

An Exploratory Study of the Story of
Post-Traumatic Growth in Aboriginal Adults

by

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Abstract

Post-traumatic growth (PTG) is a phenomenon that describes how people grow in positive ways after trauma, surpassing their original level of functioning (Joseph, 2009). It is different from resiliency and coping, which can be characterized as “bouncing back” while PTG can be described as “bouncing forward” from trauma (Johnson et al., 2007; Poorman, 2002). According to Karmali et al. (2005), Aboriginal Canadians have a four times greater risk of severe trauma than the general population. This increased risk of trauma is largely due to the inter-generational trauma and devastating social impact of colonialism (Bombay, Matheson, & Anisman, 2011). It is surprising that with the high rates of trauma in this population, no research, to date, has examined PTG in this group. To begin to rectify this imbalance, this narrative-informed inquiry was implemented to tell the story of two Aboriginal adults’ stories of PTG. The Medicine Wheel was used as a lens to explore and describe the participants’ growth. From the data, six themes emerged: achieving clarity, seeking help from others, letting go, the importance of a spiritual connection, helping others, and a work in progress. Finally counselling implications of the study and directions for future research are presented.

Preface

This thesis is an original work by Kelty Hawley. The research project, of which this thesis is a part of, received research ethics approval from the University of Alberta Research Ethics Board, “A Narrative Study of Post-Traumatic Growth in Aboriginal Canadians”, Pro00034526, June 2013.

*This thesis is dedicated to my Mom,
your unwavering support helped me grow into the person I am today.*

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Chapter One

Introduction

Background Information

Post-traumatic growth. Trauma is a phenomenon that, until recently, has been studied by focusing on its negative impacts. However, not everyone that experiences trauma is only negatively affected. There is a call for greater understanding of the experience of trauma that does not focus on the pathology of individuals, but rather their strengths (Siegel & Schrimshaw, 2000). Some people survive, cope, and even grow in the wake of trauma. It is important that we understand the complex nature of trauma responses, including post-traumatic growth.

Positive changes following negative experiences can be described by a number of related terms such as coping, resilience, thriving, adversarial growth, and post-traumatic growth (Linley & Joseph, 2004). Coping and resiliency describe “bouncing back” to previous levels of functioning (Johnson et al., 2007). On the other hand, post-traumatic growth (PTG) describes “bouncing forward” beyond previous levels of functioning (Johnson et al., 2007; Poorman, 2002). Adversarial growth and thriving describe this phenomenon as well, however PTG is the most commonly used term. This term, post traumatic growth was first coined by Tedeschi and Calhoun in 1995 (Joseph, 2009) and is the term that I will be using throughout this study.

Aboriginal Canadians. The Aboriginal peoples are the original inhabitants of Turtle Island, also known as North America. The term Aboriginal

is one that I will be using throughout this thesis and it refers to the First Nations, Metis, and Inuit peoples of Canada (NAHO, 2007). While I will be using the term in the collective, I acknowledge and appreciate that there are unique experiences, languages, histories, and cultures within the Aboriginal population. According to the 2011 National Household Survey 1,400,6585 people reported an Aboriginal identity, which represents 4.3% of the Canadian population (Statistics Canada, 2011). In Alberta, people identifying themselves to be of Aboriginal descent make up approximately 7 % of the population. Within the Canadian Aboriginal population, there are approximately 60 Indigenous languages spoken, which belong to 11 language families (Statistics Canada, 2011; Royal Commission on Aboriginal Peoples, 1996). The cultural and spiritual practices are unique to each community, however there are some commonalities shared within the Aboriginal culture. For example, community is integral to Aboriginal culture and this community is the centre of social cohesion, where everyone is included (Wesley-Esquimaux & Smolwski, 2004). This is also an oral culture and storytelling is central to the passage of knowledge (McCabe, 2007). As well, traditional Aboriginal culture has a strong connection to and respect for the land. There is focus on a “holistic relationship with the earth and all creatures” (Neeganagwedgin, 2013, p. 328). Finally, the principles of balance, harmony, and holism are shared across all Aboriginal groups (Sundlie, 2009).

The Aboriginal people of Canada and their traditional culture have weathered the devastating effects of colonialistic governmental policies. These were policies designed to assimilate and subjugate the Aboriginal people. The

ramifications of these practices have had a systemic impact on this cultural group. According to Karmali and colleagues (2005), Aboriginal Canadians have a four times greater risk of severe trauma than the general population. This increased risk of trauma is largely due to the inter-generational trauma and devastating social impact of colonialism (Bombay, Matheson, & Anisman, 2011). It is surprising that with the high rates of trauma in this population, no research, to date, has examined post-traumatic growth in this group. In fact, the majority of studies have previously focused on the negative impact of trauma on this population. This overemphasis towards studying the pathology of Aboriginal Canadians is in itself marginalizing. This biased view presents the negative aspects of this population while largely ignoring its strengths. In examining PTG in Aboriginal adults, this current study is a step towards rectifying this imbalance.

Statement of Purpose

This research study seeks to describe the experience of post-traumatic growth in Aboriginal adults. This study is exploratory in nature as it is the first examination of PTG with the population. I made the decision to use a narrative-informed method. This decision was made because I wanted to tell the stories of those who have not only survived but have grown from traumatic experiences. In using a narrative-informed approach, every effort was made to engage in respectful research to avoid repeating oppressive practices that replicated colonialistic patterns. That is, it was important that the examination of PTG begin by simply listening to the stories of those who have lived through the experience. This involved working with an Elder to prepare for my interviews with an

approach of cultural respect. The participants' stories are presented in their own words, they were the co-creators of this research. These stories of PTG may help to create a different cultural narrative of the experience of trauma in Aboriginal Canadians. Instead of focusing on pathology alone, there is an additional focus on strength and growth.

Arriving at the Research Question

The road to this thesis topic was a long and winding one. For me, it began back in junior high school. I grew up in a sheltered suburb in Edmonton and for the most part I had a pretty “normal” childhood. However, things changed when I was fourteen years old. I began to feel tired and exhausted every day, no matter how much I slept. There was also widespread pain in my body that would not go away. My body would not do what I wanted it to. It was a frightening time filled with medical tests and sick days. Eventually, I was diagnosed with the chronic pain disorder, fibromyalgia. For me, this was devastating. I had grown up as an athlete, now I no longer had that part of my life, that part of my identity. I was no longer “normal” and I was now different. However, this was an “invisible disability” and I was often met with skepticism and outright disbelief. It caused me to recede into myself and I simply “got by.” I was not living, I was merely surviving.

Slowly and painfully, the years flowed by. I graduated from high school and started an undergraduate program in psychology at the University of Alberta (a program that was taking me longer than my peers as I was unable to take a full course load). Gradually, I came to the decision that I did not want to live this way

anymore. I saw the people around me living their lives in a way that I longed for. With the unconditional support of my family, I began working on my health and making it a priority. With the help of physiotherapy and learning to incorporate balance into my life, I grew stronger. Finally, in my third year of University, I felt well enough to go on a trip to Europe by myself. This trip, for me, was an incredibly meaningful learning experience. I learned that I was stronger and more capable than I had ever imagined. I came back from that trip a changed person. It had begun a process in me that would prepare me for my next adventure.

In my fourth year of University, I signed up for a course called Journeys (then known as Links). It seemed like it would be a fun time and something new to try out. I did not anticipate that it would alter the course of my life. The Journeys program was created as a cultural exchange between University of Alberta students and inner city youth, mainly of Aboriginal descent. It involved coming together as a small group on Thursday evenings and sharing ourselves with each other. This was my first experience beyond the “bubble” of the University and the southwest area of Edmonton. I was meeting people I never would have come across in my life in and engaging with them in a unique and meaningful way. Over the course of my life I had heard negative stereotypes about this population; however the picture I was seeing was different. I was constantly being inspired by the people I met and how this group displayed so much spirit and groundedness.

The Journeys program was my first introduction to the Aboriginal culture. I received teachings from an Elder, including the principle of the Medicine Wheel

and its focus on balance. It was at Journeys that I was also first exposed to the history of the inter-generational traumas caused by residential schools. This was something that was not discussed in my high school Social Studies classes. I began to see how this beautiful culture was surviving despite an attempt to systematically eradicate it.

Despite the ramifications of colonialism and the personal traumas experienced by the youth, I was amazed by the poise and wisdom displayed by these individuals. I started wondering about their stories. As part of the coursework for Journeys, I completed a paper on resiliency in at-risk youth. It was my first academic endeavor with regards to the Aboriginal population and as well as the first time I examined positive oriented responses to adversity.

It was because of the Journeys program that I developed a passion for working within the Aboriginal community. I was later hired by the Journeys program as a facilitator, then as client support supervisor, and later became a member of the board of directors. Throughout my experience with Journeys, I continued to see the growth the youth were able to achieve. As well I developed strong connections within the community, including our Elder. This is what laid the foundation for my thesis.

I came into graduate school at the University of Alberta with the vague idea that I wanted to study positivism or coping behaviour in vulnerable populations. I also wanted to potentially have the study focused on the Aboriginal population because of my previous experiences. As we brainstormed and explored ideas, it was my supervisor, Dr. Yohani who first introduced me to the idea of

post-traumatic growth. It was about going beyond just surviving and looking at positive growth in the face of significant adversity. I had seen this time and time again within the Aboriginal population and wondered if anyone had studied it. During my initial literature review I discovered a significant gap in the literature. I also personally connected to the concept of post-traumatic growth. I realized that I too had experienced this phenomenon. Through adversity and challenges I grew and developed into the person I am today. I surpassed my previous level of functioning, and I believe I would not be where I am today or as strong as I am today without experiencing my illness. This unique perspective, and my background within the Aboriginal community, led me to decide on my research question.

Overview of Thesis

This thesis is organized into seven chapters. Following this Introduction, the second chapter is the Literature Review. This review includes a brief overview of Aboriginal culture which includes historical and cultural background information. Then the idea of PTG is examined, including the nature of trauma reactions, background information, the process, and the positive changes associated with PTG. Finally, the rationale for this study based on the literature is presented.

The next section, Chapter Three, describes the methodology used in this study. It begins with a description of qualitative research approach followed by exploring the foundations of constructivism and the position of the researcher. Then the narrative-informed methodological approach used by this study is

described. This is followed by data gathering procedures and data analysis techniques. Finally, an evaluation of the study is offered, which is followed by ethical considerations.

Chapter Four presents the story of my first participant, Jimmy. His story is explored within the context of the Aboriginal principle of the Medicine Wheel. Chapter Five is the story of my second participant, Donna. Donna's story is presented in the context of a Medicine Wheel as imagined as a tree. Then in Chapter Six, the six common themes that emerged from these stories are described.

The final section is Chapter Seven, which is the Discussion section. This chapter discusses the common themes in this study in relation to current literature on PTG. As well, the implications of these findings with regards to counselling are explored. Then the limitations of the study as well as future directions for research are presented. Finally, there is a conclusion that summarizes the study.

Chapter Two

Literature Review

Background information is essential, especially when working with a different cultural group from one's own. To understand the experience of an individual the cultural landscape is essential to provide context. A brief overview is provided of Aboriginal culture: including relevant historical and contextual information as well as the Aboriginal view of holistic wellness. Then the phenomenon of post-traumatic growth (PTG) is explored. The nature of trauma reactions, background regarding PTG, the process of developing PTG and finally the positive changes associated with PTG are discussed. This is followed by the rationale for my study based upon the literature.

Aboriginal Peoples of Canada

Of particular importance when working with Aboriginal peoples is understanding the history of European colonization as well as contemporary First Nations culture (Nuttgens & Campbell, 2010). Mitchell and Maracle (2005) describe that, "failure to remember and hold significant the history and long-term impact of domination and cultural genocide has led to limitations in current explanatory frameworks and to inadequate health interventions" (p. 15). As such, it is important when working with the Aboriginal population to understand and take into account the historical and cultural landscape. Further, it is essential to also understand Aboriginal concept of wellness.

History and cultural landscape. The Aboriginal peoples of Canada are the original inhabitants of Turtle Island, or North America. For the purposes of

this thesis, the term Aboriginal is used to define First Nations, Metis, and Inuit peoples of Canada (NAHO, 2007). I use this as a collective term, however, I acknowledge the unique histories, cultures, languages, and experiences of First Nations, Inuit and Métis peoples. The Aboriginal people of Canada have a deep connection to the land and it is an integral part of their cultural landscape (Wilson, 2003). This connection with nature impacts all aspects of life (Mercredi & Turpel, 1993). Prior to contact with Europeans, the Aboriginal peoples of Canada had independent and self-governing societies across the country (Royal Commission on Aboriginal Peoples, 1996). These previously healthy societies “stand in sharp contrast to the conditions that currently exist” (Bombay, Matheson, & Anisman, 2009, p. 7). The contact started with exploration, which led to commercial and military alliances for approximately two hundred years. However, the competition for land and resources resulted in the practice of land treaties beginning in the mid 1700s, which began the Aboriginal people’s loss of independence (for an overview please see Aboriginal Affairs and Northern Development Canada, 2013).

Trauma has been demonstrated to disproportionately impact the most marginalized members of a society (MacMillan, MacMillan, Offord, & Dingle, 1996). The Aboriginal people of Canada face a disproportionate amount of mental health concerns, violence, suicide, substance abuse, representation in the criminal justice system, and involvement with child welfare (Nuttgens & Campbell, 2010). These difficulties are associated with the devastating intergenerational effects of colonialism (McMillan, 1995). Colonialism is “the formal and informal methods

(behaviors, ideologies, institutions, policies, and economies) that maintain the subjugation or exploitation of Indigenous peoples, lands, and resources” (Wilson & Yellow Bird, 2006, p. 2). Its legacy is “social and psychological devastation” (McCabe, 2007, p. 148).

An experience that significantly impacted the Aboriginal cultural landscape was the colonialistic policy of Indian Residential Schools (IRSs). IRSs were a Canadian government policy to forcefully remove Aboriginal children from their families and place them into schools for the purpose of assimilation (Bombay et al., 2011). A complete description of the experience of IRSs is beyond the scope of this paper, however a brief overview is provided. In IRSs children as young as five were apprehended, sometimes violently, from their families and taken to Christian-run residential schools (Truth and Reconciliation Commission of Canada, 2012). In IRS’s, these children were forced to comply with conversion practices which included cutting their hair, changing their names, being forbidden to speak their language, praying in a Christian way, and overall denouncing their previous way of life. IRSs “were often sites of institutionalized child neglect, excessive physical punishment, and physical, sexual, and emotional abuse” (Truth and Reconciliation Commission of Canada, 2012, p. 85). The destructive ramifications of IRSs have been felt in all areas of Aboriginal culture and continue to have a significant impact on life today.

Due to government policies, IRS survivors were left with a legacy of cultural and social upheaval. IRSs and other government policies “restricted Indigenous cultural ceremonies, teachings and practices, seeing them as ‘evil.’

The result was the weakening of language, culture and understanding of First Nations laws, traditional knowledge, ceremony and songs” (Neeaganwedgin, 2013, p. 323). As a result of the attempted cultural genocide, IRS survivors were left with a limited capacity to transfer cultural norms, practices, and language to the next generation (Bombay et al., 2011). Overall, the Aboriginal peoples of Canada were “depersonalized as a social and cultural entity” (Wesley-Esquimaux, 2009, p. 19). The colonizing practices shattered the social structure and way of life for the Aboriginal population.

The psychological trauma that stemmed from IRSs and other government policies have had a significant effect on the Aboriginal population. First of all, these assimilation policies have resulted in Aboriginal Canadians facing high rates of discrimination and racism (EKOS Research Associates, 2006a; EKOS Research Associates, 2006b). The experience of being classified as “other” and as “savage” has had a devastating impact on the collective identity. As well, the repercussions of the traumas experienced in IRSs have led to higher levels of health and mental health concerns including depression and addictions (Herbert & McCannell, 1997). Wesley-Esquimaux (2009, p.20) describes that:

The combined effects of unexpressed historic trauma and the resulting emotional, psychological and physical abuses have led to collective symptoms of repressed emotions, numbness, and the expected social and emotional depression that comes with unresolved issues and the loss of inherent identity.

There has been a significant impact and ripple effect felt by subsequent generations following the policies of IRSs. As a legacy there has been “evidence of trans-generational vulnerability to psychological disturbances” within the Aboriginal population (Bombay et al., 2011, p. 368). Even for those who did not have family members who attended IRSs, there are still echoes of the attempted eradication of a culture. There are “consistent health and socioeconomic disparities existing between First Nations and non-Aboriginal peoples in North America” (Bombay et al., 2011, p. 14). There are reports that Aboriginal people have depression rates that are twice that of their non-Aboriginal counterparts (Tjepkema, 2002). As well, Aboriginal Canadians are more likely to have chronic physical health problems (First Nations Centre, 2005). This is just a glimpse into the difficulties facing Aboriginal Canadians. Overall, trauma plays a “significant role... in the lives of First Nations peoples” (Bombay et al., 2009, p. 7). Though the devastating impact of this inter-generational trauma exists, there are those who are moving beyond their traumas and pursuing traditional views of wellness.

Aboriginal concepts of health: Holistic wellness. Aboriginal populations commonly identify with a holistic perspective and view of wellness. As such, a person is viewed as consisting of four equally important aspects: spiritual, emotional, mental, and physical (Bartlett, 2005). This concept of health places emphasis on balance, and therefore it is culturally congruent to examine all these aspects of life in relation to a person, and not just a specific area. The cultural values of holism and interconnectedness are an essential component to an Aboriginal view of well-being (Bartlett, 2005). This “circular, rather than linear,

way of thinking puts the focus of the world view on relationships and balance” (Twigg & Hengen, 2009, p. 14). This includes the concept of the Medicine Wheel.

The Medicine Wheel. The Medicine Wheel is described by Hart (2002) as “an ancient symbol of the universe used to help people understand things or ideas which cannot be seen physically. It reflects the cosmic order and the unity of all things in the universe” (p. 32). The Medicine Wheel is a “symbol represented by a circle with two intersecting lines, creating four quadrants” (Sundlie, 2009, p. 19). The principles of harmony and balance are at the heart of the Medicine Wheel. It looks at the interrelated nature of all things in life (Hill, 2009). It “is a physical representation of the balance that is required in a healthy individual” (Sundlie, 2009, p. 20).

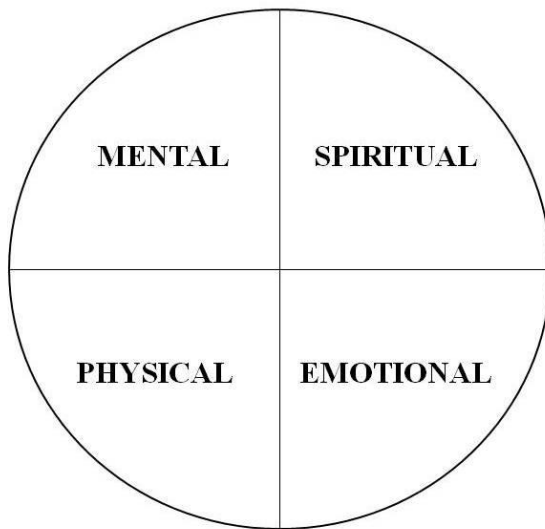


Figure 1. A depiction of the Medicine Wheel.

The Medicine Wheel is reportedly practiced by up to eighty percent of the Indigenous peoples of North America (McCormick, 2005). One common

interpretation of the Medicine Wheel (see Figure 1), is the search for balance which includes the four aspects of the person: the physical, the mental (or intellectual), the spiritual, and the emotional (Poonwassie & Charter, 2005). The emotional section includes human feelings such as love, fear, joy, excitement, fear, and sadness (Twigg & Hengen, 2009). The physical quadrant represents the body of a person and includes health, physical activities, diet, and addiction issues. The mental quadrant regards intellectual ability, learning, education, and career. The spiritual quadrant contains religious aspects, humor, spiritual rituals and traditions, as well as a connection to nature. Overall, a healthy life is viewed as one where there is balance between the four areas (Graham & Leeseberg Stamler, 2010). If one quadrant is ignored or under-emphasized, it is a detriment to one's health (Sundlie, 2009).

Working with Aboriginal clients. Many treatment approaches that have been used with the Aboriginal population may not be culturally relevant and may even repeat colonialist patterns (Dufrene & Coleman, 1994). This may contribute to the high dropout rate of Aboriginal clients in therapy (Herring, 1999; Warner, 2003). It is stated that culturally relevant and culturally appropriate interventions are essential in developing trust and respect (Penn, Doll, & Grandgenett, 2008). Without this level of connection and understanding it is difficult for clients to achieve change.

The principles of the holistic wellness are important to consider when working with Aboriginal clients in a therapeutic context. The concept of the Medicine Wheel can be used to help guide therapy. It has been demonstrated

repeatedly that a connection with traditional culture has been a protective factor for mental health in Indigenous peoples (Fleming & Ledogar, 2008). This connection with culture is a powerful force that can enable change on multiple levels (Penn, Doll & Grandgenett, 2008). Being connected to one's culture can provide a type of connection and anchor to one's identity. By understanding and facilitating this connection, counsellors can help their clients. Despite the difficulties facing many Aboriginal people, some have been able to achieve wellness in the face of adversity.

There have been several studies regarding resilience within the Aboriginal population (see Fleming & Ledogar, 2008 for an overview). Resiliency is described as recovery from trauma or a positive adaptation despite adversity (Luthar, 2006). As described previously, within Indigenous populations, a connection to traditional culture and spirituality has been a significant factor in resiliency (Fleming & Ledogar, 2008; Whitbeck, Hoyt, Subeen, & LaFromboise, 2002; Yoder, Whitbeck, Hoyt, & LaFromboise, 2006). As well, a supportive environment (which may include counsellors, family, teachers, and Elders) has been consistently proven to be beneficial within the resiliency literature (Fleming & Ledogar, 2008). The studies described above all look at resilience, how people "bounce back". However, what about those individuals who have been able to thrive and grow past their previous levels of functioning? Those people who have not merely coped with trauma but gone beyond where they were before. Based on my literature searches, there have been no studies that have focused on post-traumatic growth in the Aboriginal population.

Post-Traumatic Growth

Post-traumatic growth (PTG) is a complicated and multifaceted phenomenon. The experience of growth following adversity is a topic with a wide ranging literature. This section contains an introduction to trauma reactions, background regarding PTG, a description of the process of PTG, and the positive changes associated with PTG.

Trauma reactions. Trauma is described as a “seismic” or extreme negative event that has a significant impact of an individual (Dekel, Ein-Dor, & Solomon, 2012). Traumas are shocks to our inner worlds (Janoff-Bulman, 2006). Research demonstrates that experiencing traumatic events can have severe negative consequences and result in pathological responses (Nuttman-Shwartz, Dekel, & Tuval-Marshiach, 2011). These responses may include re-experiencing of the event, persistent avoidance of reminders of the event, and increased arousal (Nuttman-Shwartz et al., 2011). According to the DSM-5, there are several disorders related to trauma and stress: reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders (American Psychiatric Association, 2013). While widely reported, these negative reactions to trauma are not the whole story.

The response to trauma is actually a multidimensional and diverse concept (Pat-Orencyk & Brom, 2007). After a traumatic event, there are at least four possible responses for the individual (O’Leary & Ickovices, 1995). The first is that the individual “succumbs” to the trauma and continues a downward trajectory, becoming overwhelmed by the negative experience. A second possible

response is “survival with impairment” (Carver, 1998). This involves the person being able to cope with daily life but they are diminished in some way. The third potential response is a return to the previous level of functioning prior to the trauma, which may be described as resilience or recovery. The fourth possible response to trauma is that the person thrives and grows past the previous level of functioning. This fourth reaction to trauma is what this study is examining.

Background of post-traumatic growth. In concentrating on the negative impact of trauma, a biased understanding of post-trauma reactions is formed (Linley & Joseph, 2004). However, there has been a recent increase in the literature regarding growth as a result of trauma. It has been described that “a paradigm shift in mental health” has occurred with the increasing acceptance of a positive psychological perspective (Siegel & Schrimshaw, 2000, p. 1543). Positive psychology is concerned with “well-being, contentment, satisfaction, hope, optimism, flow, happiness, and positive individual traits” (Seligman & Csikszentmihalyi, 2000). Growth in the face of adversity is not a novel concept; it has been a theme throughout literature, religion, philosophy, and history (Frankel, 1963; Silva, Owensworth, Shields, & Fleming, 2011; Tedeschi & Calhoun, 1995; Yalom, 1980). It is promising that the research literature has begun to investigate this phenomenon.

In the literature there are a number of different terms related to positive changes following an adverse experience. These include coping, resilience, adversarial growth, thriving, and post-traumatic growth (Linley & Joseph, 2004). Resiliency and coping can be characterized as “bouncing back” while the others

can be described as “bouncing forward” (Johnson et al., 2007; Poorman, 2002). Adversarial growth, thriving and post-traumatic growth all describe the phenomenon of surpassing the level of functioning that the individual had before the trauma (Hefferon, Grealy, & Mutrie, 2009; Woodward & Joseph, 2003). Post-traumatic growth (PTG) is the most commonly used term and was first utilized by Tedeschi and Calhoun in 1995 (Joseph, 2009). There are numerous traumatic events for which growth outcomes have been reported. These include medically related traumas such as traumatic brain injury, HIV and AIDS, heart attacks, brain injury, bone marrow transplants, and chronic illness (Linley & Joseph, 2004). As well, positive changes have been reported following mass traumas such as accidents, plane crashes, maritime disasters, tornados, and shootings (Linley & Joseph, 2004). Further, PTG has also been demonstrated regarding abuse, drug addiction, and rape (Linley & Joseph, 2004). PTG has also been reported around the world in different countries and within several different cultures. These include Israel, the Middle East, Germany, the Netherlands, Japan, China, Australia, and Latinos in the United States (Berger & Weiss, 2010). However, to date, no PTG studies have been completed with regards to the Aboriginal population. Overall, there is evidence to suggest that 40-70% of people who experience a traumatic event later report some form of benefit from their experience (Calhoun & Tedeschi, 1999). While people describe that they have grown from their traumatic experiences, the process by which they have grown also needs to be investigated.

The process of post-traumatic growth. The literature illustrates that growth following a trauma occurs, but the process by which it occurs is unclear. It is indicated that PTG is a dynamic and variable process (Poorman, 2002). However, there is no widely accepted model of the process by which PTG occurs (Linley & Joseph, 2004). A model that has had significant influence in the literature has been that of Tedeschi and Calhoun (2004). This model postulates that the distress associated with the trauma triggers the subsequent growth. The cognitive rumination about the trauma leads to subsequent schema change. It involves meaning making about trauma as well as the philosophical and existential ramifications of such rumination (Janoff-Bulman & Frantz, 1997). It has also been described as a “re-organization of the self” (Carver, 1998).

There have been attempts to ascertain factors that are associated with PTG. Some of those indicated in the literature are cognitive appraisals, objective trauma severity, coping variables (i.e., acceptance, positive re-interpretation), optimism, and religiosity (Cadell, Regehr, & Hemsworth, 2003; Hegelson, Reynolds, & Tomich, 2006). As well, certain personality factors have been associated with PTG such as extraversion, openness to experience, agreeableness, and conscientiousness (Linley & Joseph, 2004). Further, some studies have indicated that PTG is more likely “once a given level of developmental maturation [is] achieved” (Linley & Joseph, 2004). There is some disagreement in the literature as to the influence of temporality in the development of PTG (Linley & Joseph, 2004). There is no definitive agreement upon the length of time away from the trauma it takes to develop PTG. Further, the relationship between

traumatic symptoms and PTG is unclear (Linley & Joseph, 2004; Nuttman-Shwartz, Dekel, & Tuval-Mashiach, 2011). There is also conflicting evidence as to whether the severity of the trauma symptoms has an impact of the process of PTG (Linley & Joseph, 2004).

It is acknowledged that cognitive appraisals in response to a traumatic event are an important component of PTG (Tedeschi & Calhoun, 2004). Cognitive appraisals are described as the meaning making process whereby the personal significance and impact of an event is evaluated (Lazarus & Folkman, 1984). The majority of the research into PTG reflects a cognitive re-interpretation of events. However, this over-emphasis on the cognitive may be a detriment to the research. It also may not be congruent with the Aboriginal worldview of the Medicine Wheel, with the mental area being only a part of the individual as whole.

Positive changes associated with PTG. While there is a lack of consensus regarding the process of PTG, there is agreement that positive changes do occur for the individual. A dominant view of the changes associated with PTG is that of Tedeschi and Calhoun's domain model (2006). Originally there were three broad categories of growth: changed perception of self, relating to others, and changed philosophy of life. Later, using factor analysis, a five-factor approach was subsumed into this model. The first category, changed perception of self, became composed of the factors: personal strength and new possibilities. Personal strength refers to an increased inner capacity and self-esteem (Carver, 1998). New possibilities indicate that this traumatic event has shaken the person from their everyday world and they can now see new, different paths for their

lives to take. The second category of growth, relating to others, remained unchanged. Relating to others can indicate a changed sense of relationship with other people. This may include valuing relationships differently as well as eliminating unhealthy relationships. It may also be reflected in increased compassion for others as well as the undertaking of “survivor missions” where there is a drive to help others (Herman, 1992). The third category of PTG is changed philosophy of life, which is composed of the factors appreciation of life and spiritual change. The appreciation of life can include a “new appreciation for each day” and existential development (Woodward & Joseph, 2003). Spiritual change involves an alteration of previous spiritual connections, by either strengthening or changing them altogether.

Apart from Tedeschi and Calhoun’s model there are other changes that have been demonstrated to occur during PTG. This includes increased skills and knowledge, increased confidence, and strengthened personal relations (Carver, 1998). Another study, conducted by Woodward and Joseph (2003), involved the thematic analysis of narratives of those experiencing PTG. The themes they identified included the inner drive toward growth (will to live), as well as vehicles of change (including awakening of responsibility, validation and acceptance, love and nurturing, liberation and freedom, mastery and control, belonging and connection) and finally, psychological changes (changes in self-perception, gaining new perspectives on life, and changes in relationships). Overall, there appears to be significant changes within the individual in the process of PTG. It is an individual process and it is difficult to compartmentalize.

Rationale for the Study Based on the Literature

The majority of the research conducted on PTG concentrates on growth related to medical issues such as cancer and HIV (Hefferon et al, 2009; Linley & Joseph, 2004). I also see that there is a need to further examine what the experience of PTG is for individuals who have experienced sustained or long term trauma rather than a single seismic event. As well, there is a need for studies that describe PTG in minority populations within a dominant culture, especially to determine if it is a culturally bound phenomenon (Blankenship, 1998). Specifically, it would be useful to understand how Aboriginal people experience PTG. There are currently no studies published, to my knowledge, that examine PTG in the Aboriginal community. Despite this gap in the literature, there are a number of reasons to study this population. First, due to the high incidence of Aboriginal people experiencing trauma, it is likely that there are many individuals who have experiences of PTG within this population. As such, there is a strong possibility of learning more about this phenomenon from this population, which has typically been studied for pathologies. Second, it would be useful to understand how Aboriginal people view their own transformation and what the sources of this transformation are. Third, as a counsellor, I believe much can be learned from those who have experienced PTG. If you can understand how someone has been able to grow after trauma, it may assist in working with future clients. The rich knowledge that can be gained from personal accounts is staggering.

According to Johnson et al. (2007), due to the complexity of the process of PTG, more development and research is needed. To date, the majority of the studies investigating PTG are quantitative in nature (Linley, & Joseph, 2004). As well, the relationship between distress and growth is still not well defined or understood (Dekel, Ein-Dor, & Solomon, 2012; Slavin-Spenny, Cohen, Oberleitner, & Lumley, 2010). A qualitative approach would provide context and be able to depict the experience of PTG in a full and rich way (Hefferon et al., 2009). More specifically, to understand the experience of PTG in Aboriginal adults, I used a narrative-informed approach. This form of inquiry explored the experience of PTG by providing a rich, contextual description of the phenomenon.

Chapter Three

Methodology

In order to study the experience of post-traumatic growth (PTG) in Aboriginal adults, a qualitative research approach was chosen. A qualitative approach enabled me to gather rich stories of my participants' experiences with PTG. Within this approach, a constructivist paradigm was selected and a narrative informed methodology was utilized. This chapter describes the foundation of constructivism, including its ontological, epistemological, and axiological assumptions. As well, my position as the researcher is examined. This is followed by a discussion of the narrative-informed methodology that I employed. As well, the data gathering procedures that were used are described, including inclusion criteria, recruitment procedures, and data collection. Then the data analysis procedure and techniques are explained. Finally, an evaluation of the study and ethical considerations within the study are presented.

Qualitative Research

A qualitative research approach was selected to study the experience of PTG in Aboriginal adults. Qualitative research is an umbrella term that describes a number of different approaches to studying phenomena with the general underlying view that there is no objective reality, no one objective truth (Lyons & Coyle, 2007). Denzin and Lincoln (2005) state that qualitative research is “a situated activity that locates the observer in the world” (p. 3). In other words it means that the researcher is not separate from what is being researched.

Creswell (2007) describes that there are several characteristics inherent in qualitative research: natural setting, researcher as key instrument, multiple sources of data, inductive data analysis, participants' meanings, emergent design, theoretical lens, interpretive inquiry, and holistic account. In qualitative research a natural setting is sought through collecting data in the community rather than in a laboratory setting. In these settings, the researcher is the one who actually collects the data; they are the key instrument in the study. In qualitative studies, multiple sources and forms of data (such as interviews, observations, and documents) are often sought rather than relying on a single data source. With this data, inductive data analysis procedures are used in a "bottom up" way, where patterns, categories, and themes are built from obtained information "into increasingly more abstract units of information" (Creswell, 2007, p. 38). Throughout the research process it is important to focus on the participants' meanings of experiences, not that of the researchers. Overall, within qualitative research, the research process is emergent. This means that a researcher has to be flexible and follow the data where it leads. Sometimes qualitative researchers use a theoretical lens from which to view their research. Interpretive inquiry is a hallmark of qualitative research. Researchers, readers, and participants all make an interpretation of what they "see, hear, and understand" (Creswell, 2007, p. 39). Finally, qualitative researchers seek to develop a holistic account of the problem or issue being examined. The importance of context is paramount.

A qualitative approach was chosen in order to create rich descriptions of the experience of PTG. It is also a recommended approach to take when "a

problem or issue needs to be explored” (Creswell, 2007, p. 39) because there is limited information about the issue. As previously reported, there are no current studies examining PTG within the Aboriginal population. The qualitative approach enabled me “to take seriously the influence context has on experience and meaning” (Massey, Cameron, Ouellette, & Fine, 1998, p. 340). This holistic approach in qualitative research is also culturally congruent with Aboriginal worldviews. This approach was also chosen due to the historical ramifications of colonialism and the previous damage done by colonialistic research practices in the community (Barton, 2004). These practices involved research being “done” to Aboriginal Canadians, it was research they did not have a voice in. On the other hand, qualitative research can be used when “we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study” (Creswell, 2007, p. 40). This collaborative approach emphasizes the views and position of the participants.

Constructivist paradigm. Within qualitative research there are a variety of approaches and ways of viewing the world. A world-view or paradigm “is a basic set of beliefs that guide action” (Guba, 1990, p. 17). To examine the experience of PTG, I have chosen to work from the constructivist paradigm. This paradigm has a distinct ontology, epistemology, and axiology. The ontology, or nature of reality, within constructivism is that reality is socially constructed. There is no objective and unassailable truth to be discovered, it “comes into existence in and out of our engagement with the realities in our world” (Crotty, 2003, p. 8).

Within this view there are multiple realities because people construct meaning in different ways (Crotty, 2003). Epistemology is concerned with the nature of knowledge (Crotty, 2003). Within the constructivist paradigm, knowledge is subjective and experiential (Lyons & Coyle, 2007). It describes that “the ways in which we understand the world and ourselves are built up through social processes... nothing is fixed or necessary about them; they are the products of cultural and historical contexts” (Lyons & Coyle, 2007, p. 16). Axiology is the role that values have within a world view. The constructivist paradigm acknowledges that people have values and researchers bring these values, or biases with them when they engage in research (Creswell, 2007). In addition, research is a collaborative process; the relationship between participant and researcher is “one of mutual and simultaneous influence” (Lincoln & Guba 1986, p. 17).

The researcher’s position. As noted above “all researchers bring values to a study, but qualitative researchers like to make explicit those values” (Creswell, 2007, p. 18). By making my biases and values apparent and explicit, it illuminates my position as a researcher. Within the constructivist paradigm, who I am and what I have experienced will influence the way in which I examine and reflect upon the research. The data that emerges is co-constructed between myself and my participant. Therefore it is important to provide insight into the position from which I engage in research.

As previously discussed, my interest in PTG grew out of my work with formerly at-risk youth, mainly of Aboriginal heritage, and my own personal

experiences with growth in the context of adversity. I wanted to explore the concept of PTG within the Aboriginal population because I saw a great deal of strength and perseverance within the population. As a future psychologist, I also wanted to see how I could help facilitate positive growth within this population. I know that as a Caucasian female researching Aboriginal people, I will always be viewed as an outsider. However, in working within the Aboriginal culture for six years, I have cultivated relationships within the community. From these relationships I have gained a passion for working within this rich culture. These relationships have also provided me with the necessary background to conduct research within this community. That is, I have endeavored to develop a cultural understanding and I believe this helped me to connect with my participants. This is in line with the position that when conducting cross-cultural research there needs to be some preparation prior to entering the field (Morrow, 2005).

My own personal experience with PTG, which I described in the Introduction, will also impact the way I interact with, view, and analyze the participants' data. My own experiences may be similar to or different from those of my participants. I am not Aboriginal so my experience with PTG will most likely be different. However, my personal experience may also make me uniquely suited to study this phenomenon in a way others cannot grasp. Further, this personal experience makes me passionate about this area of investigation.

My background as a counsellor has also made me uniquely suited to research the sensitive topic of trauma. However, I had to be careful not to engage in therapy during my interviews. This, according to Haverkamp (2005), is the

challenge for many counsellors when conducting qualitative interviews. I come from a helping profession orientation and I had to consciously remember that this was not my role in this particular situation. Further, I also have a bias as coming from a positive psychology perspective and from a strengths-based approach. I may have been more attuned to the positive aspects of the participants' narratives as opposed to the negative components. In order to represent my participants' stories to the best of my ability, I tried to minimize my own voice in their narratives. While it is impossible to fully do so, the procedures I used to reduce my impact on the stories are discussed in the evaluating the study section.

Contextualizing the Approach

Narrative method. A number of methodologies and approaches fall under the umbrella of qualitative research within the constructivist paradigm. One of these is a narrative research approach. Narrative research is described as a “methodology for inquiring into storied experiences” (Clandinin & Murphy, 2009, p. 598). The roots of this study originated within a narrative research methodology. The importance of context, culture, and storytelling were upheld. However, a traditional co-constructed narrative inquiry was not fully feasible due to participant availability (see description below). Instead, the methodology used for this study can be described as a narrative informed approach. I used traditional narrative research methodology as a guide for the collection and analysis of the data. However, as one of the narratives was not fully co-constructed, it cannot be termed a pure narrative inquiry.

Narrative informed approach. Narrative research is a constructivist methodology which focuses on the meaning of experiences. Ontologically, narrative is of the position that the story is the reality (Clandinin & Connelly, 2004). Reality is the participant's construction of their life and is told through stories. Epistemologically, a narrative approach is concerned with the subjectivity of those experiences (Lyons & Coyle, 2007). It is not about accurately representing history in an objective manner, rather it is about recording a person's story, their experience. Narrative research acknowledges that each person brings to the narrative a different interpretation (Bold, 2012). Both the narrator and the researcher bring their own biases to the co-construction of a narrative. Therefore, the narratives of PTG in this study are a combination of my participants' and my own perspectives.

Crossely (2007) describes that "it is impossible to make universal claims about the nature of human selves and personal experiences because such selves and experiences differ in relation to historical, cultural, and practical contexts" (p. 132). A narrative informed approach stresses the importance of context and culture (Clandinin & Connelly, 2004). This is why it is an advantageous method when working in cultures different from your own, which is what I did when working within the Aboriginal community. More specifically, a narrative approach is recommended when working with Aboriginal populations as it is congruent with Aboriginal epistemology (Barton, 2004). This is due to the cultural importance given to the tradition of storytelling and interrelationships between people and their environment. Narrative research is a "relational

methodology because it preserves story, art, and healing as elements of each other found embedded in Aboriginal peoples' family and community life" (Barton, 2004, p. 523). As well, in using narratives, you are able to give a voice to people whose experiences and perspectives have been marginalized in the larger society. It allows someone to tell their own story in their own words. Creswell (2007) states the selection of a narrative approach is advantageous when detailed stories help in understanding the problem. As this is an exploratory study, rich and detailed information can be discovered by using this methodology. A narrative informed approach provides a holistic, contextual description of the experience of PTG in a way that would not be possible with traditional quantitative approaches.

In narrative research, the relationship between the researcher and the participants is of particular importance. It endeavors to create a climate of personal respect. This approach "allows for collaboration, relationships, and ongoing self-reflection" (George & O'Neil, 2011, p. 369). It is acknowledged that trust is an important component in research, especially when researchers come from a different cultural background (Barton, 2004). Overall, narrative based research highlights the respect and value of participants.

Data Gathering

In qualitative research the sampling of participants is purposeful. This means that "the sample is selected on purpose to yield the most information about the phenomenon of interest" (Merriam, 2002, p.20). It is important to find participants who are willing and able to discuss their stories in a way to provide

“intense, full, and saturated descriptions of the experience under investigation” (Polkinghorne, 2005, p. 139).

Inclusion criteria. The aim of the study was to collect data from two adult Aboriginal participants who had experienced personal growth in the aftermath of trauma. The participants were adults over the age of eighteen. Adults were chosen for this study due to the fact that, to date, PTG has not been noted in younger populations, and the speculation is that it takes some maturity in order to achieve this phenomenon (Linley & Joseph, 2004). The participants self-identified as being of Aboriginal descent, and when reading the definition of PTG, were able to say that they had experienced this phenomenon. They also had to be willing to talk about their experiences of trauma and growth. A set of screening questions was also used to determine the participants’ current mental health status (see Appendix A). This was done to ensure that they felt they were in a healthy place to discuss their past.

Recruitment. Participants were recruited through the use of flyers and with the assistance of a cultural advisor in the Aboriginal community. This advisor is a respected Elder within the Aboriginal community in Edmonton. The relationship between researcher and participant is very important in cross cultural studies, particularly when working within the Aboriginal community (Barton, 2004). Having this study endorsed by a respected member of the community helped to facilitate the development of these participant-researcher relationships.

Data collection. In this project the data was collected using in-person interviews. This is consistent with the narrative approach of having the participant

tell their story, in their own words. The interviews were audio recorded for the purpose of creating a verbatim transcript. I endeavored to interview the participants in a location of their choosing that was both private and comfortable for them.

Within the area of narrative analysis, I utilized broad open-ended questions in my interviews to allow the space for story to develop (George & O'Neil, 2011). The guiding questions as well as the research protocol are included in Appendices B, C, and D. In order to help the participants frame their experience of PTG, I began the interview with the question, "Tell me about your experience with post-traumatic growth." Clarifying questions were utilized to fill in details. In addition, consistent with the narrative paradigm, I endeavored to discover if there were any instances of epiphanies (Creswell, 2007). Throughout the data collection and analysis process, memoing was utilized to create an audit trail. These memos were kept in a research journal. The memos included hunches, insights, questions, and the brainstorming of ideas throughout data collection and analysis. As well, data analysis decisions were assisted through the creation of mind-maps and charts. This audit trail is consistent with Merriam's (2002) idea of "transparency of method" (p. 21).

In narrative inquiry, the data collection does not end with one interview. As stated previously, the story that is created by the researcher is co-constructed with the participant. Often times, the in-progress research text is presented to the participants to change, augment or add to. With regards to one of my participants, after the initial interview was completed and the narrative was written, I was

unable to contact her to do follow-up. I tried to reach her in numerous ways, but I was ultimately unsuccessful. The result of which was I was unable to co-construct her narrative as I did with my other participant. Caine and Estefan (2011) discuss the void that is left behind when a participant in narrative research can no longer be contacted. This left me with a decision to either proceed with the story as written, or to discard the story and search for another participant. Through a great deal of reflection and discussion with peers and my supervisor, I decided to move forward and include her data within the study. Through the relationship we formed, I felt that I had an obligation to tell her story. She had trusted me with a very personal story and I wanted to honor that.

Data Analysis

For the purpose of analysis, the interview recordings were transcribed verbatim and any identifying information was removed from the transcripts. I used the three phase content analysis procedure developed by Lieblich, Tuval-Mashiach, and Zilbert (1998). Within this three phase model, the first phase is familiarizing oneself with the materials and immersing oneself within the transcripts. The second phase is where the participants' narratives were created using Reissman's (2008) narrative thematic model procedure. A separate narrative was created for each participant. The third and final phase is the creation of a meta-analysis of overarching themes between the two narratives. This was undertaken to explore the commonalities with regards to PTG experienced by both participants.

Phase 1: Becoming familiar with the material. In Phase 1, holistic content analysis was implemented. This involved repeatedly reading the transcripts several times. This was in order to familiarize myself with the material and to begin to look for overarching themes within each narrative. In addition, this was done in order to appreciate the perspective of the participant and their journey of PTG. As described previously, the importance of context in the narrative approach is paramount. Therefore, it was essential that I tried to grasp my participants' experiences as best I could.

Phase 2: Narrative analysis. In Phase 2, the original transcripts were analyzed utilizing Reissman's (2008) narrative thematic model. This model is more concerned with "what" is said rather than "how" it is said (Eisn, 2011). It is the content of the story which is the essential part. There are four stages in the application of the thematic model: selection of segments, definition of thematic categories, sorting the material into categories, and drawing conclusions (Reissman, 2008). In the first stage, the main ideas and phrases from the transcripts that I deemed to be relevant to the principle research question were selected. These relevant sections were highlighted within the transcript. Next, in stage two, these sections were examined and thematic categories were developed. I decided to use the Medicine Wheel as an overarching organizational lens, examining PTG within the mental, spiritual, emotional, and physical areas of the person. Clandinin and Huber (2002), indicate that metaphors can be used to organize and represent data to illustrate the wholeness of an experience. As discussed previously, the Medicine Wheel is practiced by more than eighty

percent of the Indigenous peoples of North America (McCormick, 2005), therefore it is a culturally congruent representation of experience. Within the quadrants of the Medicine Wheel, subcategories were also identified. In stage three of this analysis, the material was sorted into the four quadrants of the Medicine Wheel and further divided into the subcategories. In the final stage, the narrative content that was organized was put together to create a representation of the participants' experiences with PTG. Since co-construction is important to the process, the participants, if available, were asked when possible to review and augment the presentations of their stories. Unfortunately, as previously mentioned, one participant could not be reached to provide feedback.

Phase 3: Analysis of narratives. In Phase 3, a meta-analysis was implemented to identify patterns and themes across the separate participants' stories. Reissman's (2008) four step thematic model was again used in the creation of overarching themes between the two narratives. The creation of these common themes was based on significant meanings and patterns that helped illustrate a shared story of PTG. Throughout the data analysis process, I continued to memo and document my decision making processes.

Evaluating the Study

There is a great deal of discourse and debate within the literature with regards to the treatment of reliability and validity within a qualitative approach (Merriam, 2002). In qualitative research, "the very nature of the data we gather and the analytic processes in which we engage are grounded in subjectivity" (Morrow, 2005, p. 254). The subjective nature of qualitative research creates

unique concerns regarding what is considered “good” research. For the purpose of this project, Lincoln and Guba’s (1985) “parallel criteria” of credibility, transferability, dependability, and confirmability were used to evaluate the study.

Credibility. Credibility describes how well the realities of the participants are represented by the results (Merriam, 2002). It is “truth value” of a study and is related to the traditional positivistic concept of internal validity (Lincoln & Guba, 1985). Lincoln and Guba (1985) identified several techniques to assist with the credibility of a study. These include prolonged engagement with the data, peer debriefing, and member checking. Prolonged engagement with the data was achieved by note-taking during the interviews, transcribing the interview recordings, repeatedly listening to the recordings, and by reading and re-reading the transcripts. Throughout this immersion memos and notes were taken in a research journal to further solidify the connection with the data. With regards to peer reviews, debriefing sessions with fellow graduate students occurred following interviews and analytic sessions. In addition, there were weekly meetings with my supervisor to discuss emerging ideas and themes.

Further, to ensure the accuracy of the data collected and the analysis, member checking was utilized in this study where possible. Member checking, which also termed respondent validation, is a procedure in which the participants are solicited to examine a researcher’s findings and interpretations so that they can judge the accuracy of the representation of their account (Creswell, 2007; Maxwell, 2005; Merriam, 2002). Member checking enhances the credibility of my research as I have an obligation to get as close as possible to representing the

participants' stories. Unfortunately, as previously discussed, member checking was not possible with my second participant.

Transferability. Transferability is how the knowledge generated can be applied to other situations (Merriam, 2002). There may only be two participants in this study but the goal of qualitative research is not the positivist principle of generalizability, but transferability. Lincoln and Guba (1985) assert that thick, descriptive data is the way to demonstrate transferability. Through the rich descriptions I provide, which are inherent in the narrative approach, my readers are able to make informed decisions regarding the extent to which the findings can be transferred to other situations (Creswell, 2007).

Dependability. Dependability in qualitative research refers to whether the “results make sense, [if] they are consistent and dependable” (Merriam, 2002, p. 27). In qualitative research what is important is that “the results are consistent with the data collected” (Merriam, 2002, p. 27). In order to enhance the rigor and dependability of this project, an audit trail was utilized. In creating this audit trail, I documented how the data was collected, analyzed and also detailed the decision making processes (Merriam, 2002). This audit trail was constructed through the use of memoing. As well, the interviews were audio-recorded and verbatim transcripts were utilized. This, according to Creswell (2007), is a way in which to augment dependability in qualitative research.

Confirmability. Confirmability is concerned with the “accuracy of the product” (Lincoln & Guba, 1985, p. 318). Another way to conceptualize it is, if others can confirm a good fit between the data and the conclusions, a study can be

demonstrated to have good confirmability (Bogdan & Biklen, 2007). Within the social constructivist perspective, results are a co-constructed representation of reality, therefore another researcher would not come to the same exact same conclusions. However, if through rich descriptions, another researcher can logically follow the conclusions that were reached, a study is said to have confirmability. Therefore, to assist with confirmability, substantive quotes were used in the description of the identified themes.

To further add to the confirmability of this project, I also followed the qualitative research tradition of making my biases and implicit assumptions overt to myself and to others (Morrow, 2005). This is categorized as employing reflexivity. I acknowledged that in this qualitative study, as the researcher, I am the instrument. It is my trustworthiness that may be called into question. By recognizing and reflecting on my own biases I tried to reduce my own influences. Through clarifying my biases I am also able to ensure that the reader understands my position. In accordance with the narrative paradigm, I believe one cannot be fully free from their biases, but being aware of and acknowledging them can enable a researcher to conduct research in a trustworthy manner.

Ethical Considerations

Respect for human dignity. When conducting research with humans, the respect for persons is of paramount importance. This includes the principles of informed voluntary consent, concern for the welfare of participants, and confidentiality. In order to participate in research, consent must be voluntary. Further, consent is an ongoing process; the participants were informed that they

could withdraw their participation at any time prior to the writing up of the final document.

To obtain informed consent participants were informed verbally and in writing of the potential risks and benefits of participating in this study (see Appendix B). The potential risks of this study are that the re-telling of traumatic experiences may be harmful in that it can re-trigger an individual (Herman, 1992). On the other hand, a potential benefit of this study is that disclosure of traumatic events can be healing (Slavin-Spenny et al., 2011). Participants were also informed that they are contributing to the body of knowledge by telling their story.

In accordance with the Tri-Council Policy (2005) core principle of Concern for Welfare, if there is any concern for a participant's psychological well-being a debriefing session or a referral for counselling would have been made. Through training in crisis response I am qualified to provide a debriefing session after an interview with a participant. As well, a list of culturally sensitive and trauma specific referral resources was prepared and would have been provided to the participants if deemed appropriate.

When researching sensitive topics, such as trauma, the issues of confidentiality and anonymity are of paramount concern. To address this, I am the only person who knows the names of the individual participants and pseudonym were utilized. The pseudonyms that were used were chosen by each participant. As well any identifying information was removed from the transcripts and the narratives. Through member checking, the participants were also able to

remove any other details they deemed identifiable from the narrative. In order to further protect confidentiality, the computer which the audio files, field notes and transcripts were stored on was password protected. All possible efforts were made to ensure confidentiality, however it is difficult to guarantee complete anonymity. The participants were informed about any potential limits of confidentiality so they were able to make an informed decision about their participation in this study.

Integrity in relationships. In narrative analysis, the relationship between the researcher and the participant is paramount. In this study, this relationship was characterized by transparency and authenticity on my part. In order to ensure this, the goals of the research were made explicit to the participants. As well, the boundaries between researcher and participant were discussed at the start of the study and were revisited if I felt necessary. I acknowledge that there is an inherent power imbalance in the researcher-participant relationship, however I endeavored through a collaborative approach to include the participants in as much as was reasonable in the research process.

Aboriginal populations. When conducting research with Aboriginal populations, there are some specific ethical considerations to take into account. These are outlined in the Tri-Council Policy Statement (2005). There is an emphasis on the spirit of respect and the building of trusting reciprocal relationships. A narrative informed approach “involve[s] learning how to listen and receive stories followed by interactions of authenticity and respect” (Barton, 2004, p. 523). This type of approach is congruent with the requirements that the

Tri-Council Policy (2005) sets forth in working with Aboriginal people. As well the use of a cultural advisor is consistent with the recommendation of engagement with the community. In choosing a narrative informed approach I made a conscious effort not to repeat colonial patterns of marginalization. Through this approach I sought to be as collaborative and respectful as possible. Overall, this study regarding the experience of post-traumatic growth in Aboriginal adults was conducted in as ethical a manner as possible.

Chapter Four

Jimmy's Story

The first participant I interviewed was Jimmy. Jimmy approached me in a local diner when he overheard me explaining my thesis topic to my cultural advisor. Jimmy listened for a while to our conversation and then he approached our table. He graciously told me “I want to tell you my story.” Jimmy told me that he had grown and overcome trauma and that he would like to help me. This warmth and willingness to help others characterizes how Jimmy engages with the world; he strives to help others. Jimmy's road to this new life was a long one and is still ongoing. He is very open about his struggles and I am grateful that he chose to share his story with me. Jimmy has a great sense of depth to him and speaks with a grounded wisdom. Our interview conversation took place in the very same diner he originally approached me in. What follows is Jimmy's story of personal growth and transformation. It begins with the roots of his story, followed by his turning point, and then the story of his personal growth within the context of the Medicine Wheel. Before Jimmy's story is presented, he would like to dedicate his story to his family and friends, as well as others who are struggling in the grips of addiction.

The Beginnings: “Part of My Story”

Jimmy was born in the 1960s in a small town in Manitoba. He grew up in a busy household with sixteen siblings. Jimmy's house had three rooms and did not have running water or electricity. They were a close family and Jimmy relayed that “I spent a lot of time with my father and my mother helping them.”

His time with his family was very special to Jimmy. They also spent a great deal of time outdoors and connecting to nature: “My father taught me how to trap. Stuff like that right? ... And that’s how we grew up, basically fishing, stuff like that, the old ways, right along the river.” While there was a significant connection to the land, Jimmy describes that it was not a religious household. There was also a cultural separation as the members of his family “[had] to give up their treaty rights” when they joined the military and went to war.

Jimmy describes his parents as “the most beautiful parents on the face of the earth- when they were sober. They never fought, they never argued, anything like that.” Unfortunately sober periods were few and far between. The relationship between Jimmy’s parents was pretty violent and his father often beat his mother “quite horribly” when he was drunk. Jimmy witnessed this from a young age and he “thought that it was normal.” He did not know anything different as he had not experienced anything else. “It’s part of my story and that’s how I grew up and that’s how I was raised. And that’s what I seen.” In addition to the trauma he witnessed at home, Jimmy was also the victim of sexual abuse at the hands of a relative. Further, Jimmy’s school experience was not an escape as it was filled with racism and schoolyard fights. It was not an easy childhood and Jimmy tried to cope the best way he could. Despite all these difficulties, Jimmy is clear in his reflection that he “would not have changed any of it” because his experiences led him to become who he is today.

Jimmy described that there has been a lot of loss, especially to suicide, that he has “dealt with in [his] lifetime.” Jimmy’s first experience with suicide was

when a friend, who was also a neighbor, killed himself. They were “the same age,” both twelve years old. This was only the first in a long series of deaths Jimmy tried to cope with. Jimmy had a “difficult time” dealing with so many losses, in such a short time and at a young age. In relation to these losses, Jimmy had his own battle with suicide, attempting to kill himself when he was in his twenties. He was woken up that night by his brother, however his difficulties continued.

Jimmy relayed that he had a great number of issues to deal with: abuse—both physical and sexual, witnessing domestic violence between his parents, racism, multiple losses of those close to him to accidents and suicide. Jimmy realized that this was a lot for one person to deal with:

There was a lot. A lot of, when you’re young, you don’t know how to deal with all that... You don’t have the wisdom... It’s impossible to try to deal with all that. Your mind is not mature and the only thing you can turn to is either alcohol or drugs or whatever at the time. And I chose the alcohol.

Given the lack of coping mechanisms to deal with so many challenges as a young person, Jimmy noted that he chose alcohol as an “escape” for his problems.

Further, he also described that he had a pattern of literally running away from his problems. At several points in his life Jimmy moved “across the country” to leave behind difficulties rather than face them. In addition to coping with the deaths of loved ones, some of these problems were related to relationship difficulties.

Jimmy was in a series of unhealthy relationships for most of his life. He was “afraid to be alone” and would often be “stuck” in bad relationships. Connected to

the end of a significant relationship, Jimmy attempted to kill himself for a second time. When relaying this incident, Jimmy shares that he was “drunk” and was in his “man cave” when he tried to shoot himself in the head with a shotgun. Fortunately, his suicide attempt was not successful due to the fact that he was intoxicated and was sitting on an unstable surface. Jimmy describes he was “sitting in a swivel chair and I guess it moved... And it did that, and it saved my life.” Somehow, the chair turning saved his life and miraculously, this suicide attempt was different than the last time. This was a turning point for him, the beginning of his journey into his new life.

Turning Point: “We Can Fix That”

Jimmy’s turning point began when he woke up in the hospital the next day after trying to kill himself. He describes this moment as the beginning of his new life, his rebirth. Jimmy did not know what had happened, so he asked his doctor:

I did not know what happened. I said “Doc, what happened?” He looked at me and said “Jimmy, let me tell you right now, you’re not crazy.” I didn’t know what happened. He says, “You’re not crazy Jimmy, you’re an alcoholic.” I looked at him and smiled and said, “Doc, we can fix that!” I think that’s yah, that’s the exact words I said “I can fix that.” That’s the last time I ever touched alcohol.

This was Jimmy’s turning point. He had hit what he describes as his “rock bottom” and from this deep and dark place of despair, his growth began. Jimmy recognized that he had a problem, he decided to “do something about it” and he went about taking action to do so. This shift in Jimmy’s intentions and his

decision to change is what fueled his new approach to life. He has spent a great deal of time working on himself, a large part of which occurred through the help of the “fellowship” of a Twelve Step Program. He stated that this program “saved [his] life.” What follows is Jimmy’s growth explored within the context of the Medicine Wheel (depicted below in Figure 2), looking at how he grew spiritually, mentally, emotionally and physically.

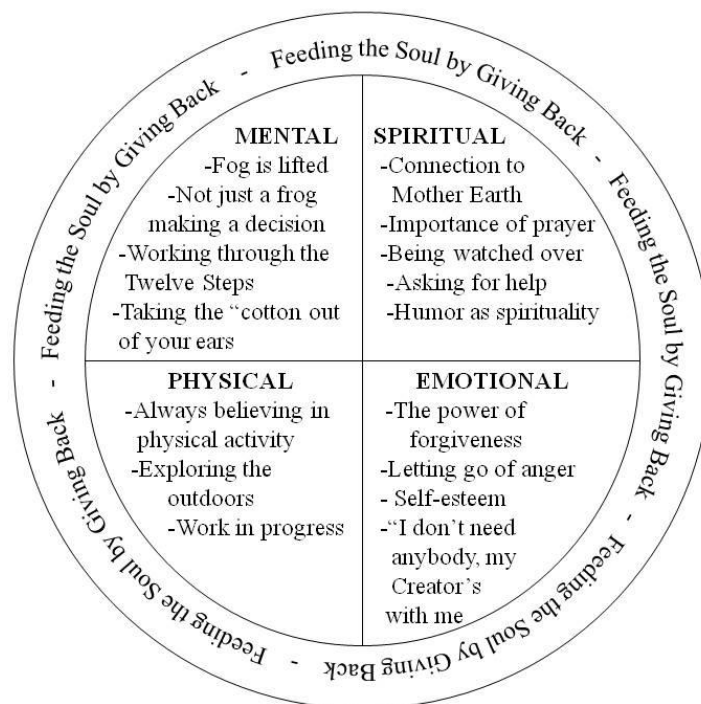


Figure 2. Jimmy’s Medicine Wheel of post-traumatic growth.

Spiritual Aspect of the Medicine Wheel

In Jimmy’s journey of recovery, his connection with his spiritual side has been a guiding force. Jimmy places a great deal of emphasis on his spiritual growth, it was the grounding that he needed to grow into the “person [he] is today.” Jimmy’s connection with his Creator began after his turning point and the subsequent decision to become sober. His spiritual journey was influenced by the

faith based system his Twelve Step program followed. In taking control of his new life, Jimmy also put faith into something greater than himself. Jimmy's spiritual journey was one he had to "discover on [his] own." His spiritual orientation is based in the connection to Mother Nature, which has some roots in Aboriginal culture. His connection to his spiritual side also includes the importance of prayer, being watched over, and asking for help from his Creator. Further his sense of humor is viewed as a part of his spiritual side. What follows is Jimmy's story of growth within the spiritual portion of the Medicine Wheel.

Connection to Mother Earth. Jimmy's spiritual growth started later in his life. His spirituality solidified during his experience with his Twelve Step Program and continues to evolve today. Jimmy did "not grow up in a religious family" and spirituality was not something practiced in the home. There was, however, a connection to nature that was cultivated by his family and their connection to the land. This focus in his upbringing helped form the basis of Jimmy's grounded spirituality.

Jimmy expressed his spiritual orientation in a very organic way. He describes his spirituality as originating "from Mother Earth." He relays that:

Everything in Mother Nature, on Mother Earth has a reason to be here. That's how I've become and I'd like to learn more and more. When I pray, I pray to my spirits, my ancestors, the sun, the moon, the stars. The stars gives us direction at night... The sun gives us warmth, the trees give us oxygen, the animals food to eat, the ground gives us clean drinking water.

Overall, Jimmy views religion as being “manmade” and that is not what he believes in. What he believes in is spirituality.

Jimmy’s beliefs are his “own personal creation.” He “picks up what he wants and needs” in his spiritually through connecting with others, especially within his Twelve Step Program. What fits for him he “takes”, but he “leaves” what does not work for him. Jimmy is also very accepting of others’ spiritual orientations and he does not criticize anyone for their beliefs. He believes that:

We all come from somewhere, we all believe in something... It doesn’t matter as long as you believe in something and pray to your certain somebody, your God or your Creator, you can get all the power from it.

The power of prayer is just unbelievable, as I’m finding out in my life. My Creator has given this strength to me to be able to deal with my illness, the things I come across in life, how I feel.

The strength he receives from his spiritual connection helps keep Jimmy going. A significant part of that connection is prayer.

Importance of prayer. Prayer is something that is integral to Jimmy’s life. It is through praying to his Creator that Jimmy continues to connect to his spiritual side. It was through the power of prayer that Jimmy believes he was helped in his sobriety:

I started praying, got down on my knees and I started praying. Meanwhile, that door was open a bit, I just had to push it a little bit more. And my Creator walked in and said ‘Jimmy we’re here to help, to guide you.’

Okay, so once I believed that I just had to let them guide me and follow them.

Through prayer, Jimmy receives guidance in his path of recovery.

The ritual of prayer has become a daily touchstone for Jimmy; he prays every morning and every night. When he awakes in the day he asks his Creator for “health, for the courage, strength, hope, and faith not to take that first drink again.” Before bed, Jimmy always thanks his Creator for “the beautiful day, because it was a beautiful day regardless of anything going on in [his] personal life.” This gratitude and thankfulness is an integral part to Jimmy’s life. Through his connection Jimmy is able to open himself up to the life he wants to lead. Through prayer Jimmy intentionally connects with his Creator, a Creator that “watches over” him.

Being watched over. Jimmy’s connection to his Creator is also characterized by feeling “watched over.” After all he had been through, the trauma, the losses, the near death experiences- he is “still alive.” Jimmy gives this credit to his Creator and it is one of the reasons he was able to come to believe in something greater than himself:

I had to come to believe for the simple fact because he has been there watching over me anyways. When I was drunk, how did I get out of cars? How did I not get killed?...God knows how many times I should be dead, many times over. You know, and he watched over in my sobriety, I should have been dead, you know, close calls.

Jimmy has achieved a sense of peace in connecting to a force that watches over him. This connection to something bigger helps Jimmy to keep from feeling alone. It is a feeling of safety.

By feeling watched over, Jimmy is also feels that he is here for a reason, his Creator chose to “keep [him] alive” for some purpose. This certainty helps guide Jimmy in his days and helps him in his sobriety. It is as if a weight has been “lifted,” I am worth something which is why my Creator took care of me. As part of feeling watched over, Jimmy was also able to ask for help from his Creator.

Asking for help. In his past, Jimmy tried to cope with his problems alone. Now, being connected to his Creator, he describes himself as being “humble” and putting his trust in something greater than himself. This trust has enabled him to ask his Creator for help:

Well everything happens for a reason, I think. It’s all in how we deal with it, you can choose the easy way out: which would be alcoholism, drugs and end up losing your own life, taking your own life or putting yourself in jeopardy of losing your life. Or you can pray, and ask for that courage and strength and hope and faith and desire to life a beautiful, beautiful life. You can only do that once you make the decision to be able to do that. And once you push that door a little bit as I was saying earlier, your Creator will take care of the rest for you, your god or your beliefs. But you have to work at it.

Jimmy has a firm belief that by “opening the door” to the spiritual side “when you ask for help, the things you need will come to you.”

Throughout his progression through the Twelve Step Program, Jimmy's spiritual connection has been his constant companion. His Creator has given him guidance and helped him on his path. It is a path that is not always easy: "It's a work in progress and, Creator permitting, he will keep on guiding me to my beautiful destiny that one day I'll reach. And I love this journey, it's a great journey." This feeling of being guided helps Jimmy on his continued sobriety and giving back to the community he loves. While Jimmy is guided by his Creator, there is another part of Jimmy that is helping him cope in life and that is his sense of humor.

Humor as spirituality. An area that not everyone connects with spirituality is humor. However, humor is a joy in life and connects us to something larger than ourselves. When Jimmy relayed some of his past difficulties to me he used humor. He said, "I've had a lot of luck with women" to describe his past difficulties with relationships. As well he describes his second suicide attempt as, "And I took off some of my hair. So I, tried to cut my hair real short with a shotgun."

Jimmy describes that he has to laugh and joke around about it, because it is "such bad stuff." Humor is a form of coping and also an orientation to life for Jimmy. He tries "not to take life too seriously." Jimmy tries to enjoy life and see the best in everything. He tries to "stay focused on the good things in life." Humor is an approach that helps him do this and not get "stuck" in the bad times.

Overall, the spiritual portion of the Medicine Wheel is an integral part in Jimmy's growth, however it is not the only area in which he has experienced

growth. The mental area of the Wheel has also played a part in Jimmy's transformation.

Mental Aspect of the Medicine Wheel

The mental or intellectual area of the Medicine Wheel is part of what helps keep one balanced. After his turning point, Jimmy relayed that he was finally able to begin to "think clearly." He was then able to consciously make a decision to change and take action to enact that change. As well, Jimmy's journey into mental growth has been closely tied to his learning in his Twelve Step Program. He is very open to learning, from the young and the old, from the experienced and the inexperienced. Overall, this openness to changing and bettering himself in the mental area of the Medicine Wheel has played an integral part in Jimmy's growth.

The fog is lifted. Jimmy describes that his life when he was drinking was "foggy, that [he] couldn't think clearly." It was a "dark" and difficult time, however after his turning point, he started on a path of clear thinking, "You have to stabilize your mind and it takes time. The fog, when the sun comes up, the fog doesn't lift in a split second, it takes time, but it eventually lifts." This achievement of clarity was a process for Jimmy and did not occur overnight. It was through the support of his Creator and his fellows in his Twelve Step Program that this fog began to lift. However, now he can say he does think clearly. He describes that, "sometimes yes, it does [still] get a little foggy, but I take my time."

This new ability to see clearly helped Jimmy to be able to change the way he thinks about and reacts to things in his life. A great deal of Jimmy's growth is

indicated in how he was able to change his way of thinking. In the past he was very quick to react to situations and would let things get out of control. Now, however, his thinking follows a different pattern:

Don't let the little things bother you. Do not. You know, you've got to learn to live on life's terms. Acceptance, that's the way to do it. You can't change the world, but you can change yourself...You can change your way of thoughts, your way of thinking. The big one is the way to deal with things.

By thinking about things differently, now Jimmy is able to free himself from simply reacting to situations. Jimmy has been able to change how he thinks about situations and use the power of thought to make decisions to change his life.

Not just a frog making a decision, but deciding to act. Jimmy made the decision to stop his drinking and change his life after he woke up in the hospital. His decision to quit drinking came to him in his own time and in his own way. Jimmy relayed that, "You have to find it for yourself. A lot of people tried to help me but I wasn't ready. I was not ready. I'll do it in my own way and in my Creator's time." Jimmy had to make this decision for himself, no one could have convinced him to do so until he was ready. Jimmy not only made the decision to stop drinking, he also took action to follow through.

Jimmy made the decision to change his life, however, this was only the first step. As he relays, a decision needs action:

Well anybody can make a decision, I learned this story very early in [my Twelve Step Program]: there's three frogs sitting on a log, one makes a

decision to jump, how many frogs are left? Three! He just made a decision, he didn't take action.

The actions Jimmy took were to follow the Twelve Steps. He strongly committed to this path, "taking every day as it came." Jimmy believes that "your day is what you make it" and his days were "not very good" when he was drinking. Now, Jimmy takes joy in every day and strives to make it "beautiful." Jimmy consciously chose to take his life into his own hands and started to actively make changes for the better. What helped him and continues to help him with these changes is his Twelve Step Program.

Working through the Twelve Steps. An integral part of Jimmy's transformation was related to his work in his Twelve Step Program. He "learnt a lot, so much in this program." Every step has had an impact on Jimmy's continued recovery and growth. Jimmy says, "I owe my life to [Twelve Step Program] and to the fellowship. And the people that are around me today that I have in my life that are proud of me, very proud of me to do this." It was through the structure and teachings of the Big Book (the Twelve Step manual) that Jimmy was able to learn about his alcoholism. He relays that "I learned how to deal with my alcoholism. I can see now that there's a beautiful, beautiful life, without alcohol. A much more beautiful life without alcohol."

Jimmy describes that "I'm not a recovered alcoholic, I'm recovering. I will not ever ever ever be able to drink normally. I know that and I accept that." The process of recovery is ongoing, Jimmy is always learning new things. Part of that learning that continues is the human aspect, to be able to learn from others.

Taking the “cotton out of your ears”. An important facet of Jimmy’s “journey” was learning from the experiences of others. An important piece of this is being open to hearing what others say:

When I first started going to [Twelve Step Program] they always said take the cotton out of your ears and put it in your mouth. And I heard that, and I heard get a sponsor, so I got a sponsor and he taught me. And it’s amazing how much a newcomer can teach you when they come in. It’s amazing. I was there. And it’s amazing how much you can learn off an old-timer, whether it’s one word or two words or a whole sentence or a whole story.

This description illustrates Jimmy’s willingness to learn from anyone, whomever he comes across. He believes that by willing to ask for help and by putting “pride aside”, you open yourself up a whole new world.

Jimmy believes in the power of learning from other people and being open to what they have to teach us:

I’m a strong believer in, how can I say this, people that went through different problems in their life, if they’re willing to talk about it, they’re amazing to talk to because they speak from their heart. It’s hard sometimes, it’s difficult, but it’s all a part of growth. It’s not easy, but that’s the only way you’re gonna learn from one another is to share.

Jimmy has been able to learn from others as well as share his own story. By “[speaking] from [the] heart” Jimmy is able to give back as well as to continue his own growth.

Emotional Aspect of the Medicine Wheel

Jimmy's growth continued in the emotional quadrant of the Medicine Wheel. This is an area that focuses on how we feel and react to life. Jimmy identifies that he has "changed the way [he] deals with things." He describes that:

Dealing with what happened to me when I was young and things I dealt with personally in my adult life, I can deal with a lot of things now, whereas I couldn't before. I turned to alcohol and I tried to hide and bury my feelings and that didn't help, it made things worse.

Jimmy previously avoided his emotions, now however; he is "learning" to cope with them. He is able to engage with his feelings in a healthy way. This includes the "power" of forgiveness, "letting go" of anger, improving self esteem, and being "okay" with being alone.

The power of forgiveness. In Jimmy's path of healing and growth, letting go of negative emotions was an important step. This process of letting go was a "life changing" experience for Jimmy. As part of his Twelve Steps, his Step Five was to write down the hurts caused by others and how it affected him:

I wrote them down and why I was pissed off and how it affected me. How it made me feel, right? So I wrote all that down... I went back home to my man cave and burnt my Step Five. Everything was just gone, lifted, gone.

It was nice. It was a beautiful time in my life when I, when I did that.

This burning of the letter took place in the very same "man-cave" Jimmy tried to take his own life in. For Jimmy, the burning of the letter was a "freeing" experience and "when [he] started blossoming."

As part of freeing himself from these negative emotions, the “power” of forgiveness was an integral part of Jimmy’s emotional journey. It includes both forgiving yourself and forgiving others. He describes that, “if you can release forgiveness in yourself and in other people it’s amazing the power that you can have invested in yourself.” This feeling forgiveness has “opened up” Jimmy to the “beautiful life” that is out there and has provided a sense of freedom. This path of forgiveness is a daily focus for Jimmy, every evening he says, “thank you for this beautiful day. And that’s what I say every night, whether someone wronged me or if I did wrong to somebody during the day, I ask for forgiveness.” Jimmy’s focus on forgiveness both in himself and others has helped him address his issues with anger.

Letting go of anger. An area of emotion that Jimmy has seen growth in is his experience with anger. Jimmy describes that “all my life I had anger, all my life... I grew up very very angry like my father and my uncles.” This was the emotion that he felt he had to “[deal] with first.” It was through his connection to his Creator and his work on the Twelve Steps that Jimmy was able to “let go” of this emotion.

Jimmy’s growth in the area of anger has changed the way he interacts with and reacts to others:

Where I was before, was a very angry, uptight, miserable yahoo. Today, I’m one of the most easiest going guys that you’ll ever be able to talk to. I do not get mad, I don’t get upset. I smile and nod and carry on with my life, I don’t let little things bother me.

Jimmy describes that while his anger “has been lifted from me, there are still a lot of defects of character that I have to deal with, and with those it’s a day to day thing.” Jimmy’s growth is always an ongoing process, a process of working on improving himself.

Self-esteem. Another area where Jimmy has experienced a transformation is with regards to how he views himself. This change in his self-esteem has altered how he approached life:

I do not feel guilty, I do not feel ashamed. That’s all gone, the only reason I can say that is I asked for it to be gone, and it was gone. And if you do feel that guilt and shame, then you have to keep on praying and asking for that patience and that to be lifted and it will come. Because if you don’t get that lifted, you will not talk about it and you will not be open minded about anything and you’ll feel bad about yourself. Your self-esteem will be destroyed again. You will not build your self-esteem. And once you believe in yourself and get your self-esteem going, confidence, the whole world is open to you. You can do anything in the world you want, anything in the world if you believe in yourself. Anybody can do it, all of us can do it. It’s whether you want to or not, it’s your choice. And believe me, you have a choice. I didn’t know I had a choice. But it came to me and I love it. We all can grow, we all can grow, we can grow together.

This quote describes Jimmy’s approach to life as well as how he sees himself. The focus on the importance of “believing in yourself” is a path Jimmy has chosen to

follow. Through his development in self esteem, Jimmy also became secure in himself and became comfortable with being alone.

“I don’t need anybody, my Creator’s with me”. Part of Jimmy’s emotional growth was letting go of the fear of being alone and being able to be secure in himself. Upon reflection, Jimmy came to the conclusion that this fear originated when he was a young boy:

I was left in the field by my oldest brother... I think I was four, I was left there alone, not far from the house I think, I could see the house probably about four, five hundred yards away. But I was standing there alone. I don’t know what he did but he went down by the creek, with his shotgun because we were hunting ducks, but he asked me to wait in the field so I don’t know what he did. I was scared, petrified. So that’s when my fear of being alone came from. All my life I think. So I kind of hung onto someone, right?

Jimmy believes this “fear of being alone” contributed to him staying in “unhealthy” relationships. Further, he acknowledges that he was also not in the position to be in a healthy relationship. Jimmy described that: “two bad people don’t make a good relationship. Two unhealthy people, you know?” This “unhealthy” pattern ended with his turning point.

Jimmy’s transformation occurred during his work through the Twelve Steps. He became secure in who he was as a person. As well his connection to his spirituality and something greater than himself played a large part. Jimmy relays that while before he felt he needed someone, “now I don’t need anybody. My

Creator's with me, I'm happy." Jimmy's happiness and understanding of who he is, is no longer dependent on others.

Physical Aspect of the Medicine Wheel

The physical area of the Medicine Wheel concerns the body's well being. Jimmy relays that, "you know, and in regards to my health, my physical health, I'm doing really well." The physical area of the Medicine Wheel is not an area that Jimmy concentrated on describing. Throughout our interview he would implicitly talk about the physical aspects of life, however it was not a major area of his focus. He does describe that he is "grateful" for his physical health. He thanks his Creator for "[his] health and the ability to get out of bed each morning." Jimmy describes that he has always been drawn to physical activity, that it helps him connect to nature, and that it is currently a work in progress.

Always believing in physical activity. Throughout his life Jimmy has had a "focus on the physical." He grew up playing sports and this level of activity carried through into adulthood. Jimmy could often be found running in the river valley, riding his bike, or weight lifting. He describes that he "used to be quite physical," regular exercise has been a way of life for him. Even in his "darkest times," Jimmy "always believed in physical activity." One of the ways in which he engaged in physical activity was through his strong connection to nature.

Exploring the outdoors. Jimmy's connection to Mother Earth has been enhanced through this emphasis on physical activity. By being in the outdoors Jimmy is able to commune with his higher power. He "loves exploring the outdoors" and it "brings [him] closer to his Creator." Jimmy would "do a lot of

hiking” in Elk Island, Jasper, and Kananaskis. As well he would canoe when he was “up north.” This passion for the outdoors helps integrate Jimmy’s spiritual side with his physicality.

Work in progress. Jimmy describes his current physical health as a “work in progress.” Jimmy was diagnosed with leukemia four years ago and while he is currently healthy, it has “put a damper on things.” He describes that he “can’t do too much now” as compared to before, he becomes easily fatigued. However, he says he has had to alter, not eliminate his physical activity. “As of lately” Jimmy does a lot of walking, golfing, and stretching. Golf, especially, is one of his passions. While he has to “use a cart exclusively now,” he “still loves the experience.” Jimmy’s physical activity level is not at a level which he would prefer, but it is still a focus in his life and he is working at it every day.

Feeding the Soul by Giving Back

Giving back to others and supporting his community is an integral piece in Jimmy’s life. In the context of his Medicine Wheel it does not fit in one specific quadrant, but rather, for Jimmy, it surrounds the entire wheel (as illustrated in Figure 2). This connection with others is spiritual, mental, emotional, and physical; it encompasses all the areas.

Helping other people is something that Jimmy is drawn to. He describes his passion for helping others as:

I enjoy getting out to help people. It’s something that I must do. For I don’t have a belief in have to, I don’t have to do anything. I don’t have to sit here and talk to you, I don’t have to do anything. But it is my

prerogative and I believe I must do it to be able to carry the message to help other people. I don't have to. It was freely given to me.

In his recovery, Jimmy is able to give back and help others, this was not a position he was capable of previously. While still drinking, Jimmy did engage in charity work, however this commitment to helping others grew stronger in his recovery. While Jimmy enjoys helping others, there are limits to how much he allows himself to give, "I see people out there and I feel sorry for them and I wish I could help them. But I can't tie myself to a sinking ship either."

One of the few times Jimmy grew emotional during his tale was when he discussed how wonderful he feels when he is able to give back and help others:

It's unbelievable, the overwhelming pride of helping somebody and seeing that smile on their face, it a big enough reward for me at the end of day. If I can walk away and have someone smile at me, help them through their day... It's amazing. It's unbelievable... Brings tears to my eyes [tears up].
Life is good.

This community engagement and focus on helping others is incredibly meaningful for Jimmy. Specifically, an event that had a significant impact on Jimmy was during the flooding in southern Alberta:

It really fed my soul when I went down to help Calgary. It's really good for the soul. You know and the positive feedback I get back, it's just unbelievable... But it was the overwhelming goodness of the people and the power of humanity that brought us all together to be one, as one down there, to help one another. It brought the worst out in people and it brought

the best out in people. And the best in people overwhelms the worst in people any day of the week. That's only if you let it.

This faith in humanity, despite what he has experienced over the years, is a hallmark of Jimmy's view of the world.

Closing Thoughts: "It's a Great Journey"

Jimmy's "journey" has been an "amazing" one. A path filled with inner strength and courage. He has grown in each of the interconnected areas of the Medicine Wheel and as a result he described himself as feeling "balanced."

Jimmy says he tries to "more or less stay focused on the good things that I can see and that my Creator's brought to me in my sobriety." This positive orientation and outlook in life is central to his being. The path is not always easy, he reveals that "yes it is a struggle sometimes but you know what, I'd rather do this than be sitting and drowning my sorrows in a bottle, any day, any day." This is a "work in progress" and an ongoing journey. The path is full of "ups and downs... [and] the road was really rocky when I first got, started." However he keeps going and pushing forward. The path "is getting smoother and smoother- the rocks aren't as big, they are more like pebbles."

Jimmy acknowledges that "what keeps me from drinking is the fellowship of the [Twelve Step Program], meeting people like yourself, people I have helped in the past in my sobriety, people that I'm going to meet in the future." He keeps his thoughts on the future and following the path he is on. Jimmy remarks that, "it's a work in progress and, Creator permitting, he will keep on guiding me to my

beautiful destiny that one day I'll reach. And I love this journey, it's a great journey."

Chapter Five

Donna's Story

Donna is a strong woman who has overcome a lifetime of struggles. Donna saw a flyer I had my cultural advisor put up in a local agency and she graciously contacted me to find out more information. After our initial meeting Donna agreed to participate and share her story. Our interview conversation took place the next day in the ceremonial room of the local agency in which she saw my flyer. When I think of Donna I envision a mother bear that fiercely protects her children and grandchildren. She is the clear guardian of her family. Donna is a survivor who carries scars from a difficult past, but these scars give a depth and wisdom to her nature. She is a warm person who tries to empower those around her. Donna's narrative commences with the beginning of her story, then her turning point, followed by her growth within the context of the Medicine Wheel. This Medicine Wheel, however, is presented a little differently; it is imagined as parts of a tree. The image of the tree was used with Donna because it symbolizes growth. I view her as a tree that has gone from being a weathered and injured sapling to a strong mother tree. Each area of the Medicine Wheel can be thought of as parts of the tree: the spiritual section as the roots, the physical area as the trunk, the emotional quadrant as the branches, and the mental section as the leaves.

The Beginning

Donna grew up in a community in Northern Alberta. She describes her childhood as a difficult time. Donna's family, like so many other Aboriginal

families, bears the scars of colonialism. As such, Donna grew up without a connection to her roots or ancestry. Further, there were emotional consequences from the residential school movement. Donna describes that “we were not an open family.” They did not discuss things together or display emotions, as noted in her comment, “we didn’t get hugs.” Donna relayed that while she knew her parents loved her, “my whole life my mom and my dad never told me they loved me.”

Donna had a childhood where abuse played a dominant role. She describes that growing up “my mom and dad were both alcoholics. So I was left a lot with my mom’s family members.” Unfortunately, she describes that “I started getting abused when I was three till I was twelve, and then my stepfather started to abuse me, when I was – I’m not sure 10 maybe, till I was like maybe fourteen.” As a result of these abuses Donna “started running away.” She became pregnant when she was fifteen and had her first child when she was sixteen. After the birth of her son Donna endured an abusive relationship for nine years and had three more children with her partner. At the age of twenty-four Donna already had four children. She then had another child within another abusive relationship. Donna’s relationships were extremely violent and she was hospitalized several times with injuries.

Turning Point

Donna’s life began to change when she gave birth to her first daughter. She decided that she wanted to make a change:

We left, 'cause I didn't want my daughter to grow up like that. Like I didn't want her to think that was right, because it's not right. And right then and there I was like, I'm taking my girl out of here.

After the birth of her daughter, Donna started counselling for assistance with managing domestic violence, and eventually chose to leave her relationship. It was not an easy process to leave that relationship, "we just went from shelter to shelter, if he came to look for us, 'cause he did. He looked for us, he kicked in the door then I'd have to move again." Throughout her fight for freedom, Donna continued counselling and "working on" herself.

Donna engaged in group counselling and in courses for upgrading her education. Through these experiences Donna met some friends and started to see a different way of life, free of violence:

I seen how they weren't living the way I was living. 'Cause I was like getting hit and going to the hospital, and having things broken on me, and running to the women's shelter and moving to different places and things like that. I see that they didn't have to live like that.

This was a significant moment for Donna because she had "watched [her] mom live like that." She had now been exposed to a different way of life and different possibilities. Donna said, "I already had it in me that I wasn't going to be anyone's punching bag. I wasn't going to live like that." Seeing a different way of life helped inspire her to keep going and making a better life for her children.

Donna's determination to provide a better life for her children was the guiding force behind her decision to change her life. Overall, Donna relays the importance of those changes:

I was proud that I stopped the abuse and that my children didn't have to be afraid anymore. And I didn't have to be afraid. I feel like I stopped the cycle, because my mom, I watched with me and my mom, and my sister I was proud of that. I stopped the abuse and that my children didn't have to be afraid anymore, and I didn't have to be afraid.

Donna "worked on [herself]" and made significant changes. As a result of these changes Donna grew spiritually, physically, emotionally, and mentally. For Donna, all of these aspects of the Medicine Wheel can be imagined as parts of a tree (see Figure 3); all of the aspects of the tree are inter-connected as are all of the quadrants of the Medicine Wheel.

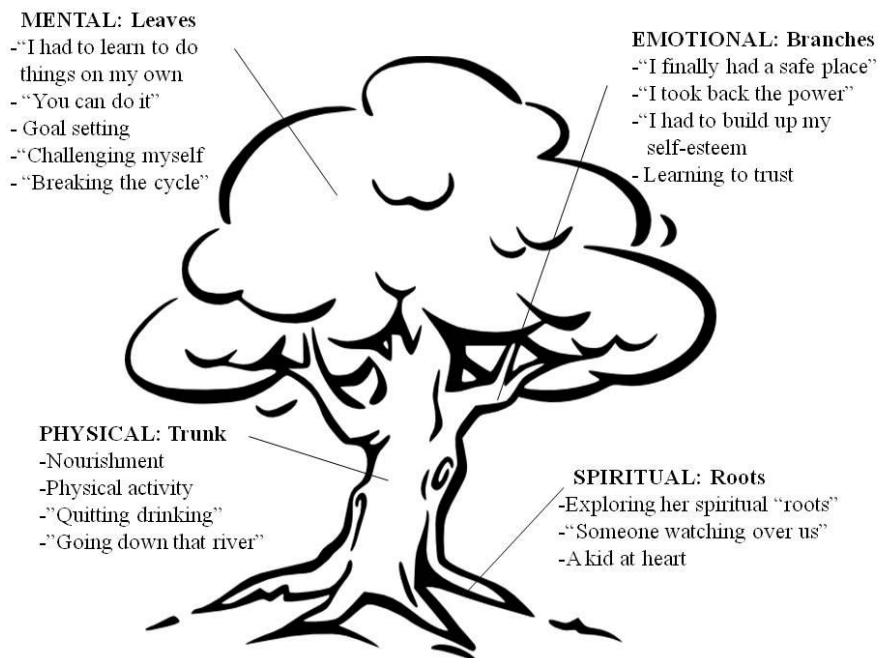


Figure 3. Donna's Medicine Wheel tree.

Spiritual Aspect of the Medicine Wheel: The Roots

If the Medicine Wheel was imagined as a tree, the roots would be the spiritual area. The roots ground the tree, just as one's spiritual orientation helps provide a foundation for the self. The tree is able to take in nutrients and provides a connection to Mother Earth, as one's spirituality does. For Donna, the spiritual area of the Medicine Wheel is about connecting: she has been able to explore her spiritual "roots", experienced feeling "watched over", and been able to be a kid at heart.

Exploring her spiritual "roots". Donna's spiritual path has been a lifetime of learning. Donna relayed that with her mother and father she "didn't really go to church, unless it was like Christmas." Previously her connection to spirituality was that growing up "I knew we had to go to church." However, she did not feel connected to the experience, "you're a teenager you don't know what's going on, nobody tells you nothing, you just go over there and sit in the church." This changed as Donna aged, she says "when you grow up you learn more." Donna learnt more about Christianity through her sisters, however her spiritual growth accelerated when she connected to her "Aboriginal roots."

Like many of her generation, Donna did not connect to her "Aboriginal roots" until later in life. Donna took Aboriginal oriented adult programming as part of her recovery. She describes a connection to her roots started when "I went to school and I [actually] learned about my culture." The programs and workshops she did were "spiritually uplifting." In learning about her culture she was able to overcome some of the ramifications of residential schools. Donna says she, "just

started learning about my aboriginal roots after that.” In her classes she also learned about smudging. This cleansing, or purification, ceremony has become an almost daily ritual for Donna. Donna describes that “it felt good” to learn more about herself and her heritage. She was able to connect with something larger than herself.

“Someone watching over us”. Part of Donna’s spiritual connection is a faith in a higher power. She describes that “it felt really good to, like you know, have something spiritual that you know, a higher power to watch over us all the time.” A great deal of Donna’s life was spent feeling unsafe, now she can put her trust in something greater than herself. Donna describes that it helps ground her. She maintains this connection through prayer: “I pray all the time, every day, and sometimes lots a day, if I’m having a bad day.” As well she continues “to [try] to smudge every day.”

For Donna, this spiritual connection “made me feel like I was worth it.” Further, she wanted to share this connection with her children: “So then I started smudging with the kids, and I started going to church a lot with the kids, that’s what we used to do was to pray every morning, before we ate.” This spirituality is experienced as a family. Donna described that “it felt really good... Like you know, ‘cause we always knew there was someone watching over us.” Prior to her spiritual exploration, she relays that “I never really knew things like that.”

A kid at heart. Donna describes that as an adult, she is still able to connect to her childlike side. Donna had to “grow up quickly” in her life, first

having to take care of her younger siblings and then with her first pregnancy at fifteen. However, with her grandchildren, Donna describes that “now I’m kind of a little kid still, even though I’m older.” She is able to experience a sense of wonder and excitement. She says:

I can sit there and draw and color. And paint with my grandkids and run around with the Barbies, and making funny hats, or walking around you know, just play. That’s still a little kid. Swinging at the park, and everything, you know.

There is a sense of freedom in her current life that Donna was not able to experience as a child. She can “be silly” and just “enjoy” life. For Donna, this is almost a re-experiencing of her childhood. Now she can play, “cause I didn’t, I wasn’t allowed to when I was small, so I can now.” Donna is finally able to connect with her inner child.

Physical Aspect of the Medicine Wheel: The Trunk

The physical area of the Medicine Wheel can be represented by the trunk of the tree. The trunk offers stability and strength to the tree. Previously, without this stability a tree may sway back and forth with the wind. However, if a strong core is developed a tree can stand strong and continue to grow. By working on the physical area of the Medicine Wheel one can help stabilize the physical core of the body. For Donna, in the physical area, she has grown in the areas of nourishment, physical activity, staying sober, and learning to relax.

Nourishment: “Taking care of myself”. Donna describes that during her past she struggled with an eating disorder. She says she was “really down on

myself... I wasn't taking care of myself. I was either really chubby or really skinny." Donna describes her relationship with food during her dark days:

When I was getting abused that was the only thing that I could control, like cause my whole life was controlled for me, right. So my weight that's what I did. I wasn't allowed to go anywhere. I wasn't allowed to do things, so I couldn't really do anything.

However, now she does have control over her life.

Donna says "after I broke that cycle, I could go exercise and workout." She relays that "it's a big change." Now Donna describes that, "I watch what I eat, I feel good about myself, you know, go exercise. I can do anything, just set your mind to it and just do it." This attitude shift and hard won freedom are helping Donna to find a healthy balance. She admits "I'm still trying to eat healthy, but I love junk food." It is a work in progress but Donna has a new focus on taking care of herself.

Physical activity. Previously a great deal of Donna's life was controlled for her, however when she "broke that cycle" she was able to go out and enjoy herself. She was able to explore new activities. Donna describes, "I learned how to dance really good... I just love dancing and going two-stepping." This activity was not just about being physically active but also about the social aspect. Donna is able to meet new people while doing an activity she "loves." Donna also learned how to play pool and she says she "became a pool shark." These are both activities she would not have had the opportunity to try in her previous life. Besides two-stepping and playing pool, Donna also likes to get out and play with

her grandchildren; going to the park and swimming are some of their favorite activities. She also enjoys going for walks and being able to get away from it all. Further, as described above Donna is now able to “go exercise and workout.” Donna has taken this new freedom to take care of her body through physical activity.

“Quitting Drinking”. Part of Donna’s physical transformation has been regarding her relationship with alcohol. Taking care of her body meant “staying sober.” Donna first quit drinking around the time she left her first abusive relationship. However, four years later she started drinking again but was able to quit after she was diagnosed with cancer. She describes, “then I had to quit all over again. I got cancer, and it made me realize, that you know life is really precious. So I just kept on trying harder this time and I stayed sober.” Donna has now been sober for the past seventeen years. It is a commitment to her health that has helped “keep [her] going.” This freedom from alcohol has helped her learn to live life again free from substances.

“Going down that river”: Learning to relax. Through Donna’s counselling sessions, an important strategy for taking care of her physical body has been to learn to relax using visualization strategies:

My counselor used to show me ways to relax, and when things were really bad to see myself going down that river. And that river was going really fast and you’re getting scared, saying just go off the side, you know, relax. So meditation, that helped a lot, and to picture yourself in a good spot, no matter what was going on.

At her core, Donna has realized the importance of self care. She now has the ability to engage in that self care after years of abuse. Donna describes that:

You always had to have your little quiet time, and you have to pamper yourself: taking hot baths, or anything that you like. You know, spoil yourself. 'Cause is no else is going to spoil you, you have to spoil yourself.

She has taken steps to care for herself “because you won’t be able to watch over anybody [else] if you’re not well.” This focus on caring for others through caring for herself has helped Donna prioritize her own health.

Emotional Aspect of the Medicine Wheel: The Branches

The emotional section of the Medicine Wheel is where Donna describes she experienced the most significant growth. In terms of the tree, the emotional section can be seen as the branches. The branches of a tree reach out, sometimes in a tangled network, just as emotions can propel us to branch out. This is also the area of a tree that often experiences the most rapid growth. Donna’s growth in the emotional area has involved finding a “safe place,” reclaiming her personal power, building her self-esteem, and learning to trust others. What follows is her story of being able to “branch out.”

“I finally had a safe place”. In Donna’s transformation, finding a place that she felt secure in was essential. She relays “it took me a long time to get the ex away from me.” Eventually, however Donna describes “I finally had a safe place with my kids.” Donna ultimately knew she and her family finally felt secure when:

My kids could actually not wear their running shoes to bed. They slept with their running shoes, because we used to have to run away all the time and they slept in their pajamas, with their running shoes all the time... But, when I seen them actually sleep without their shoes... when I see my kids put their shoes at the door... and feel safe in the home that we had.

This was a signal that her family could “breathe again in [their] home.” They finally had an oasis where they could heal. Having a safe home helped set the stage for Donna to continue to grow and to be able to transform herself.

“I took back the power”. Donna spent the early stages of her life trapped in cycles of abuse, both within her family and in her romantic relationships. However, once she made the decision to leave she started to work on herself she started to heal and grow. The role of counselling has played a significant part in Donna’s growth. She describes that through counselling she was able “to let go of a lot of the stuff that happened to me.” The process of letting go for Donna entailed:

I learned that all different ways, with journaling and talking [things] through, and writing letters to the people that hurt you. Just doing all these things to get everything out of you. If you can get it all out of you, in any way possible, even burning the letters, or praying over them... No matter what that other person did to you, just let go of it, because it’s done, it’s gone and you can’t change it.

This letting go is also about “not letting anybody have your power.”

Donna says she “had to work on being stronger.” In this process she was able to “take back the power from that man that took it away from me.” Donna felt empowered and in control of her own life. She also describes the importance of forgiveness in the healing process, “I feel like it’s gone, it’s done. You heal from whatever, forgive them, forgive yourself and just keep going. Because if you don’t let go of it, it’s just going to be in your head all the time.” By being able to let go and forgive, Donna describes she has felt empowered to move on.

“I had to build up my self-esteem”. An area that Donna has had a significant amount of growth in is her self-esteem. She said that she used to feel very down on herself, “cause I felt like I was helpless and worthless. And I felt like I was nothing... I felt like I couldn’t do anything.” After leaving her abusive relationship Donna was determined to help herself, “I had to build my self-esteem and keep going, no matter what was happening.” She describes that the work she did in counselling “helped me to see that I was worth it.” In counselling, the programs she took, and through her jobs, Donna says, “I just had more courage and more confidence, and then I started doing more and more things that I didn’t think I’d ever be able to do. And I just started to feel more and more better about myself.”

Donna’s sense of self underwent a transformation. She felt more confident and secure. Now, today, Donna says:

I think of myself pretty highly. I think I’m a really good woman. I’m really understanding and compassionate, respectful, because of all the things that I went through. And I think before I do things, because I know

there's other people out there and I don't want to hurt other people, just because of my actions. And yeah I think I'm a good person.

This inner shift was visible in her interactions with others. Donna describes that, "I used to be really quiet, I was scared to talk, I was always scared to be myself, I guess." However, now she says, "I'm really outgoing and I speak my mind."

Donna is now able to open up to others.

Learning to trust: "People that I can lean on". As a shadow from her past, Donna has had a difficult time trusting others. Donna describes that, "I'd say I don't have very many friends, because growing up I had a hard time trusting people." This difficulty in trusting others is due to her past. Donna says that "I'm pretty much a loner." However, through her work on herself, the trust has been gradually achieved towards a select few. Donna says "the people that I have around me encourage me and they love me." These relationships are reciprocal:

If they need help I'll help 'em. If I need help, they'll help me. They're people that I can lean on anytime and they can lean on me. Those are the type of people that I am friends with. I don't have real lots of friends, but I have like really close good [friends], people that I can lean on. Those are the kind of friends I have.

Being emotionally vulnerable and being able to trust others has been a process for Donna. She now has a small circle of friends with who she can trust and confide in.

Mental Aspect of the Medicine Wheel: The Leaves

The final section of the Medicine Wheel is the mental or intellectual quadrant. In the context of our tree, this section is represented by the leaves. The leaves of the tree take in energy from the sun, just as we take in information from around us. The leaves of the tree also give back oxygen, just as we can give back and share our knowledge with others. In the mental section of the Medicine Wheel, Donna has grown and been able to give back to others. She has learned things on her own, engaged in positive self-talk, been able to set goals, challenged herself, and finally has been able to “break the cycle” for her children.

“I had to learn things on my own”. Donna’s life has been a difficult one, however she has made learning new things a priority for herself. Donna relayed that “I didn’t really learn anything important” from her parents and that “I had to learn things on my own.” Donna describes how she learned things later in her life:

Because I didn’t even know a lot of things, like cooking. And I didn’t know a lot of stuff like respect and like how to raise my kids right. Like with like timeouts and talking to them. And I had to read lots of books and learn everything, ‘cause I didn’t know nothing, ‘cause when I grew up I wasn’t taught anything.

Learning these life skills is an accomplishment for Donna and they are something she can pass down to her children and grandchildren. She describes “that’s how I started feeling better about myself, I guess because I started learning that I knew how to do things, like then slowly things would work out if I just kept going.”

Donna has discovered that learning can take place in many different forms. She says “I’m a big nerd, cause I love to read, I can sit there and read all day.” However she also recognizes that reading is not always the answer because “if something’s not working out for you, you got to try something different... just keep trying.” In addition to reading, learning from others who have gone through similar situations has been important for Donna’s growth. For example, she spent time in group therapy:

And then we got to share stories and stuff like that, I learned a lot through their stories and their struggles. And it made me stronger, because I got to share my story. We bonded that way, and we learned that, no matter what was happening, we were going to make it through. ‘Cause we had already gotten through to where we are.

By being able to share her story Donna was teaching others as well as being able to learn from them in turn. This sisterhood connection with other woman has been important for Donna. As well she says that “talking with elders and talking with family and friends... I learned from all the people that I talked to.” By being open to the teachings of others, Donna was able to learn some of the skills and strategies to help change her life and achieve her goals.

“You can do it”. Donna has had a difficult path to follow, but something that has kept her grounded and moving forward has been self talk. She says “I keep telling myself that I can do it.” This helps keep her going, listening to that positive voice inside her head for inspiration. Donna describes:

Sometimes I think about the things that happened to me, and I made through it, I made it through that time. So I made it through that, I can make it through this. That's what I do to myself, I talk up to myself, like you know, 'you can do it, you can do it.' You did that, no problem with this. And you know that's what I keep doing, I keep doing that.

This self talk has been essential to Donna's perseverance and growth.

As part of her self-talk, Donna also uses affirmations. She describes that "they help a lot." One of the ones that Donna uses repeatedly is, "me and my girlfriend keep saying healthy, wealthy, beautiful and happy. Like you know, cause if you're not feeling good that day, I keep saying that." Such positive self-talk helps Donna with her self-esteem and is also confidence boosting. In addition it assists her with facing difficult times, "no matter what's happening, it'll pass." It is a belief, a belief in yourself that you can "keep going" and achieve your goals.

Goal setting: "Just set your mind to it". Part of Donna's path of transformation has been setting goals and following through. Through counselling and by working on herself Donna describes that:

I just felt like no matter what and how big the goal was, you can just set little goals and then you can get to them. Like no matter how high or how hard it is to get to. That's why I felt it didn't matter what it was, I would try it, because if that's what I really wanted, I would get it, if I didn't give up. I just had to keep going.

The power of goal setting and positive thinking has played an integral role in Donna's growth. If she kept her eye on her goals, she could push through. She says, "you just set your goals and you just go [at] em." This process of goal setting and "not quitting on [herself]" helped Donna achieve her objectives. She describes that "I can do anything, just set your mind to it and just do it." It was a process of continuing to challenge herself and not giving up.

"Challenging myself". Donna's growth in the wake of her trauma involved challenging herself. It was challenging her own expectations as well as the expectations of people around her. It was a path that took a great deal of hard work and determination. Donna describes how she was in the past:

I was afraid of a lot of stuff, like you know, everything. And a lot of the guys told me, ones that I was with anyways, were telling me like um, you're a woman and there's women's work and there's men work. You're not allowed to do that. They put me really down and I felt really sad a lot. And I felt I wasn't good enough.

After counselling Donna felt confident enough to challenge accepted gender roles. She worked jobs that were traditionally male dominated, such as working as a prison guard, doing scaffolding, being a heavy equipment operator, and carpentry. "I just did different jobs. Like you know, different stuff. I just kept challenging myself more and more." Donna was able to prove to herself that she could do these things. As well she was able to show her children that women can do anything men can do.

In addition, Donna challenged herself by pursuing her education. She was “always told like I’m never going to get anywhere, never going to do anything, never going to accomplish anything.” She went back to school, “I upgraded, and finished my grade twelve.” Donna also went to post-secondary school and started working on her degree in social work. She says, “I never thought I had it in me, because of all the abuse that I went through.” However, she was able to persevere in the face of the trauma she experienced. Donna is continuing to challenge herself and she is “thinking of finishing my social work, going further and taking [more] courses.” The goal of this endeavor is to “somehow help people” and change their lives for the better.

“Breaking the cycle”. A significant source of inspiration for Donna’s change has been her children and grandchildren. She sought to “break the cycle” and to make things different for her children. She describes “I tried to change a little bit of the way I was brought up.” Part of this change was passing on her newfound, self-taught knowledge. This learning environment is very different from the way Donna was raised because she “had to learn things on [her] own.” Part of this knowledge transmission has been teaching her sons about gender equality:

I taught them you can’t hit your girlfriend, you got to do work... there’s no such thing as women’s work. Like you know, you’re going to have to raise yourself, you even have to learn to cook and clean. When you have your girlfriend it’s going to be 50/50.

It is important for Donna that both her sons and daughters are able to “break” the cycle of violence.

Open and healthy communication is also something Donna has sought to pass onto her children. She describes that “my kids come to me, if they’re having problems, I talk to them, it doesn’t matter what – what they’re doing or whatever.” This is very important to her “because I didn’t have that.” Donna is able to teach her family through her words and her actions:

And I just kept going, I just kept thinking like you know, I have kids, I have grandkids, and I wanted to set a good example for the children. My children and my grandchildren, they can look at me and say that granny did that. Granny to knew how to do that. She did it.

The legacy she has been able to provide to her children and grandchildren is one of Donna’s proudest accomplishments. The growth she has been able to achieve after the trauma she endured is a testament to Donna’s strength and determination.

Closing Thoughts: A work in progress

Donna is a woman who has had to forge her own path of transformation through determination and perseverance. She is a fiercely protective mother bear who has worked very hard to transform her life. She admits that it “took me a little while to wake up, but I finally stopped [the abuse] so that now my kids can have a better life.” Donna has worked on each area of the Medicine Wheel to help herself achieve balance. Her tree of transformation is an entity that is always growing.

Donna describes that growth is a continual process, it is never done and is always “a work in progress.” She describes that sometimes she can feel “a little bit like I’m slipping,” however she then seeks “a little bit of help.” At the time of our interview Donna was completing a course at the agency we met at: which is part of her effort to continue to “work” on herself. Overall, Donna is determined to continue to care for herself and those around her.

Chapter Six

Common Themes

The narratives of both Donna and Jimmy were their own stories in their own words. In using the cultural lens of the Medicine Wheel, both Jimmy and Donna identified growth in each of the four quadrants: spiritual, mental, emotional, and physical. Their stories share certain similarities, both in the nature of their traumas and their struggles with alcohol. In the context of their post-traumatic growth there are six common themes that emerge. First of all both Jimmy and Donna identified that they had to “wake up” to finally see things with clarity. A second theme is that seeking help from others was integral in their growth. Thirdly, both Jimmy and Donna identified that forgiveness and letting go of the past were essential to moving forward. The fourth theme describes the importance of a spiritual connection. A fifth theme is the passion for helping others. Finally, both identify that their growth will continue to be a “work in progress.” Through these common themes a shared story of post-traumatic growth is revealed.

Achieving Clarity

The importance of being able to see things with clarity was an essential theme in both Jimmy and Donnas’ stories. They both described their life before their turning point as being veiled in some way. They could not “see clearly.” Jimmy described it as being “stuck in a fog” and said, “you have to stabilize your mind and it takes time. The fog, when the sun comes up, the fog doesn’t lift in a split second, it takes time, but it eventually lifts.” Donna and Jimmy had to

discover this clarity in their “own way and their own time.” No one could have decided for them or told them to do so; it had to come from within “you have to find it for yourself.” This clarity may follow an event that is viewed as a turning point. For Jimmy, he said he had to hit his “rock bottom.” In that moment, he was able to see his life with clarity and decided that it was something that he could “fix.” He was then able to make the decision to change his life. In Donna’s case, the birth of her daughter helped her “wake up” from the life she was living. She described that:

I felt like I was stuck in a rut and I wasn’t going anywhere, I couldn’t do anything, cause I was made to think that way, right... I feel it took me a little while to wake up, but I – I finally stopped it so that now my kids can have a better life, because of what I did.

For both it was a change in perspective, almost a light bulb moment of sorts. This clear perspective enabled both participants to look at their lives and begin to make positive changes. They both identified that by achieving this clarity, they were then able to reach out to ask for help.

Seeking Help from Others

After being able to see their situations clearly, both Donna and Jimmy decided that they could not achieve change on their own. After their turning points, they both sought help from others. For Donna this was through counselling and taking courses and for Jimmy it was through a Twelve Step program. They both identified that assistance from others made a significant difference to their lives. Through counselling Donna said she “felt empowered” and it “helped me

to see that I was worth it”. Alternatively, Jimmy described that his Twelve Step program and its fellowship “saved [his] life”. They both described that it was through the help of others that they were assisted in learning new skills and strategies to work through their traumas. This help also assisted in raising their confidence and self-esteem. Donna described that through counselling she had “more courage and more confidence”. As part of the help they sought, the power of a group format was beneficial to both participants. Both Donna and Jimmy were able to connect to others who had been through similar situations. As Donna said, she learned from other people’s “stories and struggles” and was able “bond” by telling her own story. Jimmy, through the design of the Twelve Step program, shared his tale and was inspired by the stories of other people. Overall, through help from others, Donna and Jimmy were able to move forward with their lives.

Letting Go

The process of moving forward from trauma is not an easy path. For both Jimmy and Donna part of moving forward in their lives was to forgive and “let go” of the past. The process of letting go is not an easy one, however they both described it as an essential step in their growth. The traumas that both participants experienced had a significant impact on their lives. Both Donna and Jimmy discussed the anger that they felt as a result of their traumas. They agreed that holding onto that anger does not help you move forward, it traps you. Donna described that:

No matter what that other person did to you, just let go of it, because it’s done, it’s gone you can’t change it. And you can’t give into their power –

like they can't give your power to anybody, you got to keep your power, like to yourself. Because, if you're going to like get angry, because this person hurt you, see that's giving them your power. Like you should have for you. I feel like it's gone, it's done, like you know you heal from whatever, forgive them – forgive yourself and just keep going. Because if you don't let go of it, it's just going to be in your head all the time.

While they each healed in their own ways, interestingly they both performed a similar task as part of that healing. Both Donna and Jimmy wrote letters about their hurts and then burnt them, the cathartic impact of which was significant. Donna described that it helps to “just to get everything out of you, if you can get it all out of you, in any way possible.” Jimmy said that, “everything was just gone, lifted, gone. It was nice. It was a beautiful time in my life when I, when I did that.” Letting go is not just about forgiving others, it is also about forgiving yourself. By forgiving yourself you are able to continue to heal and release the “power” of your own potential. Forgiving and letting go of the past helped free both Donna and Jimmy from the shackles of their traumas. This freedom has helped open them to new experiences in life.

Spiritual Connection

A spiritual connection is something that both Donna and Jimmy said assisted in their growth. This connection to something greater than themselves helped guide them on their paths. Interestingly, both Jimmy and Donna connected to their spirituality later in their lives. They both grew up in households that were not spiritual in nature and were disconnected from their Aboriginal roots. Both

Jimmy and Donna only connected to their spirituality after their turning points. Through this life altering process they were able to begin to trust in something greater than themselves. While each participant's spiritual journey was different, both Jimmy and Donna described the importance of feeling "watched over" by a higher power. The feeling of safety and security that is achieved by feeling "watched over" offered each a sense of peace and "protection."

Through their traumas they both experienced severe feelings of being "alone" and disconnected. Now, as Jimmy describes, "[he] is never alone." Part of this connection to a higher power is the importance of prayer. Prayer is something both Donna and Jimmy engage in every day. This daily connection to their spirituality serves as a touchstone. Donna relays that she "[prays] all the time," especially if she is "having a bad day". Jimmy described that:

It doesn't matter as long as you believe in something and pray to your certain somebody, your god or your creator, you can get all the power from it. The power of prayer is just unbelievable, as I'm finding out in my life. My creator has given this strength to me to be able to deal with my illness, the things I come across in life, how I feel.

Overall, this faith in a higher power helped Jimmy and Donna to continue to grow and heal.

Helping Others

While Donna and Jimmy experienced significant trauma, they both have a passion for connecting to and giving back to others. This drive to help other people is a passion they have both embraced since their turning points. Despite

the traumas Donna and Jimmy have experienced, an important piece to their lives is giving back to others. They both try to share their knowledge and experiences with others. For Donna this occurs with friends and in group therapy. For Jimmy, some of this sharing occurs within the fellowship of this Twelve Step program. By helping others, it helps motivate themselves to continue to grow as well. For Donna, her future career path as a social worker is influenced by her desire to “somehow help people.” Jimmy described giving back to others as a mission in his life, “it’s something that I must do.” Their focus on helping other people is even demonstrated by their willingness to participate in this study. Jimmy describes that “the biggest gift in life is giving your time.” He describes that it “helps” him in his growth and “makes me feel better.” While Jimmy and Donna have a deep conviction to helping others, they also recognize that they have to continue to take care of themselves. As Jimmy said, “you must be able to take care of yourself and believe in yourself.”

“Work in Progress”

The final common theme shared by both participants is that they emphasized that their growth is always a work in progress. Both Jimmy and Donna relayed that the “journey” is never over; it takes constant care and maintenance. This work in progress involves checking in with themselves and being honest when they may need more help or support. Donna described that she is able to recognize when she might be “slipping” and seeks help accordingly. It is making themselves a priority in their own lives and engaging in self-care. This self-care may include meditation, meetings, counselling sessions, courses, prayer,

or walks. Both Jimmy and Donna connect with the idea that life is full of ups and downs and that they need to continue to grow and work. Jimmy summarized that “I don’t want to ever be perfect, I would stop growing. I can’t have that”. This humble and realistic approach is shared by both participants. As Jimmy describes:

And when you get tired of doing things in life, float back to the back of the flock of geese. Every time the goose in front gets tired, he goes to the back, another one takes over and then it becomes your turn again. And that’s the way it should be. If you take a rest you’ve to keep on fine tuning yourself.

Overall, this “work in progress” theme illustrates that post-traumatic growth is not necessarily an end state, but a continually evolving process that needs maintenance.

Chapter Seven

Discussion

The purpose of this study was to explore the experience of post-traumatic growth in Aboriginal adults. Through the stories of two participants, six common themes emerged. In the following chapter each of these six themes are discussed in light of current literature on post-traumatic growth (PTG). As well, implications for counselling are examined. This is followed by limitations of the study and avenues for future research. Finally a conclusion is presented.

Comparison to Literature

Six themes emerged from the analysis of narratives performed and these common themes illustrate the shared experiences of two participants. As explored previously, these themes are: achieving clarity, seeking help from others, letting go, the importance of a spiritual connection, helping others, and a work in progress. These themes all reflect a different piece of the journey towards PTG.

Achieving clarity. Achieving clarity is described as gaining a new perspective on life after encountering events that led to turning points. The participants described that their lives were previously veiled or shadowed in some way, and when they were finally able to “wake up,” that was when their lives began to change. Their use of terms such as not being able to “see clearly” or being “stuck in a fog,” highlights that this new perspective may have to be achieved first in order for people to begin to grow. While this principle was present in both participants’ stories, it is not a theme that has received much attention within the literature. The majority of the literature regarding PTG

describes that change occurs through cognitive ruminations (Calhoun & Tedeschi, 2006). Cognitive rumination is repeatedly thinking about something, it is not necessarily intrusive, and it includes reminiscing, problem solving, and trying to make sense (Martin & Tesser, 1996). This process is generally theorized as occurring almost alchemically following a trauma. The specific mechanism by which change occurs through cognitive ruminations occurs is not readily described. However, Woodward and Joseph (2003) have identified the theme “awakening of responsibility” that is somewhat similar to the idea of achieving clarity (p. 275). They describe this as participants’ coming to “a point in their lives when they realized that they had a choice to make over whether or not to take responsibility and control over the direction of their own lives” (p. 275). This description is similar to Donna’s description of “waking up.” For the participants in this study, their PTG began when they were able to “see clearly,” and this clarity was triggered by a turning point.

The importance of turning points has been highlighted in narrative inquiry (Clandinin & Connelley, 2000) and in life course theory (Rutter, 1996). It has been illustrated that turning points can be “key motivators of positive change” (Easton, Coohy, Rhodes, & Moorthy, 2013, p. 213). With regards to coping with mental illness, it has been illustrated that people have “talked about [the process of] getting started on the road to recovery... as awakenings or turning points.” (Ochocka, Nelson, & Janzen, 2005, p. 318). Despite these findings in the literature, the research regarding PTG has largely ignored the phenomenon of turning points, or talked about it implicitly rather than explicitly (Calhoun &

Tedeschi, 2006). There is however, one recent study by Easton and colleagues (2013) that examined the role of turning points in PTG in male survivors of sexual abuse. They described turning points as “align[ing] with a commitment to healing” (p. 217). This study is consistent with my findings that turning points and the achievement of clarity are an important factor in the process of PTG. For both participants in my study, they made a conscious decision to change after achieving clarity about the realities of their lives. They could finally “see” or look at themselves and their lives with honesty.

Seeking help from others. Within this study, the importance of seeking help from others is a prominent theme. Both participants indicated that following their achievement of clarity, they actively sought help from others in order to change their lives. This help was in the form of professional assistance as well as help from peers. Both participants described that they could not have accomplished this growth on their own. Within the PTG literature, the importance of safe social environments and a supportive atmosphere have been explored (Linley & Joseph, 2004). Studies indicate that social support is related to the development of PTG (Calhoun & Tedeschi, 2006). The importance of mutually reciprocal helping relationships are also highlighted (Poorman, 2002). Overall, the present results are consistent with the existing literature regarding supportive relationships.

While the role of social support has been explored with regards to PTG, the role that professional helpers and community organizations play is not as well researched (Zoellner & Maercker, 2006). The literature that has examined growth

within the context of counselling has involved health traumas (Kissane et al., 1997) and bereavement (Yalom & Lieberman, 1991). However, the results have proved to be inconclusive. Further, resiliency literature supports the use of Twelve Step programs in recovery from addictions, but it has not been fully explored within the context of PTG. Both participants in my study indicated that they were significantly helped by their counsellors and Twelve Step Programs respectively, however the mechanisms involved are not clear. Further, my study illustrated the power of group support. Both participants indicated that they benefitted from a professionally organized group environment. This is also consistent with the importance of community within Aboriginal culture (Neeganagwedgin, 2013) and suggests that culturally-relevant social supports may be more important for trauma survivors. Overall, the importance of help from others illustrates that PTG is not a process that occurs in isolation from others, it takes place within a supportive atmosphere.

Letting go. The theme of letting go was described by the participants as a significant part of their growth process. Letting go is not about forgetting the past but letting go of the negativity that is attached to their traumas. It is about not letting the past hold onto you and control your future. With regards to the literature regarding PTG, this is an area that has been somewhat explored. However, this exploration was mainly in the context of forgiveness (Calhoun & Tedeschi, 2006).

While the phrase “letting go” is connected to the idea of forgiveness, the two concepts are not synonymous. Forgiveness can be imagined as part of letting

go, but not as a mutually interchangeable concept. Forgiveness has been described as “the release of negative feelings towards another and the adoption of positive attitudes” (Schultz, Tallman, & Altmaier, 2010, p. 105). Forgiveness has been studied within the literature on PTG, however the results have been inconclusive (Fischer, 2006). It has been illustrated that forgiveness may be related to PTG, however the nature of the relationship is unclear (Schultz et al., 2010). These inconclusive results may be connected to the limited nature of forgiveness. That is, when there is an offender to forgive, the idea of forgiveness may be relevant to PTG. However, not all trauma is linked to an offender, for example, trauma that occurs as a result of a natural disaster. Therefore, with regards to studying PTG, researchers may benefit from examining the larger, overarching idea of letting go. It is not just about forgiving transgressions committed against you, it is about letting go of the anger, hurt, and other negative emotions connected to the trauma. It is through letting go that my participants described they were able to move forward and heal.

Spiritual connection. Spirituality has been described as the search for the sacred (Pargament & Mahoney, 2002). A spiritual connection to something greater than oneself has been identified in the literature as being an important component in PTG (Shaw, Joseph, & Linley, 2005). Specifically, spiritual change is one of the five factors of PTG, postulated by Tedeschi and Calhoun (1995). Therefore, this study supports and adds to the growing literature indicating that spirituality is a significant factor in PTG. With regards to the participants, spirituality has been described as a significant factor in their growth. They

indicated that it helped them “feel safe” and “watched over.” However, research indicates that “spirituality can be potentially harmful or helpful” (Pargament, Desai, & McConnell, 2006, p. 121). So while both the participants indicated it was a significant healing factor, this may not be the case for everyone.

Spirituality has also been indicated as “a protective factor in buffering against health risks in Indigenous communities” (McIvor, Napoleon, & Dickie, 2009, p. 10). The present study expands on this and links spirituality to PTG in Aboriginal populations. Spirituality within the Aboriginal population has some specific characteristics that must be kept in mind. Due to colonialist government policies (as described previously), there was an attempted eradication of Aboriginal culture, which included spiritual practices. As a result, Aboriginal people may experience a disconnection from traditional practices and belief systems (Neeganagwedgin, 2013). Re-connecting to Aboriginal spirituality is often part of a process of healing and personal growth (Wesley-Esquimaux & Smolewski, 2004). Both of my participants indicated that they created their own version of spirituality, part of which was connecting to their Aboriginal roots. It was an individual negotiation of spirituality, rather than following a particular religious doctrine. Within the Aboriginal population, it is not unusual for people to practice a combination of spiritual orientations such as traditional spirituality and Christianity (Neeganagwedgin, 2013). The participants in this study indicated that spirituality, in their personalized forms, was integral to their growth. Overall, the importance of a spiritual connection with regards to PTG was supported in this study.

Helping others. The principle of helping others has a long history within the literature of psychology (Hernandez-Wolfe, 2011). The concept of people helping others after adversity is also not a new idea within the literature on trauma (Cohen, 2009). Altruism born of suffering (ABS) describes “how individuals who have suffered may become motivated to help others because of the experience of suffering” (Hernandez-Wolfe, 2011, p. 230). This is consistent with the experiences described by the participants in the current study.

While helping others has been prevalent in trauma literature, it has been less examined within the PTG literature. Although not exactly the same, the theme of helping others I identified may be associated with Calhoun & Tedeschi’s (2006) category of “relating to others” (p. 5). They described that people, “as a result of their experience with loss and tragedy, they feel a greater connection to other people in general, particularly an increased sense of compassion for other persons who suffer” (p. 5). This connection to and compassion for others is also culturally congruent with the Aboriginal community orientation (Wesley-Esquimaux & Smolewski, 2004). That is the community is integral to Aboriginal life and health. In addition, there have also been some instances captured within the literature where the act of helping others has aided in the process of growth. Participants in Poorman’s (2002) study described how “giving to others facilitates one’s own thriving” (p. 57). This is similar to Jimmy’s description that helping others “makes me feel better.” Overall, it appears that the act of giving to others in some way helps people in their process of PTG.

“Work in progress”. The concept of PTG being a work in progress, rather than an end state, is a differing perspective presented in this study. Some literature refers to it as a dynamic process (Poorman, 2002), however this characteristic of PTG is not often highlighted in the literature. Both participants in my study identified that their growth is an ongoing journey that they are constantly working on. It appears that PTG may not be an end state, but a constantly evolving process. A possible explanation for this could be related to the experience that the participants had within the addictions community and its overarching principle that you are always an addict (Lembke & Humphries, 2012). An alternative thought is that the traditional Aboriginal view of balance within the Medicine Wheel is something that you are constantly trying to achieve (Twigg & Hengen, 2009). Despite these possible explanations, the work in progress characteristic may account for the “inconsistent nature” of longitudinal predications regarding PTG (Linley & Joseph 2004, p. 17). If it is always an individual work in progress with ups and downs, it would be problematic to measure quantitatively. As well, there have been numerous models created to depict PTG (Tedeschi & Calhoun, 2004; Linley & Joseph, 2004), but there is no universally agreed upon model. The reason for this may be due to the individual nature of PTG, that it is always a work in progress. Seeking growth is a lifetime pursuit and one’s work is never done.

Counselling Implications

This study provides several considerations for work as a counsellor. The first of which is to be aware of the idea of growth following trauma (Joseph,

2009). However, it is important not put undue pressure on a client to proceed in a particular way. This is an emerging area of study, and so there is more to be understood about the nature of growth in the context of counselling people with histories of trauma. A second consideration is to appreciate that people have to come to the decision to change on their own, only then will counselling be effective. If that clarity has not occurred, a lasting change is likely to be difficult to achieve. This is consistent with addiction literature, especially the transtheoretical model of the stages of change (Prochaska, DiClemente, & Norcross, 1994). The stages of change are pre-contemplation, contemplation, preparation, action, and maintenance. During the contemplation stage, consciousness-raising occurs. Consciousness-raising is described as increasing knowledge about oneself and raising levels of awareness (Prochaska et al., 1994, p. 27). Consciousness-raising may be comparable to the theme of achieving clarity. It is through this consciousness-raising that is said to move to the stages of preparation and action. Similarly, the theme of achieving clarity through a turning point, leads to taking action.

A further consideration is the description of PTG as a “work in progress.” This illustrates that it is a dynamic and fluctuating phenomena. It appears that growth is achieved and then it needs to be maintained. This would indicate that follow-up counselling sessions are an important consideration. As well, putting in place long-term maintenance plans may also be beneficial. While it does not appear that someone would completely regress to pre-PTG levels of functioning, it is important to recognize and support clients throughout their process.

This investigation and the lack of information regarding PTG in the Aboriginal population also highlights the significance of culturally appropriate therapeutic approaches. Culturally relevant interventions and therapeutic orientations begin with understanding the world view of the client (Nuttgens & Campbell, 2010). By understanding the history and cultural landscape of Aboriginal Canadians, counsellors can better understand the realities and the background of their clients. Further, by utilizing a “wise practice model” that is a respectful of Aboriginal culture, it can provide clients with a sense of self-efficacy and social strength (Wesley-Esquimaux & Snowball, 2010). The majority of mental health treatment models are based on Western European and North American ideas of mental illness and this orientation has created barriers to treatment (Smye & Mussell, 2001; Adelson, 2005). In incorporating the Medicine Wheel in counselling, therapists could use it as a basis for culturally integrated treatment models. Further, as evidenced by the Medicine Wheel and a common theme that emerged in the study, spirituality is an important component to consider in counselling. Unfortunately psychologists “have generally overlooked or oversimplified the roles of religion or spirituality in stressful times” (Pargament et al., 2006, p. 122). Spirituality may have an integral part to play in counselling, and may be an especially important when working with the Aboriginal population.

In the process of seeking help, both participants took comfort from a group environment. There is very limited research on the practice of group therapy with Aboriginal peoples (Garrett, 2004). Some of the research, the majority of which is

from the United States, supports the use of group therapy as a therapeutic intervention when working with the Indigenous population of North America (Garrett, 2008; McWhirter, et al., 2010; Warner, 2003). A potential reason for the success of group therapy with Indigenous clients is that this culture has harnessed the therapeutic power of the group long before the profession of psychology was even invented (Tlansuta Garrett, Garrett, & Brotherton, 2001). This is evident in many of the traditional healing ceremonies and practices such as sweat lodges and Sundances (McIvor et al., 2009). This is important as both participants in this study highlighted the importance of peer support in their growth. Overall, within the context of the therapeutic relationship, individual characteristics must be taken into consideration, but this study on PTG provides some direction in working with Aboriginal clients in the context of traumatic growth.

Limitations and Future Research

Within the presented study, there are some limitations to the research. First of all, I was a non-Aboriginal woman studying a culture different from my own. There were most likely cultural intricacies and implications that I did not appreciate or examine. A further limitation to this study was that one participant was not available for member checking or follow-up. This impacted the study in that a true narrative inquiry was not possible. As well, this study employed a small sample size. Even though generalizability was not the aim of the study, it could have benefitted by the inclusion of more participants. However, due to time constraints, this was not possible. Further, while objectivity was not the goal of

this research, a limitation could be my own experience with PTG. While I made this background explicit, it still likely influenced the way I dealt with the data.

This study was exploratory in nature and its goal was to undertake the first examination regarding PTG within the Aboriginal population. As such, there are numerous avenues of future research to pursue. It will be important to gather more narratives to flesh out the process of PTG within the Canadian Aboriginal population. Further research could be undertaken to explore PTG in Indigenous communities around the world. As well, the limitations described above illustrate ways in which to expand upon this study. Having Aboriginal researchers investigate PTG within the population may provide unique insights. As well, having studies with a larger sample size would help explore the phenomenon. With regards to these suggested avenues of future research, it is important that any research undertaken within the Aboriginal population employs de-colonizing research methods (McCabe, 2007). This sensitivity to a culturally diverse population is ethically important and was something I took into significant consideration for this study.

Conclusion

This study was an exploratory undertaking to examine stories of PTG within the Aboriginal population. The results indicate that the process of PTG within the Aboriginal population is an individual journey. There were some common themes expressed: achieving clarity, seeking help from others, letting go, spirituality, helping others, and a work in progress. Overall, the study was successful in the attempt to describe the experience of PTG in Aboriginal adults.

This study is a small step and contribution to the emerging recognition of the need to re-story the nature of trauma within the Aboriginal population.

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Appendix A:

Screening Questions for Potential Participants

- PTG is a phenomenon that describes how people grow in positive ways after trauma. Resiliency and coping can be characterized as “bouncing back” while PTG can be described as “bouncing forward” (Johnson et al., 2007; Poorman, 2002). Adversarial growth, thriving and post-traumatic growth all describe the phenomenon of surpassing the level of functioning that the individual had before (Hefferon et al., 2009; Woodward & Joseph, 2003). Would you say that you have experienced this?

- Would you identify yourself as being of Aboriginal descent (including First Nations, Métis, and Inuit)?
- How would you currently describe your mental health?
- In the last two weeks, including today, have you experienced difficulties with:
 - Sadness
 - Sleep difficulties
 - Any active trauma reactions (ie severely affected by being reminded of something in the past)
- Are you currently under the care of a helping professional to deal with active difficulties related to your past trauma?

Appendix B:

Participant Information Letter**Researcher**

Kelty Hawley
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 Department of Educational
 Psychology
 University of Alberta
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Faculty Supervisor

Dr. Sophie C. Yohani
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A Narrative Study of Post-Traumatic Growth in Aboriginal Adults

I would like to invite you to participate in this study that is exploring the stories of Aboriginal adults who have experienced post-traumatic growth. Post-traumatic growth (PTG) is a phenomenon that describes how people grow in positive ways after trauma. This study is not focusing on the negative impacts of trauma, but how people learn, cope and grow when faced with traumatic events.

This information letter provides you with information about this research project. Once you understand the study and if you decide to participate, you will be asked to sign the written consent form at the bottom of this document.

Purpose of this research

This study is being undertaken as a thesis in partial fulfillment of the requirement of a Master's degree in Counselling Psychology. It also draws upon my training in counselling, my work in the Aboriginal community, and my desire to work in the community upon graduation.

Trauma is a phenomenon that, until recently, has been studied by focusing on its negative impacts. However this is not the whole story. Due to the complexity of the process of PTG, more development and research is needed, especially in different cultural groups.

Study Design

If you agree to participate in this qualitative study, you will be asked to take part in 1-2 research conversations (in-person- interviews) with the researcher at a date, time, and location of your convenience. It is anticipated that each conversation will last a minimum of 60 minutes and a maximum of 90 minutes. The conversation information will be analyzed to produce a research report.

During the conversations, you will be asked to reflect upon and discuss your experiences with post-traumatic growth. These conversations are intended to be open-ended and interactive, and as such, there is no requirement that you

complete a prepared list of questions. The open-ended conversational nature of this interview makes it difficult to ascertain in advance the specific content of the interview, and it is possible that you will be discussing material of a personal nature.

The interviews will be audio-recorded and transcribed verbatim. The transcripts will be assigned a code number and/or false name and all reasonable efforts will be made to remove or alter any potentially indentifying information from the transcripts. All identifying information will be removed from the records. These 'clean' conversations will be typed into transcripts which you will get a copy of to confirm or clarify anything you said. These will be sent you under the cover of "personal and confidential" for your editing and confirmation. Should you prefer to receipt of a digital copy of the interview transcript, it will be encrypted for electronic delivery and you will be provided the means to edit and return the transcript to the researcher. Following receipt of your approval of the transcript content, all further research work will be done with the clean copies of the research.

In the unlikely event that there is a significant discrepancy between the conversation transcripts and your intended communication you will be asked to participate in a follow up conversation to address any such discrepancies.

Privacy and Confidentiality

All reasonable efforts will be made to protect your personal privacy at all points during the research process. All reasonable efforts will also be made to protect the confidentiality of any personally identifying information regarding yourself and anyone whom you might refer to in the research interviews. Every effort will be made to respect participant anonymity and confidentiality. Pseudonyms will be used instead of names and other identifying information (e.g., organizations, recognizable details) will be changed.

Your full name, complete mailing address and email will be collected and maintained for the sole purpose of your editing and confirmation of the interview texts following transcription and the delivery of a copy of the final research report upon your request. This personal information, as well as all paper or digital copies of the interview transcripts will be kept in a locked cabinet in the supervisor's office when not in use by the researcher. Should the researcher require that a copy of the interview transcripts be held on her personal computer, this file will be encrypted and password protected at all times. All copies of this personal identifying information will be destroyed immediately following completion of the research project.

Benefits and Harms of Participation

There are minimal risks to your participation in this research. These could include the possibility of fatigue and or anxiety surrounding answering personal questions. In order to mitigate these possible risks, you will be given breaks

throughout the interview process as well as constantly reminded that you do not have to respond to any question you feel uncomfortable answering. Any benefits you receive are expected to be modest pursuant to a discussion and review of your experience with post-traumatic growth.

Right To Withdraw

You have the right to withdraw from this study up to the point of writing final research texts without penalty and to have any collected data withdrawn from the database and not included in the study. In the event you choose to opt out of this study, all electronic and paper copies of any personal information and or interview data will be destroyed.

If you have any questions or concerns regarding your rights as a participant, or how this study is being conducted, you may contact the University of Alberta's Research Ethics Office. This office has no affiliation with the study investigators.

Thank you for taking the time to read this information letter about the study and expressing interest in participating!

Appendix C:

Informed Consent

I agree to participate in the above described research project as a research participant. I have read and understood the above information letter regarding this research and I:

1. Understand that if I have any questions, concerns, or complaints regarding this research project I can contact Kelty Hawley, Researcher, and/or Dr. Sophie Yohani, Faculty Supervisor whose contact information is above.
2. My participation in this research is completely voluntary and I understand the intent and purpose of this research.
3. I understand that my identity will be kept confidential and that I have the right to withdraw from this research at any time.
4. I understand that I may decline to answer any questions and that I may withdraw at a later date. Information provided by me can be destroyed at any time upon my request.
5. I consent to audio recording of the research interview.
6. I am aware that others will be reading the results of this research and that this research may be published.
7. I have received two copies of this Letter of Information and Consent Form. One will be retained for my own records and one will be signed and returned to the researcher.

Participant Name: _____
(please print)

Participant Signature: _____

Date: _____

Researcher Signature: _____

Date: _____

Appendix D:

Guiding Questions for Interviews

1. Please tell me about your experience with post-traumatic growth.
2. How has your life changed as a result of your trauma?
3. Were there any significant turning points in your journey?

Within the discourse of narrative inquiry, I will utilize broad open-ended questions in my interviews to allow the space for story to develop (George & O'Neil, 2011). In order to help the participants frame their experience of PTG, I will begin the interview with the question, "tell me about your experience with post-traumatic growth". Clarifying questions will be utilized to fill in the three dimensional view created by Clandinin and Connelly (2004) of interaction, continuity and situation. In addition, consistent with the narrative inquiry paradigm, I will endeavor to discover if there were any instances of epiphanies (Creswell, 2007).