family members and significant others.

It has been a long-standing custom among members of bands served by Carrier Sekani Family Services to view the remains of deceased family members immediately after, or shortly after death and it is quite common for groups of twenty or more people to attend a viewing of the deceased person's remains at PGRH. This custom probably occurs in other hospitals serving large First Nations populations but this does not appear to have been documented in any literature.

When I first began to assist First Nations people in times of grief in my role as a hospital social worker, I understood in a general way why they attended in large groups when the death of a loved one was imminent; it is common to most cultures for people to

come to say goodbye and to lend support to immediate family members (although it also appears to me to be quite common in contemporary western society to avoid all aspects of bereavement). However what seemed unique to this community was attending in large numbers immediately and with some urgency after death and needing to be with the deceased at that time rather than only providing comfort to the closest surviving loved ones of the deceased. During the first few years that I observed this tradition, I respectfully facilitated this process in the hospital as best I could without really understanding the significance of it. Gradually I became deeply moved by what I came to realize was a profoundly meaningful social and cultural practice. However I still didn't really understand what I was observing. Where did this tradition originate and what are the beliefs on which it is based? I reflected on the many First Nations people with whom I have worked as a social worker; both individuals and families, who were experiencing an ongoing cycle of deaths, traumas and tragedies.

Through informal readings I did before graduate studies and course work I completed during my graduate studies I came to recognize that contemporary problems among First Nations people are rooted in a history of traumatic events: displacement from their lands; their traditional patterns of surviving and thriving in their territories and communities pushed aside by European settlement, land use and economy; and paternalistic control by government agencies, churches and residential schools which had attempted to strip them of their traditional language and culture and where many suffered terrible abuses. In addition to the displacements and traumas suffered at the hands of colonial and Canadian authorities and religions (acting as agents of government in providing residential schooling), the population of native people in northern British

Columbia, like aboriginal populations everywhere, was decimated by smallpox, influenza and other diseases resulting from contact with Europeans and for which they had little natural resistance. These epidemics and consequent deaths also left the survivors severely traumatized. All of this is well documented in a large body of literature, some of which I will refer to specifically in Chapter 2, and is also reflected in the curricula of social science courses attended by social workers and other human service professionals in Canada. A comprehensive survey of this body of knowledge is contained in Russell Thornton's book, *American Indian Holocaust and Survival: A Population History Since 1492* (Thornton, 1987).

Yet when I saw the Carrier-Sekani people attending to pay their respects to someone who had passed away and support the closest survivors I realized that I was witnessing a strength and dignity that had not only survived a traumatic history but was perhaps a means of healing and thus contributing to the process of regaining control of their history and destiny. Seeing this tradition carried out in a large modern health care institution where it often seemed to me to be tolerated with, at best, benign indifference by staff who were themselves struggling to provide care in the face of many stresses, also made me realize that the great healing potential of this tradition might itself be vulnerable due to a lack of understanding and appreciation by health care providers like myself. The goal of this collaboration, as I then proposed it, was to make Carrier-Sekani beliefs and traditions accessible to the understanding of hospital staff and other health care providers so that they could appreciate the importance of the gathering of kin that occurs when a member of a Carrier community passes away.

In order to make a contribution to remedying that, Mabel Louie, the Health Director for Carrier Sekani Family Services, suggested to me that I work collaboratively with a group of First Nations Elders who had participated in Healing the Healers, a project of Carrier Sekani Family Services, to produce materials suitable for the cultural education of health care professionals in the hospital. The subsequent work took me in directions that I did not expect to go and to a different way of viewing and addressing the identified problem. For this I am indebted to the six Elders I worked with who truly became mentors to me. In this document I will henceforth use that term in reference to them.

Preliminary inquiry combined with my clinical observations at PGRH had led me to want to obtain narratives from my mentors that would help health care professionals understand what they and members of their community experienced when one of their loved ones passed away in hospital. This seemed to me to be a critical interface between modern health care institution and a traditional indigenous culture and a point at which First Nations people were most vulnerable to insensitivity and lack of accommodation. My partners in the Aboriginal Liaison Program at PGRH reinforced my point of view. That program is a long standing joint venture of the hospital and Carrier Sekani Family Services aimed at improving the experience of aboriginal patients through the services of a liaison worker who is a member of one of the local Carrier or Sekani communities, has some fluency in the Carrier language and has some relevant health care training such as nursing or social work in a health setting. The role of the liaison worker is to visit Elders, to speak to them in their own language if needed, and provide medical interpretation if necessary, and also to advocate, coordinate and assist in a variety of ways, in planning for

safe discharges to the home communities. This latter role of facilitating discharge planning was a matter of considerable concern as CSTS had documented numerous occasions when the hospital had sent aboriginal people home to remote communities without adequate discharge planning with the result that people requiring necessary follow up care, in locations where it is most challenging to provide such service, did not receive it. Efforts to rectify the situation over the course of a number of years failed to produce results satisfactory to CSTS and caused them to view the failure as evidence of a level of bias or indifference symptomatic of institutional racism. Addressing inadequate discharge planning for aboriginal people was certainly far beyond the scope of something the lone aboriginal liaison worker could accomplish single handedly. Rather it made the role immensely stressful and resulted in a high turnover rate.

For many years I had worked collaboratively with the aboriginal liaison workers and for a little over a year as head of the hospital social work department I was responsible for representing the hospital in managing the liaison program in partnership with Mabel Louie who is the Director of Health for CSFS. In effect it was my job to liaise with the liaison program and provide a channel for addressing the concerns raised by CSFS.

In order to understand how I came to the point of identifying the focus of the work as it was initially proposed it is necessary, as outlined in my research proposal, to provide a basic orientation to the geographical, historical and social setting of the hospital and the Carrier people who became my partners. Within this context I can also describe how I personally and professionally came to perceive the need to collaborate in this cross cultural venture.

Prince George Regional Hospital (PGRH) provides acute medical care to the Northern Interior Health Service Delivery Area (NIHSDA) of the Northern Health Authority (NHA) in British Columbia. The NHA is responsible for providing health care in an area that constitutes the northern two thirds of the land mass of B.C. This vast territory is, however, sparsely populated with a total population of about 300,000.

Aboriginal people constitute nine percent of the population within the NIHSDA (Aboriginal Population Health Profile 2000 -2001, 2001). Providing effective medical and other health and human services to First Nations residents is a high priority for all human service professionals in the region served by PGRH. The Native Liaison Worker Program, a joint effort of PGRH and CSFS, has been operating for ten years striving to overcome cultural and institutional barriers to effective medical care for First Nations people receiving care at PGRH. In my work with CSFS, I have come to share the view expressed by members of that organization that a lack of cross cultural training for hospital staff, and consequent lack of understanding of First Nations culture, results in barriers to effective health care delivery for First Nations people. I also experienced considerable distress due to the fact that my professional role gave me a perspective that validated aboriginal concerns while at the same time I could only begin in a small way to effectively address them.

I also knew that the PGRH as an organization had for a number of years been under much stress due to inadequate financial resources, critical staff shortages, organizational restructuring and changes in leadership that were too frequent and resulted in poor morale among staff as a result of all these factors. Within this organizational

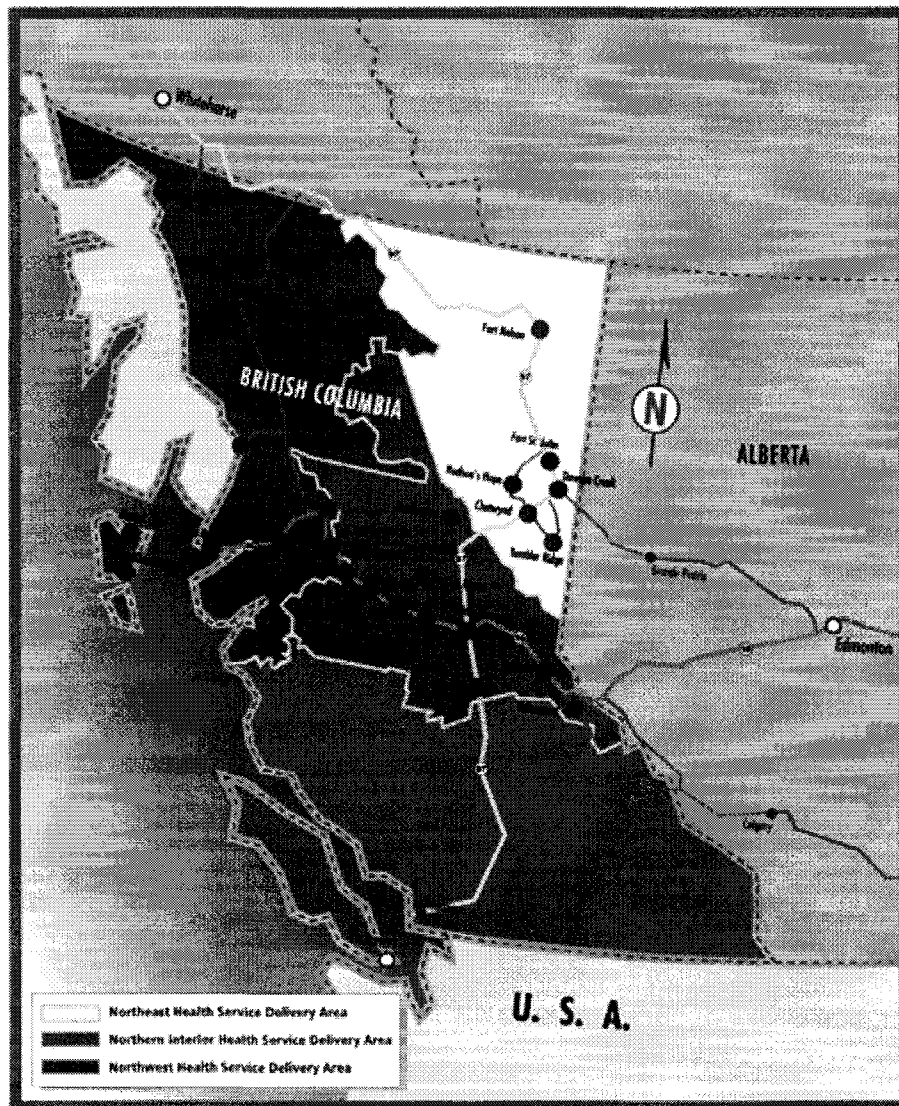


context it was difficult to assess and address the root causes of poor treatment of aboriginal people. Too much stress brings out the worst in people and in organizations.

However I sensed at the time of first conceiving of this work that there was potential for change within the organization due to changes in leadership which had started to produce consistent improvements. Improvements in the organization and a glimmer of improving staff morale led me to hope that there was beginning to be a readiness to begin to collaborate with the First Nations communities and address their concerns. Therefore I hoped that my research collaboration with CSFS could make some contribution by producing some material suitable for the cross-cultural education of health care professionals at PGRH at a time when the organization was in a position to support such changes. I hoped that the material might be relevant in assisting cross cultural education and change in other health care settings as well.

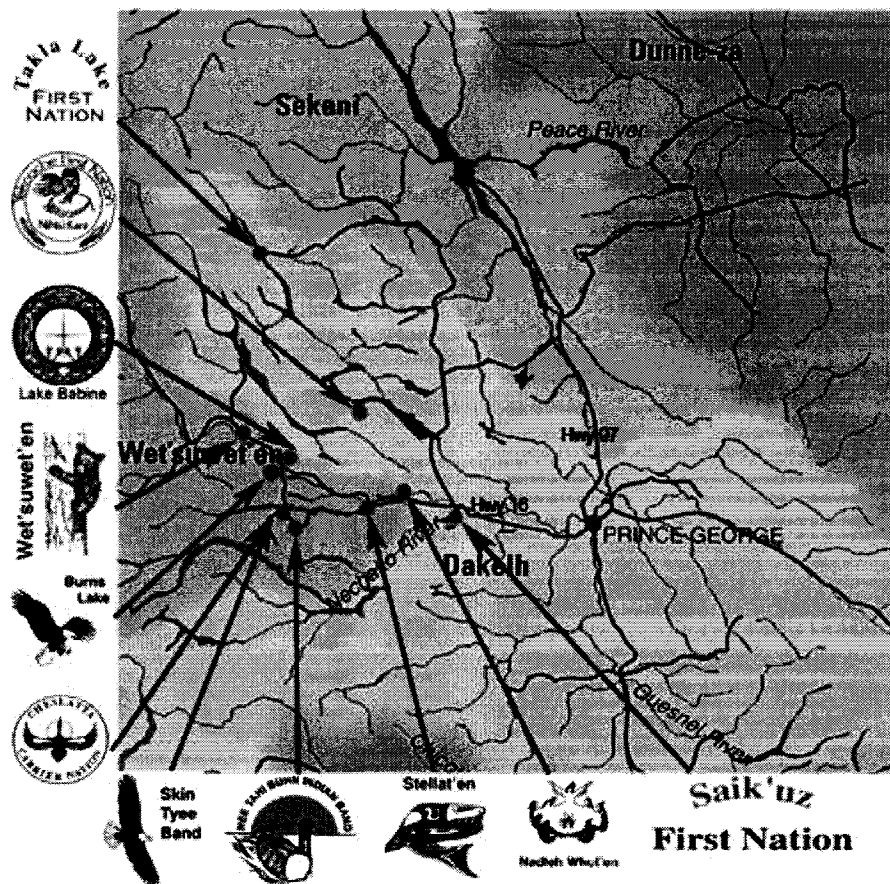
CSFS provides community health services to eleven First Nations in the area served by the Northern Interior Health Service Delivery Area (the administrative unit of B.C.'s Northern Health Authority that operates PGRH) (see Figure 1).

*Figure 1: A map of the administrative boundaries of the Health Service Delivery Areas of the Northern Health Authority in BC, 2007.*



These First Nations are: Naudli Whut'en, Burns Lake, Cheslatta Carrier Nation, Wet'suwet'en, Saik'uz, Nee Tahi Buhn, Takla Lake First Nation, Yekooche First Nation, Skin Tyee and Stellat'en (see Figure 2).

*Figure 2: A map showing the communities served by CSFS.*



They are located in an area east of Prince George, B.C., with the nearest being over 100 kilometers east of Prince George and the rest scattered to the north and east over an area spanning several hundred kilometers. The villages of Burns Lake, Fort St. James,

Fraser Lake and Vanderhoof are the nearest commercial centers serving the CSFS communities. Each First Nation is served by a health center staffed by community health Registered Nurses (RNs) and community health representatives (CHRs). General practitioners visit some of the communities but most members of CSFS communities must travel to one of the larger centers of Burns Lake, Fraser Lake, Vanderhoof or Fort St. James to access physician care. The CHRs are members of the First Nations communities and play a vital role in ensuring community members have practical access to health care. They work with the RNs to provide health education and promotion, help with obtaining transportation, medication and medical supplies and play a vital advocacy role as it is too easy for the health needs of elders and other vulnerable community members to be neglected by service providers located far away. I worked with them often over the phone from one of those distant locations when I was a hospital social worker and am a witness to the dynamic and resourceful care that they provide.

There are small hospitals at Burns Lake, Fort St. James and Vanderhoof and a diagnostic and treatment center at Fraser Lake providing basic medical care including vital emergency health care in the area but members of the First Nations communities and the rest of the population are accustomed to being transferred to PGRH for much of their acute care needs requiring the services of specialists. Many members of these First Nations must drive for more than three hours to visit their loved ones at PGRH. Advanced regional acute care services, such as the intensive care unit, are concentrated at PGRH, and consequently many band members die at PGRH. It is while the remains of the deceased are at PGRH that family members usually learn of the deaths and begin to grieve.

I began to explore the potential for collaboration in achieving this goal with my partners in health services at Carrier Sekani Family Services in the early part of 2004 in meetings with Mabel Louie who had been my partner in guiding and developing the Aboriginal Liaison Program at PGRH. She in turn introduced me to the Healing the Healers project. This project had been operating quietly for the previous two years and I had not even been aware of it. The purpose of the project was to provide a means to assist Elders of bands served by Carrier Sekani Family Services, who had been survivors of past traumas, to complete their healing journey so that they could reclaim their rightful roles as Elders in their communities and be able to provide practical and spiritual leadership, guidance and healing for their younger generations. Each member CSTC band nominated Elders to participate in the project. With funds obtained from a grant, the project assisted the nominees to form a cohesive group and plan a series of events that involved traveling to a number of other First Nations communities throughout BC and Alberta to learn different approaches to emotional and spiritual healing. They also took advantage of a resource that is administered by Carrier Sekani Family Services at Ormond Lake. This is a healing camp that operates each summer providing a First Nations recovery and healing program with a staff of mental health professionals and First Nations traditional healers working collaboratively. I had the privilege of attending the camp, participating in a sweat and becoming familiar with the staff, some of the attendees and program. In the brief time I spent there I found it to be a well organized program from the perspectives that participants shared with me and from my own observations as a clinical social worker. For me personally the day was one of relaxation and contemplation. In their narratives which follow, the small group of Carrier elders

who became my mentors in a journey of cultural learning and who had been participants in Healing the Healers, spoke highly of their experiences at Ormond Lake and their personal experiences of healing there. At Ormond Lake and at the many venues they traveled to as a group these Elders became a very cohesive group sharing the happiness and meaning of a diverse range of experiences. As will be shown in the narratives to follow, the Healing the Healers project was a success from the perspective of my mentors.

## Chapter Two: Preparing for the Journey

### *Review of Relevant Literature*

Prior to engaging and collaborating with Carrier Sekani Family Services in planning and carrying out this project I also had several opportunities to prepare myself for this field of research. In two research methods courses and a directed readings course I was able to explore many facets of First Nations studies related to my research question. All of this work was summarized in the literature review for my research proposal.

What follows is the preliminary research and literature that helped me immerse myself in First Nations studies with a focus on understanding the experience of First Nations people when a loved one among their kin passes away. I present the literature review first in the thematic categories suggested in the relevant literature itself as well as by my research questions.

### *First Nations Holocaust in North America*

There is a wide body of literature describing First Nations culture and specifically their beliefs and traditions in the area of death and grief. Outside of anthropology and First Nations literature, there is a growing body of literature pointing to the importance and significance of understanding grief from a cross-cultural perspective. The main area of literature that I was able to find concerning grief among First Nations people from their own perspective concerns the phenomena of historical unresolved grief which regards First Nations history since European contact as a holocaust; that is, a sometimes deliberate campaign of genocide, or in other cases, an indifference to the lives and well being of native people by non-native society in pursuit of economic progress with the same genocidal results. This is also a psychosocial perspective that regards



contemporary First Nations people as resilient survivors suffering from community wide and intergenerational effects of posttraumatic stress (Yellow Horse Brave Heart, 1998) and genocide (Thornton, 1987).

The holocaust literature also documents the mistreatment of First Nations people by institutions of non-native society including churches, schools (both residential and non-residential), law enforcement and that unique institution of Canadian history, the Hudson Bay Company. The Hudson Bay Company not only had a founding role in the early colonization of northern BC but, as a commercial entity acting with government authority, foreshadowed the impact of the Alcan Aluminum Company on the lives of the First Nations communities I was about to collaborate with. All of these areas of literature provide a useful frame for understanding the cross-cultural experience of First Nations people when death occurs in a hospital. However, neither contemporary research nor historical literature provides more than a cursory or incidental examination of the experiences of First Nations people in hospitals. I could find no literature specifically examining the experiences of First Nations people, in the context of their history, beliefs and traditions, when death of a kin occurs in hospital.

The dearth of such research, combined with existing research which demonstrates the profound significance of grief as an historical and contemporary issue in First Nations society, suggested to me that promoting a cross cultural understanding of the experience of First Nations people when death occurs in a hospital would be a useful goal of research.

### *Grief as a Cross Cultural Experience*

My stated concern has been to examine the experience of First Nations people who experience grief in hospitals which is thus a cross cultural experience. Therefore I wanted to examine any literature that would shed light on the experiences of people practicing a traditional culture who experience grief in a modern hospital setting.

In the 1990 text *Social Work Practice with the Terminally Ill* (Lewis, 1990) Ronald Lewis notes the crucial importance of social workers and other healthcare providers understanding the meanings of mourning practices of North American native people. He notes that native North Americans are a growing population characterized by a “lack of accessibility to health care, high rates of unemployment, and high rates of suicide,” especially among youth. He points to other health indicators as well that reveal a collective health status far worse than the general population (Lewis, 1990, pp. 25-26). He also comments that the overall communal nature of North American native cultures, especially as pertains to their mourning practices, as well as their cultural diversity are important considerations (Lewis, 1990). Thus it is important for health professionals working with each cultural community to understand the practices and beliefs of that community when caring for those who are mourning.

Browne, (1995), described the meaning of respect from the perspective of First Nations people receiving care from Western health care providers based on her research carried out in a Cree-Ojibway community in northern Manitoba. Her work consisted of a series of key informant interviews. Browne begins by reviewing the meaning of respect as a general ethical concept in Western culture that values autonomy and intrinsic worth of all human beings and is also identified in the code of ethics of Canadian nurses in

terms of respect for the choices and for the needs and values of clients. Browne also identifies specific behaviours of care providers, that are understood in the caring professions to demonstrate respect. However, her research addressed a gap in prior research that had not examined what being respected by caregivers meant within the context of a First Nations culture.

Browne's findings identified six characteristics of respect from the perspective of her informants:

1. To refrain from stereotyping people and to show an attitude that values people regardless of social characteristics.
2. The caregiver should care for the person in a way that values the innate value of all people even if the client's values and beliefs contradict those of the caregiver.
3. Demonstrating a sincere desire to hear and understand the client's concerns.
4. Carefully consider the uniqueness of each client's situation in planning care.
5. Provide thorough explanations to enable the client to make informed health care decisions.
6. The caregiver should convey sincerity through verbal and non-verbal meta-messages (Browne, 1995, pp. 95-109).

The characteristics of respect described by Browne can be applied to the care of kin as well as clients and so are relevant to framing the questions to ask kin whose loved ones have experienced death or trauma in a hospital.

Fauri and Ettner (2000) surveyed prior research with regard to bereavement services in acute care settings. They cite research that pointed to the stress on survivors of deaths in institutional settings which can lead to unresolved grief that in

turn leads to further illness and increased health costs. The research clearly demonstrates the need for providing culturally sensitive grief support in acute care settings (Fauri & Ettner, 2000).

*Death and Bereavement: What Counselors Should Know* (Freeman & Ward, 1998) gives an overview of the grief process and implications for counseling which demonstrates, by the absence of any commentary, a culturally biased blind spot in grief counseling research. Drawing from a range of recent literature, the article describes “normal grieving” as an individual process, characterized by phases and symptoms which are implied to be universal (Freeman & Ward, 1998, p. 218). This may follow from Elizabeth Kubler-Ross’s seminal work *On Death and Dying* (Kubler-Ross, 1969). Kubler-Ross identified five stages of grief people go through in anticipation of their own death or after the death of a loved one. Her theory applies to modern Western cultures that have lost the traditional rituals which have helped people in more traditional cultures cope with death (Kubler-Ross, 1969). However, after making passing reference to traditional cultures in comparison to *death denying* western cultures, Kubler-Ross makes no reference to death as a cultural experience, as in the interface between people practicing their culture and an institution. Similarly Freeman and Ward write only of the individual experience of grief, and fail to acknowledge the important contexts of community and cultural practices. Freeman and Ward’s article and Kubler-Ross’s book suggest that in the counseling professions there is little understanding of mourning as a cultural experience of a community or that individual healing can occur more effectively in that context.

Robak (1999) conducted an exhaustive search of the PsycLIT database. The search found a striking lack of literature on death, bereavement, and grieving in psychotherapy and counseling literature through the period 1990-1998. Little more relevant research in this area seems to have been produced in the years since and certainly none that addresses grief-counseling needs of First Nations communities.

In the field of bereavement studies, authors published in two excellent peer reviewed journals, *Death Studies*, and *Omega - Journal of Death and Dying* rarely cite ethnographic research of cross-cultural mourning practices. One exception in *Death Studies* is a 1997 article that used key informants and focus group interviews to gain an understanding of “the process of dying and grieving among four Asian American populations” (Braun & Nichols, 1997, p. 327). Several studies examine grief and mourning in a cultural context, but do not use ethnographic methods, and, furthermore, the subject cultures are mainstream western (Haney, Leimer & Lowery, 1997; Herbert, 1998). By contrast, Balk’s (1999) longitudinal case study of bereavement used a solid ethnographic method; however the subjects were white American college students.

Cross-cultural perspectives on grief are conspicuously absent from books and other journals as well. Kastenbaum (1981) writing on death from a sociological perspective, cites the value of naturalistic observations, but makes only passing reference to cross cultural studies and makes no mention at all of contemporary indigenous cultures. Similarly, Boss (1999) on the topic of unresolved grief, examines grief from a white North American perspective only. Linda Von Bloch (1996) cites research demonstrating the methods and the importance of providing grief support in a hospital

emergency department. Conspicuously lacking is any reference to providing this service on a cross-cultural basis.

One example of local work to improve cross-cultural understanding, *The Cariboo Chilcotin Cross Cultural Communications Project* (1995) sought to promote better cross-cultural communication between natives and non-natives through information sharing and processes that would help non-native helpers develop a better understanding of the Carrier, Chilcotin, and Shuswap First Nations (*Cariboo Chilcotin Cross Cultural Communication Project: Resource Manual*). The project's resource manual explains some local native cultural attributes but also emphasized the need to understand the impact of historical oppression on local native culture, such as fear of health care institutions and the loss of traditional healing practices which have been repressed. The project facilitated workshops in which native people explained to non-native health providers the meaning of native cultural traditions. The project's work again demonstrates the importance of research that facilitates native people sharing the meaning of their cultural traditions. However, it did not focus specifically on cultural grieving practices.

The lack of cross-cultural research on grief and bereavement is mentioned in Klass's (1999) meta-analysis *Developing a Cross Cultural Model of Grief: The State of the Field*, which notes the small number of cross-cultural studies and the need for more qualitative research. Rowling's (1999) study of research methods examined the challenge of doing qualitative research in the sensitive area of grief studies. She discussed the importance of support for the researcher while at the same time acknowledging the need for the researcher to have genuine empathy for the subject community.

Taussig (1995), writing from the field of medical anthropology, provides a psycho-social conceptual framework for studying death and mourning practices in a case study of a non-native woman dying:

Denied a satisfying answer to this quest for meaning, she developed her own understanding of her situation and its causes. Unlike biomedicine, her explanation was social, relational, and moral. Her disease developed as a result of a life of poverty, malnourishment, over work, and exhaustion. In short, disease became an arch-metaphor for her enduring experience of oppression (Taussig, 1995, p. 75).

This case study of an individual demonstrates how understanding a phenomenon from the perspective of one community member can be an effective way to examine and understand the mourning experience of a cultural community which has experienced historical traumas and faces contemporary challenges in getting the needs of its members met by the health care system. Little was mentioned in this case study about the experience of community and close kin in her death. Nor have I been able to locate other published articles that address this aspect.

#### *Historical Unresolved Grief and Trauma*

Some researchers and clinicians working in the field of mental health and social work have sought to understand the mental health needs of First Nations people from an historical perspective that examines grief as a cross-generational phenomena. From this perspective it is necessary to view contemporary psycho-social problems from the lense of historical oppression. Severe traumas have been experienced by entire First Nations populations in which not only individuals but entire communities were unable to heal and recover their self-determination before experiencing further traumas on a massive scale. This resulted in children being raised by parents or extended families in communities in which most people were unable to cope with the day to day demands of life due to the

chronic pain of grief. The experiences of First Nations in northern B.C., with forced relocations, residential school experiences and massive mortality due to epidemics, exacerbated by racism, poverty and addictions, might be viewed from this perspective. Understanding historical unresolved grief may be a first step in forging a path forward for many of the people in these First Nations communities.

In a unique piece of research done by Maria Yellow Horse Brave Heart, a professor of social work who is a member of the Lakota (Teton-Sioux) community, the researcher noted the historical causes of unresolved grief among her people and implemented an intensive group grief resolution intervention for forty-five human service providers in that community, while simultaneously conducting a clinical evaluation of the treatment (Yellow Horse Brave Heart, 1998). While certainly far beyond the scope of this proposed research, Yellow Horse Brave Heart notes “Clearly, the results of this investigation demonstrate that additional research on trauma and grief responses is warranted among American Indians and other populations that have survived historical traumas. Clinical case studies, as well as other qualitative and quantitative investigations, would add to theory development” (1998, p. 300). In a further comment which might be especially relevant to the proposed research she notes that “additional research is vital for understanding the effect of boarding school trauma but also harsh day school experiences, and of the generational influence of parental and grandparental boarding school or current school experiences of child abuse and neglect and psychosocial symptoms (p. 301)”. The project Healing the Healers was aimed specifically at addressing this issue as many members had attended the Lejac Indian residential school.



A example of research in a First Nations community trying to come to terms with a traumatic past is *Looking in, Looking out; coping with adolescent suicide in the Cree and Ojibway communities of northern Ontario* (Minore, Boone, Katt and Kinch, 1993). Minore et al. undertook this research project, focused on understanding and addressing the key determinants of adolescent suicide in a First Nation community, in partnership with a community-based agency. Relevant demographic, historical and epidemiological data was collected to provide contextual background to the research but the data collected consisted of focus group interviews with community members who were asked to identify and discuss factors that needed to be addressed in their community in order to better meet the needs of youth in crisis. The data collected enabled effective community development to proceed using a community based assessment and plan of action.

Although I did not propose to use the focus group technique and I was researching a community strength as opposed to a community problem, Minore et al.'s (1993) work provided guidance for my study in one important way. It demonstrated that when researchers partner with agencies representing the community to collect data that is in the words of the people, the results can be a powerful tool for community development.

This example contrasts with a substantial number of older ethnographies, which addressed the subject matter of the grief and bereavement but used methods that produced little data relevant to understanding the needs of contemporary First Nations people affected by colonization. These were descriptive ethnographies and their purpose was to understand aboriginal cultures that were portrayed as relatively untouched by colonial interference. An example of this genre is *The Fireland Indians*. In a section describing the mourning practices of these South American natives, entitled "Mourning

in the Presence of the Corpse” (Gusinde, 2003), the ethnographer provides a minutely detailed description of the mourning practices he observed in this First Nations community. Lacking is any sense of what the significance of these practices is in the community, nor is there an attempt to understand the practices in the words of the people and in the broader context of their beliefs, their history and their contemporary lives.

### *The Cheslatta Experience*

Research by Katherine Buhler (Buhler, 1998) documents one example in the Northern Interior of British Columbia, of a major theme in what could be termed the Canadian Indian Holocaust: the forced relocation of small Carrier First Nations bands. The Cheslatta Carrier Nation are an Athapaskan speaking people. After the Department of Indian Affairs and the Alcan Aluminum Company failed to give the Cheslatta First Nation timely warning that their lands and their community would be flooded and made only a brief attempt to negotiate a plan for compensation and assistance with little or no immediate or timely assistance or compensation, they were left to their own devices to relocate and survive in order to make way for a dam to feed a large scale hydroelectric project.

These events, which occurred in 1952, are well within the living memories of many members of that band and their fellow bands in the Carrier-Sekani Tribal Council. Buhler’s (1998) thesis explores the balance between agency (the means to assert control over their own lives) and coercion (control of their lives by external agents) as experienced by the band during and since the relocation as they struggle to re-establish a self- definition of community and control over their lives in the face of forces strongly stacked against them. Early on Buhler draws a parallel between the native experience of

agency and coercion pursuant to the relocation and their experience of agency and coercion in their spiritual lives as they struggle to define their beliefs on their own terms in the face of coercive efforts of missionaries to impose Christian beliefs and practices on them. Thus, viewed as a spiritual experience and given the well known land-based cosmology of First Nations peoples, the relocation was a profound desecration. The spiritual consequences were just as profound as the practical consequences for this people.

As Thornton (1987) painstakingly documented, the whole system of establishing reservations in North America involved relocating peoples from their traditional territories and forcing them to relocate to smaller areas. Far from being a unique experience in northern B.C., relocations of this magnitude also occurred in the last half-century when the people of the present community of Tsay-Kay (Tsay-Kay Dene) were removed from Finlay Forks to Ingenika Point make way for the W.A.C. Bennett Dam, and when the North Peace Beaver people of the present day communities of Halfway, Doig and Blueberry were displaced to accommodate farm land for veterans returning from World War Two. Buhler cites a broader range of Canadian examples showing a pattern of relocation that seems to further a deliberate policy of assimilation as First Nations were forced to abandon their way of life.

The tragedy of the Cheslatta people was that they had been living an isolated but productive and self-reliant existence prior to the relocation, maintaining their traditions while voluntarily acquiring techniques, goods, materials, and even spiritual beliefs from the broader culture and adapting these as they saw fit. They also participated in the commercial economy on their own terms and, because they were economically self-

sufficient, did not even see the Department of Indian Affairs (DIA) agent. They did, however, send their children to the Lejac Indian residential school near Fraser Lake, B.C. and their children suffered ill effects from that experience which then exacerbated the impact of the relocation. However, Buhler points out that before the relocation they were better able to deal with those consequences due to their community strength.

The province and Alcan did not involve Cheslatta in the planning for the dam or even advise them that it would affect their land. D.I.A. failed to provide advocacy to obtain compensation or accommodation to meet their needs in the planning. The Cheslatta were advised of the flood only a short time before it occurred and when they refused the terms offered by D.I.A. and Alcan, the surrender documents were forged (Buhler, 1998). In the end they were forced to abandon almost everything they owned to the advancing waters and were provided with no assistance. Individual families wandered in different directions in a destitute state. Alcan contractors desecrated their gravesites.

Eventually given a reserve at Grassy Plains, the people nevertheless lost all their community self-sufficiency. With unemployment rates of 95% and traumatized by their experiences they descended into a pattern of alcoholism, child abuse and suicide along with many other social ills from which they continue to struggle to recover. In examining the experiences of death and grief of First Nations people in the hospital in this region it is impossible not to consider the fear and distrust of government institutions engendered by this and similar experiences by the Carrier and Sekani peoples.

The film *No Surrender: The Story of Endangered Species* (Jordan, 1995) further documents the relocation of the Cheslatta people with on-camera interviews of

community members who lived through the ordeal. They confirm the events documented by Buhler (1998) with the addition of their personal narratives of suffering and survival. One man lived alone in the bush for over a year after he was given fifty dollars in compensation for the loss of his land. The film documents the band's continued struggle for justice against the collusion of Alcan and both federal and provincial governments and their growing alliance with environmental and social groups that similarly oppose giant energy projects, which threaten both the environment and social fabric of the region. The film concludes with a victory for the Cheslatta people and their allies when the Kemano completion project, proposing a second dam, was defeated politically. This was followed by a defeat for the Cheslatta when the Supreme Court of Canada sanctioned the agreement confirming Alcan's control of the watershed. The struggle to restore the watershed and the Cheslatta land base continues to the present. The final message from the film is that in spite of their extreme losses and consequent impact on the mental and physical health of members, the community has maintained sufficient social cohesion and community strength to carry on their resistance and survive. In retrospect, I had no idea at the time I was conducting my literature review how foundational this historical knowledge of the Cheslatta displacement was to my research. As it turned out, my mentors were among the survivors of this displacement.

### *Residential Schooling*

Many First Nations children in northern B.C., as well as elsewhere in Canada, attended residential schools, and there is a substantial body of literature that documents and describes their traumatic experiences of ill treatment. The children's experiences of trauma at the same time as their parents were being traumatized by forced relocations and

epidemics is important to understanding how contemporary experiences of grief can be complicated by the shadow of a history that is still very immediate to the lives of contemporary First Nations in northern B.C..

A book edited by Linda Jaine (1993) consists of a series of short narratives and poetry by First Nations writers documenting the native residential school experiences of themselves and others. Three messages by First Nations leaders encouraging their people on the path to healing and demanding justice are also included. Most are first person narratives written without third person interpretation or analysis. These are very effective in conveying the impact of the residential school experiences on their lives as well as documenting the experiences and the paths to healing which have been effective for them.

The experience of being in residential schools from Ontario and across western Canada, bears many common themes. Austere, virtually military discipline with rigid daily routines enforced with physical punishment that often caused physical trauma was universal. Accounts of sadistically cruel punishments were common. Many suffered sexual abuse. Some abuse, such as the beating of an epileptic boy for having seizures, seemed particularly cruel and senseless even if viewed within the dominant Western view of the time that such treatment was beneficial. Emotional neglect of small children was part of the institutional culture of residential schools, as was isolating children from their siblings and their cultures. This sort of harsh treatment was common in European boarding schools but was extremely inconsistent with the gentler child rearing practices of First Nations people. The harm caused by this treatment was compounded by the fact that the parents were often forced to send their children to those schools by D.I.A. (Jaine,

1993) As well, the children were not only punished for speaking their own languages, but also there was no positive reference to First Nations culture in any educational curriculum (Jaine, 1993). All described a bland, meager diet and constant hunger. Behavioral control also was exercised through harsh religious teachings aimed at instilling fear, guilt, and shame (Jaine, 1993).

The impact of these experiences on aboriginal children's lives subsequently was predictably devastating. Confusion, guilt and shame led to extreme cycles of alcoholism and drug abuse. Chronic anger and the inability to form bonds of trust and intimacy led to child abuse, promiscuity, and multiple failed relationships. Some who had learned to cope and survive in the schools by being good students and conforming didn't suffer as much abuse but emerged with many of the same emotional problems (Jaine, 1993).

In spite of the foregoing, the narratives recorded by Jaine (1993) all carried accounts of hard-won but effective healing. The dominant theme was returning to their cultural roots and finding some caring individuals within their native communities to help them. One man found mentors in three male elders. All found strength in learning their aboriginal languages and customs. One woman, during a ritual, was able to speak to her long deceased mother and forgive her for dying and leaving her to the care of the residential school and to receive the message that her mother loved her and was with her. All of this is important for understanding the experience of death and grief for many First Nations people, as much grief occurs in layers and each new experience of grief occurs in the context of what grief has occurred before and how it was experienced. Harold Cardinal stated "Our ways teach us what we can do, what we cannot do. Our traditions also show us what the consequence is when we don't follow our traditions...We have a

duty to make sure the soul will survive" (Jaine, 1993, p. 26). All of the elders who would become my mentors attended the Lejac residential school and, while their accounts reflect their own unique experiences, it was important that I understood the broader themes of how residential schools impacted First Nations individuals and communities.

### *Population Decline*

There is a body of literature that examines First Nations history from an epidemiological and demographic perspective and points to a massive decrease in the population of First Nations people in North America as a result of epidemics, the effects of forced relocation such as starvation, war and other causes related to colonization. Thornton (1987) documents in comprehensive and pains-taking detail, the controversial and difficult science of estimating prehistoric populations in the Americas. He is able to demonstrate that, by using all available population data and analytical techniques, arriving at credible estimates is not impossible. Doing so is necessary to begin to appreciate the scale of loss experienced by native societies in North America and to understand why recovery is such a slow and difficult process. In short, throughout North America, the population of Native Americans was 20 to 25 times higher in 1492 than it was in 1900.

Thornton (1987) documents the history of the decline. The largest loss of aboriginal human life was due to introduction, sometimes deliberately, of European diseases for which the natives lacked immunity. Other causes included forced relocations without compensation; warfare, which even when not directly with Europeans was often caused by the distortion of intertribal relationships caused by the political economy introduced by Europeans; deliberate genocide; and the destruction of aboriginal



economies and means of survival, as in the near extinction of the plains bison. Often these factors compounded each other to greater harmful effect.

While deliberate genocide may have contributed to only a small proportion of the total population decline overall, the attrition of aboriginal populations was observed by non-natives with callous indifference to human life. In many cases, colonists actually wrote that they regarded the large-scale deaths of neighboring natives as a divine blessing (Thornton, 1987). Although Canadian aboriginal population declines came later, they resulted in approximately the same proportional loss and both Canadian and American native populations reached their nadirs around 1900 (Thornton, 1987).

Thornton (1987) also documents the ghost dance movements that spread throughout the western United States in the late nineteenth century. The Ghost Dance phenomena occurred in Canada as well, although this is not described by Thornton. Although Thornton doesn't offer much analysis beyond documenting the phenomena, he clearly sees it as a peaceful, spiritual response to the humanly incomprehensible reality of genocide.

The remainder of Thornton's (1987) book recounts the native population recovery since 1900, which has occurred along with urbanization and migration leading to more loss of identity, paternalistic government intervention, distorted age ratios, and the demographic problems of defining the populations. Although primarily an American account, there is enough Canadian data to place Canadian aboriginals in the same broad context and thus to understand that contemporary Canadian aboriginal experiences of death, grief, and loss may be strongly coloured by larger unresolved grief which may continue to reside in their collective consciousness.

The entire substantial body of literature documenting the effects of colonization on First Nations people, the epidemics, forced relocation, starvation, forced religious conversion, residential school experiences, all of which resulted in massive population declines, supports the view that First Nations people were the victims of deliberate genocide in North America. Understanding this view is essential for helping professionals who want to be effective in assisting First Nations people experiencing grief who may be profoundly distrustful toward such helpers who are agents of governments whose policies continue to oppress their people.

*Bereavement in First Nations Kin Based Society*

An understanding of the clan-based social organization of First Nations people in northern B.C. is essential to knowing how they survived the ongoing holocaust that has been the legacy of colonization. The mutual support, spiritual strength, psychosocial resilience and strong sense of personal identity and purpose that characterize the system of clan and potlatch (bahlat) permeate all aspects of healing and cultural renewal for First Nations people in a large part of northern B.C. It is a strength that is especially evident when First Nations people experience grief and loss due to the death of a loved one. It is therefore necessary that professional care providers understand this aspect of First Nations culture so that, at the very least, they don't hinder the practices associated with clan and potlatch.

Jo-Anne Fiske and Betty Patrick, (2000) describe the matrilineal clan system of the Babine people of British Columbia's Northern Interior. The clan system and its ceremonies provide the cultural framework within which bereavement is addressed. All clan business is conducted at ceremonial feasts called balhats. People receive their

names, which signify their position in society at the balhats, and those with the highest positions demonstrate their responsibilities by distributing wealth at the feasts.

Ceremonial songs are sung which record “the history of names, lands, events, personal lives, and personal memories of deceased loved ones” (Fiske & Patrick, 2000, p. 61). All significant life events and difficulties are celebrated and resolved at the balhats, from name giving to funerals to the settling of disputes. The funeral balhats are “central to the cultural identity of ...First Nations throughout the Northwest Coast and Central Interior of British Columbia” (p. 66). Costs of the funeral balhats are borne by the matrilineal clan while the clan of the deceased person’s father is responsible for performing all the tasks related to the burial and feast. This includes providing watchmen who maintain a waking vigil of the body of the deceased to protect his/her soul from evil. The funeral balhats is held several days after death and immediately after the church funeral. At the funeral balhats all debts of the deceased are repaid, all funeral workers are paid, and gifts are distributed to all present. It is an honor signifying rank to be selected as a funeral worker. All is done to ensure that the soul of the deceased is not impeded on his/her journey by lingering bad feelings and to ensure cohesion in the community.

All gifts given at balhats are reciprocated with interest at some point in the future as a thank you gift or assistance in a future bereavement (Fiske & Patrick, 2000, p. 71). A headstone balhats to honor the deceased with the dedication of a headstone is held after about a year. The purpose of this balhats is to honor the deceased one last time and it signifies an end to the duties of mourning for the spouse. After the headstone balhats, the deceased person’s name and social position may be given to a successor. The clan and

balhats systems are meticulously structured to maintain social harmony, spiritual and emotional healing, and well being.

The balhats survived colonial attempts by Canadian law to extinguish it (Fiske & Patrick, 2000). Health care providers should consider that current practices in health care that fail to accommodate First Nations cultural practices may be experienced by them as a continuation of the cultural oppression that they experienced when the government of Canada outlawed the balhats. Death in hospital places a heavy burden on those practicing balhats beliefs and traditions. Restrictions on how many visitors may be at the patient's bedside, rapid removal of the remains of the deceased to the morgue and access to it for the purpose of visiting with the deceased, and all the regulations and restrictions of autopsy, coroners' investigations and laws pertaining to transport and disposal of human remains all impact a kin based system that believes the soul of a departing loved one will return to the family. This cosmology was almost universal among First Nations people before colonization and remains prevalent even among those who have adopted Christian beliefs. In this cosmology, it is considered vital to assist the soul of the departed make the transition to the spirit world by loved ones maintaining a vigil from before death until completion of the funeral potlatch and burial and also to help the soul on its path through spirit songs and dancing (Mills and Slobodin, 1994; Ridington, 1988). All of these beliefs have had to be compromised but are consistent with the importance attached to visiting the remains of the deceased in hospital that I observed. Viewed in the context of the balhats beliefs and traditions, death in a hospital, without kin group support, impacts the social and spiritual well being of the deceased person and the surviving kin-based community.

The survival and optimization of clan and potlatch practices are of such importance to First Nations people that they traditionally formed the basis of autonomous government before colonization. Thus renewal of these systems, outlawed from 1880 until 1952 (Mills, 1994) is important to emerging First Nations autonomy and self-government. As self government is a key to First Nations social and economic recovery from colonization, restrictions on the practices of potlatch and clan traditions, at the time of death, by health authorities may inadvertently be one factor inhibiting overall social progress for those First Nations.

Social Worker Bridget Moran's book (1998) "Stoney Creek Woman" chronicles the life and times of a remarkable Carrier woman, Mary John, who was born in 1914 and died in 2004. The book is useful both for providing an intimate view of Carrier history and culture and for the narrative methodology on which it was based.

As described by Moran (1998), Mary John is remarkable for the strength and resilience with which she faced difficult and traumatic life events that tragically epitomize the experiences of Carrier people in the twentieth century. These include the injustice of her mother's sexual exploitation by a white man who took no responsibility for Mary's subsequent birth, the trauma of being placed at the Lejac residential school, the near starvation of her village during the depression, the miscarriage of justice subsequent to the manslaughter of young woman in the community member who was nine months pregnant when killed by a drunken motorist and many other consequences of institutional racism and forced assimilation. The book provides an indictment of the betrayal of the Carrier people by Canadian institutions right up to the recent past. In this context, one can readily understand the Carrier people's continuing mistrust of

government institutions and infer that death in a health care institution may be experienced as death in a hostile environment. It is also clear from Mary John's account that the key to her survival and that of her community was the strength of their kinship. The account is historically bracketed by the self-sufficiency of the Carrier people in Mary's early life and the emerging revitalization of their cultural strengths in recent years.

The collaborative method used by Mary John and Bridget Moran is also relevant to the proposed research. The account is a first person narrative told in the voice of Mary John and is the result of many interviews and meetings between her and Moran to construct the narrative.

The recorded experiences of other Dene First Nations people in northern B.C. in the past can provide a window to understanding the importance of kinship group traditions at the end of life as they may provide a rare opportunity to witness the practice of these traditions by people who remained relatively autonomous and for unique reasons were relatively less affected by colonization well into the recent past. One such study, Robin Ridington's book *Trail to Heaven* (Ridington, 1988) chronicles thirty years of fieldwork by researchers among the Athapaskan speaking Dunne-za people in the North Peace River area of British Columbia. It intimately documents their lives during a period of rapid transition. The account begins with the Prophet River band in the nineteen sixties among whom the completion of the Alaska Highway through their territory and post war displacement by settlers in part of their territory was a recent adjustment. The highway did not prevent them from continuing their annual cycle of migration around a circuit of hunting camps following large game animals. As reported by Ridington, they

reveal themselves to be a people whose spiritual, social and material lives are one reality. Individually and as a community they are guided by spirits that are a part of the natural world. The spirits inspire them in dream, song and dance in which the paths of hunters and animals converge, first in dream, and then in fact. The animals give themselves to meet human need and are consumed with reverence and ritual ensuring that the spirit of the animal returns to replenish the natural cycle.

All human needs are similarly met and, as people thus follow these cycles of life, they become lighter in a spiritual sense and on death their spirits follow the songs of their loved ones on the trail to heaven. This path of physical survival and spiritual completion requires a harmonious and communal social order in which they are guided by humble dreamers and dancing and drumming to songs given to them by the spirits.

Ridington (1988) describes the death of an elder in a hunting camp which illustrates the depth of their spiritual interdependence. As the elder died, everyone ran to his tent to be with him during, and after, his death. He was washed and dressed in new clothes and they continued their vigil into the following day. The spirit of the deceased, the spirit of those living and also those of the band members who had died before needed to be together in order for the cycle of life to be complete. It was understood that the spirits of those who weren't cared for in this way could become lost.

The later period of the book, describing the life of Dene people near Fort St. John in the 1970s and 1980s, illustrates how these people continued to survive the catastrophe and confusion of living near a modern frontier boomtown with agriculture encroaching on their traditional territories and with Western religion and materialism

threatening their spiritual unity with the land and each other. Various paths to healing and surviving trauma were retained from their traditional healing practices.

As mentioned earlier, understanding reincarnation beliefs are essential to understanding the spiritual beliefs that underlie and strengthen the systems of potlatch and clan. Mills (1994) points out that, in North America, the reincarnation beliefs of the aboriginal peoples were overlooked until recently, due mainly to the religious biases of early observers who were missionaries. Matlock and Mills (1994) introduced a trait index, which is an organized compilation of the evidence found in academic literature identifying a variety of reincarnation beliefs among 130 Amerindian and Inuit cultures. The trait index demonstrates conclusively that reincarnation beliefs are common to all Native North American cultures that have been studied. In subsequent chapters of this book *Amerindian Rebirth* edited by Mills & Slobodin (1994), Mills points out that in addition to the anthropological approaches to analyzing reincarnation beliefs in the subsequent chapters there is also an examination of the evidence supporting the belief in reincarnation. This evidence may serve to deepen respect for the importance of reincarnation beliefs in native cultures.

Understanding the nature and prevalence of reincarnation beliefs among native people may help one to appreciate their contemporary experience of death and mourning. In grief there may be conflict between the memory of and hope for a life cycle based on harmonious balance between the human and natural world, and the present reality that this balance has been lost in a multitude of tragic and traumatic ways. Contemporary life too often negates their traditional life-affirming worldview. However finding the strength



to courageously and collectively reaffirm this cosmology, especially during grief and loss, may provide a healing path to the future.

The broad range of literature reviewed provides an understanding of many factors that impact upon the grief experiences of First Nations people in northern B.C. Much research has shed light on the centuries of traumatic grief experienced by First Nations due to colonization. As well, research points to cultural renewal and social and economic recovery that is underway in B.C. and elsewhere. The rebirth of the cultural practices of clan and potlatch have been a key part of this recovery. Communities that regain their cultural strengths and can provide a path to healing for their members, in turn, are in a better position to regain their political autonomy and a viable economy. Political and economic progress recursively strengthen the underlying cultural strengths and psychosocial well being of community members even after allowing for some of the social costs of material prosperity.

There remains, though, a dearth of literature that can inform health care providers about the experience of First Nations people coping with grief in a health care setting and how to understand and support traditional cultural practices. Nor is there literature that specifically allows the voice of First Nations people to speak directly to health care providers and tell them what they need to know to regain the trust of those aboriginal people they seek to serve.

### *Preliminary Research*

During the summer of 2002, under the supervision of Dr. Antonia Mills, I had the privilege to interview five First Nations leaders who were elders or professionals in the field of health care and who work in Prince George and in the Northern Interior region of

British Columbia and who consequently have an intimate knowledge of First Nations traditions in this region and, in some cases, in other parts of western Canada. This work was done in the context of a “directed reading” course to prepare me for research on the topic of First Nations traditions about the passing of community members.

The people I interviewed were: Mabel Louie, CSFS Health Director of Health; Sarah Hein, a CSFS community nurse; Cathy Denby, First Nations counselor at UNBC; Bessie Yellowback, social worker at Central Interior Native Health Society; Katherina Patterson, Director of Aboriginal Health at the Northern Health Authority; and Mary John, an elder from Sai’kuz. Mabel and Sarah are sisters and are members of the Saik’uz First Nation (a member nation of Carrier-Sekani Family Services; Cathy Denby is of Metis ancestry; Bessie Yellowback is a member of the Gitksan First Nation located near Hazelton, B.C; and Katherina is a member of the Haida First Nation at Masset, B.C. The purpose of the interviews was to gain a fuller understanding of the bereavement traditions and beliefs of Carrier-Sekani people and other First Nations people and their views on the value and purpose of the proposed research. I interviewed them individually and with their permission audio-taped the interviews and transcribed those. After I had the rendered all the interviews into transcriptions I did a thematic analysis of the texts.

Their insights tended to fall into four broad categories of meaning: (a) traditional practices and beliefs, (b) historical unresolved grief and genocide, related to the contemporary experience of grief and loss, (c) institutional accommodation of First Nations traditions at end of life or lack thereof, and (d) healing and cultural renewal. The following is a brief summary of these four themes.

*Traditional Practices and Beliefs Relating to Death of Kin*

Although the number of cross-cultural participants (hereafter referred to as advisors) was small, there was a remarkable consistency in their descriptions of the beliefs and practices of First Nations people across Northern B.C. relating to death, grief and specifically death in a hospital. Common elements included the deeply held belief that it is wrong for someone to die alone; the need for kin to maintain an uninterrupted vigil for about four days before burial to prevent spiritual harm to the soul of the deceased; washing and clothing the body; the roles of the maternal and paternal clans or relatives as not all practice clan traditions; the potlatches, singing spiritual songs and other funeral ceremonies, and the all encompassing belief that all of these practices are necessary to ensure that the soul of the deceased is not hindered on its way to heaven and eventual reincarnation in the family.

These beliefs were, and are, interwoven with Christian religious beliefs and affiliation. My advisors expressed their beliefs in spite of the historical suppression of aboriginal beliefs and practices, which they also spoke of. My advisors spoke of how people struggled to adapt and maintain these traditions in spite of the challenges of hospital deaths far from home, autopsies and other institutional barriers. They also described how rapidly people mobilize to be with their kin before or as soon as possible after death.

Taken together my advisors clearly and consistently described death in a kin-based society in which the deceased loved one's spiritual well-being remains a community concern after death with the expectation that that person will eventually return to the kin group and where community members take responsibility for ensuring

that the most immediate survivors are supported in their grief and healing through established traditions.

A separate but related experience in the fall of 2002 provided me with an opportunity to witness some of that rich tradition first hand when I attended the funeral potlatch of Stan Luggi, a well-loved member of the Stellat'en First Nation. Stan's death was not unexpected, as he had had a long battle with a rare kind of bone marrow cancer; however the loss of a vibrant community member in his mid thirties made the potlatch all the more poignant. It was a very large gathering in the Stellat'en Hall near Fraser Lake, B.C. All Stellat'en people sat in their clans and even visitors were assigned to a clan. I would characterize the mood of the gathering as one of solemn formality and yet there was a sense of happiness in the celebration of the life of a highly respected community member. There was the formal acknowledgement of gifts and the presentation of gifts to all present. The local Roman Catholic priest who served the community was a guest at the potlatch. I, as a visitor accompanying Antonia Mills, was made to feel most welcome by all and had enjoyable conversations with several who shared information about their community. People I spoke to mentioned that there is a housing shortage and many band members are in need but at the same time also expressed pride in some of the attributes and accomplishments of their community such as the well maintained site and buildings that are aesthetically complemented by the adjacent lake and hills. Some members of Healing the Healers and their Community Health Representative all of whom I later met were from Stellat'en and care for and respect of the elders seemed evident.

*Historical Unresolved Grief, Genocide, and Contemporary Experiences of Grief and Loss*

The consequences of a history of genocidal treatment of First Nations people by colonial and Canadian authorities was brought into searing focus by the guides. Continuing frequent and traumatic deaths were identified as resulting from both historical and more recent large-scale traumas affecting entire communities. I came to realize that it is impossible to understand bereavement among First Nations people without considering this.

One guide spoke of the “toxic shame” of growing up as a native person in a predominantly white community. Another advisor spoke of the historical suppression of First Nations spiritual beliefs, which has resulted in people being afraid to express their beliefs and assert their right to have their traditions respected. The effects of residential school abuse and resulting alcoholism and other severe family problems was also recounted as well as the challenges faced by healers who struggle to help these people.

The personal experience of death and grief in an alien setting further compounded the suffering of people who were already struggling to cope with the effects of other traumatic events. The challenge to community members to cope with the needs of so many in grief at certain times and to successfully carry on traditions was also identified as a complicating factor on the road to recovering from grief.

My advisors all observed that their communities have been successful to a significant degree in melding traditional First Nations and non-traditional Christian beliefs and practices in ways that maintain social cohesion. However, some of the

advisors spoke of a sense of dissonance and conflict caused by the intrusion of some aspects of non-native Christian and popular cultures.

*Institutional Accommodation of First Nations Traditions at the End of Life*

My advisors described both the successes and failures of hospitals and health professionals to accommodate their traditional practices when one of their kin died in hospital. They were acutely aware of the failure of health care professionals to understand their urgent need to be with kin during and after death. They identified the stress caused by the common practice, particularly in some areas of the hospital such as intensive care, to limit the number of visitors and the duration of visits. They struggled with how to help health care professionals understand their needs in the face of broadly perceived condescension and lack of understanding of First Nations culture by most health care professionals. At the same time the advisors also expressed appreciation for the compassion shown to them by many health care professionals and their efforts to understand and accommodate them.

*Healing and Cultural Renewal*

The healing nature of their traditional practices and beliefs was expressed by all of the advisors. In making these statements they made references to communities they served in their professional roles and some referred to their own communities as well. They had a strong sense that this healing and the return of communities to traditional practices has broader implications; that there is strength and wisdom in culture which can produce healing which is probably at least as effective for them as reliance on modern mental health therapies. They agreed that First Nations people can make a valuable contribution to modern health practices; and that there are people from First Nations

communities who are willing to carry this into cultural awareness training for the non-native health provider community as well as to assist more of their own community members, especially the young people, rediscover their culture.

It was my interpretation that their visions of cultural renewal were not based on a rigid return to an ideal ancient culture but on a flexible and adaptive rediscovery of the wisdom of their elders. The advisors described the role of the potlatches in the healing process as well as during the customary year of observed mourning. People who participated in such cultural practices were observed by my guides to make a better recovery from both immediate grief as well as grief rooted in their earlier life histories.

One advisor described using traditional beliefs in grief counseling. Another described a positive experience in providing cross-cultural training to health professionals and encouraged more efforts along this line. Another expressed the hope that the proposed research might encourage First Nations students to do further research to rediscover their culture. One advisor described a broad vision for cultural renewal and sharing First Nations cultures with mainstream society.

#### *Summary of Interview Data and Questions Arising*

Directions for the subsequent research, which builds on and extends my preliminary work, are strongly suggested by the themes of the interviews with my advisors. Their general consensus on the noted themes provided strong support for the the research that I then undertook. All of them expressed strong support for exploring the question of how First Nations people have in the past addressed the challenges of maintaining their way of life while dealing with large health care institutions.

While recognizing the need for more descriptions, based on personal observations and experiences of traditional beliefs and practices with respect to bereavement and care of the dying and how they are practiced today in hospitals, both my advisors and the literature have suggested a concern among First Nations people that there is a risk to sharing sensitive information about their culture (Aasen, 1992). I later became directly aware of this sensitivity later when I began to arrange individual interviews with members of Healing the Healers and encountered a seemingly apparent reluctance to meet with me individually even though I had full collaboration, support and agreement up to that point with Healing the Healers as a whole and with CSFS. The project would then be rescued by strong members of Healing the Healers who benevolently took control of the project and organized venues in which they shared narratives with me as a mutually supportive group and on their own terms. In listening to their narratives I would become aware of how deep, pervasive and well grounded in historical experiences their lack of trust of professional people was while at the same time experiencing an object lesson in how this lack of trust can be mitigated and perhaps ultimately resolved.

An apparent conspicuous strength of the Carrier-Sekani cultural community is that community members make a great effort to ensure that no individual or family grieves alone, but that the larger community joins and supports them in their grief. In fact the preceding paragraph may imply that all difficult life challenges are best faced with the presence and support of intimate loved ones. This is especially important when viewed in the context of health care research indicating that due to a broad range of social determinants, First Nations communities in B.C. suffer illness and mortality rates far greater than the non-aboriginal population (Northern Interior Regional Health Board,



2001). In order to play a role in mitigating institutional barriers to the traditional Carrier practices of caring for the dying and the survivors, health care providers need to have access to material that helps them understand such practices.

Care of the bereaved is increasingly being recognized as a basic health care need; indeed a lack of such care can have long-term implications for the mental and physical health of the bereaved (Kastenbaum, 1981). This is especially relevant in the context of aboriginal communities, with a history of traumatic losses, which are struggling to overcome social and economic challenges that continue to threaten the health and well being of community members. Ensuring best possible practices in the care of the bereaved is, therefore, of fundamental importance in First Nations communities.

Consequently there were two factors that support the need for the research I had originally proposed: First, there is a lack of research literature describing, as a primary goal, the typical process of community support for a member of a CSFS member nation who is approaching death in a hospital, as well as the parallel support for that person's bereaved relatives before and after death, and second, there is a need to document these practices of local CSFS communities as suggested by the findings of my preliminary research.

I expected that the outcome of this research would also be particularly relevant and useful to PGRH and other health care institutions. Research has already demonstrated that providing care for the bereaved can prevent stress related illnesses resulting from unresolved grief (Fauri & Ettner, 2000). This is particularly relevant at a time when the resources of health care institutions are stretched to the limit. Research also documents that a hospital is an alien and stressful setting in which to experience

grief (Fauri & Ettner, 2000). I had hoped that the results of this research would encourage further inquiry to determine how widespread community grief support traditions are among First Nations people, the health care benefits of maintaining such traditions, and the extent of barriers to effective health care of First Nations people due to lack of sensitivity to their cultural needs in large institutions. Such research based literature would also, I hoped, contribute to informing the education of health care providers and health care administrators to reduce barriers to First Nations grief support practices.

### Chapter Three: Method

#### *Readings Done Toward a Methodology for the Proposed Research*

What I present in this chapter is first, a summary of the literature on the methodologies and guiding theoretical frameworks that seemed most consistent with what I had learned in my preliminary research and reading, and second, a description of the methodology I used. These guided me in the method I originally proposed for this research and the actual method. My final approach was broadly informed by much of this literature but was prompted by a specific turn by events and the strong direction of the participants themselves. The actual methodology was then strongly guided by the work of Petra Munro and Donald Polkinghorne. I describe their approaches as well as the methodology of Linda Tuhilai Smith, whose work I did not encounter until I was engaged in the field work. Therefore the first part of this chapter continues the theme of the previous by explaining the methodological literature the prepared me for the recording of the words of my mentors.

During my graduate studies I had been drawn to the study of post modern and poststructural approaches to social work in health care because of the potential to collaborate more effectively with clients who were marginalized in society before being struck by illness and then further disempowered by loss of health. Narrative analysis is an application of post structural theory to individual or family theory as well as social research in which the clinician or researcher hears the life story of the client or research partner and works with the client to recognize his or her strengths and possibilities, thus empowering the person's life by changing the lived narrative. As a tool of post structural theory, narrative analysis takes several forms. Donald Polkinghorne, a health researcher,

distinguishes narrative knowledge from approaches that analyze narratives in order to develop categories and concepts in support of theories (as in grounded theory for instance) (1996). In contrast “The outcome of a narrative analysis is a story...Narrative analysis is the procedure through which the researcher organizes the data elements into a coherent developmental account. The process of narrative analysis is actually a synthesizing of the data rather than a separation of it into its constituent parts” (Polkinghorne, 1996, p. 15). Paul Ricoeur (1996) and Jerome Bruner (1991) contributed much to the development of the theoretical foundations for this approach.

In his essay *The Narrative Construction of Reality*, Bruner (1991) summarizes and further develops his previous work which contrasts logical-scientific reality with narrative thought. He observes that, in narratives, people express and extract meaning through stories rather than through rational deduction or empirical proof. Bruner notes that validity is governed by a hermeneutic circle by which meaning expressed and extracted is understood through the plot and structure of the narrative as a whole rather than through its constituent parts (pp. 7-8). Intentionality is another key concept in understanding narratives. Narrators compose narratives with a specific intention relating to their “beliefs, desires, theories, values...” (p. 7). Thus, narratives may be a powerful tool by which the Carrier people can confront oppressive health care practices, as well as a means to transmit and renew their culture.

Ricoeur (1996) introduces the concept of narrative time as a key to understanding the meaning of narratives. Narrative time, for instance, “enable(s) vast stretches of time to be included in brief narrative sequences, creating the effect of perspectival depth, while breaking up chronology” (Ricoeur, 1996, p. 133). This is one more factor related

to postmodernism by which meaning is situated in time and particularities rather than universal generalizations. For intercultural research this helps to ensure that the expressed meanings of a particular person or community will not be brushed aside as insignificant for lack of generalizability or failure to meet other positivist criteria while still retaining historical depth which is so relevant in First Nations research. Indeed, Polkinghorne's (1996) view is that the goal of narrative analysis is to ensure that "groups previously marginalized and represented by others can become representers of their own experiences" (p. 51). This places Polkinghorne's narrative analysis within the poststructuralist framework.

Polkinghorne (1996), describes the relevance of Bruner's constructivist approach to narrative analysis to health research. Polkinghorne points out that expert clinical judgment, which now relies heavily on empirically based categorization, would be much enhanced by a knowledge base of biographical narratives which would enable clinical judgments to be particularized to the unique realities of individual clients (Polkinghorne, 1996). Although case histories are widely used in health disciplines, they are constructed without collaboration and focus solely on individual pathology. They rarely educate health care professionals about the social and historical circumstances and discourses of a client community. This validates the view of the First Nations health care leaders who guided me in my preliminary inquiry that more cross cultural education is needed for health providers.

I was influenced in the actual method I proposed to take in seeking my mentors' narratives by methods of narrative inquiry used by Munro (1998). Working from her post structural feminist theoretical framework, Munro sought a method through which the

researcher and the life historian would collaborate as equal partners, recursively sharing their experiences in a way that is mutually transformative. Munro who is an adherent of narrative inquiry uses the term *life historian* in the field of life history research. She sought to avoid representing her collaborators as unitary subjects--oppressed women teachers illustrating themes in a metanarrative--but rather to facilitate the self-representation of the life historians in their full non-unitary complexity and to discover their unique approaches to agency and resistance (Munro, 1998, pp. 26-28). As applied to First Nations people confronting large health care institutions this seemed highly relevant as it allows the path of research to follow the life historians as they describe their health care experiences, how they have managed to find strength in their culture and beliefs and how they would address their ongoing concerns in the area of public health care, rather than simply documenting and presenting their experiences as passive victims.

Munro conducted multiple taped interviews with each of three women who were secondary school social studies teachers and administrators. At her initial meeting with each of them she described her research interests in their roles as women, social studies teachers and administrators, but then conducted the interviews in an open non-directed manner thus giving the life historian maximum control over the research process (Munro, 1998). She supplemented the interviews with collateral interviews of colleagues and students, as well as reviewing a wide range of documents intended to provide broad historical context and kept a field notebook of her own reflections which assisted her in critiquing the research process and the meanings which emerged (Munro, 1998).

Munro organized the narratives into separate chapters for each historian. The narratives are presented as segments of transcript in the life historian's own words

interspersed with text in which the researcher provides chronological continuity, as well as theoretical, historical and other data supporting and contextualizing each life historian's words. The researcher's own reflections on the emerging meanings are also included. There is no explicit thematic analysis within the narratives but the researcher does summarize some of these in a concluding chapter.

In her epilogue, Munro questions whether her efforts achieved the degree of collaboration for which she was striving. It was especially difficult for her to include the life historians in writing the narratives. She attempted "to represent the voices of the life historian, in the text by incorporating their feedback on the transcripts, engage them in a discussion of the salient themes, and ultimately have them comment on the final narrative and include their reactions to it in a written form" (Munro, 1998, p. 132). However the life historians preferred to leave the analysis and interpretation to the researcher. The result is that the transcribed words of the life historians account for less than a quarter of the text with the remainder composed by the researcher alone. The life historians clearly trusted Munro to faithfully represent them. My goal was to assist my mentors to produce narratives that would require a minimum of analysis and interpretation in order for the narratives to be understood as a valid representations of the beliefs, traditions and experiences of their communities. This goal of minimal interpretation seemed necessary due to the cross-cultural nature of my proposed research involving an historically marginalized community and an institution of a dominant culture that they have every reason to distrust.

It seemed that life history narrative method would lend itself well to my research goals as it had been used extensively in feminist research with other marginalized

communities. *Women's Lives Into Print* (Polkey, 1999), *Interpreting Women's Lives* (Barbre et al., 1989) and *Oral Narrative Research with Black Women* (Vaz, 1997) are some particularly relevant examples.

I set out to engage in my proposed research quite aware that not only am I not a First Nations person, but in fact I am employed by the very institution that they have found to be insensitive to their needs. Thus it would be especially critical for me to try to ensure the level of collaboration which Munro in her own view was unsuccessful in achieving. It therefore seemed that Polkinghorne's (1995) method might provide a useful point of departure.

Polkinghorne (1995) begins by stating that, "Narrative analysis is the procedure through which the researcher organizes the data elements into a coherent developmental account" (p. 15). I thought of the experience of death in hospital when he expressed the view that a narrative for the purpose of post structural research is a story that is unique and particular to a bounded system. The plot of the story links the data for an explanatory purpose (hence the term *emplotted narrative*); in this case to enable health care providers to understand how First Nations people experience care (or lack of it) in hospital when one of their kin dies. The emplotted narrative would integrate the experiencing of events, thoughts, reflections, and historical and cultural data for the purpose of understanding my mentors. It would be essential that the story enable my mentors to be understood as a person and as a member of a community within an historical continuum. The story must be distinctive and unique and must not in any way seek to represent the voice of other community members (Polkinghorne, 1995). This was a rather prescient observation in view of the ensuing engagement of my mentors in *Healing the Healers* because they



strongly stated the same thing. There is also First Nations studies literature describing a strong belief among the Dene people broadly that diverse voices must be respected and people should only speak for themselves (Scollon & Scollon, 1981).

Polkinghorne's (1995) method thus offered the possibility of achieving better achieving the level of collaboration and accurate representation that Munro, recognizing the limitations of her more interpretive method, hoped to see developed. In seeking a closer collaboration with my mentors whose voice I wanted to be the prime voice of the narrative, I proposed that my own reflections would be in a separate section although my voice, as a framer of questions and offering reflections even for the purpose of seeking clarification will become a part of the narrative and its meaning.

My role as part of that other world, the hospital, would be more to understand than to assist through interpretation. My preliminary research had provided me with information that I could use to frame questions. Through asking questions I could offer my mentors, as a group in discussion with one another and me, the opportunity to respond, reject, clarify and incorporate more information, that they deemed relevant to conveying their intended meaning, into the narrative. I would play as large or as small a role as necessary in drafting the narrative but at every stage my mentors would be guiding me. Some might decline to participate in the editing. It seemed possible that they might be challenged to reach a consensus but I aimed to respect and trust their ability to govern themselves as a community with shared goals. They are, after all, elders who have worked on many other more challenging projects requiring them to reach a consensus.

Reflexivity is foundational to post structural approaches, recognizing that no one can engage in sharing meaning with another person without the listener contributing something to the meaning and thus changing the meaning to some extent. At the very least in sharing their stories with me, the mentors would speak to me as a person and adjust their language in order to help me understand. They would thus use me as a cross cultural bridge to health-care providers. My respectful listening might also incline them to recognize their strengths and human value and reflect such in their stories as well.

Laurel Richardson (2000) added another perspective that I found valuable as I was preparing my proposal. She expressed concern that the subject matter of qualitative research is fascinating but the texts in which it is presented are often boring and aesthetically unappealing. She believes that qualitative researchers should experiment with forms of writing which will make the subject matter compelling and interesting to a wider audience. She regards post structuralism with its emphasis on the subjective, reflexive and historically and locally specific contexts as freeing qualitative researchers to explore “creative analytic practices” (p. 929). Narratives, which read like a story, respond well to the aesthetic imperative. The mentors, as real people in the living context of their community, telling their own stories in their own voices, speak much more powerfully to the reader than extracted themes. I knew that the validity of this method would rest on the degree of collaboration by my mentors in constructing the narrative.

Bruner (1991) suggests that stories are a universal tool through which people express, extract, and mutually shape meaning, which he describes as a hermeneutic circle (pp. 7-8). Thus knowledge doesn’t become meaningful until it is particularized in a story and the listener responds by incorporating it into his or her own story. My purpose in

proposing this research was to produce text which would be read and found personally meaningful by both health care providers and First Nations.

The conceptual framework and methods of post modern narrative analysis as described by Polkinghorne (1995) and Munro (1998) seemed to offer a path forward in the proposed research that was congruent with the needs of my First Nations partners. Both authors validated an approach in which the researcher facilitated the building of narratives by the participants rather than analyzing and interpreting them. Rather than interpreting the researcher would reflexively offer his own reflections as a cross-cultural bridge to the readers. Tuliha Smith (1999), a New Zealand Maori researcher whose work I will explore in the next chapter, put this approach within a more overarching perspective that asserts the right of indigenous people to ensure that any research that they participate in is consistent with their interests and respects their right to self-determination. She regarded post-modern narrative analysis as a potentially useful method within her methodology. I felt confident in proceeding with my First Nations collaborators on this basis.

### *Selecting a Methodology*

When I started engaging my mentors I had felt well prepared with analytic approaches that seemed consistent with the proposed intent of the research as indicated in the last section of the preceding chapter. First I had intended to be guided by the narrative analysis described by Munro (1998), who as cited in the previous section, sought to engage her collaborators as equal partners in a mutually transformative journey. Rather than being an equal partner I was a cross cultural student and my collaborators were my mentors. In terms of personal transformation I gained awareness and

understanding of the First Nations people I serve that had hitherto been inaccessible to me. My mentors had been transformed by their participation the Healing the Healers project. It had enabled them to remember and reclaim the inherited wisdom of their people. I hoped that my collaboration was consistent with that project in affirming their wisdom and confidence in their roles by following their guidance both in the process used to produce the narratives and recognizing the value of the content of the narratives that they produced.

I was guided by Munro (1998) in my aim to facilitate my mentors' self-representation in its full complexity. Like her I sought to ensure that my mentors had maximum control by using a non-directive approach to interviewing and presenting the narratives in their own words. However I did not present their words in segments interspersed with my own reflections and contextualizing information because the narratives, as I have said, were co-constructed differently. They provided all needed context within their narratives (in fact they established a context much broader than I had anticipated) and it was more appropriate to my role as a cultural learner to reflect on what I had learned in a separate chapter. In Munro's (1998) own self reflection, she was dissatisfied with the relative contributions of herself and her collaborators and felt that there was too much of her voice in the final text. This self-critique pointed me in the direction I went with my mentors.

My mentors themselves insisted in the same way as Polkinghorne (1995) and Scollon & Scollon (1981) as cited in the previous chapter, that their narratives were unique and must not be seen as representing other community members or First Nations.

Ultimately I found myself strongly guided by the work of Linda Tuhiwai Smith (1999), a New Zealand Maori researcher whose work I had not even encountered until around the time I was engaging my mentors. She argues that research with First Nations can serve to reinforce neo-colonialism by misrepresenting indigenous people in ways that work against their interests. She also placed the issue of trust in researchers and other helpers as a core issue and it resonated strongly with me as I was encountering it both from the guides to my preliminary research, who addressed it directly, and also implicitly, as a likely explanation as to why it was difficult to engage members of Healing the Healers for individual interviews. The postmodern researchers working with non-indigenous people do not seem to have encountered mistrust on the part of their participants even though they are concerned with research that empowers people who have been marginalized in various social contexts. Perhaps it has to do with the fact that although genuinely suffering from oppression their co-participants have not experienced attempted genocide as whole communities. There are issues of history, scale and cultural continuity as nations that separate indigenous peoples from the nations who have entered their lands. They are now forced to share the same state and land base with the nations that attempted in so many ways to extinguish them. Other oppressed people in Canada do not have the same separateness. They want social change to better accommodate their needs within an integrated state supported society. For First Nations it will be at least a very long time before they can entrust their interests to be met in cohesion with an integrated society. The social cohesion they most need to build is within their own communities.

Tuhiwai Smith (1999), however, is clear that various methods can serve indigenous methodologies. In this project I continued to be guided by the methods of Polkinghorne (1995) and Munro (1998) which were quite consistent with the needs of a decolonizing methodology.

Tuhiwai Smith defines a decolonizing agenda in practical ways. She provides guidelines that are meant to ensure that research furthers the interests of indigenous communities seeking to regain their rights and ability to exercise self-determination. She provides these guidelines in the form of functional strategies for research that are consistent with this larger goal and govern methodology to ensure empowerment and control of the research projects. She states, “Methodology is important because it frames the questions being asked, determines the set of instruments methods to be employed and shapes the analyses. Within an indigenous framework, methodological debates are ones concerned with the broader politics and strategic goals of indigenous research. It is at this level that the researchers need to clarify and justify their intentions.” ( p. 143) She the presents twenty-five functions that research can serve to further the indigenous agenda and with an example of a research project associated with each function. In the final chapter I will use some of these functions as a way of evaluating the how and to what extent this research project may serve a First Nations agenda.

Writing from her perspective as both a member of the New Zealand Maori First Nations and a researcher Smith (1999) states that valid research about First Nations must aim to reverse the effects of colonization which she summarized “as a stripping away of *mana* (our standing in our own eyes), and an undermining of *kaumatua* (our ability and right to determine our own destinies)” ( p. 173). She further states that “The social

settings of the non-indigenous world into which Maori people were compelled to move – such as the school, the health system, the welfare system, the justice system – have provided researchers with a point of entry into Maori society. Essentially this has been crisis research, directed at explaining the causes of Maori failure and supposedly solving Maori problems” (p. 174). Reading this I realized that I had entered this collaboration initially with the paternalistic goal of solving a First Nations problem in receiving health care in hospital and had formulated research questions that I thought would solve the problem. My original questions sought to survey how they had been treated in hospital and how lack of compassionate and responsive treatment had affected them. I realized that what I had inadvertently brought to the collaboration a paternalistic view that my collaborators were victims who needed me to intervene on their behalf to motivate health care providers to provide better care. I believed that in order to do that they needed me to help them tell their story. I realized that the reason I had perceived First Nations people in such a passive victim role was based on seeing them for the most part only in hospital where their strengths and abilities were so compromised by illness. When I was relieved of this burden by their easy confidence and self-efficacy in not only telling their stories but opening up my original question and assuming benevolent control of the research process I was at last able to relax and truly be mentored by them. I ceased to be the social worker running around the hospital solving problems for helpless people. This was a methodological insight in that it allowed me to work with them to facilitate the sharing of truly unique knowledge that certainly is of value to health care providers.

### *Employing the Methodology*

In the spring of 2004 after my supervising committee approved my research proposal I submitted an application the UNBC Research Ethics Board and attached a copy of the Information Sheet and consent document that I subsequently presented to my mentors in Healing the Healers. In that proposal I had anticipated that the research would involve me interviewing the participants and then constructing readable narratives using their words. I had planned to bring successive iterations of the narratives to them for feedback and approval. This was based on my belief that the interviews would take the common form of questions and answers and that a verbatim transcript would not produce a readable text. In fact my mentors surprised me when they drew from an apparent tradition of producing oral narratives and spoke eloquently in a way

As I will explain in the next chapter that tells the story of how I came to collect the narratives, I eventually connected with a group of six elders who all lived in close proximity in the Cheslatta, Skin Tyee, Nee Tahi Buhn and Burns Lake First Nations and had shared a close kinship all their lives. Two of them were a married couple, Mabel and Casimel Jack, and they, in a straight forward and natural way took charge of the project that I had proposed. They organized events where I met with them and the other four as a group. The others included Julia Morris, Eleanor Skin, Nancy Charlie and Evangeline Crocker. I quickly and reflexively conformed myself to the fact that they had a preconceived notion of how this project would be done. We had some preliminary conversations about the goals of the project and I discussed the ethics and consent with them and obtained their written approvals.



In its condensed form the information sheet invited members of the Carrier-Sekani Family Services' sponsored project Healing the Healers to collaborate with me as my mentors and through their shared narratives to teach me what I, as a health care provider, should know and understand about their history (at this preliminary stage I was unaware of how significant an historical perspective would be), culture and life experiences in order to provide better care. Through their mentorship of me, I in turn would provide them with a medium through which they would be able to extend the gift of their knowledge to a wider audience of health care professionals as cultural learners. I would provide this mediumship in two ways: first, through their production of the narratives which I would render into written text validated by them and second, I would reflect on what I had learned to provide a bridge to other health care providers. I hope that in reading my reflections other health care providers might be engaged by the authenticity of my experiences and the vocational reality that is our shared history. My reflections are embedded first in this shared vocational reality where First Nations people were a part of the experience I shared with other health care providers. I start in my reflections from my experience with First Nations people in this phenomenological reality of working in the hospital, to another kind of phenomenological experience with First Nations people as my mentors that has transformed me. In reading in my reflections and thus witnessing my transformation perhaps other health care providers may seek new experiences with First Nations people in their work.

I had anticipated an active role as an interviewer in the production of the narratives, asking questions as interviewers do. Through responding to my questions the mentors would teach me. I also anticipated an active role in crafting the narratives into

written text. In order for the text to be accessible to the reader the narratives should be rendered in a way that is aesthetically smooth and coherent in the way that the verbatim text of an interview seldom is. That is why I thought that I would need to take the text transcribed verbatim and do much “word smithing” and bring drafts in successive iterations to my mentors for approval to ensure that the emerging narratives were something they could call their own. Little did I know how gifted my mentors would be as story tellers and how little my “word smithing” skills would be required.

I had thought that the interviews would be somewhat conversational with me sharing some of my reflections and experiences to stimulate their own stories and reflections in a group discussion. In fact my mentors would instead structure the events when they gathered with me to share their narratives with a formal dignity and process that felt ceremonial but relaxed and simple at the same time. It was very clear that they had not spontaneously invented this structure and process but that I was being privileged to participate in it as a witness and learner. I believe now that the structure and dignity of the process that they brought to the production of the narratives stemmed from the structure and process of the potlatch. This is why neither one to one interviews nor an informal conversational style of group interviews could have succeeded in this project. The formal way that they spoke, the order in which they spoke, respectfully listening without interrupting, challenging or debating and the honorariums to recognize their contributions are all similar to what I witnessed at the funeral potlatch of Stan Luggi and described in the relevant literature that I cited earlier. In retrospect I can see that I barely conformed to the expected norms of the potlatch in my participation and in fact violated them with my questions. However my mentors, in their wisdom, tolerated this and in fact

made a conscious decision as a group to proceed in this compromising manner. I strongly suggest that if others wish to pursue further research along these lines that they explicitly acknowledge the norms of the potlatch and express their willingness to collaborate in a research design that conforms as closely as possible to potlatch norms.

While I did somewhat awkwardly interject questions at times that may have been useful to assist them in telling their stories clearly their uninterrupted words flowed in a way that required no reconstruction by me apart from very minor editing.

What affected me most was how naturally they accepted me as a person. I had entered the collaboration painfully conscious of my professional role and had been prepared to share my own narratives and reflections with them and part of the reflexive process of developing trust and rapport. In fact there was no place for any of that. They didn't need my services as a social worker to stimulate insight or reflection to share their stories. They seemed to regard me as a facilitator who knew how to behave and interact with them. When not engaged in the technicalities of facilitating the recording of their narratives and later sharing the transcriptions with them we just had friendly conversations; the kind they might have with anyone visiting the area who showed a warm and respectful interest in them. In short they treated me as a person who cared about them and they were kind to me. It was a profound relief to me especially as I realized the quality of the narratives they were rendering with minimal facilitation on my part.

The information sheet (Appendix 1) stated: "The purpose of the proposed research is to facilitate narratives by First Nations mentors collaborating with me [I can facilitate interviews and provide a written text], describing thoughts and experiences which will further the understanding of health professionals of First Nations culture where it interfaces with institutional care...The proposed method is to facilitate the production of written narratives in your own words as

collaborating mentors. I propose to conduct group interviews with you as my mentors. I will produce a written transcript of those interviews and then produce a first person conversational narrative in text form based on the transcript. I will then meet again with you for feedback and discussion to refine and enrich the narrative and rewrite the narrative based on that feedback. The process of meeting with you as mentors from Healing the Healers and refining the narrative text will continue until we reach a consensus as a group that we are satisfied with the whole text. I will do no analysis or interpretation of the narratives but will offer my reflections on the process of doing research in this way. Collaborating mentors will be chosen by a research steering committee from Carrier Sekani Family Services.”

Later in the document I stated:

“It is hoped that the materials will be useful for the education of health professionals, as cultural education documents for use by Healing the Healers and Carrier-Sekani Family Services and to inform further related research. I am willing to work with you as a group to produce suitable education materials from the narrative text.”

The Information Sheets also contained a section called “Questions for Group Interviews” which are as follows:

“Can you tell me about your experiences when visiting family members who have been seriously ill or passed away in hospital?

What beliefs and cultural practices of your people helped you during such times?

What was your experience of practicing your culture while you were at the hospital?

Did hospital staff appear to understand, respect and accommodate your culture? Does a lack of understanding, respect and accommodation of your cultural practices by hospital staff when someone is seriously ill or has passed away, affect your trust of the hospital and health care system?

Does the practice of your culture promote healing during times of trauma, grief, and loss? Can you give examples of this in the past as well as in recent times?”

I had shared these sheets with my mentors a few months earlier when I had first met them as part of the larger Healing the Healers group in Burns Lake. They had since

been reminded about the project by their Community Health Representatives who arranged for me to meet with them at the Cheslatta First Nation band hall. I then discussed the project and the ethical considerations with them before obtaining their consent.

I also at that time questioned whether there was a need for translation from Carrier for any present. Mabel said that Evangeline might need some help and she would help her if necessary. When Evangeline spoke her speech was slow and difficult to comprehend. Mabel provided a few words of prompting in Carrier but Evangeline was trying to speak in English. In retrospect I don't believe that I attended to the question of language and translation adequately and would recommend that all similar work include offering formal translation. I was biased by my previous experience in hospital where translation was informally provided by a hospital liaison worker and relatives in the same manner as we did in this project.

We met in the conference room that the Cheslatta First Nation graciously provided for us. We sat around a conference table where I began by completing the informed consent process, and set up the recording equipment and familiarized them with it. On the first day of sharing the narratives, after setting up and being ready to record I asked if anyone would like to say a prayer. I did so because I had noted that on all other formal occasions I had attended with Carrier and other First Nations in northern B.C. people did so. My suggestion was readily accepted and Casimel Jack said a Christian prayer of thanks and blessing as we stood around the table. At that point we had not had prior discussion about how specifically to proceed. Casimel asked "who wants to go first?" After a bit of discussion around the table he volunteered. The meetings that day

and the next followed a similar pattern of relaxed formality with a voluntary consensus about who would speak next. They clearly had a sense of formal speaking that doubtless originates in the potlatch. In retrospect I think that some people did need a bit of assistance from me to produce their narrative but I probably did more than necessary. I was mindful of their advanced age and need for rest from exertion from my work with the elderly so was not surprised that our daily meetings were about five hours, including an hour when we went out and I bought them lunch at a local restaurant, and breaks between narratives. Some had more energy than others and that is reflected in the length of their narratives. Casimel and Mabel, for instance are very fit and active people. Nonetheless I regret that sometimes I continued to question people after they gave indications of wanting to end their narratives.

At the end of the two days of producing the narratives we discussed the next steps and I told them I would transcribe the narratives and bring the transcripts to them for approval. I discussed with them how I would edit the narratives and they indicated that they wanted the narratives to present well to readers. I returned in early January of 2005 and we met as before in the Cheslatta band hall. I read long excerpts from each narrative to them and discussed my editing. I had changed as little as possible of their language except to eliminate the common redundancies and repetitions of spoken language to make the stories flow more smoothly. After some initial reluctance they agreed with me that their language was strong and authentic and shouldn't be changed to formal English that is correct in grammar and syntax. This was my strongest imposition in the research process and I believe I reached a consensus with them and they expressed no reservations afterwards but were happy with the product. To change the language would have

presented me with a dilemma as the only way I could see to do so would be to take their narratives and retell their stories in formal English and I did not want to be a party to such an enterprise of invalidating their ability to make themselves understood to people outside of their First Nation.

I met with them on two more occasions to collect photos from them that they wished to contribute to the materials that would ultimately be used for cross cultural education after final approval of my thesis.

As I have indicated, the method of producing the narratives changed dramatically at the point where I engaged my six mentors, with them taking a more active and independent role and me taking a more facilitating role and resulting in a final product that was in their own words with little co-construction of language or meaning on my part. I believe that this turn of events worked to produce a more accurate and authentic representation of my mentors voices. The extent to which I may have biased the narratives was also lessened.

I remained very much an essential participant in co-constructing the narratives because of who I am and what I brought to the process. I had entered the collaboration painfully aware of my role in an institutional culture and history that had breeched the trust of First Nations people. I am also a person who does not feel comfortable in making personal disclosures or engaging in controversy outside of my intimate circle of family and friends. I want to be clear that in my view the personal sensitivity and self-consciousness I brought to the collaboration was self-serving and not intentional beyond my awareness of it. Had the collaboration required a more open investment of my self in terms of personal disclose and shared insight the results may not have been as

successful. In this instance, however, the combination of my personal approach, the natural inclination of this group to take charge, and their ability to produce strong narrative accounts, succeeded serendipitously.



## Chapter Four: The Wisdom of the Healers in Their Own Words

### *Collecting the Narratives*

The first thing I did after receiving approval to proceed from my supervisory committee and the UNBC Research Ethics Board was contact Mabel Louie who then introduced me to Mary Tegee who was facilitating the final stage of the Healing the Healers project. She in turn introduced me to the community health representatives in each community and facilitated a meeting in Burns Lake in July, 2004 with the members of Healing the Healers to introduce me to them and introduce them to my proposed research.

There were about twenty-five members present when we met in the Burns Lake Band community hall. Mary Tegee organized the agenda that day in a way that ensured that all present would have the opportunity to fully understand what I was proposing and also participate fully in discussing and providing feedback to guide the design of the project. Although I was proposing group interviews I was really unsure what would work for them in terms of facilitating their participation. I felt very self conscious at this point; aware of my position as a hospital social worker, one of that very category of professional helpers who had all too often failed to meet their needs and perhaps even worsened their misery. Although I had almost always had friendly relations with my First Nations clients when I had time to get to know them I was also aware of how busy I had often been in my hospital role; too busy sometimes for some of them. All this was in my mind as I was introduced to the group by Mary and given the opportunity to begin by explaining my proposal to them. I was aware that the language of my information sheet was rather formal and might be difficult for some people to understand so I took time to

describe my ideas in plain language. Mary then organized them into smaller discussion groups to discuss my proposal and provide feedback. I joined one of the groups and was relieved to be accepted in a relaxed and friendly way and to be a participant in discussion that seemed open and uninhibited by my presence. It became apparent to me from the discussion in this group and the feedback from the other groups that those present fully understood my proposal. In the discussion groups some participants explained points of the proposal to others or sought clarification from Mary or me. In the afternoon Mary convened the whole group again. Feedback from representatives of the groups was provided to the whole forum for final discussion and recommendations.

While supportive of my overall proposal there were varying opinions about how best to collect the narratives, whether in small groups or individual interviews. There was an overwhelming consensus that emerged in small groups and was confirmed in the larger group that it would not be good for me to seek to define or describe the traditions or beliefs of the Carrier people or the CSTC member bands. They, as a group, after some discussion agreed that the term “cultural practices” was the most appropriate way to describe the various ways that Carrier people in their communities practiced, and passed on to the next generation, their values and beliefs. They expressed much sensitivity and respect for the diversity and flexibility with which their people in their communities lived and practiced their culture. They expressed the view that it would be offensive for someone to offer a definitive description of their traditions. To do so would serve to provide an inaccurate and rigid yardstick by which those living their culture might be measured. That would be very divisive.

During the course of the day there was a generous amount of time during breaks that afforded me the opportunity to mingle and meet most of those present. I enjoyed the friendly, gentle openness of all I spoke to. I also experienced the unity in diversity that they were conscientious to preserve as reflected in the discussion on cultural practices. In those informal discussions the potlatch practice emerged in an incidental and general way in all conversations about how people respond to the passing of one of their own. These same people reflected a diversity of religious practices, including many observant Roman Catholics, some observant protestants and others who seemed to express their spiritual values primarily through First Nations healing and spiritual practices. All were at apparent ease with one another and absolutely no conversations were like a debate with opponents defending or arguing opposing opinions. I shared and advised on the consent forms that had been approved by UNBC and my committee and a number of people chose to complete them at that time.

The group agreed that day that the way for me to proceed would be for me to work with the community health representatives of each community to arrange to meet with members who expressed an interest in participating in group or individual interviews. Many expressed an interest in participating although the consensus was that the means of doing so might vary according to individual preferences.

It was agreed that I would pay an honorarium to each participant. I had obtained a grant from the B.C. Aboriginal Capacity and Development Research Environment (ACADRE) to cover these and other expenses of the project. The paying of honorariums to participants was a keystone of the Healing the Healers project and reflected the community values expressed in the potlatch.

During the following two months, August and September of 2004, I met with health care representatives of several bands in which Healing the Healer members had expressed interest in participating. At that point it seemed that individual interviews were the only option and I proceeded accordingly. Summer schedules were an apparent problem but in retrospect I wonder whether people may have been uncomfortable with the prospect of individual interviews as I was consistently unable to connect with prospective participants. Later, while reflecting on the narratives that we eventually produced, it seemed that this inability to connect with people for individual interviews, in spite of the efforts of the CHRs, may have been symptomatic of general distrust of professional people. The original plan to conduct group interviews was a sound one and the move toward individual interviews was a default decision simply because I had failed to take the time to work with them on how best to accomplish that. I believe that I biased the process of method selection because arranging individual interviews was less of a challenge for me both logistically and in the skill needed to conduct them.

Fortunately I was rescued by well meaning people and circumstances that were not of my design. A glimmer of hope came toward the end of July of 2004 when I visited the Southside Health Center that serves the Cheslatta, Skin Tyee and Ni Tai Buhn bands between Francois and Ootsa lakes south of Burns Lake and met with the Community Health Representatives (CHR) for those bands and the Burns Lake band. They are: Rhea Charlie, CHR for the Burns Lake Band; Helen Michelle, CHR for the Skin Tyee Band; and Virginian Gagnon, the CHR for the Cheslatta First Nation.

Within a short time of sitting down with them I sensed a strong collective sense of purpose and direction. They were confident that Healing the Healers members from their

cluster of communities from Burns Lake south to the area between Francois and Ootsa Lakes would be interested in working with me on this project. Those members had remained in close contact with one another and were close and mutually supportive friends. They suggested that I come back on the final weekend in July when the communities would be having a camp out at a campground near the Skin Lake Spillway on Ootsa Lake. About a week later I returned with camping gear but there was no one there. The weather was beautiful and I had a very relaxing time at the campground and toured the area.

Unbeknownst to me the CHRs had tried unsuccessfully to reach me. As they later explained, the camp out was cancelled due to a tragic motor vehicle accident that had claimed the life of a community member. Everyone in the local bands were mourning and supporting the survivors. The experience served to demonstrate to me that these four First Nation bands were in fact like one very intimate community. This impression was reinforced by the group of elders I was about to meet from this constellation of communities.

Circumstances prevented me from returning to Southside as soon as I would have liked to. I did return in October of 2004 to provide an opportunity for the CHRs to introduce me to some of the Healers and make arrangements for the interviews. At this point I was still very uncertain how I would proceed with them as a group or individually. The uncertainty didn't seem to bother me as it didn't seem to be bothering the CHRs I was in touch with. It was a beautiful fall day as I crossed on the ferry across Francois Lake to Southside and I felt very much like a solitary outsider. I strolled around on the deck and enjoyed the beautiful scenery but neither recognized nor spoke to anyone.

At the Cheslatta band office I had time while I waited for others to make transportation arrangements. I discovered that there was an interesting project underway. A new ferry was being built to replace the one I had just crossed on. The contractor was building it at Southside with local people hired to provide some of the labor. The construction site was near the ferry dock. I had passed nearby without noticing. People I met at the Cheslatta band hall told me that to commemorate the building of the new ferry band members were building a traditional dug out canoe to launch at the same time as the ferry was launched. Another was being built for the same purpose by the Skin Tyee Band. Having a bit of time on my hands I wandered over to the workshop near the band hall where the dug out was being completed. One elder, a man named Patrick, was working on it. The canoe appeared to be about six meters long and a meter wide. I chatted with Patrick as he worked on final finishing of the inside of the boat. It had been constructed in the traditional way from one giant cottonwood trunk. We chatted about the ferry being built and the value of maintaining traditions like dug out canoe building at the same time. Patrick asked me what I was doing and I gave him a brief description of the intended work. He paused at one point in our slow, relaxed conversation, looked away and said, "You know, I think we've reached a point where white people and us Indians have to go our separate ways." He said it without any hostility and I felt none was directed at me. It was a broad statement. I could think of no way to respond besides nodding. The remaining time we spent together was as relaxed as before as I watched him work on the boat.

In the band office another staff member showed me a large collection of maps and photos that adorned the meeting room in the band office. I didn't know it at the time but

it would be in that room that I would hear the narratives of my mentors, the members of Healing the Healers. In conversations that day and from photos and documents in that room, and later in the narratives and further readings, I learned much about the flooding of what is now the Nechako Reservoir and the unjust displacement of the Cheslatta people from their homes and land in 1952. The origins of Patrick's strongly stated sentiments started to resonate within me.

I was able to meet Mabel and Casimel Jack that day. They are a strong capable couple without whom this project could not have proceeded as well as it did. From that point they very ably assumed direction of the project and I most appreciatively followed their direction as they organized meetings of the group and the well structured process which resulted in the sharing of their narratives. Mabel and Casimel thought it would be best if the six of them gathered with me as a group and each in turn would tell their story in response to my questions. I had hoped to meet other members of the group that day and discuss the project with them but it was not possible. Casimel and Mabel felt capable of letting the others know what the purpose of the project was and share with them the information and consent sheets that I had provided. They also volunteered to arrange for the use of the Cheslatta Band hall as a venue on November 2 and 3, 2004 when I would return and begin hearing their narratives. This group of six Elders regarded the project, from the outset, as a natural extension of the Healing the Healers project and took ownership accordingly.

On the return ferry trip that day I met more people from the First Nations communities of Southside and learned of some of the challenges that they currently face. There were large trucks bringing out loads of newly milled lumber. The wrapping on the

lumber carried the brand name “Carrier Lumber” and I learned that the mill was an enterprise of the local bands. It was providing jobs for members of the First Nations communities but many young people could not take advantage of this economic opportunity. Housing is an extremely limited resource in the area of Southside forcing many young people to leave their communities even though there are jobs for them. At the same time people were very friendly and seemed to take the challenges in stride.

I returned to Southside and the Cheslatta Band hall on November 2, 2004 and met with all six of my collaborators for the first time. My mentors whose narratives are the outcome of this work are: Mabel Jack, her husband Casimel Jack, Eleanor Skin, Julia Morris, Nancy Charlie and Angeline Crocker. Angeline was not able to participate in the same manner as the others. With the gentle patience and support of the other group members, and especially Mabel Jack, I made two attempts to hear and listen to her story but her words were very difficult to understand in person and incomprehensible on the audiotape. I believe that communication difficulty was a reflection of the process of aging. Language could have been a factor but there were trusted friends present who could have translated for her if she had preferred to speak in Carrier. Nonetheless the others and her friends, as well as I appreciated her presence and her spirit.



*Engeline Crocker*

The interviews were conducted on the two consecutive days of November 2 and 3, 2004. On the first day I discussed the project with the members who I had not previously met. All had been well prepared by Mabel and the CHRs and were eager to proceed. I believe this was because their previous participation in Healing the Healers had been so profoundly meaningful for them and they were happy being together again and continuing with the work of that project, which is how they regarded the intended work with me. I advised them on the terms of their voluntary consent to participate or withdraw from participation and all then signed consents on the approved consent forms. We agreed on the payment of honoraria in the amount of one hundred dollars to each for

each day of participation and I then paid those amounts accordingly on each day I met with them.

The method of producing the narratives followed naturally and the group organized itself to present their narratives in their own way with some facilitation by me. In a manner that seemed natural to them, they took turns presenting their narratives, some even speaking from notes prepared the night before. All six were present for all the interviews.

Each day we were together from about mid-morning to about three in the afternoon. It immediately became apparent to me that the work was tiring for some of them due to their advanced age and I tried to pace the days accordingly. We broke for lunch each day and went to the café at Southside where I bought them lunch. This café is a popular eating place in the area and they enjoyed sharing a meal and catching up with community events.

I recorded their narratives by audio-tape and, later at home, transcribed the narratives, changing almost nothing from what they spoke except for eliminating some redundant repetitions of words that characterize normal speech. I subsequently met with them and presented those transcripts for their review and validation.

Later in November I returned to go hunting with Casimel. Upon arriving I learned that there had been a tragic death in the community the day before and Mabel was providing support to the survivors. Casimel insisted that we hunt anyway. It was late in the season and we were not successful but I enjoyed his company and learned more about the area. He took me to a natural campsite in a secluded area at Skins Lake that is known only to people in the area. A small warm spring flows into the lake from a rock opposite

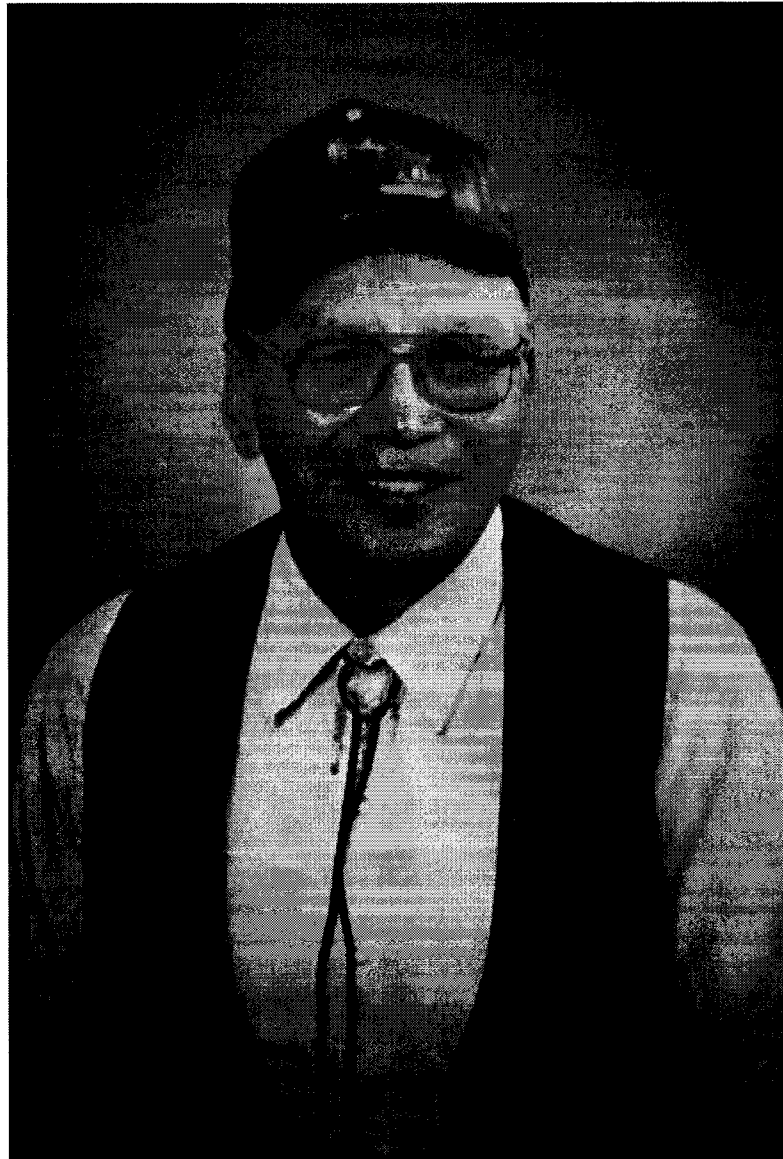
the campsite. Casimel and family members enjoy camping there with the children in the springtime.

I returned in January, 2005 and shared the transcripts with the group to clarify the accuracy of my transcription and some of the language. I recommended that I edit their language only minimally. Some expressed the wish that I correct their language initially but I was able to convince them of the power of their language in their own vernacular. I also shared some of my reflections and discussed the idea that I would not in any way interpret what they had shared with me but would offer my reflections to stimulate reflections and discussion on the part of health care providers reading and discussing the narratives. They were comfortable with me proceeding this way. On March 4, 2005 I returned one last time to have lunch with the group at the home of Mabel and Casimel and to take copies of some historical pictures that they had and wished to share and include along with the narratives. It was then that Mabel and I made one last attempt to provide Angeline Crocker with an opportunity to tell her story.

Finally I met Mabel, Casimel, Julia and Eleanor in Prince George at the civic center where they joined the youth of their community at a large Aboriginal Youth Conference in the spring of 2005. The allowed me to photograph them in their ceremonial garments for inclusion with the collection of narratives.

My mentors' narratives are presented in the next section in the order they were produced with the dates of each narrative production indicated.

*Casimel Jack*



*Nov 2, 2004*

Casimel Jack: In my younger days when we were way down Cheslatta Lake, this has never been told before to the young generation, where we were at, was quite a ways away, isolated area and there was no doctors, no nurses, no hospitals. I remember one time: we went out in the country and my little brother was just a baby. He got sick and a couple days later he passed away. We didn't know what to do. There was no drugs them

days, so we tried the best we can to have a funeral service. There was no priest at that time; we had to go quite a ways away to get a priest for a funeral. So we buried him without a priest. We got a lot of people came all the way for the funeral. Everyone that knew the potlatch system. We had to sell a couple of our horses to pay the workers who bury my brother and from there on we waited about a year after to make potlatch, and then we paid for it and I remember we had a very rough time. There was no doctors or nurses or going to hospital, we were right out in the bush and had hard times. That's pretty long story but it showed....

There was no jobs; not like now days. Now days you got cars, paved roads, and everything is right close by, but we were down in Cheslatta Lake. It's way down in an isolated area. Sometimes we had to travel three, four days to get here on horseback.

When somebody dies all our community gets together and organizes how to bury a person. They made their own coffins, stuff like that. Everything done by hand and when they do bury a person right after that they had a small potlatch to pay off the workers even though they got no jobs. All our days we always had something to pay them. We do the potlatch in our Indian way. They gave away a lot of stuff. They passed it around. That's how they paid up all their people but now days it's mostly money comes; money talk.

Some places when somebody dies they don't hold a potlatch right away; they waited a year after and make potlatch. Last time there was a couple of deaths; one in Stellaco and one in Stoney Creek. They didn't have no potlatch just buried them and waited. When you got a big name it's different. It's bad (hard) for you because when you got a name people always respected what you had to do to get your name. In all our days

the potlatch system is pretty heavy responsibility. The Elders always say we gotta be pretty strict about the potlatch.

Rick Gremm: What were some of the things they were strict about?

Casimel Jack: About young kids running around in potlatch; might spill something or when the people were eating the young kids not supposed to run behind their back in case some Elders choke...

RG: they choke?

Casimel Jack: That's why they're so strict about it. Even in a potlatch, if you spill something you have to pay a lot of money to get that cleaned up; not only the person who did it but the whole clan.

RG: The whole clan pays?

Casimel Jack: The clan pays who's hosting the potlatch. I see quite a few that's doing that in Burns Lake or Stellaco. When you go to potlatch, you got to watch pretty close, pretend your not watching, but you still have to watch pretty close what you're doing.

RG: It's not quite as strict as it was?

Casimel Jack: Not quite as strict as before but still it's in the same mood. And another thing; when you go to a potlatch you use the talking stick, you tap (Casimel tapped twice on the table) in front of you when you sit down you tap there (two taps on table) and that way you're not supposed to move from there. You're supposed to stay right where you are unless you're going to the bathroom or similar. So you take a break. Then come back to your seat. You tap that talking stick when you left the potlatch and when you got big name we get together to bring you back where you sit.

Guys who've got a name use their name for other reasons and it's very strict. You have to watch what you're doing and what you say and if you make a mistake you have to give some money to who's hosting the potlatch. You have to pay them. That's why I try be very careful.

Yea I think about one time when I was in Lejac school, my brother died in Lejac. They hauled the body back from Lejac, Lejac to Burns Lake and Burns Lake to Cheslatta. From there on we used sleigh; horses and sleigh.

RG: How long ago was that?

Casimel Jack: I think around 1944. That's when I quit school. I didn't learn very much at Lejac cause there I usually work milking cows, cleaning the barn out, to learn how to work.

RG: They didn't teach you much academic?

Casimel Jack: Not very much and instead of learning they send you to church, sometime three times a day and by the time you come out of church it's time to go to bed. Us boys, they had us to bed quite early because we had to get up at four o'clock in the morning and start milking cow and by nine or ten o'clock we had breakfast and by the time we finished our chores there was not much school.

RG: No time.

Casimel Jack: Mostly work all the time. So I didn't learn very much. I was in grade three when I left Lejac and my parents told me, "You're not going back to Lejac cause that's where you lost your brother". I didn't learn very much. When I came home I learned our way. I learned how to trap, hunt, and when I get little older, I started to stick around white people who taught me a lot. I work all the time until I get old enough,

then I lost my parents to alcohol. My mother she actually got killed right up on the highways; alcohol. I lost my brother, sisters; alcohol killed them. One was suicide; shot. It's a long, long story. Today I'll stop, and then I'll continue on tomorrow.

RG: Can I ask you a few questions? What you just said about all the bad things that happened, all the traumas and we've been talking about how to care for people when there's been a death and you've been dealing with some of the things that have happened before. What do you think has been helping that healing?

Casimel Jack: I think, ah you mean Healing the Healers?

RG: Well that's one thing but we know that after the flooding that things were pretty bad for people, that may be where some of the history of trauma started, and at the same time it sounds like you've hung on to some of the traditions and cultural practices to care for people, the potlatch, the respect for Elders, Elders passing on things. Is that the sort of thing that's helping the community to heal and a better life for the next generation?

Casimel Jack: Yea, it's a little more better now days. In older days we were having a hard time back in our country, but we've come a long, long way. We're still not so damn happy it's been flooded and sometimes it wears on us quite a bit cause our cousins and parents are buried way down at Cheslatta away from us, but in another way it's better this way cause it's shorter to...

RG: ...isn't as far away:

Casimel Jack: ...isn't hard getting around like years and years ago. In other ways it's good our grandchildren can go to school and are graduating but we never taught them how we got through hard times. Sometimes we talk about it with our grandchildren.



RG: It's good for them to know.

Casimel Jack: Especially the young ones, they really ask the right questions about how you did this, how you get that, but they don't know how to do our traditional ways like camping, fishing and how to get food in traditional ways. Things like that they never learn but we are bringing them back to all our ways so, when hard times come, they will know how to survive.

RG: Your brother you started to talk about what happened when you brought him back from Lejac. It was wintertime, was it?

Casimel Jack: Yea it was

RG: So you brought him back to here, to home?

Casimel Jack: I think it was some time in February my brother died in Lejac. They made a casket for him over there.

RG: Who made the casket?

Casimel Jack: One of the carpenters from...

RG: From Lejac school?

Casimel Jack: He was from Fort Fraser. His name was Patrick Louis. He was doing it, making caskets; they got everything they needed at Lejac to learn how to be carpenters. So they made the casket there and then they brought him back to Vanderhoof and the doctor seen him over there. Couple days later they take him back to Burns Lake and from Burns Lake across to Grassy Plains with one of the fur buyers. They brought him back to Grassy Plains for us and from there on, must be about eight or nine sleighs brought him back to Cheslatta Lake. Took them two days travel. They got on the lake

(Fraser Lake) and then two whole days to travel on the lake with horses. They brought him back where he's buried. Way down at number two that's where he's buried.

RG: That's the reserve?

Casimel Jack: Number two reserve, each reserve they got numbers on them

RG: That's at Cheslatta Lake, the area that's flooded now?

Casimel Jack: Yea up there everything's flooded and they don't use those numbers, use a different way now. Everything's been changed; number one is way down, number two, number three, number four. Now they change every thing around. I couldn't care less.

RG: What was your brother's name:

Casimel Jack: Zalouie

RG: Zalouie?

Casimel Jack: Zalouie Morice

RG: Morice? How old was your brother?

Casimel Jack: He must been about eleven or twelve.

RG: That's hard for the family. When they brought him back for the burial was there any sort of service?

Casimel Jack: No, there was no service. They couldn't get hold of a priest so they had to bury him without a priest but they say mass for him in Burns Lake where the priest was. The priest didn't want to come out to Cheslatta Lake. It was so cold, snow so deep; it was pretty hard for him to get around. They didn't want to haul the priest down and back again. That's a long way to travel but he did say mass for him in Burns Lake and let us go ahead and bury him.

RG: Have you said that something happened after a year, a potlatch?

Casimel Jack: Yea. After the funeral my parents told everybody that there's going to be a potlatch for him at summer time when they could get around easier than wintertime. One year after they had a potlatch.

RG: In the summer time?

Casimel Jack: In the summer they had a potlatch. It was a big potlatch; lots of dried meat, dried fish, lot of stuff. Them days they didn't hardly use any money cause they didn't need money as much as we do now days. They still used some money to get some stuff for them mostly stuff that they used in the older days. Now days you go to potlatch it's nothing but money.

RG: They hunted and fished and used stuff they made themselves

Casimel Jack: Yea

RG: Who organized the potlatch?

Casimel Jack: My parents. The Beaver Clan and Frog Clan. They got together cause my mother, she was Frog and my father was Beaver; so they both put it up together.

RG: Was one clan the workers?

Casimel Jack: They make sort of like a headstone outside the house for the grave. They build that by hand. Everything's made by hand. No lumber, no nothing.

RG: So the headstone was made from local stone?

Casimel Jack: They make it out of cement. That didn't last very long cause they didn't know how to work with cement

RG: And they practiced building a grave house?

Casimel Jack: Yea they made over the grave a little house for the grave with logs; kind of like house logs only small ones. There was no way to get lumber. Well I think that's about all for now.

*Mabel Jack*

Nov. 2, 2004

Mabel Jack: Ok my name is Mabel Jack and I'm from Cheslatta. I was born in Ootsa Lake. I'd like to talk about the hospital; when we put Mom in hospital. She'd been in hospital for a long, long time. We put her there when she was about eighty years old. And she chose to be there. And from Burns Lake Hospital they put her in Pine (extended care residence) in Burns Lake. Some times she got black eye. Sometimes we go visit

her, she got broken hip. I don't know how that happened but, the second time she got broken hip, we took her to Prince George Hospital. We thought she got better, and then, we bring her back to Burns Lake again. And my Mom didn't last very long. She get pneumonia from that.

And looks like they don't look after that, my Mom.

RG: At Prince George Hospital?

Mabel Jack: Yea, in Burns Lake.

RG: In Burns Lake

Mabel Jack: And many times we go visit her. Boy! Sometimes her hand is bruised up; her legs bruised up. We asked them, "What happened?" They say she fell down. When we visit her looks like she walk ok; she don't fall around. Finally from that second broken hip, she didn't last very long. She died there. She been there for a long time.

RG: (unintelligible)

Mabel Jack: Yea. She eat ok. We bring her our food and everything. She likes home cooked meal all the time; she like fish or some time moose meat. She eat ok. The only thing I didn't like is she get bruised up.

RG: It makes you wonder what caused that.

Mabel Jack: Yea. I didn't want to ask sometimes, you know, I just let it go. She teach us everything, me and my sister. She teach us everything she knows. Trapping and sewing and we do lots of other stuff all the men they do: crosscut saw, cut wood and everything. Mom was really good to us. One time, one of my cousins, we were fishing; and he give us something that we're not supposed to eat. We just about died! Me and

my brother. Mom give us moose grease; I think about three pound lard pail full of grease and tobacco, and we threw it all up those poison.

RG: Poisonous? What kind of stuff was it?

Mabel Jack: I think that's water hemlock.

RG: Oh, you could have died.

Mabel Jack: Yea, I still remember that because I didn't like the... this guy still alive. I guess he just was mean. (unintelligible) Mom save our life. I was about seven years old. My sister must be about sixteen or seventeen. She bring us back by the wheel barrow, one by one, took us home. There's lots of other stuff Mom used to get us to eat. Kids they eat stuff they not supposed to eat, she saved their lives too.

RG: She was a healer.

Mabel Jack: Yea and she help people, the woman's going to have baby. She deliver the babies too. One thing I didn't do. Mom done everything. But we miss her.

RG: Someone who looked after other people all her life, it must have been hard for her in hospital.

Mabel Jack: Yea it was really hard for her. She chose to be there.

RG: She thought it was better for the family?

Mabel Jack: Yea.

RG: What do you think would have made it better for her in hospital? What do you wish could have been different?

Mabel Jack: I think it would be different if one of our native ladies was there to help her or somebody, eh? Somebody talk her language.

RG: So she doesn't feel so alone and strange?

Mabel Jack: Yea. She cry a lot when she was there.

RG: Did she?

Mabel Jack: We take her home. She don't like to stay home, goes right back.

She was pretty lonesome.

RG: When she was in hospital was there anybody there that she was close to?

Was anybody friendly towards her?

Mabel Jack: She's always been alone in her room every time I go there. She's pretty lonesome and she want us to go there every day and we can't do that. We cross the ferry.

RG: It's always hard for a family when somebody needs to be cared for and you can't care for them at home and yet they don't get the emotional care that they need.

Mabel Jack: Yea she really miss home and that time when we left Skins Lake in 1952 and we moved to Grassy Plain and she feel lost because she likes trapping and she like fishing, she set net and everything, and over here we can't do that. When we were at Skins Lake we don't know anything about alcohol or drugs. And we get to Grassy Plain everybody learn how to drink, doing drugs and everything, except me. And after we move everybody start drinking. My son move away when he was twenty-three years old. He move to Prince George. He got two boys and common law wife. He been there about two years and he keep phoning me. Just about every other night he phone me. Pretty soon I miss his phone call.

RG: Did he have kids too?

Mabel Jack: He's the one I'm telling you about, missing fourteen years.

RG: You're talking about Ronnie?



Mabel Jack: Yea. And at night I went to sleep around nine o'clock I guess and then phone ring around one o'clock in morning. Ronnie was phoning me and he said "Mom I'm going to work and taking family with me. It's between Prince George and Vanderhoof, around Clusculz Lake. So if I don't come back in eight days, we're going away for eight days," he said, "And if I don't come back come look for me," he tell me. So we did. We phone there after eight days and we phone his house. Nobody answer. So we keep doing that. I think we done that about two or three weeks. No answer. So we went down there and we open his house. We stay there and then we keep telling the cops, "they're missing, boy's family are missing." They don't pay attention to us. We keep after them and pretty soon they start questioning us.

RG: How long did it take before they started taking things seriously?

Mabel Jack: Over a month. Over one month, they start looking. We stay in his house about two, three months and we wait for him to come home but, we help them look and everything. We couldn't find them.

RG: There was no way to know where to look.

Mabel Jack: No. The last phone call was on August the first but it would be too long. Last time I know it was fifteen years. They both twenty-six years old.

RG: What was her name?

Mabel Jack: Doreen. That was my sister's daughter, Doreen Jack.

RG: What band was she from?

Mabel Jack: She was from here. And Ronnie and Russell.

RG: (unintelligible)

Mabel Jack: Russell was about ten and Ryan was four years old. I never did want

to talk about it in public for a long, long time until we went Healing the Healer and then they teach us how to speak in public and it was really hard for me.

*Doreen Jack, Ryan Jack (held by father), Ronnie Jack, Russell Jack (in front of father)*



RG: Speaking about it helps you?

Mabel Jack: Yea. They teach us how to deal with our grief. They teach us how to forgive. A lot of things we didn't know, they teach us. Like somebody pass away we go see them, me and my sister, auntie, Julia and Nancy. We go and talk to them. We know how to deal with the grief and loss. Some of them we talk to them to quit drinking. They do. They listen. Some of them, they don't listen. They drink. We like to put up meeting but they don't believe us around here. They don't believe what we learn. We learn quite a bit.

RG: There are some who value the Elders?

Mabel Jack: Yea.

RG: I'm wondering. How do you grieve over a loss like your son and his

family? When there's been a disappearance and no...how do you grieve over that?

Mabel Jack: Yea. I pray just about every night and I never miss prayer. I want to see them again. Alive. But it's hard. He's really close to me. He phones me, goes everywhere I go. We go to Vancouver, sometimes we go rodeo together. We go everywhere together, my son and me.

RG: Your son. You feel he's with you.

Mabel Jack: Yea. Every time I go to Vancouver I know where we usually stop, and I keep looking for him. And then where we used to take pictures. I remember everything.

RG: What was Ronnie like.

Mabel Jack: He joke a lot and likes dancing and he likes to work. He's real good to his family. One time he told me, I didn't know he was going to be missing that long, he said, "If something wrong with my family, I'm going with them," he said, "I don't want to be left alone." I keep remembering that, what he said. He love his girlfriend and he love his two sons.

RG: He lost his girlfriend?

Mabel Jack: No. If he did he said, he's going with her. That's how much he love his family. Then he care a lot about me and Gazy (Casimel). Every time we got anniversary he send us a gift. He wouldn't forget us. Phone us, if he miss us he phone us right away. I still got the gift he give me when he left. He give me a double bed that he pay eighteen hundred for and I still got it.

RG: He had to work hard for that.

Mabel Jack: Yea, he give me that those pictures

RG: In the months after he disappeared what helped you the most to get through those difficult times?

Julia Morris: I went to the doctor and they give me nerve pills, which I didn't like. I didn't like the nerve pills because it just about killed me. I'm not used to those pills like that. Real strong pills. I never get over it. Not yet anyway.

RG: You're not over it?

Mabel Jack: No.

RG: You've become a very strong person in your own community.

Mabel Jack: Yea

RG: And I wonder how you went from there to where you are now

Mabel Jack: It's

RG: Where did you find that strength?

Mabel Jack: It's pretty hard. I talk to some Elders . There's one good elder up here. She's still alive. I don't know what I'd do if she died. Every time I feel bad I talk to her and she make me feel better.

RG: What's her name?

Mabel Jack: Her name is Evelyn Tom.

RG: Can you tell me a little bit about her?

Mabel Jack: Evelyn Tom? Yea, she's, How old she?

JM: (unintelligible)

Mabel Jack: I think she's over seventy-five, seventy...

JM: She gets around by wheelchair

Mabel Jack: She make me feel better. She pray for me. She tell me to do the

same so I do. You feel better if you pray.

RG: She's a person you could always go to.

Mabel Jack: Yea.

RG: And you went to her a lot.

Mabel Jack: Yea. I go to Nancy. I talk to Nancy too. Talk to Julia, close to me.

RG: You're not alone. You weren't alone...

Mabel Jack: No but it's really hard. I got these pictures. Look at it sometimes.

RG: (unintelligible) and you've got a strong sense that Ronnie is with you.

Mabel Jack: Yea.

RG: It's a comfort.

Mabel Jack: I talk to him just like he's here. I talk to him.

Mabel Jack: This magazine that I bought on last Friday, you can talk to your loved one even though they're gone. I haven't studied it, in magazine yet. You can talk to your loved one when they're gone. It would be easy to read on the couch. I don't have time to sit.

RG: (unintelligible)

Mabel Jack: I don't have time to sit on the couch and read those magazines. I have briefly looked through. I don't want to sit there. There's lots of work to be done besides sitting there. If I want to sleep I pick up those magazines and read.

RG: You mean they put you to sleep real quick? I'm the same way.

Julia MorrisM: That's why I don't quite like reading. (laughing)

RG: What you're saying is it helps to be busy.

Someone: Yea.

RG: Is that the same for you? That it's good to be busy in your community?

Mabel Jack: Yea. There's a counselor went to Ormond Lake. Frances Johnson. He's the one that helped me out a lot. He's good. He's a real good counselor for grieving and all that.

RG: He works for Carrier Sekani Family Services?

Mabel Jack: Yes. He used to. He was with us for about a week in Ormond Lake.

RG: Can you tell me about Ormond Lake? What worked for you there?

Mabel Jack: I like Ormond Lake because they really help us, if we're grieving like that. Somebody missing for long time. I don't want to talk about it. I just keep it inside and it's hard. It's not too long ago I start talking about him and then I talk in public and tell everybody how I feel. Even my brother started Elders group.

RG: I wonder if the fact that you can talk in public like that and people can see the healing that you've gone through and that people can think about, that if someone can go through a terrible tragedy as you have and come through it healed, it must give a lot of people hope perhaps?

Mabel Jack: Yea

RG: I almost bit my tongue because almost saying it's wonder... and it's not wonderful that you had such tragedy but maybe if it is back again it would be good.

Mabel Jack: He separate us, women on one side and men on the other. And then back and forth we started talking and we started crying and he come to us and give us holy water. He put it on our face. Other side, men, they started grieving, he run back over there and help them.

RG: He's a traditional healer?

Mabel Jack: Yea. Everything he's got on table, it's Catholic people, they bless it. Catholic priest, they bless it for him. Everything he use, it all true.

JM: Only one what didn't believe, Elma.

Mabel Jack: Yea

Julia Morris: Elma Martin. She's bullshit Christian

RG: A what?

Julia Morris: A bullshit Christian. (several laughing)

RG: I've never heard that term before. (laughing) What does that mean Julia?

Julia: From my point of view it is wrong.

RG: I think it's a good point of view; I want to hear your point of view....

Julia Morris: They just use people for their houses. They go preach here, go preach into that village and move into that house, give them food, food, food. Then they go to another village, they do the same thing. No money, money, they just feed them. That's my cousin and I see that. She go preach about that last week. She go preach about it then turn around and bullshit at me. I see she done that

(unintelligible chat between RG and JM)

*Three photographs of Cheslatta First Nations members and kin of the Jack family at Cheslatta Lake village in the early part of the twentieth century from Mabel Jack's family album.*









*Nancy Charlie*

Nov. 2, 2004

Nancy Charlie: Good Morning. My name is Nancy Charlie. I'm from Burns Lake Band.

I got married to Toby, Dec 5, 1959 and he passed away Oct 12, 1997. It's hard to be a widow. Everything's hard. When he was alive he always helped me. Now everything is on me and it's really hard. Sometimes it's ok; go through good times and

bad times.

But when I first met him I was going to marry somebody else but, my mom and the priest, they say no; and I got mad and I took off on them; and I went to Prince George. But before that, way before that, he was making hay for Tibbitts and we used to make fun out of him. Old Tibbitt told him, "You see that half-breed girl over there, someday gonna be your wife." And all that time Toby had it in his mind, until he see me again. I didn't know I was going to marry him.

But we did pretty good. We didn't break our marriage; we stayed together all that time. Sometimes he drinks, he takes off from home, but me I'm always home.

But when he got sick, Nov 28, 1960, somebody shot him with .303. Since that he been cripple. Still, he used to work with it when he got better and in June 1976 I got sick. I had double pneumonia. I almost die. I tell two of my younger sons, "Stay close to home." Toby was drinking, not even home. "If I get worse just phone Robert." But they took off and I don't know where they were. Robert said there was nobody home. I tried to holler, I couldn't make it. I was breathing in but I couldn't breathe out. I see Robert come in and I see him went out and his ex-wife come in and they brought me to hospital. They put me into emergency room. That's all I remember.

Just like I went in the darkness. I could feel myself coming out of my body. I hear some kind of noise when I come out of my body. When I opened my eyes I was in dark tunnel; three coffins, two coffin ahead of me. They were Lake Babine people and my coffin was the last. I look at myself; I start to cry. In that time my hair was really long. I start to cry and I ask God "How come my soul is not ready to die and I'm dead, what I'm gonna do. You know I don't have family of my own, just my kids. All my

family are gone. Just my kids are my family now.” And I start asking God questions “How I’m going to go back to my family?” And I see light way other side of tunnel. I see bright light. I couldn’t even look at that light. I cover my eyes. When I got close to that light I see gate, beautiful gate and this light was right in front off it. It was God. When I got close to the gate, gate was open. These two coffins went in there and my body and that light was all I had left.

That’s why I made a promise to God. I made a promise to God that I’m going to take a pledge for life. I’m going to quit swearing. I’m not going to miss church. That means I have to pray all the time and put my family in the right role. When I made this promise, somebody call me by my name. I open my eyes. It was the priest Father McCormick standing there with prayer book, give me my last rite to die or to get better and just like that, I went again.

I hear kids crying out; I opened my eyes. The nurse was standing right there. I see the nurse run out and I woke up and they transfer me to Prince George hospital. I stayed there almost six months. All my skin from head to toe all come off. My hair all come out. I passed my fifty fifty chance to die, I got better.

Ever since that day I take care of myself. I know how to take care of myself. I pray all the time. I read the bible. Toby and I went through lots of prayer meeting. Before I go I read my bible and when it’s time to share this word God gave me a sign when to share it. I don’t just jump up and start sharing. I have to wait, read it over, over, til the word come into me. Then I share the word. That’s how I survive. Now I still read my bible. I never go out but I’m going to start it again. I took a pledge for life right in that dying day.

And I'm really happy to be here part of our group, my group. It helped me lot, this meeting what we went through. I really miss Bruce. He's the one take us around. It's good to share. It's good to cry. We're not ashamed to cry. Last night I cry, November second 1949, my little brother burn to death. Think about it I cry. On Halloween night my mom died 1974. November twenty first 1972 my dad passed away. I was in the hospital. I walk the whole way. I hear doctors; they're working on him. I hear that last breath come out. I run back to my room, put pillow on my head, I start to cry real loud. After, doctor come in and talk to me. I ask the doctor "Can I go home help my mother? She need me." Doctor said, "No. Your life is more important. Toby's home; he'll help her out any time."

Just on the funeral, they just let us out four hours. There were four of us went out for funeral. I can't touch no other food, just what they gave me in the hospital. But I'm pulling through and when I come a widow it was really hard. My grandma warned me before, "When you come a widow you not going to be the same. When you got your first marriage, you say it's not like you're gonna jump on another boat; it's not going to be the same your first marriage." That's what she mean "jump in the wrong boat".

That's why I just like to stay single. If I want to do what I want to do I do it. Go out to meeting or sometime I go to potlatch, meet other people. Like Mabel said, they help people. I help lots of people, pray for them. Before they didn't know about me but now they know about me, pray for people. Before I'm gonna pray for people God gave me sign just where they're hurting. If I don't start praying I get worries, then I remember God gave me sign to pray for somebody.

We had a meeting in Prince George. Then my knees just cracking away, and I got

up and I told them that somebody with a heart, that somebody, one of you, your left knee hurting and somebody with a heart. It was Margaret Antoine. She come to me and she said, "It was me, my legs, my knees." So I tell Ruth, "Help me". We pray for her. After while she got up and ran out without her cane. She left her cane behind. And the other lady was sitting on that side. She come to me and she said it was her, her heart. God gave me gift of that healing hand and I thank Him. Every day I got to thank him.

That Frenchman's still with us, he got beat up. I warned before got beat up I say "Some day Baboo, they goin' beat you up." He didn't believe me, until he got beat up. I don't know why they did that to him. There's another Frenchman come along, and he turned nineteen, and he wants to drink. I warned Fred, I said, "You better watch out. I know what's going to happen." But he didn't believe me. I see him went out. He come back in, he smell. When he don't drink long time you could smell the booze. I could smell that beer stink. I said, "You been drinking." He said, "Just a few beer". And he couldn't sit down, said "I'm goin' talk to Mike." And he went out.

I seen him coming back and at two o'clock in the morning I hear on the scanner there's a man got beat up. He's unconscious and laying on the ground. So I told Chris, "Sounds like it's Fred". Chris ran out. Chris phoned me. It was him. He didn't know. He didn't know anything. They knock him right out. He went unconscious. In the morning they transfer him to Prince George.

I got back to Chris the books that were in the room where he was. I look at him. He's going to be ok. Just look at him suffering. I talk to him. He's a catholic and I really like him. I share with him. He didn't know nothing about God. I share with him.

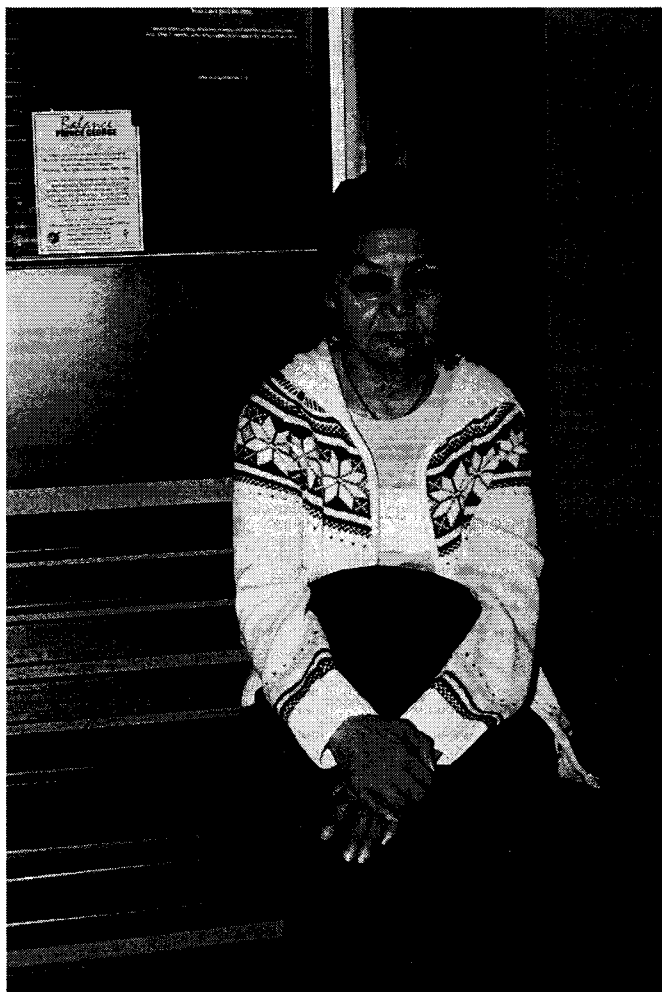
It's good to share with somebody. Somebody need a help. Their lives, the people

need a help. That's why they turn to drugs and alcohol. But it's up to them. They got make up their mind like I did. I make up my mind, no more alcohol. I don't swear. Just want to pray, read my bible before I go to bed. I tell him to put God first when you do your job. I got no time and he been off for about a month now; he didn't work. Yesterday I got home; he start working again.

Thank you for listening.



*Julia Morris*



Nov. 3, 2004

Julia Morris: I'm from the Nee Tahi Buhn band. I'll try to make this short story.

Don't we all have our ups and downs?

It's been two years of being a widow.

I really don't know or care, because he's an alcoholic.

Three months before he passed on I noticed always drinking heavily, get left hanging, sniffs gas, end up opening all the windows, air out gas smell.

I tried my hardest to stop.

Wouldn't listen, comes up stairs, smell bad, go to sleep three days, wakes up crabby, smokes cigarette.

Try my hardest to satisfy him; still crabby, lost interest in band office.

I ask him "What's the matter with you?"

I still cook for him, back in bed, tells me to wake him up when it's time to eat.

Finish whatever he's doing, down, magazine.

So I lay down on the other couch.

He ask me, "What are you gonna to do? Are you gonna be an alcoholic?"

Maybe just ... Is this ok? It's allowed.

So since to this day I can't believe a word.

I've cut down quite a bit on alcohol.

Heal the Healer helped me out quite a bit with all my grief and sorrow.

On the good side October twenty, it been two years on that day.

Put flowers on his grave for him; say prayer for him.

That night pleasant dreams.

I got message say, "Thank you, you must get on with your earthly life."

That's what he said, so I wrote whatever he told me.

You can cut it off now. (Laughs)

I cut down on my drinking cause he asked me am I going to be an alcoholic?

Nope, I'm just gonna smoke, "Oh it's allowed" He was laying on the other couch. He was in a crabby mood. That was two weeks before he passed on. He was always in a crabby mood; he lost interest in going to the band office, lost interest in everything, except for drinking.

RG: Tired of living it sounds like

Julia Morris: Yah he was an alcoholic and everything's supposed to be my fault,

RG: mhm

Julia Morris: I didn't cause him to be an alcoholic,

RG: no, no, you said that Healing the Healers helped you...

Julia Morris: Yea, yea they helped me to do grief and sorrow, to do what I want to do. Mostly Rita.

RG: Mhm, why did, how did Rita help you?

Julia Morris: We talk about it when we go on a tripping. When we go on a tripping we talk about it and we all help one another. That's what helped me out. Who really helped me out quite a bit was Rita, you know, who passed on.

RG: Yes?

Julia Morris: Paul used to be my brains, now he passed on. Now Rita she used to be my brains cause she explained to me whenever they talked that big twenty-five bucks language.

RG: Mhm

Julia Morris: To my twenty-five cent, she taught me that, now I got nobody to be my brain no more, I got to learn the hard way and that ain't easy being a widow. It's hard and everyone depend on me. I help them as much as much as I can.

RG: Do you find that helping other people helps you?

Julia Morris: Yea, yea, even though there's about three, four of them wants to commit suicide. We remember those things they taught us at Ormond Lake with Frances

Johnson: "Eagle eyes cry, cry, cry", and squeeze their stomachs. I done that to three of them and some of them I helped, I helped some of them.

RG: (unintelligible)

Julia Morris: Yea I said go-ahead cry and I squeezed their stomachs. I squeezed their stomachs. They taught us that at Ormond Lake. I know I learned lots there and I passed it on. Then some of them tried to commit suicide and I talked them out of it. And I can't stop them from doing it and let them drink and I join them; join them but not drinking.

RG: Just to be with them.

Julia Morris: Yea be with them. And some of them want to burn their house down; burn their house down and them to be in it. Nope, go right up there and stop them.

RG: (unintelligible)

Julia Morris: (unintelligible)...someone told me you got to have strong faith, really strong and help out one another. And we tell stories and I don't talk long but I help them. Could go on and on but there's other people got to flap their gums.

*Eleanor Skin*

Nov. 3, 2004

Eleanor Skin: My name's Eleanor Skin and I'm a Skin Tyee member. I was born in Stellaco in 1943 and when I was growing up I spent most of my time with my grandmother Mary Thomas. First time I travel with them was coming to Grassy Plain with horse. It took us about four days to come up here, camp along the way. (The interviews were conducted at the Cheslatta band office, near Grassy Plain.) And first people I met in Grassy Plain, and as small as I was I still remember, was Theresa Charlie and Michelle, Mr. Edmond, I forget his first name, Tommy Jack and his wife Zodi, and Thomas Peter and his wife Rose, Madeline Skin and Robert, Johnny Skin and Mary. And that was the first time I found out we were related to Celina Walters and I got to know the family really good so...

We used to come up here during the summer and we'd camp out behind Fred and Jesse Coombs, we had a camping area there that we used. Whole bunch of us come from Stellaco: Zamarly Adam, my grandmother Mary Thomas and Seymour, mom and dad.

I went to school at Lejac when I was six years old. I started school at Lejac and I stayed there for two years. I made my confirmation and communion there. After I finished that I thought I was done with residential school because it was important to my grandmother that we learn our catholic religion. So she made sure that we were all went through what we had to learn when we were small. Then we moved back to Grassy and we made a house there behind Fred Coombs and I think that house is there still at Grassy Plain. I'm not sure. Went to school there.

The public school system was a lot different from the residential school. I only talk my own languages when I get with an elder because my childhood days was mostly potlatch system. Every weekend we used to move stuff around in Stellaco because our house was a dance hall, so we had to use it for potlatch. And that's the reason why I learn to run a potlatch. As much as I could remember from my Elders.

And I guess the only bad thing about Lejac school is I lost most of my language. I can only speak it when I talk with an elder. It comes back to me naturally and all our Elders are gone now. It's hard for me to make conversation in our own language with somebody like Angeline or Julia. It's hard for me to talk our own language. I understand them and I mix my language, Indian and white when I talk to somebody that's as young as they are because you know our grandparents told us we should teach our kids and now I know what they're talking about.

It's true that our kids are losing everything. So as a grandmother I try to talk to my kids in Indian but it's mixed half Indian, half English and when they want to know something they ask me about it and if I couldn't remember it, I sit around trying to remember what they're asking me. When I was in Grassy Plain school that's when I first met Robert Skin and his family.

My sister Irene's marriage to Steven Skin was a set up marriage. It was set up by Robert Skin and my mother Mary Ann Louis. My mom ask Robert if Irene could marry Steven. That's where it started. It was a set up marriage and Robert said he's happy with it so we had to give him one of our little horse called Rainbow and when we came home from school and found out our little horse was gone and I asked mom about it she told me that Irene gave it to Steven. We argue with Irene about it and we didn't know what

happened at that time, but two years later when we moved back to Stellaco and Robert started coming down and they start arranging for a wedding. And I asked my sister, I said, "When did you meet Steven and how come you guys getting married and you never tell us about it?" And Irene she said, "I don't know. Mom did all the talking except I don't know anything about it." That was the first time I seen a set up marriage happen in my family, my sister Irene.

And when we went back to Lejac school, the school was ok but the food wasn't very good. We had to stay there because my mom was always sick so we can't stay home.

But I remember a little bit of Grassy Plain. We used to live in a house and we all had our own pails to go get water down the creek. I had three-pound pail. We'd have water every day to do laundry and stuff like that. And at the same time we looked after my mom because she was a heart patient. I was glad we did things for her that time. We lost her in 1972.

There's a lot of stuff that my mom showed us. How to go fishing, to make net, the outside net so we could have it ready for fishing. And I seen her making moose hide, but I never tried that myself. I want to try it one of these days with somebody like Mabel or Angeline could show us when we make mistake and we would learn how to correct our mistakes.

I remember a little bit of the people moving out of Spillway, coming out of there. I don't know where they went but as we were traveling around we found Johnny out at four twenty. We had a little house there and used to go visit them. And I don't know where Robert was. Just lately after I married Rubin, that's when I found their house

towards Uncha. But I enjoyed my life around here and as I was growing up. And I miss those days when you go knock on the door and they invite you in. Now you go somewhere, you want to visit somebody and first thing they ask you is what happened, why are you here. I'm not used to things like that. I like visiting around, mingling with other people.

And after we got married, I met some friends from around in Montana. Then we had a Red Road to Recovery (a First Nations group healing program for survivors of multiple traumas). That's where I met more friends. It was a religion. It wasn't just based on catholic religion. It was all sorts of people who came there to learn to forgive each other and talk openly about your problems to somebody that you could trust because trust is one of the main things we have in our Indian culture. You gotta learn to trust other people when you talk to them.

I lost my mom in seventy-two and in seventy three I got my Indian name. We had a big potlatch for that in Stellaco. It was an open-air potlatch that we had. And then we moved back up here. It's so hard for me to talk to my family and ask them not to carry on grudges because I don't carry on grudges. If I say something wrong to someone I like that person to forgive. If I say something to hurt their feelings. That's how I was brought up. I have lots of things to talk about but I lost it all. (Laughs)

RG: You've done very well

Eleanor Skin: My grandfather, a distant grandfather that we had, was Patrick Michell. He lived just past our place in Stellaco and he used to talk to us all the time. Same with Mary Kettle. She used to talk to us all the time. Telling us what to do, how to present yourself when you see an elder and not to run around behind their back when



they're eating and make sure that you're heard before you talk to an Elder so you wouldn't scare them. Being raised up with Elders like that it's something nice. I have to teach my kids that because one of my boys is real bad for scaring people. So I always talk to him, "Kids are sleeping, you don't run up to them and holler at them." I said, "It's no good."

At Grassy Plain I could only say a little bit about Moccasin Hall because we weren't allowed to go in there. (She laughs) Robert Skin and them they play. We sneak around outside and we watch them. We used to have a hall there. Alexy Jack, his house, he opened it up for people to have dance on Saturday and they call it Moccasin Hall. I only remember so much of it because we're supposed to be at home sleeping when they're dancing but once in a while we sneak over there and we watch them. Never see old people dance so much. They start out with a brand new moccasin and towards morning they say there's a hole in their moccasin. I try to figure out things about that: how come we can't wear out our shoe when we dance?

Through Lejac school I learn that when you lose a loved one, it's just in life you lose a loved one. They're with you in spirit. First daughter I lost was Brenda. It didn't bother me much but still you know, I really missed her but never bothered me then. I lost a little boy, he was three months old. I really missed the kid but the one that really hurt me was Roxanne. This February eleventh it be one year. She's always with my thoughts. My sister-in-law I thought them got killed on the road. My family they want to know what's gonna happen, when we gonna do Steven's and Rita's potlatch and I told them, I said "I'll help you guys but I can't be your boss I'll just advise you. You talk to

your own people. It's the Bear clan and you talk about what you're gonna do." I'm making arrangements for my daughter.

I'm planning to have a dinner at Stellaco on February the eleventh. It's the first anniversary. It's going to be a memorial dinner in memory of my daughter. Then I'm going to talk to the people and tell them that I'm planning a head stone feast for May. I pick May because I'm thinking of bringing around this summer. We never have time to put any berries away or anything like that. Only reason why I have fish in my freezer is because I have friends in Chilliwack. They come up here and they hunt, so they brought us fish. We got fish in the freezer now. I'm preparing, I'm getting my family to help me prepare for the head stone.

Roxanne she told me what she wanted when we were talking about Steven's party and she made the arrangements. She had a list of what she wanted for the feast and she said we should just get a little head stone for her, a pillow marker for Uncle Steven. Everything was going ok until about three days before she was gonna get killed, and she come into my bedroom. She said, "Mom, I changed my mind. I'm not gonna be around to help you with Steven's potlatch. You just try to get dad and them to help them to make arrangements to have Steven's head stone party and Uncle Mo."

And she made a list of what she wanted. There's noodles and sugar, stuff like that she wrote down. And the night before she was gonna get killed she went into her bedroom. She sort out her clothes from the kids their clothes. She tied it up in boxes so. She told me "Mom there's some clothes for you in the bedroom. I want you to give away for me cause I don't need them any more". I said, "Why you... is that clothes you pack

up the ones that too small for you?" She said "No Mom I just don't need it anymore. Just give them away for me right away." She said "Don't sit on it, just give it away."

So next morning I woke up, she was already in the kitchen. She bath her kids, got them all ready and I thought she was gonna bring them to town with her. Little boy, he went to the door with her, he said "Momma I wanna go town with you." She said "No you stay home with Gramma. You're not coming with me today. I'm going to town. I'm going to see Grandpa JB. He's going to give us some money for groceries." And she turned around, she said, "Mom get ready, we'll go bingo tonight after I buy groceries." I said, "Ok then." Little boy walking back up the stairs, "Ah Gramma, I gotta stay with you."

They left our house about fifteen after twelve or ten after twelve they left the house. They got in accident fifteen after and we didn't find out until Robby Skin came up to us. Told us about one thirty maybe close to two o'clock when Bobby told us. He came to the door and he look at me and he said, "I don't know how to tell you Eleanor but Roxanne got in accident head on with a truck, tanker truck."

I knew right then that my girl, I wasn't gonna see her anymore. We ran around and got stuff ready and I got Julia to stay with our kids I think. Julia she stayed with Rosie.

Julia Morris: Mhm

Eleanor Skin: Took the two kids and I went down. I went to the accident site and Bobby stop us about half a mile away from there and he said, "Two died in there" he said "that's Roxanne and Rita." I just kept right on going. I asked the police that was on duty there and I asked him, "Could I go see my girl?" He said, "No". I said, "I have to." I

said “It make me feel better to see her.” He said, “You sure? You promise to be a good girl?” I said, “I will. I just have to see her.” He brought me over there and I seen Roxanne. I seen whole bunch of people round there. I don’t even remember (who they were). Only a few I remember their name. Bobby, he was there with us and he was talking to Rita’s kids. They were sitting on a snow bank then he come and ask me if I’m ok. I said, “I’m ok just keep track of those kids there.” I said, “They need you more over there.” That’s when Mary Ann and her husband did. They told the police that they’ll bring me to town.

I phoned Dave and I asked him if he could get a hold of Robbie and get him out of the camp and I phoned Rubin in Vanderhoof and I told him what happened. I guess somebody brought him from Vanderhoof to Burns. But I had to wait on the other side of the ferry because my grandchildren were going to school. One of them was in school in Burns; I had to wait for her to tell her. After I told her she just ran from us. We had a hard time catching her. I talked to her. I said, “That’s how life is.” I said, “We don’t know when we’re going but it’s Roxanne and Auntie Rita’s day so we have to deal with it the best way we know how.”

And when I got to Burns Lake I never seen so much people there, really cared for you. They showed us by being there for us. And I never had chance to thank every one of them but I did at Roxanne’s funeral. I said thank you to some of them that were down there from this area and my friends from Chilliwack they stayed with us all the way through.

I told my husband, I said, “You know, having grudges against each other.” I said, “Rubin, it has to stop. We got to learn to forgive each other.” I said, “Look three of your

family is gone this month. First it's Steven. Now it's Rita and Roxanne," I said, "We must be doing something wrong if we lose that many in one month." I said, "We gotta start looking at our life and see what's going on." And every time I talk to him I said, "Forgiveness" always comes through my head. "We got to learn to forgive each other." And we're talking about forgiving and he say, "You can lead a horse to the water but you can't never make him drink that water unless he wants to." That's how some of my family is. They've got to want to forgive people before it helps them because if you hate somebody you know the bitterness gonna be inside you and you make other people feel bad around you. That's what Gramma always say, "You hate somebody, it eats you out from inside, then all of a sudden you get to a stage where you can't talk to anybody any more."

And through my life, I'm sixty one years old, and I see what Gramma's talking about because I like traveling around, I like talking to people because that's how I was brought up. My parents always tell me, said, "You talk to everybody. Even if you don't know them, they come up you and they talk to you, you talk to them." In Grassy Plain when I was in school there I used to like it going to school. Once in a while we sit around outside and we talk our own language. Nobody come there tell us you can't talk your own language. Sometimes we pretend that we're talking to Elders. Cause I remember the first school I went to was across Connie Smith's house, this little one room house we used to go in for school.

And when I married my husband I was twenty years old, and now I'm sixty-one. Been over forty years since I been married and I got three girls left and three boys. I lost two girls and one boy. I've got some grandchildren that I'm raising from the two girls

that I lost. The first one left me with two girls and one boy and Roxanne left me with two girls and one boy. So I've got six grand kids that I'm looking after. I'm just thankful that I could be a Gramma and every night I go to bed I just thank the Lord for every day. I walk around thank Him for everything because in nineteen ninety-five I had a scary incident.

I was running all around the Coachman Manor all upset. I couldn't walk anymore. I was in the laundry room and I couldn't even walk back to my room what was from here to the door. I couldn't even walk back in. I had to walk against the wall to get back to the room. When I lay down on my bed I told Roxanne, I said, "There's something wrong with my heart." I said "Every time I step it start beating. It just hit my chest so hard it hurt." I said, "There's something happening."

So she ran and told a doctor and they got ambulance over and I went to Prince George for the whole night and they were giving me needles every half hour. Four o'clock was the last time I got a needle. He said, "If this doesn't stop it," he said, "morning they gonna give you a shock treatment." So I sat in bed there and I didn't want to move.

Then it hit me. Instead of just sitting around worrying about what's gonna happen I should start praying, and I just sat there, and I asked the Lord to be merciful to my grandchildren and give me time to spend with my grandchildren. I went to bed and four thirty nurse came in, she woke my up "You're not getting a needle this time cause your heart settle down." Things like that they help me because I was in boarding school, it showed me how to pray. I pray for people around me, so we could communicate better and be better friends. I don't know, this is my first time I ever got interview about my

past. We should be talking about that all the time. How could we make things better for our grandchildren? I had lots to talk about but I forgot. I guess that'll be all.

*Casimel Jack*

Nov. 3, 2004

Casimel Jack: Cheslatta Carrier Nation. I left off a few things yesterday and I didn't quite get all of it so today I wrote down what I had to say this afternoon. As you know there's a lot of drugs and alcohol in this community. In the early days there wasn't no drugs and alcohol in early years but now it seems like it's going on every day. I don't like to see people drinking, driving, bothering people at night. This is sort of my idea of saying that I hate drugs and alcohol. Since I was a young teenager I used to be like that. I used to drink quite a lot, used to go to jail and when I was young I used to drink quite a lot, run away, got run over by a pickup truck.

I just about died in hospital and in hospital they didn't look after me too good because I was a sort of a drunker and I finally woke up sick, sober and sorry for what I did and by the time I come to my sense I really seen no way to continue with my life. Since then, I got young children, grandchildren. With what I have now I like to stay away from alcohol as much as I can and I hate to see people drunk in my community.

Since I was young and in Lejac I didn't go to school very much because one year I went to school and then I end up in Vanderhoof hospital. There were six of us. They told us that we had TB. So we stayed there pretty near the rest of the school year. We been in hospital for quite a number of months. By the time we get back to Lejac and our school year's about over and about two or three months we been in school we didn't learn very much and then we go home for our summer holidays. Ever since that I didn't get too much education.



I was doing quite a lot of drinking in my younger days and after I got married I settled down and then I lost my son and his whole family, they went missing for quite a number of years and I went back on a drunk again which didn't cure anything but just make it bad for my health and my family.

So me and my wife Mabel, we join Healing the Healers which took us around most of this area and going to cities: Victoria, Vancouver, Chilliwack, Prince George, Kamloops, pretty near all over and that did me good and from there on we're still with the Healers. Ever since I quit drinking, I don't do no drugs and we're part of the Southside Healing the Healers.

We're trying to communicate with our Southsiders. We do a lot of potlatches and we wish to continue on learning other people how to put a potlatch and stuff like that, especially now days the young people are forgetting about the potlatches, don't know how to talk Indian. We try to teach them to how talk Indian and so on.

I teach more of the young people how to hunt, trap and I do a lot of hunting now days. I got a couple of guys, go out every summer and teach them hunting, trapping, how to skin moose and stuff like that. And besides I'd like to say thanks and that's all I've got to say for now. Thank you very much.

*Open Discussion with the Group after the Personal Narratives*

Nov. 3, 2004

RG: ...to help understand your Carrier cultural practices and first I just want to ask some questions about what are the general cultural practices or traditions that are practiced when somebody is passing away? You've mentioned some things in general about potlatch, the people told me about wakes and headstone potlatches and some things like that so anything that I haven't mentioned as well. Would anyone like to talk about that?

Casimel Jack: I want to talk about when we first start Healing the Healers. We didn't start Healing the Healers right off the bat. About a year after Healing the Healers start, there's a couple of Cheslatta members that started with Healing the Healers: Mary Quaw and Steven Quaw. After Steven Quaw passes on Mary Quaw quit going to Healing the Healers and we took place of them to join the Healing the Healers and I guess Nancy, she started with Healing the Healers about a year before us and that's all I have to say. I'll pass this on to Nancy.

Nancy Charlie: Yea I started three years ago, Healing the Healers. They take us to places. And when I hear somebody, what they went through, they die and come back alive I really get happy to listen to them. I met one in Fort St. James, a young woman, she seen what I went through and met a, what they call it, a medicine hat, he went through what I went through. It makes me happy. I used to scare to die but now I'm not scared, just to get ready for it. Every day I ask God, take that away, things like that. I really happy when I hear somebody sharing what I went through.

When I start Healing the Healers, before, I used to be shy. I can't talk to nobody, I can't look at nobody. Now I don't care who they are, I talk to them if they talk to me. If they don't bother me, talk to me, I won't bother them. They talk to me, I talk to them. I get happy.

One thing, our kids, they don't talk their language. They don't talk their language but now they ask me questions. I talk to them in their own language. They understand Babine and anything they don't understand, Patrick always come home and ask me what that means and I tell him what it means. I translate it in two ways: my language and Babine. This is what it means. I talk Babine. One thing I can't understand is Shuswap. My son-in-law is Shuswap. Hard to understand them. But my daughter, her kids, they all talk Shuswap.

She been married to him for quite a while. She met him in Prince George College. They got married and they're both going through university. Frances got fourth degree for teacher. Doris, she's a teacher at Alkali Lake, up to grade eight. I hear my grandchildren; they talk their own language; Shuswap language. It's hard when you don't understand. I get away from them and I don't understand but it's good to learn, to teach other people your language.

A year ago my auntie died. It was really hard for me. I went through depression again. I couldn't eat, I couldn't sleep. I don't know what to do. I don't have any relative of my own. Just my kids and their relatives. I got seven boys and two girls. The girls are away from here. One in Vancouver going to school. Just about finished. Three more courses and she'll be doctor. I'll try to make her come home when she graduates. Doris, she's in Alkali Lake. She's Shuswap member, teacher right in reserves. They got big

school on reserve. When I go there, my granddaughter, they always take me to bingo. They live on a hillside and bingo hall is on the road.

When we start traveling they take us to places: Victoria, Campbell River, Medicine Hat, Kamloops. Two places we were supposed to go, we didn't make it: Washington and Mexico, Albuquerque, New Mexico but we didn't do it. I was all ready. I bought new suitcase. I bought new clothes. Now it's still packed up yet. I don't know why we didn't make it. I really enjoy when we travel around, meet different people. They ask us where we are from.

I had my open-heart surgery in nineteen seventy-seven, at St. Paul Hospital. September twenty three, nineteen seventy-seven I had my open-heart surgery. And I met Mike Fry there and he always wore cowboy hat, and when we gonna eat he talk to us. Just like dining room, we eat and we talk. He ask me where I'm from. I say Burns Lake. He shook hands with me, he say, "I'm just your neighbor, I'm from Rupert." He had the same operation I had, double bypass. Always scared.

I thought I see vision. First time I wake up, I see Toby standing in the clouds. Pretty soon I woke up. The first thing I did was feel my chest. I got big bandage right from down here, see if I was ok. After I went through I get scared. It was hard though. Before doctor didn't tell me I'm going to have heart operation but the other doctor told me and he gave me one week to think about it. One week I went back, I told Dr. Cornell, I said, "I'll go through (with the surgery)."

It's too painful what I went through. When my heart start aching, start like gonna blow up. Just have to hold my breath, hold my chest, stand there and couldn't even blink my eye til the pain go away. I stayed in the hospital three weeks and doctor was just

coming. I hadn't had a pain. Right away tell the nurse, "get nitro, put it under her tongue." Just one second, the pain go away. And now I'm still alive. Nineteen seventy-seven. The people had heart surgery, they all gone and me I'm still walking around.

It's good to have faith in God, true to Him, talk to Him. Before I never used to do that but God opened my eyes, opened my ears, opened my heart. I really thank Him every day. Every day I wake up, I thank Him, give me another day. I shared with my kids, do that too. Even that Frenchman, I share with him. Every day you wake up you got to thank God for another day.

I try to make him go to church, he wouldn't go. Always say, "Ahhhh" all like that (laughs). But before he's lost, he didn't know nothing about God. But I share with him. Palm Sunday I come back from church, sitting there I say, "What you doing today, it's Palm Sunday. What does that mean?" I opened my bible and I show it to him. Now he learn lot. He start learning. I say, "What you feel about me?" "I feel good you always share with me." I say, "Next thing I'm gonna teach you how to pray." He's got rosary hanging in his room. Sometime on his neck. I say, "When you turn back to God it's hard." And he ask me, "Can I do just half a way?" I said, "No, you gotta do full." He wants to fool around and half he want to be (laughs). I said, "You can't do that. You got to promise Him to obey His voice."

When I talk to God, just like God is with me when I read my bible. Just like He standing right beside me the way I felt. I feel happy after. Last night I read my bible, pray, then I start to cry, think about my brother, burned to death, 1949, November second. When he's crying and watching TV, when a guy come back in. He start cooking again. But I feel good now.

When we travel with our group we always share with one another. When you meet different people, share with them what you going through. Every people that I met, they all go through, some worse than that. Drug and alcohol, they got sexual abuse, they cry.

But me, I didn't went through no sexual abuse, nothing; cause our mom, they always watching us real close. Even when we all are there, watch you close all the time, especially Gramma. Always talk to us. I raised by stick. My mom always gave me licking but I thank God for that what she did for me.

Look at me. I'm still alive. I stay home. Even I become a widow I don't start running around, look for somebody to shack up with. Just stay home with my family. My boys, they all grown up. My youngest one is working in the mill. Pius another, three of them working in the mill. One of them working in Rainbow (a motel). Robert is a chief. Just Chris and Rupert not working. Rupert is sick. He's stubborn. He was sick with diabetic and he start drinking. Got really skinny. I cook lots of medicine, I say, "drink it like I do."

I drink lots of medicine. Nighttime I go for walk. Last night I didn't go for a walk. I stay in, clean up the house. Dishes were piled up. I had to do all. Go each one their room, I wash their clothes. But I'm so happy to be here. Have our group. Thank you very much for let me speak.

RG: Thank you Nancy. The other question I'm wondering. Maybe let me know what you think. When we started this there was concern from my observations that staff in hospitals, particularly Prince George hospital where I work, weren't sensitive to First Nations culture, especially around the times when people have passed away and yet when

listening to you, all of you made very few references to that and I'm thinking that maybe while there's some truth to that, those problems are very small in comparison to all the different traumatic things you've gone through in your lives so that maybe it's just good that people can learn and understand the lives you've had and that maybe there isn't need to say more about hospital care or any of those things. Does anyone want to respond to that or say anything?

Nancy Charlie: Long time ago when somebody died they don't tell the family (unintelligible). When Toby was dying, me and my seven boys we heard through Pius, Toby going to go any time around three o'clock. I was sleeping, Sunday. Me and Patrick went to church and check on him. Couldn't eat but just gave him water through his mouth. Squirt water in him mouth. Then he start breathing again and I went home and I was having a rest. Went to sleep. Pius come around about two o'clock. Doctor want all the family to be at the hospital. Wilfred, all seven boys, Pius collect them all. Then I went up too and John was the last one to come in and Toby, he was unconscious, ready to go. After John come in, then it start, when you die with it boiling harder, they got two Elders to do praying and singing Babine. All the boys stand around his bed. They want to know how it is to die. But he's ready to go. He got ready ahead of time. Praying with his bible and he couldn't see very good any more. Me I just sit down and I watch.

When the breathing stop, the boys they start crying. After doing it all, the Babine (members of Toby's family of origin) come in after he pass away. But when he was alive I don't see nobody. Just my family. After he pass away they put me ahead. I spent lots of money when he died. Make his tombstone cost me lots of money.

But I talked to the boys. Babine, they gonna take him back, just let him go. And they did, they took him back. All his relatives, they came to our house. They had meeting with my boys. Me, I just sit there and listen. I tell them, "Boys, just let him go. They can have him back." They took him back.

His brother been married to my auntie in Stellaco. They did that to him too. He wanted to be buried at Stellaco but they took him back. Toby didn't want to be buried in that Babine cemetery. He told me, "Where you gonna be buried that's where I want to be buried." I tell Toby, "I don't want to be buried in Burns Lake or Stellaco. We got graveyard in Sheraton where the mill is. We got little graveyard there. I got a brother, sister buried there. I'm going to be buried in there not in Burns Lake. But I told him. Thank you.

Mabel Jack: My name's Mabel Jack and I'm Cheslatta band. Talk about hospital in Burns Lake. Back when my Mom was dying I asked the nurse to put her in special room so we did put her in special room. We start phoning around. All the relatives, they all come in. Stay there about two nights and she was still alive. She don't know nothing but we're still there. Father clan, that's supposed to be Beaver clan, supposed to come in and they bring in some groceries and feed the other people. My Mom's father clan is Beaver clan so that's how they do it. She pass away and they try to take her away. They try to take her down stairs and I wouldn't let them. I want to keep her little longer. They did. They did listen to me. They left her there another day. We sit around, talk and I want my brother to come in so they waited for him.

And then they took Mom. And family, they get together again. They make arrangements for where she wants to be buried. After talk about everything and then we



put potlatch after we bury her. The father clan, they have to get together and they get the casket and put a potlatch. Pay off the people who bury her. And year after we're still getting ready, getting material. Year pass by and we're still not ready. We'll wait another year. Then we'll hire Mom's father clan. Order headstone. Put her name on it and put the little rocking horses, what she likes, we'll put it in the corner of the headstone. And we had another headstone potlatch, that was lots and we spent lots of money.

At the time I didn't have no hereditary chief name. Mom gave me the name long time ago. My father, my grandpa's name I took for me and I paid about four thousand dollars and the rest my father's clan help out, they put up for me. And I pay for my name that I have now. That potlatch I think it's about eighteen hundred dollars worth of sugar we spend. Lots of blankets, towels, material. We pay up all the workers. I think they get about five hundred dollars each for each people who work: bring the body back.

Yea that was two years after. I think that's about it. All the relatives, they dance in and they were really happy, they dance in with blankets, drummers and everybody had fun. That's what they supposed to do a year after. They dance. Relatives, I still got a picture of them. They all dance in. Nancy, they were all there. They were all help. They all put up money both clan. Lots of money, lots of groceries, material. I like that. That's all.

RG: Thank you

## Chapter Five: My Reflections

### *The Wisdom, as I Received It, from Each of the Healers as My Mentors*

As I review my own experience of hearing the narratives of my mentors the Healers, I am struck by what I failed for so many years to appreciate as a health care professional in an acute care hospital. In that role I worked with the same families and communities as my mentors. This was a stressfully busy setting for me and my professional colleagues but at the same time I thought I had a good sense, based on my professional training and experience, of the needs of my First Nations clients. That is, I did a thorough assessment of client needs in the context of their health crisis. That assessment was holistic and included both the full range of their bio-psycho-social-spiritual needs as well as the strengths and resources available to them as individuals and as members of families and communities. Having listened to the narratives of my mentors, I now realize that the bias of my assessment was with the present. It was a snapshot of their lives as they were living at or near the time of their hospitalization. Like all health assessments, my assessments included relevant personal and family history but a functional perspective also biased this. I wanted to know about those life events that might limit their physical, cognitive or emotional functioning or limit their access to family or community resources. I had some sense of broader historical issues, such as residential school attendance and traumatic events that might be relevant but only insofar as these events were relevant to current personal and family functioning.

Even the treatment for acute psychiatric illnesses such as major depression or incapacitating anxiety disorders is similarly biased. The historical perspective in health care assessments is very thin from a First Nations perspective. Only history relating to

heritable disease or the impact of traumatic events on individuals or families is generally considered relevant to the assessments that are done as the basis for care plans.

I was also aware that it was difficult for me and for my colleagues to establish trusting relationships and communicate effectively with our First Nations clients. There was a general belief among my colleagues and myself that this was due to specific communication problems. We understood that many elders are not fluent in English and so needed some form of translation. We had also been exposed to some training and literature that told us that First Nations people have different communication norms. I have no doubt that both of those communications issues are relevant. However my mentors had no difficulty communicating with me and knowing that I understood them. What they taught me varied considerably from the assumptions that had guided my clinical practice.

I am now aware that there is a sweep of history that is both broad and deep that profoundly impacts the relationship between First Nations people and professional health care providers. In fact the impact of history reaches beyond health care to all of the institutions of government that provide services to First Nations people in their daily lives.

As you read the narratives you learned of the displacement of the Cheslatta First Nation from their traditional territory in 1952. The government of British Columbia and Alcan Aluminum Limited decided to damn the Nechako River and flood Cheslatta territory in order to generate hydro-electricity for the Alcan smelters in Kitimat. The displacement caused great hardship for the Cheslatta people and my mentors include some of the survivors who lived through that experience. Although none of my mentors

mentioned it directly in the narratives, in other conversations with them and with others at the band hall and with the Community Health Representatives, the displacement and the ensuing hardships are blamed on officials of Alcan and the Department of Indian and Northern Affairs who deliberately used deceptive means to achieve the displacement without negotiating adequate compensation or reasonable notice.

The narratives of my mentors also included accounts of poor care and education in residential schools which they attended, disrespectful treatment by police during a traumatic event and health care episodes in emergency, acute and long term residential settings that from the perspectives of my mentors, were characterized by indifference and disrespect on the parts of care providers and mistrust on their own part.

More poignant to me than their accounts of events both large and small were the deeply moving accounts of surviving terrible personal traumas. The history of events provided a powerful context within which to hear and begin to understand the personal impact of their traumas. After Casimel told about surviving the displacement of his community in 1952, his wife Mabel described the unimaginable personal horror that they experienced when their son Ronnie, his wife and their two young children disappeared in 1986 and have never been found. How two people could survive two such events in one life time is unfathomable but the reality of their survival and healing is a tribute to the capacity inherent in their community and culture. The events of 1952 and 1986 had the common feature of sinister forces in the larger society attacking and devastating First Nations people in a sudden and unexpected way. My own visceral reaction was that if I had experienced even one of those events I would never feel safe in the world again. I would certainly never again trust the institutions of society to protect me.

Both they and the others, however, not only survived multiple and extreme traumas but demonstrated spiritual growth and resilience as a result of their survival and healing. Their spiritual maturity was evident in their genuine ability to forgive those who had offended them but also to reach out to others with love and healing. This spiritual maturity and generosity is interwoven in many of their accounts with the practice of the potlatch and the very foundation of the potlatch is reconciliation and forgiveness.

It became clear to me that my mentors were teaching me that health professionals must understand this broad history because they as a people have no good grounds to trust any institutional provider of government services.

Perhaps most surprising to me in view of the forgoing historical perspective was that my mentors were still able to credit and appreciate the good work of some teachers, nurses and police who did provide good service. The narratives provided me with grounds for hope that effective collaboration in health care delivery is possible with First Nations people if we are able to learn the lessons that they teach us from their historical perspective.

An historical perspective was not the only thing my mentors taught me. They also taught me that I had failed to recognize the strengths and resources that they possess as individuals, families and communities; and that as a health care provider, in failing to recognize those strengths I had consequently failed to collaborate effectively in helping them mobilize their strengths when those were most needed.

The strengths that my mentors introduced me to were the cohesiveness and support that they provide for each other as members of a kin based community. The potlatch and clan are interwoven throughout their accounts not only of how they cope

with health care crises and other tragic events but also in every sense how they find meaning, hope and satisfaction in their lives. One of my mentors, Casimel Jack, enjoys hunting and other traditional activities but his enjoyment goes far beyond the personal manner in which I enjoy those activities. Casimel's passion for helping the younger generation acquire hunting skills is integral to his own enjoyment of hunting.

Similarly, within the supporting web of clan and potlatch my mentors awakened me to the passion they all have for supporting each other in times of great personal need. As elders they have reclaimed their role as healers but that role is not the individualized role that non-native health providers hold. In most non-native society in Canada individuals adopt healing roles for themselves that are not grounded in a culturally integrating framework like clan and potlatch. Thus one family member might be a member of a self-help group while another member of the same family has a religious affiliation. In a time of crisis both might draw practical, emotional and spiritual sustenance from these separate sources while at the same time trying to support each other. Among my mentors as well there was a diversity of affiliations. Some are devoutly religious in one or another Christian faith and others are not. All, though, participate in and provide mutual support within their families and communities through clan organization and potlatch practice.

The original question I had that led me on this journey was to understand why the Carrier people served by Prince George Regional Hospital immediately attended in such large numbers and with such diligence and self-sacrifice when a community member passed away in hospital. My mentors taught me that the answer lies in the strength and growing renewal of their clans and the practice of potlatch. Hospitals and health

providers can do no better than to ensure that this growing strength is understood and respected in substantial and practical ways.

I will now comment on the meaning I took from what each of my mentors had to say.

#### *Casimel Jack*

Casimel shared a well prepared with the others and me, and to contribute to the project. All members were fully aware of, and had expressed full support for, the project goal of helping hospital care providers better understand what Carrier people experience when the death of one of their loved ones occurs in hospital. I was expecting my mentors to speak of events that were specific to that experience. Casimel began by launching into an historical narrative that went back to before the Cheslatta were displaced from Cheslatta Lake, that is, more than fifty years ago. The way he spoke gave evidence of considerable forethought but, at the time, my only thought was that he meant to provide some cultural and historical context and would “get to the meat of the matter” before long. In my preliminary conversations with him I had found him to be a thoughtful and perceptive man, with sharp mental acuity, not someone whose mind would simply wander off in reminiscing about the past. In retrospect it is clear to me that this was the point at which my mentors, in their wisdom, began to shift the focus of my inquiry to a broader understanding of their history and strengths.

By the end of the interview I was beginning to get a sense of the unexpected direction that the project was going. For the Cheslatta and related bands, history is more than a context in which to understand grief and loss. It is immediate to each and every experience. I cannot know whether my other mentors were influenced by Casimel’s

example. Others certainly took a less broadly historical approach. What was apparent to me after that interview though, and was confirmed in the narratives of the other mentors, was that for these Elders, how they experience grief and how they perceive those who have a professional duty to care for them during times of grief follows a continuous and uninterrupted pattern to the present day. The death of a brother at residential school, the experience of the flood, the traumatic aftermath of accidents, suicides and economic hardship was punctuated with a complex range of interactions with non-native people and their institutions, and a strong network of kin support.

Casimel, however, did not start his narrative with accounts of hardship and victimization. He recalls a time when he and his people met adversity with resilience and independence, and were guided by the traditions of potlatch and clan.

Few non-native people can recount a time in living memory when they had to cope with the death of a small child in a road-less and remote wilderness setting and without access to modern health care. Casimel's account of the death of his baby brother at Cheslatta Lake is not, however, marked by any sense of complaint towards an unresponsive health care system. The child received the best care the community could provide and was obviously loved, as evidenced by the costly and painstaking observances that marked his passing. Casimel did not blame anyone for the fact that the priest was unable to attend. The family's devotion to their Roman Catholic religion was simply tempered by pragmatism. In his later account of the death of another brother at Lejac residential school, a priest was similarly unable to attend in the winter but prayers were said at mass in Burns Lake. It's important to note though that Casimel's family never failed to mark the deaths of their kin within their potlatch system.



It is difficult to assess whether or to what extent the Carrier people were assimilated into the Roman Catholic church on a voluntary or involuntary basis considering their residential school history and the long collusion of the church with powerful institutions such as the Department of Indian Affairs and the Hudsons Bay Company. By his account Casimel seemed to present the view that his people were independent in his early years and that their association with the church was voluntary. There wasn't even a hint of dissonance in combining Roman Catholic funeral observances with the practice of potlatch. When I had the privilege of attending a potlatch three years ago at the nearby and related Carrier community of Stellat'en, the parish priest was present. The Carrier people of Cheslatta had integrated Roman Catholicism into their world of meaning along with pre-existing beliefs that include the potlatch and the care of those who are passing on as well as the loved ones who remained.

The institutional Roman Catholic Church which, in alliance with the state, sought to assimilate them by means of the Lejac School, was effectively resisted. Casimel's parents pulled him out of Lejac after the death of his brother. Casimel himself perceived that Lejac school was offering him little of value, teaching him only how to do farm chores without adequate compensation (long hours of menial labor for meager rations and ineffective medical care resulting in exposure to tuberculosis for Casimel and the death of his brother from unknown causes) and without access to academic education that he and all my mentors held in high regard as desirable for their children and grandchildren.

Casimel, by his own account on returning from Lejac said, "I didn't learn very much. When I came home I learned our way. I learned how to trap, hunt, and when I get

little older, I started to stick around white people who taught me a lot.” On his own terms he combined aboriginal and non-aboriginal means of making a living.

What struck me as a hospital health care provider was that our work doesn’t prepare us to appreciate the functional independence of First Nations people in their own communities. We don’t see the relaxed confidence I saw in Casimel. We are more likely to see patients whose independence is obviously quite compromised and family members far from home who are coping under stressful circumstances.

I reflected on the economic and social independence of the Carrier people during the time that Casimel described and how significantly that contrasts and conflicts with their current relationship with the health care system. In describing the potlatch Casimel emphasized how carefully they adhered to very strict practices in organizing and participating in a potlatch. The cost was great both materially and in the effort expended but the Carrier people were able to provide all that was necessary. Their loss of social and economic independence is manifested in their reliance on government health care policies and procedures to which they must conform in order to access services.

In his account Casimel articulates the complex wisdom and tenacity with which his people made the difficult choices of adapting to changing circumstances and opportunities. In spite of his own terrible experiences of non-native health care and education at Lejac, he continued to seek out those within the non-native community who had something of value to teach him. He continued to seek medical help when necessary. He assigned responsibility for alcohol abuse to himself and his community and has demonstrated that personal and community strengths can be harnessed to overcome this problem. If the displacement of 1952 had not occurred and the community had remained

in a remote location their health and social well-being would have been affected by lack of access to basic services that they now value. At the same time Casimel points out that the change in lifestyle and access to modern amenities has impacted community cohesion and the strength enshrined in the Potlatch and traditional knowledge that their members most desperately need.

Only recently have efforts been made to consult and collaborate with First Nations in Northern B.C. to plan health care services that reflect their unique needs. Understanding the potlatch as Casimel describes it, helps us understand the cultural loss his people experience when death occurs in a hospital. As soon as a community member passes away the community as clans begin an intensive organization of funeral and potlatch activities. However when someone dies in hospital far from the community, this process may be suspended while awaiting the completion of an autopsy or other administrative and investigative procedures. Then the deceased must be repatriated to the community. This requires the people most responsible for organizing the potlatch to be away from the community expending time, energy and resources. Casimel notes that the practice of the potlatch has become a lot less strict and this may be related to the necessary compromises that they have made with contemporary public institutions and in particular hospitals.

Health care providers may ask why such cultural losses resulting from adaptations to life in contemporary society are significant since most cultures in Canadian society have had to adjust in various ways. To answer this we need to understand the role of the potlatch in binding the community together in a cohesive way. Community cohesion provided by the potlatch has enabled the Carrier to survive and thrive. Casimel notes that

the potlatch requirements need to be more strictly observed for someone with a name. Names are inherited by people whose families have leadership roles in the community and to maintain the use of and respect for a name the named person needed to carefully discharge their responsibilities in the community and the potlatch observances are an acknowledgement of willingness and ability to assume the onerous responsibilities of leadership in their communities. The loss of adherence to potlatch observance thus threatens that most vital institution of Carrier culture which ensures continuity in maintaining leadership and community values. At this point in the history of the Carrier and other First Nations in northern B.C. any threat to social cohesion is a vital concern. The Carrier people are adjusting to devastating losses to their land and resource base in recent times. Casimel used every opportunity in his narrative to link the cultural strengths, found in Healing the Healers and the practice of the potlatch, to overcoming alcohol and other social ills associated with the loss of independence.

Casimel makes makes brief reference to the flooding of the Nechako reservoir by Alcan in 1952. He acknowledges that life is somewhat easier now because the displacement has brought them closer to various services. However it is significant that his narrative emphasizes the community practices that were maintained before that event and that life for his people since then has been characterized by loss of independence and trauma. He notes that there is more money in the community now but identifies this as something that reduces the quality of community life and the values inherent in the potlatch.

Health care providers caring for members of this particular First Nation community must understand the devastating loss that this community experienced in

1952 in order to be able to appreciate and support the healing that is still very much underway.

In the history of colonial attempts to assimilate the Cheslatta people, the 1952 flooding of their lands and communities is nothing short of apocalyptic in scale and effect. In that instance the government of British Columbia in partnership with Alcan, a private corporation, and in collusion with the government of Canada's Department of Indian Affairs, harnessed the hydro electricity generating potential of the Nechako River by damming it in order to produce aluminum. They can not even be accused of acting paternalistically towards the affected First Nations. They acted in complete indifference to the life and well being of the Cheslatta First Nation which they displaced. After the dam was constructed the land was wrested from the Cheslatta Carrier people fraudulently and by force, almost as an after thought. K. Buhler has exhaustively documented the political and economic history of the flooding (Buhler, 1998). Her information corroborates and is completely consistent with all references to the flood by my mentors. Casimel and the other mentors provide a living legacy of resistance and survival of the displaced people of the Nechako watershed more than fifty years after the flooding. The event is unprecedented in the history of colonization and attempted forced assimilation of First Nations people in northern British Columbia. Unfortunately it was itself a precedent for the subsequent displacement of the Sekani people at Finlay Forks when Williston Lake was created by the damning and flooding of the Peace, Finlay and Parsnip Rivers when the Bennett Dam was built at Hudson's Hope.

Previously in northern British Columbia, the principle agents of domination and control of the First Nations people, the Hudson's Bay Company and the Roman Catholic

Church, exercised their authority with some regard for their lives. Both organizations had some need for the continued existence of aboriginal people. The latter attempted to eradicate their potlatch culture and language but needed lives and souls to compete for religious hegemony in the emerging cultural heterogeneity that characterized BC's fast growing immigrant population, while the former needed them to gather furs and support their trade monopoly in northern B.C. Alcan and the interests it represented simply wanted them out of the way and nothing more. They were summarily brushed aside, disregarded and treated as disposable.

With the dam construction complete and the flood waters rising, an Indian agent and Alcan officials arrived without notice at Cheslatta in 1952. In the middle of a field they met the people from Cheslatta and in a terse exchange tried to induce them to sign documents surrendering the lands that were about to be flooded at one of their seasonal camps. Almost all refused. Undeterred and with the flooding continuing, Alcan sent in workers to destroy the Cheslatta village while the people were away. Their church, their homes and all their possessions were destroyed by fire. The people were left to wander in the area with little means of survival for years before finally settling in the Grassy Plains area. A haunting image of their displacement was the reported sightings of their graves floating on the newly made lake (Buhler, 1998).

The present Cheslatta band hall at Southside has a large meeting room, graciously provided by the Cheslatta Carrier First Nation, where my mentors and I conducted the taping of their narratives. The meeting room also serves as an historical archive. The walls are covered with historical photos and there is a well-organized map rack with many maps and other documents available for viewing. I was given the privilege of

browsing through all of these while I chatted with my mentors and other people employed at or conducting business at the band office. On November 3, 2004, Casimel showed me an enlarged photo of one of the land surrender documents of 1952 with an x where a band member was required to sign to consent to the surrender. Casimel said, as sources cited by Buhler confirmed, that the x on that document and the others, was forensically proven to be a forgery (Buhler, 1998). Forensic analysis revealed that all had been signed by the same person. The only logical deduction would be that the signer had an interest in accomplishing the surrender of the Cheslatta lands to Alcan.

It is imperative that health care providers understand that the colonization of First Nations people in Canada is a history of assimilation attempts as a consistent policy carried out by government in partnership with both government and non-government organizations. First Nations were not partners in these efforts but instead power was exercised over them. Assimilation policies were pursued for ostensibly paternalistic reasons, that is, to provide care for those deemed incapable of acting in their own best interests (Smye, 2004, pp. 147-148). If one can even put aside for a moment the gross injustice and indignity of a government agency acting in loco parentis for adults of sound mind, it is clear that the government of Canada did not exercise its constitutional responsibility to protect the interests of the Cheslatta people from the conflicting interests of the government of British Columbia and Alcan. This is relevant to health providers because health care organizations are direct agents of government in Canada. Throughout their history the Carrier people have had to deal with many organizations, both public and private, acting as agents of government in matters relating to criminal justice, land use, commerce, education, health and other matters. Government collusion

in the betrayal of Carrier interests has been a consistent thread in the historical continuum of those organizations, starting with the Hudson's Bay Company and continuing with the Roman Catholic Church, the Royal Canadian Mounted Police and a plethora of forestry, mining, fishery and hydro-electricity interests. Within this context health care organizations should not be surprised to find that they are mistrusted by the Carrier.

First Nations health directors in northern B.C. as well as First Nations community members speaking in public health forums have frequently expressed dissatisfaction with the rigid policy of physicians' offices with regard to medical appointment times. They identify the policy of punishing people for being late for or missing appointments as a significant barrier to health care for First Nations people who were often unable to get to appointments on time due to transportation difficulties. Mabel Louie, who is the Director of Health for Carrier Sekani Family Services which provides community health services to nine Carrier First Nations is among those who have spoken strongly on this matter.

Casimel makes a brief reference to receiving poor care in an emergency room as a young man. He perceived that care providers found him unworthy of care because of his alcohol use. This is a part of Casimel's account that should be especially instructive to hospital care providers. He related that as a young man he was run over by a pick up truck when he had been drinking. In the hospital where he was treated he says that he wasn't treated very well because he was a drinker. In a busy hospital emergency room it is hard to appreciate that beneath the unpleasant exterior of victims of apparently self induced traumas caused by alcohol use there is a person of profound potential like Casimel.

A unifying theme in Casimel's brief narrative of his own life is the social and



economic strength and independence of his people before the flood and the rediscovery of those strengths in the present. Sources cited by Buhler (1998) confirm the social and economic independence of the Cheslatta people before the flood citing their successful integration on their own terms into the emerging economy of the region while retaining their cultural practices. Despite the devastating effects on him and his loved ones of all that ensued after the flood, the rediscovery and renewal of their cultural strengths and way of life in the face of continuing adversities is now tempered by a measure of hope.

The project known as Healing the Healers has been a meaningful part of this renewal, according to Casimel. As a result of the work they have done together, Casimel is able to review the tragedies of his own life before and subsequent to the flood, deaths of many kin due to accident, alcohol use, crime and suicide, and find strength and resilience in himself and other community members which he can help to transmit to the younger generation. Not only has he experienced personal healing and recovery from alcohol but he sees that his healing was incubated and nourished by rediscovering and sharing with others his traditional way of life.

Casimel has a humble, cheerful and optimistic demeanor that masks an uncommon strength. Having survived the Lejac School, deaths of siblings, the flood of the Nechako, a life threatening accident and other personal traumas related to alcohol as a young man, Casimel recovered his sobriety and started a family. This hard won stability was swept aside by the devastating loss of his son Ronnie, Ronnie's wife Doreen, and their two boys to what community members and the police have strong reason to believe is the work of a serial killer. He returned to alcohol for a time but was able to recover again. This last recovery is impressive in light of the traumas that he and Mabel have

suffered and is a testament to their strength and resilience. Casimel clearly sees his healing and recovery in the context of his strong role as an elder who teaches others traditional skills and the potlatch.

Central to Casimel's account was the potlatch. He emphasized the community's ability and determination, in the face of great adversity and few financial resources, to make the massive investments necessary to discharge this duty. The two horses the family had to sell in order to finance the potlatch for the first baby brother to pass on, was a substantial proportion of their total assets. The sacrifice was clearly made without coercion of any sort but with pride of accomplishment in doing something of profound meaning.

It is beyond the scope of this research to explain the potlatch as practiced by the Carrier people. What is clear from Casimel's account is that the clans have provided and continue to provide strong mutual support to do right by the deceased and one another. A person from a tradition that does not practice potlatch may wonder what is served by going to seemingly extreme efforts and distributing large amounts of wealth to mark the passing of a family member. In Carrier culture there is no cheap way to demonstrate the value of a human life or respect for the contributions of the living kin. Any substantial efforts in community life are valued, and appreciation is demonstrated in substantial ways. I had to reflect on the ineffectual ways that appreciation is expressed or wrongs apologized for in mainstream Canadian culture as I have experienced it. Words are cheap but among the Carrier sincerity is expressed in substance.

The following day, November 3, 2004, when I met with the group again, Casimel asked for the opportunity to add a few reflections. It was during this narrative that he

described the event that I cited earlier in which he perceived that he was not treated well in a hospital emergency room because of his drunkenness. It is important to note that the point he wanted to make in this narrative was that although he had been served poorly by public institutions such as the hospital and Lejac school, he accepted full responsibility for the choices that he made resulting in his long dependence on alcohol and the tragic consequences for himself and his family.

He has emerged from the tragedies of his past with the strong vision and purpose to address the alcohol problem in his community. Like his friends among Healing the Healers, his approach to reducing alcohol and drug abuse does not involve preaching or moral condemnation. He is open about sharing his own experiences but his greatest satisfaction comes from passing on the Carrier language and potlatch tradition to younger community members and teaching young men the traditional Carrier skills of hunting and trapping.

Although Casimel stated the plain truth in describing a lifetime of betrayal, mistreatment and poor service from public institutions, he showed no lingering animosity towards non-native people and in fact warmly extended his friendship to me. In a later conversation on February 7, 2005 he told me that he and Mabel had received a call from the RCMP member responsible for the continuing investigation of the disappearance of his son and family. She had shown dedication in continuing the investigation over a long period. She phoned to tell him that she was about to be transferred to another community in B.C. but would remain active in the investigation. She also told him that she thought the police were close to identifying and charging the perpetrator. Both Casimel and this

police officer demonstrate that, history notwithstanding, it is more than possible for First Nations people and the public institutions that serve them to reconcile.

*Eleanor Skin*

Beginning with an intimate narrative of her earliest childhood memories, Eleanor introduces the listener to the rich and diverse world of her extensive network of kin and close family friends. Whether in this narrative or in casual conversation, it is clear that her love of her family is her life and she nourishes family as well as intimate others with her gentle faith, healing methods, especially those employed in support of those in grief, and her thoughtful and deliberate efforts to retain and transmit Carrier culture to the younger generation. She paints a picture of her early life, with family and friends close by and a vibrant community life set in a remote wilderness; in a time and place when it took four days to travel from Stellaco to Grassy Plains. At present, and including the ferry ride across Francois Lake, the journey can be accomplished easily in a couple of hours of driving. The land portion of the trip is entirely on paved highway. She regretfully contrasts her memory of community life with the present reality of a much less intimate community, one in which members are far less intimate, interdependent or even friendly. Her observations of contemporary life in her community parallel those of mainstream non-native communities throughout Canada and the western world. Paved roads and other elements of material security seem to be strongly associated with loss of community involvement.

Eleanor's account of moving from Stellaco to Grassy Plains demonstrates the strong bonds between the Carrier communities in the Lakes District. I did not query the reasons for the move and asked few probing questions. It seemed important to receive

what was given in the narratives and in casual conversation. Mabel Jack told me at a later stage in the project that the traumatic events that my mentors shared in the narratives were only a very small part of the multiple traumas in their histories. Even seemingly innocuous probing for clarity may uncover much pain.

Woven throughout her narrative are explicit references to Carrier language and culture; the importance of their cultural practices in sustaining her and her kin, and the need to renew and sustain those. Her story also achieves an unusual natural balance: memories of trauma and sorrow alternate, maybe not deliberately, with memories of joy and satisfaction.

Her description of the history of her life in family and community gives the impression of resilience and continuity built on a firm foundation provided mainly by her grandmother and herself. The intergenerational importance of grandmothers caring for their grandchildren is clearly evident. Strong continuities are evident throughout her narrative. She attended the Lejac school for just two years and credits the school with teaching her the Catholic religion in deference to her respected grandmother. Later in life, hospitalized for severe anxiety after a series of traumatic events, she remembered to pray as she had been taught at Lejac and experienced healing through it. Spending the rest of her childhood at home, she was immersed in the potlatch tradition and the foundation it provided for healing and sustaining the community. At Grassy Plain she attended regular public school and noted that although the language of the class room was English the students were free to speak their own language in the playground without any fear of punishment or recrimination. Consequently she enjoyed attending the school and the communication skills she learned speaking to her Carrier classmates in their

language. She remembered this in the context of recovering from a profound tragedy and the need for forgiveness and reconciliation at such times. Remembering how her parents and grandmother always strongly encouraged her to talk to people, and her life long enjoyment of conversation, she established a connection between her ability to connect with people through conversation in a relaxed and confident way and the means of achieving forgiveness and reconciliation. After the death of her daughter Roxanne, she had a strong feeling that a string of recent tragedies was related to unresolved conflicts that, with resulting grief and anger, were poisoning relationships in the families and community.

Eleanor was well cared for in her formative years; unusually so at a time when many community members were suffering abuse and robbed of their culture and self worth at Lejac school while at the same time the capacity of families to care for their children was severely compromised by economic displacement and resulting poverty. Her experience however is not an unimportant anomaly. It demonstrates the inherent potential that is integral to Carrier culture and traditions through intergenerational support provided by a network of strong Elders and community cohesion in the potlatch.

Eleanor also provides a unique glimpse of how the potlatch tradition was maintained. Her family home at Stellaco was used as a community gathering place for social events such as dances and for the potlatch. At Grassy Plain the home of Alexy Jack was known as Moccasin Hall where regular dances were held. The somber dignity of the potlatch contrasts with the exuberance and joy of the dances where people wore out a pair of shoes dancing all night. Perhaps the contrasting traditions provided a balance in sustaining the community. The potlatch has been maintained but the dances

are a memory. Perhaps this is reflected in Eleanor's sad observation that people in the present day community show less interest in socializing with one another.

The potlatch, though, is central to Eleanor's account and is clearly seen by her as the matrix and the means for the survival of the Carrier as a community and as individuals. Through grief and tragedy of unimaginable proportions the potlatch provides a structure within which the deceased are cared for, the survivors comforted and community members as clan have clear roles that are both formal and intimate.

Nothing prepared me for Eleanor's account of her daughter Roxanne's tragic death. From the perspective of my hospital experience, the untimely and unexpected death of a young person remains a stark and disturbing event. Very few bereaved people, even very spiritual or religious people, are capable of establishing a context in which to attribute meaning to such a loss. In fact grief counselors are carefully trained to not suggest to the bereaved that such a loss is anything more than loss. The way in which Eleanor recollected the event does provide a view of the cultural context in which death is experienced among the Carrier. From happy memories of Moccasin Hall she made an effortless transition to describing the most devastating of a series of devastating losses that she has experienced. She began with an expression of faith and hope, which she attributed to her Roman Catholic education but which is also grounded in the traditional beliefs of First Nations people in North America, that the loss of a loved one is temporary. Less than one year after the loss of Roxanne, she described the events surrounding the loss in the context of preparing for the potlatches of other dear kin who also recently departed. First she looks to the future, the imminent first anniversary of Roxanne's departure and her plans for the potlatch. She then recalls that just before she

lost Roxanne, the two of them were planning headstone potlatches for Steven and Rita. A year later the family is still planning for that potlatch but her role in that planning has shifted to elder advisor and as such she referred her family to the appropriate clan, the Bear Clan, while she took primary responsibility for planning Roxanne's potlatch.

The planning of the potlatches, past and present for these three loved ones is united in her recollection of Roxanne's powerful premonition. Almost a year ago Roxanne, who had been actively involved in planning for her Uncle Steven and Aunt Rita's headstone potlatch, began disclosing her premonition by advising Eleanor that she would neither be able to attend the potlatch nor contribute further to the planning and formally resigned her role by providing Eleanor with a list of items needed. That first disclosure, three days before her death, was reinforced the night before her death when she carefully packed up all her clothes and with cool deliberation and firm conviction instructed Eleanor to give them away as she would no longer need them. In a final act of strength, the young woman said goodbye to her young son, insisting that he not accompany her on her trip to Prince George but stay with Eleanor. Eleanor's recollected narrative, up to the point of Roxanne's departure from the house is embedded in the all encompassing meaning of family, clan, beliefs and potlatch and the love, responsibility, tradition and interdependence that binds all of these together.

The following part of her narrative however had a raw and jagged quality. Even as the tragedy unfolded she was surrounded by kin caring for her and Roxanne's children and she never forgot her own role and responsibilities, immediately giving instructions for her sons to be contacted and mobilizing other supports. Her most immediate responsibility though was to be with Roxanne. Love and strong tradition made her know



that she needed to see her and be with her but a modern institution that she knew she must compromise with and respect blocked her. She was forced to beg and beseech a policeman attending at the accident site to allow her to see her daughter, a privilege he granted with gratuitous insult and condescension, insisting that this honored matriarch assure him that she would be a “good girl”. It is a tribute to Eleanor’s own spiritual depth that she disregarded what was nothing less than a racist insult. In the unlikely event that a policeman similarly offended a non-native citizen in the midst of a tragedy he would certainly have risked formal reprimand and community censure.

In the immediate aftermath of the tragedy Eleanor’s memory returned to the familiar web of loving kin and her duty to care for those she loves. She found the strength to help one of Roxanne’s daughters cope with the extreme trauma on that same day and was herself cared for by many who came from near and far.

Reflecting on losses I have experienced through death I know that being cared for in a concrete and material way mitigates grief far more effectively than verbally expressed condolences. The reassuring presence of relatives in the home preparing food, maintaining the household and attending to the practical matters that must be addressed when one passes away, while not reducing the pain of grief, provides a grounding within which emotional healing can commence. The Carrier, as Eleanor’s account firmly demonstrates, have strived to maintain this practice.

As Eleanor is coming to terms with her grief from the loss of Roxanne she is developing a firm conviction that a key to helping herself, her loved ones and others to heal from grievous losses is through forgiveness, prayer and open friendly communication with all people. She finds so much joy in meeting and talking to many

people. In sharing her spiritual insights she isn't the slightest bit sanctimonious or intrusive but engages anyone she meets with relaxed humor and acceptance. I experienced her as absolutely genuine. I was amazed that her terrible experiences have not prejudiced her towards any class of people. She is a source of hope for those of us in the helping professions that, in spite of the many ways that public institutions have mistreated First Nations people, there are First Nations healers like Eleanor who are working to build a bridge of reconciliation.

After Eleanor signaled the end of the interview and time to turn off the tape recorder I asked the group if others had had similar experiences with police, ambulance and emergency room personnel in the midst of a tragedy. They were unanimous in emphasizing their deeply held conviction that when a loved one dies it is imperative for loved ones to be with that person immediately. They know that emergency responders don't seem to understand and often don't accommodate that need. I was impressed as before by their lack of animosity towards those who have failed to respond to their needs. Instead they assert the truth of their community's needs with humble dignity and are prepared to work proactively with those who are willing to work for improved services.

*Julia Morris*

Julia prepared to share her thoughts with us by composing them in writing beforehand and then reading her notes. What she in fact produced was poetry in free verse on the theme of her life with an alcoholic husband, his death and her conflicted grief, and her path to reconciliation and peace. My comment to her on a later occasion, that her notes, which she gave me, seemed to my untrained eye to be a well written poem and reflected a natural creative gift was met with a humble smile. During a subsequent

conversation Julia shared a bit more of her background with me. Her early years as an infant and young child were spent in the Millar Bay Hospital in Prince Rupert for treatment of tuberculosis. Prince Rupert is in the traditional territory of the Tsimshian First Nation and while being treated at Millar Bay Julia learned their language and maintained connections with them during return visits she had to make for checkups. Although separation from her family was a hardship her experience at Millar Bay was a contrast with the experiences of many Carrier people subjected to institutional life in which use of their language was forbidden.

Julia's life with her husband in the last stage before his passing was a time of tired stoicism for her. As he deteriorated and appeared to give up on life and any hope of recovery, she continued to care for him without judgment. But although she didn't judge him, she nevertheless described the appalling extent of his deterioration and degradation with unsparing honesty. He not only drank heavily but sniffed gas so that the whole house was consumed by the fumes. His personal hygiene became offensive and his mood was perpetually dark. Still she loved him and cared for him. Her comment that he "lost interest in going to the band office" hints at the extent of his loss; a man who was formerly active and interested in the affairs of his community reduced to sniffing gas.

What she described was a slow suicide. Although he took no deliberate action to end his life and was too tired physically and emotionally to fight his addiction and too tired in spirit to believe he could be helped, he must have known that the consequences of his behavior would lead to his death. Describing his death as a suicide challenges the assumption that people who end their lives are exercising free will. The view that suicide is always an act of free will places a terrible burden on survivors and is at odds with the

reality of addiction and frequently co-occurring depression, anxiety and other medical problems. His lack of moral culpability does not diminish in any way the trauma that she must have endured watching him destroy himself over an extended period of time.

In the midst of his wait for death they had a very poignant exchange. During a break in her daily domestic routines, that may have sustained and protected her emotionally, they were both resting in the living room when he asked, almost casually, “What are you gonna do? Are you gonna be an alcoholic?” The question, from someone who had given up on his own life, seems to express concern for her life and may recall a long and loving partnership. As such, it may reflect the extent of the loss to both of them and explain her refusal to surrender to despair or abandon him.

Her ambivalent reply is layered with meaning. She allows herself to consider any possible path at that point in her life. Maybe she could have given up as he had. Telling herself “It’s allowed” empowered her. She makes her own choices. At the point in time when he asked the question, emotionally and physically exhausted, surrendering to the same oblivion as he was may have seemed more than tempting. By giving herself the freedom to think the unthinkable and to exercise that option she also gave herself the freedom to choose the time and to consider other options. What she chose would be considered a harm reduction approach by clinicians in the field of addictions counseling. She cut back on her drinking but allows herself to smoke. The way he framed his question validated her power and value as a human being, expressing both concern for the effect his own illness was having on her and at the same time confirming her ability to make choices for herself.

This poignant encounter and Julia’s reflections on it provide two lessons for

health care providers. For a woman who self deprecatingly describes her expressed thoughts as “twenty five cent” language she demonstrates extraordinary insight and ability to care for herself and others in a sophisticated reconciliation of conflicting needs and realities. Health care providers who can learn to communicate effectively with patients and their family members such as Julia will discover resources in the form of knowledge and life skills that can be mobilized to achieve much better clinical outcomes. The second lesson is the value of a life. Her husband had accepted his own impending death and was able to reach out and express his concern for Julia in a way that valued her and encouraged her to take care of herself.

Care providers, especially those in emergency medicine, often express frustration when called upon to care for patients whose illnesses are a result of addictions and other self destructive behaviors. Such patients are sometimes regarded as less worthy of care than others. In fact Julia demonstrates conclusively the value of caring for someone like her husband. Although caring for him was a painful burden, doing so prepared the way for her healing and spiritual reconciliation with him after he passed on. If he had died earlier that may not have been possible and it certainly would not have been possible if he had died alone and away from her.

Julia thus provides a powerful lesson in the value of caring for someone who cannot overcome an addiction but who may be able to contribute to the healing of others close to them. Caring for those who have failed to overcome addictions can reduce the trans-generational cycle of addictions that often occurs when survivors don't have the opportunity for reconciliation that Julia had through being with her husband and caring for him.

His illness did affect her. In spite of their former life together and the vestige of care and concern he expressed for her in that exchange, he did project guilt onto her and caused her to doubt her own perceptions and complicated her grief after he passed away. While this may not have been his intent, it reflects his own addiction fueled cognitive and emotional distortions. She did, however, prove her own remarkable resilience and regain her bearings as a result of her participation in Healing the Healers and the mutual support she and others experienced.

At least as significant a factor in her healing as participating in Healing the Healers was the way she observed the second anniversary of his passing. She placed flowers on his grave and prayed for him. She didn't say, in any self-analytical sense what this signified to her but clearly she was honoring his life and memory and her enduring love for him. Doing so enabled her to receive a liberating message from his spirit thanking her and advising her to carry on with her life and be free of the confusion she suffered during the final difficult time before his passing.

Julia credits other members of Healing the Healers with being her "brains" especially by interpreting for her the "big twenty-five bucks language" spoken at workshops they attended. Interestingly though neither Julia nor other members complained about or devalued the workshops. Obviously the speakers could have done a better job of finding more accessible language but the fact that Julia valued Rita's interpretation shows that she valued the ideas if not the language used to communicate them. It is also significant that they found within their own ranks the means to access the ideas behind the language. Health care providers should be encouraged by this. Many of us are concerned about the need to communicate with First Nations patients and others in

a way that is more accessible to them. Sometimes this is a formidable task and may even seem impossible due to the need to transmit complicated technical information accurately.

Julia seems to argue in her narrative that within their community they can and will find the means to translate and that after taking reasonable measures to communicate in plain language there is no need to fret. The important thing is to ensure that patients have access to friends and family during their care and especially during conversations when critically important information is being discussed with care providers. This strategy should help make it possible for care providers to relax when caring for First Nations patients and let rapport grow naturally.

Julia not only recovered from her grief and a brush with addiction but now firmly holds a place as a healer in her own community, intervening to support people at risk of self harm. The traditional healing methods that she learned at Ormond Lake from Frances Johnson and others can be complementary to and not incompatible with more medically based mental health care. This is particularly so in northern B.C. where psychiatry and mental health services have, in the past, served First Nations people not only poorly but simply not at all. I have discovered this in the last two years in my role of developing mental health services across the area served by the Northern Health Authority and starting the slow task of establishing collaboration between NH mental health services and First Nations communities for the first time. In doing so I, and those working with me, are recognizing that cultural learning by professional mental health care providers is as vital in establishing these linkages as any knowledge or skills that we can impart as care options for First Nations people.

As a health care provider Julia's narrative makes me regard the health care resources I can provide with humility. Consistent with other narratives and cultural practices of the Carrier people, her husband's biological death was not the end. That meant that the complicated and unfinished business he left behind in his relationship with her could be mutually resolved two years later. Care providers who do their work but lack a cultural learning perspective will see only what is before them at the time; a tragic and complicated death of someone who was overcome by an addiction and an exhausted spouse who some would judge as being "codependent". The whole story that they may miss though is one of healing and reconciliation for both Julia and her departed husband.

*Mabel Jack*

Mabel began her narrative by describing the circumstances of her mother's life and care in hospital and in an extended care facility in Burns Lake before she passed away. It is clear from her account that the family trusted neither the Pines (the extended care facility) nor Burns Lake Hospital to provide good care for her mother. This lack of trust was manifested in the enduring suspicion felt by the family that her mother's injury, illness and ultimately her death were a result of poor care. It is clear also that the hospital and care facility lacked the ability to collaborate effectively with this family to formulate and carry out a care plan for her mother or to hear their concerns and to resolve them in a manner satisfactory for the family.

Mabel did not identify a single staff member by name, possibly indicating the lack of a primary nurse or social worker responsible for maintaining continuity of care through integrated care planning in liaison and collaboration with the family. Their mother's loneliness was a source of much anguish for the family and also reflects a deficit



in the quality of care provided. I have no idea what recreational and social programming may have been provided at the Pines during the mother's stay but it clearly did not meet her needs.

The principles of psychosocial rehabilitation require that care plans for residents of any health care facility address all the human needs of a resident and that the care provided be based on a comprehensive assessment (Hughes, 2000). Mabel's narrative shows no evidence of care being provided to her mother to ensure that her social, cultural and spiritual needs were met. Planning to address the social, cultural and spiritual needs of a resident must be specific to the individual care needs identified in a psychosocial assessment. Mabel's account demonstrates why it is not sufficient to provide social and cultural programs that a resident may participate in. There may well have been such programs at the Pines but for Mabel's mother those did not include a means to acquire meaningful companionship, including conversation in her own language, or even a diet that reflected her cultural needs.

Mabel's stated concerns regarding her mother's care would certainly have been significant in a non-aboriginal context as well. However, by beginning her narrative with her mother's relatively recent experience she provides the means to connect contemporary health care of First Nations people in northern British Columbia to a broader historical context as well as to a personal context which is consistent with the narratives of my other mentors as well as with accounts I have heard from other First Nations people in northern B.C. It is this broader personal and historical context that health care providers need to appreciate if they wish to regain the trust of First Nations people.

Mabel challenges the listener to understand how much Elders are cherished in her community and why. While her mother was at the Pines the family made tremendous efforts to participate in her care by bringing her the food she liked and visiting her. The geography of northern B.C. imposed practical limitations though, that are common to many First Nations when their loved ones require care in a facility. At the same time Mabel acknowledges that her community needs access to facility care for their Elders as much as, and for the same reasons as, non-aboriginal people. Her mother knew that she needed to return from home visits to the Pines, in spite of her loneliness there, because she knew that she needed that level of personal and medical care.

Mabel reflected on the key role her mother had played in the lives of her family and community as a respected healer, midwife and teacher of traditional healing and other cultural practices. Her mother was of the generation that lost the most when their community was displaced from Cheslatta Lake in 1952 by Alcan. In the prime of her life at that time, and still raising a family, she and her community were forcibly dispossessed of the land and land based activities such as fishing and trapping that had sustained them. She was one of the few members of that generation who did not succumb to the trauma of the displacement and played a vital role in maintaining cultural continuity by practicing and teaching traditional skills as much as possible. As such she provided a vital cultural bridge between the past and the future for the Cheslatta people. To be again dispossessed of her culture and community during the final stage of her life must have been especially hard when viewed in the context that Mabel described.

Mabel then described the circumstances of the disappearances of her son Ronnie along with Ronnie's wife Doreen and their two young sons, Russell and Ryan who were

age ten and four when they disappeared on August 2, 1989 ("Vanishing Act," 1992). This is a tragedy that connects many families and communities along Highway 16 in northern B.C. where a large number of young women have disappeared over the past two decades amid overwhelming police and public suspicion that the disappearances are the work of a serial murderer. The disappearance of Ronnie's family is the only case in which an entire family has disappeared. The family did include the presence of a young woman. The horror of this tragedy is unimaginable as is the impact that it would have on surviving family members. Mabel's account leaves no doubt that although she wants to see them alive again, she knows that she has lost them. However she had a very strong bond with Ronnie before he passed away and that bond remains strong as he remains with her in spirit.

The account of the disappearance of Ronnie and his family in Mabel's narrative is significant in a number of ways. It helps us understand once again the magnitude of the tragedies that have been experienced by First Nations people in northern B.C., experiences that they bring with them to any new experience of loss and grief that they may suffer and where we as health care providers may encounter them. The compounding effect of such accumulated tragedies can impact a family for generations as it has in many First Nations communities (Yellow Horse Brave Heart, 1998). Mabel and Casimel, by their example, demonstrate that First Nations people who are able to draw on personal and community strengths can heal enough to break that intergenerational cycle. As Mabel herself stated, no one can be expected to ever fully recover from such a devastating tragedy. At the same time though she provides an example and a path that

others can follow. Not only has she not succumbed to her grief but she has gained an uncommon strength that sustains her commitment to healing within her community.

Of further significance is the initial reaction by the police to the family's report of the disappearance. It was more than a month after the initial report that the police began to investigate the family's disappearance. This experience by this First Nations family brings the historical thread of the indifference of government agencies into focus, be they health, education and social service ministries and police forces or by proxy, through private commercial interests, such as the Hudson's Bay Company and Alcan or religious bodies such as the Roman Catholic Church. None of these agencies could have operated in conflict with First Nations interests without the legal sanction of government. The same family had members mistreated in a residential school, were later displaced from their land by government complicity with private interests, had ongoing instances of health care providers seeming indifferent to their needs and then the failure of the police to respond adequately to their most extreme tragedy. Such experience can only perpetuate a lack of trust in public institutions within their community.

Current health care providers cannot expect that this unbroken historical thread of experience will not be carried into their present professional interactions with this family and other members of their community or with other First Nations communities. Breaking this thread and establishing a trusting relationship will require sustained collaboration with First Nations. The willingness of Mabel, Casimel and my other mentors to engage in reconciliation with helping agencies is readily apparent and quite remarkable. As indicated in Casimel's narrative the family did establish a good working

relationship with the police investigating the disappearance that has continued to the present.

A final significant lesson to be drawn from this is the importance of understanding how traditional healing and spiritual care are vital to recovering after grief. Mabel was able to access such care through self-care in the form of prayer, drawing on what she learned from her mother and others earlier in her life. She also received spiritual care and support from Evelyn Tom who is an Elder to her as well as from her peers in Healing the Healers. She is comforted by the spiritual presence of Ronnie himself. At Ormond Lake she received effective spiritual healing from a First Nations traditional healer. She also chose not to use sedative medication prescribed for her by her physician when she was in grief. She did not say that it was wrong to offer her this prescription but it was not the right choice for her and she had other more effective options that she used.

Health care providers can work effectively with First Nations people if they are willing to offer medical care along side of and explicitly respecting traditional healing and other First Nations cultural practices. It is also vital to offer treatment options politely and not lecture or adopt an argumentative stance if professional advice is declined as such tactics are contrary to the cultures of First Nations peoples.

Julia Morris's comments at the end were interesting. Mabel had described the grief healing techniques of Frances Johnson, a traditional healer who incorporated a Roman Catholic blessing and holy water into the healing process he used at Ormond Lake. Many Carrier people including my mentors in the group are practicing Roman Catholics who also practice or respect the practice of Potlatch, smudging, the sweat lodge

and other eclectic practices. In conversation they emphasized that respect for diverse beliefs within their community was so important that they were uncomfortable with describing anything, even the Potlatch, as a Carrier tradition but instead advised me to refer to these things as cultural practices.

However Julia's reference to "bullshit Christians" refers to some community members who have joined Christian denominations which teach them to speak out against cultural practices that they consider to be contrary to Christian beliefs. Julia and the others, in conversation with me after Mabel completed her taped narrative, discussed how such Christians cause divisions within the community. This they consider highly offensive.

The respect for diverse individual beliefs within their communities has been described in research as a strong attribute of Dene communities in western Canada and Alaska (Scollon & Scollon, 1981). It is important that health care providers, who have been diligent to learn about First Nations history, culture and beliefs remember to not make generalizations and assumptions about individual First Nations people whom they are serving. What is important is that health care providers respectfully offer health care choices to First Nations people and work with them to enable them to concurrently maintain other cultural practices while receiving modern health care. Just as my mentors do not find Christian beliefs and their cultural practices mutually exclusive, they also find no reason to categorically exclude modern medical care from their cultural practices.

*Nancy Charlie*

Nancy's narrative is a very intimate account of life changing events in the life of a very spiritual woman. The narrative is loosely chronological. Events separated by many years are juxtaposed and connected with threads of meaning.

A hospital care provider may be inclined to view this narrative as an indicator that hospital care is not a particular problem for aboriginal people. Nancy did not complain about her care and in fact appreciated the care she received there and the counsel of her physician. It appears that Nancy did receive good care and was able to trust her care givers. It is also a mark of Nancy's spiritual maturity that she thinks little of herself since the transformative experience she had when she was at the point of death.

Her narrative provides much hope for care providers helping First Nations people. She represents strength and a resource in her community that is available to be mobilized to support institutional care when that is necessary. I know that I didn't spend enough time getting to know the quiet Elders who visited hospital patients and I failed to encourage, support or facilitate their participation in patient care.

Her narrative makes clear that she endured many traumatic events in her own family and did not succumb to hopelessness or cynicism but became deeply committed to a ministry of healing. Her lack of expressed grievances about hospital care should be viewed as an opportunity for partnership and cross cultural bridge building that should not be wasted. It should not be viewed as cause for complacency.

Nancy's narrative begins with the fond memory of her late husband Toby and how they were betrothed in spite of family opposition and with a sign of predestiny leading to life long mutual devotion. Within a year of their marriage he was crippled for

life by a gunshot wound in 1960, an event that would be egregious in most communities in Canada. He recovered and continued to work but struggled with a drinking problem for the rest of his life. In his later years he accompanied her to many prayer meetings before passing away in 1997. In 1976 Nancy almost died from pneumonia, experienced a life changing vision at the point of death and then recovered miraculously.

The way Nancy structured her account is a lesson to those in health care, that First Nations patients may have experienced unimaginable challenges before an acute episode brings them to hospital. And furthermore, their survival of past traumas may bestow on them both unusual strengths and specific care needs. They need to take time to listen to such histories and further, to take the time to understand the meanings that the patient ascribes to past experiences is of paramount importance.

Could Nancy's epiphany of death and divine deliverance be an allegory for her people as well? Like others in the mentor group she has experienced an incredible amount of trauma in her life. The lowest point in her life, when she experienced near-death, became the point of her spiritual awakening. Since then she manifests a consistent humble purpose which is to share her faith and her life with others in her community through gifts of prayer and healing. I found it interesting that while she was in the midst of this extremely profound experience no one, and especially not her care providers, was aware of what she was experiencing. Perhaps she would not have been ready to share this with others at the time. Even if she had been inclined to share her thoughts such an opportunity for cultural learning from a patient would have required an investment of time on the part of a care provider that may not have been possible in the hectic



environment of an acute care hospital. Nancy demonstrates that for those who can find the time to invest, the dividends in the form of cultural learning can be very substantial.

Her account of what she experienced in her spirit when she was at or past the point of death was accepted and respected fully by her fellow mentors who were listening. At no point then or at any other time did anyone in the group ever express an opinion about the validity of what she was describing. Then, as always, there was never a hint of controversy or even debate. Both during the sharing of the narratives and at other times I shared with my mentors I was struck by the lack of argument and controversy. Friends and family in this community do not casually pass the time engaging in debates of a mutually exclusive nature as seems to commonly be the case in non-native society. Instead there was a genuine reverence for any thoughts shared. This reverence for the expressed views of others seemed to be a defining characteristic of my mentors and is certainly the ethic of the potlatch. I reflected on what I had observed over the years in the hospital when I had been there to provide support to family members from the Carrier communities when they came to be with a loved one who had just passed on. Often those closest to the deceased would address him or her and deliver a heartfelt message in a strong and articulate voice, without even a trace of inhibition, secure in the knowledge that they were respected and supported in doing so. This was, in my experience, rare or non-existent among non-native families at the bedside of the deceased.

Nancy may appear to non-Carrier people to be so devout in her Roman Catholic faith that she has separated herself from the cultural practices of her community. Even in this short narrative she makes it clear that is not the case. She counts among the

advantages of widowhood the freedom to socialize and that includes going to potlatches. She also made it clear that she deeply values her membership in Healing the Healers and the aboriginal healing practices she learned there. She thus, like others in the group, defies the conventional categories that seem so much more rigid in non-native society where conformity to group norms is expected and reference group identity casually assumed and enforced at a very personal level. Those in health care who assist the grieving family members in hospital may thus assume that there are divisions in a Carrier family where none really exist. What does appear to be common among the Carrier is a respect for diversity. Nancy's dedication to prayer and spiritual healing is common to both her Catholic Christian faith and Dakelh tradition.

In recounting some of the tragedies in her life Nancy disclosed that family members weren't there to support her. When she had pneumonia and passed away Toby was drinking. Nancy mentioned that detail without any anger or judgment of him. Other mentors in the group mentioned similar experiences. Observing situations like this in which aboriginal people do not receive support from family members sometimes leads health professionals in hospitals to make harsh judgments of aboriginal families and communities. Listening to Nancy's narrative I, like her, experienced no harsh feelings towards Toby. In the course of his life he in fact demonstrated uncommon resilience in being able to work, however sporadically, and maintain a connection with his family after the violent trauma and permanent disability he fell victim to as a young man. Many in non-native society might believe that Nancy should have left Toby because his drinking prevented him from fulfilling his role as a husband and father.

Knowledge of the notable highlights in the history of her community including the flooding of the reservoir by Alcan in 1952, the effects of residential school attendance, the loss of economic independence and resulting extreme hardship helps us to understand that simple solutions to family problems would have resulted in most people in the community being isolated from one another. It would have meant the death of the community.

It is difficult to see how health care providers can care effectively for people from such backgrounds if they bring with them to each encounter their own middle class Canadian values as a frame of reference. It is of course appropriate to assist someone leaving an abusive relationship if the client defines it as such and is ready to take such action. This was not the case for Nancy. She was proud that she and Toby “did pretty good. We didn’t break our marriage”. In their later years his recovery rewarded her forbearance and wisdom.

Although she loved Toby and cherished his memory she also made it quite clear later in her narrative that she valued remaining single as a widow. She expressed a different view at the beginning of the narrative, feeling that being a widow gave her a heavy burden of responsibility in her family. However she also appreciates that her independence allows her to pursue her vocation as a healer.

Of course having ambivalent feelings about a major change in the circumstances of one’s life is not uncommon and quite understandable. I thought that in making this disclosure she provided a cultural bridge to non-native people. Many people, and particularly women, find a new sense of freedom and purpose after the death of a spouse or after a divorce and, as a result, experience a painful sense of ambivalence during the

process of grieving and adjustment to their new life. Nancy had reached a point at which she was able to both honor Toby's memory and appreciate her new life. The sharing of her narrative may have occurred at the point in her life at which the value and meaning in her new life did not eliminate the hardships of widowhood but more than compensated for it. In describing this adjustment she strikes a chord that may resonate with others in similar situations. This is worth noting as her experience is not unique to her own aboriginal community. For health care providers it is an indication that aboriginal people are not so different that one can't find common ground in the shared meaning of life events.

A growing number of health care providers are becoming sensitive to the needs of aboriginal people but many express fear of interacting with them for fear of saying the wrong thing. This fear renders them as ineffective in providing appropriate care and support as others who display a total lack of cultural sensitivity.

The story Nancy told about "the Frenchman" Fred, a guest in her home, demonstrates that her compassion and generosity extends beyond the Carrier community. Fred's personal tragedy is not grounded in the historical traumas and injustices suffered by the Carrier people but Nancy was touched by his suffering and nurtured him maternally as she would a member of her own family. There is a need to devote more effort to engage First Nations people broadly as effective allies in building more caring communities for both aboriginal and non-aboriginal people.

#### *My Reflections on the Group Discussion*

After all my mentors had given their narratives I asked if they would allow me to interview them as a group so that I could ask them some questions in order to provide me

with a clearer understanding of potlatches, funerals and other cultural practices that occur when their kin pass away.

They once more redirected the process away from an interview format and instead presented further narratives. They also redirected the content of the narratives away from providing general descriptions that would define the cultural practices of their community and instead described the diversity that exists in their community and the uniqueness of each situation.

My error was one that is common among the health professions. We tend to seek algorithms and general definitions that will guide us in our clinical practices. My mentors wisely forced me to look at the uniqueness of each life situation. They had advised me previously that no one can define their Carrier culture and traditions and now, once again, they needed to steer me away from trying to do just that.

Casimel wanted to start by reinforcing the inestimable value of the Healing the Healers project by describing the history. That project provided a very unconventional path to healing and personal development for each of them. It made me reflect on the need to respect and collaborate with First Nations approaches to healing that are far from standard “evidence based” medicine that excludes all other approaches. These Elders went on a series of expeditions together, learned and participated in a variety of First Nations healing initiatives in their own tribal area at Ormond Lake and in far away places, developed strong ties of affection, mutual support and mutual affirmation within their group and developed the confidence and ability to develop effective networks with allies from other First Nations. As a consequence of the project they not only achieved an immense level of personal development that, I believe, is without precedent in

programs serving the elderly, but were prepared to achieve roles as healers and leaders in their community.

For Nancy, the joy she feels in her own personal development finds completion in the educational and vocational successes of her children and some notable success in transmitting First Nation languages to the next generation. She shared her joy in the successes of her children with humility in a way that would provide hope and encouragement to others in her community. Again I was struck by the way she could freely share her spiritual convictions and her joy in doing so was evident in her demeanor.

I was also struck by how motivated she is to maintain an incredibly active life. A have worked with many elderly people I have seen few as active as Nancy. This is all the more remarkable when one considers the traumas of her life that one might expect to leave at least a residual amount of depression which robs most people of energy and vitality, especially in old age. Nancy remarked that she was well cared for and protected as a child and that, no doubt, contributes to her mental and emotional well being.

When Mabel began to speak, and said she was going to talk about the hospital in Burns Lake, I was expecting her to speak in terms that were critical of that hospital's efforts to accommodate needs of her dying mother and the family. Of all my mentors Mabel had been the one who most consistently responded to my original research questions that sought to uncover a general lack of sensitivity in responding to First Nations families. That is not how Mabel chose to respond in this instance however. She chose instead to celebrate the role of the clans and the dignity of the potlatch and the great cost and personal sacrifice at which it is maintained.

## Chapter Six: From the Healers to Health Care Providers: What They Taught Me

### **Lesson one: The importance of the potlatch**

**An all encompassing strength of the First Nations served by Carrier Sekani Family Services is the system of clan and potlatch that provides a thread of survival and celebration of their shared life in their historical narrative as a people, provides a matrix for personal healing and cultural renewal in the present, and a cultural framework for community development to look to the future with confidence.**

I found it fitting that Mabel's was the last of the narratives that I formally recorded for this project because it helped me to finally appreciate how clan and potlatch can transcend death and leave a memory of joy and interconnectedness, even when death occurs in hospital. The clan members began discharging their duties before her mother's death was expected, providing food for those in attendance at the hospital. After her mother did pass away Mabel ensured that hospital staff accommodated the family's need for her mother to remain in her room for a day until all family members had a chance to be with her before taking her to the morgue. The potlatch was carried out with painstaking reverence for the life of the deceased matriarch leaving memories of happiness and anticipation of a further potlatch to dedicate a headstone. Mabel's account bears witness to the success of the Carrier people in overcoming the traumas of their past and reclaiming the heritage of clan and potlatch.

### **Lesson two: Understanding the respect for diversity in a First Nations kin-based society**

**First Nations people are all part of families and communities with a collective culture and history but they are also all unique individuals who face difficult**

**decisions in their lives. Therefore as a care provider and a cultural learner I must not think that what I have learned about some First Nations people can be applied to all or any.**

“After he pass away they put me ahead. I spent lots of money when he died. Make his tombstone cost me lots of money. But I talked to the boys. Babine, they gonna take him back, just let him go. And they did, they took him back. All his relatives, they came to our house. They had meeting with my boys. Me, I just sit there and listen. I tell them, “Boys, just let him go. They can have him back.” They took him back. His brother been married to my auntie in Stellaco. They did that to him too. He wanted to be buried at Stellaco but they took him back. Toby didn’t want to be buried in that Babine cemetery. He told me, “Where you gonna be buried that’s where I want to be buried.” I tell Toby, “I don’t want to be buried in Burns Lake or Stellaco. We got graveyard in Sheraton where the mill is. We got little graveyard there. I got a brother, sister buried there. I’m going to be buried in there not in Burns Lake.”

Nancy’s account of the role of clan and family, of herself and Toby’s previously expressed wishes in deciding where he would be buried after his death illustrates that, although there are cultural practices that are generally adhered to among the Carrier people, these are not rigidly defined traditions and there are no easy templates to guide Carrier families in making such decisions. The traditional role of Toby’s clan is clearly evident and the clan’s right to make the decision was ultimately respected by Nancy. However the process of coming to that point of respecting the right of Toby’s maternal clan was not simple or straight forward.



This account clearly illustrates a fundamental principle that my mentors forced me to discover and that guided the method of this research. They consistently emphasized that no one can authoritatively describe their traditions and they did not want me to attempt to do that. This principle had already been identified in the preliminary consultations with the larger Healing the Healers group.

The discovery of this principle reinforced my own prior knowledge that it would not be right for me to interpret their narratives in broad descriptive generalizations about their culture and traditions. The principle itself is a theme that emerged both from within the narratives and from the larger context of the research project. It did not arise from an interpretation on my part but in fact first emerged as an explicit cautionary note from my mentors and others in Healing the Healers and Carrier Sekani Family Services, then as a principle used by my mentors to compose their narratives, organize the forum to present the narratives and answer my questions. Ultimately I have then regarded it as a contractual obligation in guiding how I have used the narratives to serve the goals of the research that I explicitly agreed to with my mentors, Healing the Healers as a whole and CSFS.

### **Lesson Three: Avoiding paternalism**

**Both as care providers and as researchers we need to avoid falling into the neo-colonialist trap of trying to analyze First Nations people and their problems to help them in a paternalistic manner.**

This project allowed me to learn how to be a cultural learner and be guided by what First Nations people needed to teach me so that I could become a more effective helper. My role in my prior professional life involved helping other people solve their

problems when they were in crisis. At such times the personal autonomy of my clients was compromised by illness and often as well by socio-economic marginalization, rendering them understandably dependent for their needs. While it is fundamental to the function of the helping professions to assist clients to regain their self efficacy as well as assist them with practical problem solving, work load stresses often compromise accomplishing more than doing more than rendering practical assistance and hopefully some emotional support. Consequently I had failed to appreciate the cultural strengths of the First Nations people I tried to serve. This led me to err early in this project by believing that I would have to help them construct their narratives.

I was fortunate in being able to move into a different professional role while I was doing this project, one that gave me the opportunity to partner with First Nations in designing more effective mental health and addictions services for their communities. The research prepared me to collaborate with my First Nations partners and trust that they knew what their communities needed. I offer what is available and work with them to adapt my knowledge and resources to their needs. Through my mentors I have learned to never try to convince them of anything more than the limitations of what I can offer and the importance of building on the strengths they possess in their communities.

#### **Lesson Four: How to collaborate in decolonizing research**

**Research as cultural learning must benefit First Nations research partners in a decolonizing way. Indigenous peoples are wise to refuse to collaborate in research that increases their social, economic and cultural marginalization and ultimate forced assimilation or fails to promote cultural renewal and healing through their own agency.**

First Nations will be more disposed to enter into collaborative research projects to improve health services if they can be assured that the complexities of cultural transmission, renewal and adaptation that exist in their communities are not going to be simplistically misrepresented in research findings and then misused in clinical practice. This is consistent with the parameters for a theoretical framework to guide health research with indigenous people identified by Linda Tuhiwai Smith (1999).

The guidelines that Smith provides are meant to ensure that research empowers indigenous communities to regain their right and ability to exercise self-determination. She suggests specific research goals that are consistent with this larger goal and govern methodology to ensure empowerment and control of the research projects. Several of these have been very consistent with how my mentors guided me in carrying out the project and in the content of the narratives.

**“Claiming” refers to the means by which indigenous peoples reclaim their rights.** This is sometimes done through the construction of histories that help to document legal claims. I had originally proposed that the narratives be a means of documenting the history of certain beliefs and traditions to assist in reclaiming the right to effective care of those dying and of those who are bereaved. What my mentors provided was personal histories that helped me understand what they and their community had endured during their lifetimes and examples of how their cultural practices had been both retained and adapted to their changing needs and how these had helped them to survive. They were clear to distinguish however that they were not speaking for their community as a whole in defining beliefs and traditions.

What they in fact laid claim to was in fact far more significant than claiming the right to have a simple and definable set of cultural traditions reduced to an algorithm that can be taught to care givers and respected in clinical practice. They instead are, I believe, claiming the right to be a living and changing community of people who are a First Nation. They do not need to be limited in the manner in which their rights are respected. As they grow and change as individuals and as a community they are claiming the right to be served by care givers who learn to accommodate those changes. They are claiming a right that strengthens the rights of all Canadians to a quality of care that responds with sensitivity, compassion and respect for the unique and changing needs of all who are served.

**“Testimonies” and “story telling” are related to claiming. Smith points out that “The formality of testimony provides a structure within which events can be related and feelings expressed”** (Smith, 1999, p. 144). Story telling is a means by which the community can educate others about their culture and maintain control of the research process. I had no idea how much my mentors would assume control of the research and shift the process from me interviewing them to them planning and carrying out forums in which each of them told their stories and my interviewing role was much more minor than originally conceived. Their narratives can be used in the form of professional development resource material so that this group of Carrier people can educate health care providers in the hospital about needed reforms in how health care is delivered when someone in their community and other Carrier communities passes away.

**“Celebrating survival” is another research goal that enables the community to focus research on their strength and resilience** (Smith, 1999, p. 145). Initially as

they first shared their narratives I didn't understand why some of my mentors were devoting so much time to describing the successes of their children, the success of the Healing the Healers project and even historical successes such as their ability to survive before modern health care. What became increasingly clear to me was that their current growing ability to provide effective healing that does not depend on non-aboriginal institutions was historically grounded. At the same time they definitely did not present a counter culture to modern health care institutions. They valued and claimed as a right the same access to publicly funded health care as other Canadians but also presented to other Canadians a model of collective empowerment at the level of small communities and kinship groups to complement public health care with mutual care founded in the continuity and renewal of cultural strengths.

As just such an aforementioned cultural strength, the survival of the potlatch was celebrated throughout the narratives as a unifying entity to which they have always returned to regain cohesion as a community and to maintain and actualize their fundamental values.

In my own mind I had conceived the project as a way for my mentors to contrast the manner in which some of their traditions relating to end of life had been lost or compromised by modern health care institutions, with the way those traditions had been practice before the effects of colonialism were experienced. Although poignant examples of poor and insensitive care did emerge, my mentors did not want to present themselves and their community as passive victims of history and lack of services but rather they celebrated their many strengths and successes.

**“Remembering” the painful effects of colonization is another goal that is necessary to promote healing and change** (Smith, 1999, p. 146). Before I heard the first narrative I believed that a tremendous history of painful hospital experiences might be addressed in the narratives and I expected that my mentors would focus on those experiences. I knew from my preparation and meetings with my mentors from the Southside group that they understood that the goals of the project would be served by focusing on their experience of loss of loved ones in hospital in the context of their cultural practices concerning the end of life

What did emerge in the narratives was that some of the most traumatic events of colonization occurred within the lives of my mentors up to and including events in the near present. Their narratives as a whole painted a picture of an historical continuum of events and circumstances that, in their lives, proceeded from the effects of the Lejac residential school and the flooding of the Cheslatta village by Alcan, the devastating effects on the community resulting from the loss of their homes and territory and with it their economic independence and resulting hardships, the many personal traumas resulting from family stresses and the use of alcohol and finally, at the end of the continuum, examples of how some public servants, including police and health care providers continue to perpetuate colonial attitudes towards them during traumatic events. Surprisingly to me, the quality of care provided by health care providers in hospital to Carrier patients who were dying and their surviving family members received relatively minor emphasis in the narratives. Only Mabel focused much of her narrative on the quality of care in hospitals. By doing so she ensured that the intended audience of health care providers would not be complacent about this issue.

Casimel's long historical narrative was the first that I heard and in reviewing my reflections afterwards I noted my surprise at his approach, not at that point understanding the relevance of much of the content of his narrative in relation to what I perceived as the goal of the project. As noted in my reflections on Casimel's narrative, this was the point where I began to see the shift in the direction and the road down which my mentors were taking me. What surprised me also was that remembering the painful effects of colonization was so intimately interwoven with celebrating both personal and community survival.

### **Lesson Five: How to regain trust through cultural learning**

**Members of the helping professions serving First Nations people can regain their trust through collaboration based on cultural learning of what First Nations are willing to share with us.**

Reflecting on the narratives as a whole though, their message to me as a health care provider in a hospital setting was quite clear. Current concerns about quality of care in hospital are one small link in a history of traumas and health care providers are wise to learn that history if we wish to make a clear break with the history of direct and indirect agents of the state who have betrayed the interests of the Carrier people and thus betrayed their trust. In Mabel Jack's narrative there was clearly a lack of trust in the relationship she and her family had with extended care hospital staff caring for her mother at the end of her life. Those care providers, probably without realizing it, were being viewed as part of the colonial tradition of public servants who can't be trusted.

More surprising was the credit given to other care providers and police who did provide good service. The stories are a strong testimony to the lives of my mentors and

their thoughts and attitudes are not determined by the historical traumas that they have endured. Instead they show that they are quite capable of assessing the quality of services provided to them with fairness and accuracy even though one might expect them to be highly biased or embittered by their historical experiences.

For hospital care providers the lack of greater emphasis in the narratives on poor care of those who are dying or grieving is cause for optimism but not complacency. Depending on the quality of care provided First Nations people like my mentors will regard health care providers as genuine caring professionals or as the most recent link in the chain of colonialist breeches of trust and misuses of authority. If health care providers take the time to listen to their First Nations patients, become familiar with the historical antecedents of the current circumstances of First Nations and how they have survived, then they will increase the likelihood of being regarded as the former. Outcomes of clinical care will then consequently improve through more effective collaboration between patient and care provider.

After transcribing and reflecting on the narratives I began to think about how the eloquence and wisdom encapsulated in them might be made accessible to health care providers to aid in their professional development. My own professional path as a medical social worker working in acute care and previously in other similar roles had not prepared me for what I encountered when I commenced my research. I had never viewed myself as paternalistic but in fact what I had always enjoyed in my clinical life was the challenge of solving problems – other people's problems. I collaborated with them and sought to maximize their independence but in a crisis it was always I who was most instrumental. This project was in fact the first time my clients had to rescue me and they



did so with generosity and competence. My technical role as a facilitator was a minor contribution next to the contribution my mentors made in their narratives and I think my most important role as a cross cultural bridge was to model the benefits of collaborating with First Nations people as a helper in the role of cultural learner. If I can be a bridge between cultures in but one way it would be to share this single vital insight with my fellow health care providers.

I now intend to consult with my mentors and recommend that they and I collaborate with Carrier Sekani Family Services and the Northern Health Authority to use the narratives and reflections to produce opportunities for cross cultural learning for health care providers. I cannot be any more specific, at this point, as this stated goal could employ many possible means from publishing materials to providing workshops. This time, from the beginning, I will let my mentors guide me.

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## Appendix

### **Information Sheets and Consent Forms for Research Mentors Part 1**

To: Collaborating Research Mentors

From: Rick Gremm, research facilitator and UNBC Community Health graduate student

Re: proposed narrative research regarding grief, healing and the survival of beliefs and traditions among Carrier-Sekani people when death of kin occurs in hospital

#### Reason for Proposed Research

The purpose to the proposed research is to produce written narratives based on interviews with First Nations mentors working with me (I can facilitate interviews and provide a written text), describing thoughts and experiences which will further the understanding of health professionals of First Nations culture where it comes into contact with health care in hospitals.

During more than 10 years as a social worker at Prince George Regional Hospital I became aware of many of the stresses experienced by First Nations people when they or their loved ones are hospitalized and especially when someone passes away. It would appear that some of this stress is related to a lack of understanding of First Nations culture among hospital staff. It is hoped that the present research might to some extent address the lack of cultural awareness among health professionals by providing readable and presentable materials for use in professional education. The material may also be useful for cultural transmission in your communities as well.

Potential benefits of the research include improving the understanding of First Nations culture by health professionals and thus improving the quality of care provided to First Nations people in hospital. The research will also empower Healing the Healers to improve health care for their communities.

#### Outline of Research Plan

I propose that Healing the Healers function as my mentors.

The proposed method is to facilitate the production of written narratives in your words as collaborating mentors. I propose to conduct interviews with you the members of Healing the Healers as my mentors. I will produce a written transcript of those interviews and then produce a first person conversational narrative in text form based on the transcript. I will then meet again with you for feedback and discussion to refine and enrich the narrative and rewrite the narrative based on that feedback. The process of meeting with you as mentors from Healing the Healers and refining the narrative text will continue until we reach a consensus as a group that we are satisfied with the whole text. I will do



no analysis or interpretation of the narratives but will offer my reflections on the process of doing research in this way. Collaborating mentors will be chosen by a research steering committee from Carrier-Sekani Family Services.

Each mentor will determine if or how he or she will be identified, by name or by a made up name, in the narratives. I will respect that decision as well as the degree of participation without question. Mentors have the unqualified right to withdraw at any time and request that all materials that they have contributed be destroyed.

All audio or video tapes, transcripts, narratives and any related materials which are part of this research will be kept in a secure location by me and treated as confidential until such time as a joint decision is made on publication and use of the narratives. Carrier-Sekani Family Services may keep a copy only if you so request.

The people who will have access to the narratives are me, my academic advisor Dr. Antonia Mills, my thesis committee at UNBC and CSFS. The narrative will be in my thesis and, if CSFS and you who participate as mentors agree, may be published or used for community and professional education.

As participating mentors your right to withdraw at any time will certainly be respected and all tapes and written materials based on your interviews will be destroyed if you so request.

Each mentor will determine if or how he or she will be identified in the narratives, whether by a real name or a special name you decide to use. All information received from participants will be treated as privileged and confidential. Publication and use of the narratives will be done only in consultation and with the permission of Carrier-Sekani Family Services and you, the mentors from Healing the Healers.

All tapes, transcripts and narratives will be stored in my home in a secure manner indefinitely. Carrier-Sekani Family Services may also retain copies if they so desire.

## Outcome

The narratives together with my reflections will be my thesis for my Master's degree in community health. Publication and use of the narratives will be done in consultation and with the permission of Carrier-Sekani Family Services and you, the mentors from Healing the Healers. It is hoped that the materials will be useful for the education of health professionals, as cultural education documents for use by Healing the Healers and Carrier-Sekani Family Services and to inform further related research. I am willing to work with you as a group to produce suitable education materials from the narrative text.

For each purpose for which materials are produced you will be asked whether you wish to be identified by your real name or not.

#### Contact Information:

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phone: (250) 563-9319 e-mail: [rick.gremm@norhernhealth.ca](mailto:rick.gremm@norhernhealth.ca)

Dr. Antonia Mills (my academic advisor)  
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Dr. Max Blouw,  
Vice-President Research, UNBC  
(250) 960-5820.  
(You may call Dr. Blouw if you have any complaints about the research)

#### Questions for Interviews

Can you tell me about your experiences when visiting family members who have been seriously ill or passed away in hospital?

What beliefs and cultural practices of your people helped you during such times?

What was your experience of practicing your culture while you were at the hospital?

Did hospital staff appear to understand, respect and accommodate your culture?

Does a lack of understanding, respect and accommodation of your cultural practices by hospital staff when someone is seriously ill or has passed away, affect your trust of the hospital and health care system?

Does the practice of your culture promote healing during times of trauma, grief and loss? Can you give examples of this in the past as well as in recent times?

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### Informed Consent Form

Do you understand that you have been asked to be in a research study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you read and received a copy of the attached information sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that the research interviews will be recorded by audio or videotape?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that you are free to refuse to participate or to withdraw from the study at any time? <i><b>You do not have to give a reason.</b></i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the issue of confidentiality been explained to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like your real name to be used in all or part of the materials that come out of the research? If you answer yes you may still direct the researcher to not use your real name in some or all of the materials.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand who will have access to the information you provide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This study was explained to me by: \_\_\_\_\_  
\_\_\_\_\_

*Print Name*

I agree to take part in this study:

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Research Participant*

\_\_\_\_\_  
*Printed Name of Research Participant*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name of Witness*

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Investigator*

## PART 2

### Supplementary Information

Researcher's name: Rick Gremm  
 Supervisor's name: Dr. Antonia Mills,  
 Title of project: Carrier-Sekani Narratives: grief, healing and the survival of traditional beliefs and traditions when death of kin occurs in hospital  
 Type of project: \_\_\_\_\_  
    ☐ Class Project                      ☒ Thesis                      ☐ Faculty Research  
 Purpose of research: \_\_\_\_\_  
 Potential benefits and risks: \_\_\_\_\_  
 How were respondents chosen: by Carrier Sekani Family Services  
 What will respondents be asked to do: participation in interviews to construct narratives Who will have access to respondents' responses: \_\_\_\_\_  
 Voluntary nature of their participation (including participant's right to withdraw at any time): \_\_\_\_\_  
 Whether there is remuneration for participation (remuneration should not be reduced if participant withdraws): an honorarium will be paid to each participant who is interviewed  
 Name and phone number of person to contact in case questions arise: Rick Gremm 563-9319(home) or 565-2149 (work)  
 How to get copy of research results: as above  
 Name and phone number of person to call for more information: as above

Any concerns or complaints about the project should be directed to the

Each participant will receive a copy of his or her signed consent form.





