III. Methodology

The major considerations in selecting a design for this study were twofold. First, rather than focus on one factor or set of factors, I wanted to provide a reasonably comprehensive map of what facilitates healing among First Nations persons of British Columbia. Second, I wanted to give First Nations people a voice, to consider what facilitates healing from their perspective. One method that fulfills these considerations is the Critical Incident Technique (Flanagan, 1954). In this chapter the general nature of this technique is presented first, followed by a description of the sample, interview procedures, and procedures for making use of the information gathered.

Critical Incident Technique
The Critical Incident Technique (Flanagan, 1954) is a form of interview research in which participants provide descriptive accounts of events that facilitated or hindered a particular aim. Participants are selected for a study who have been in an a position to observe or experience relevant facilitation or hindrance and who are capable of articulating their experiences. On completion of interviews, critical incidents are extracted from accounts and then grouped by similarity to form a set of categories that encompass the events. The category system provides a map of what facilitates or hinders a given aim. This categorical map can be used for the development of theory, for test construction, for practical programs, and for further research to refine, extend, or revise the categories. Since Flanagan's initial formulation of this approach to research it has been successfully used in hundreds of studies in a variety of fields.

Participants
Through posters and my network of contacts as the counselor at the First Nations House of Learning, potential participants who were in the Vancouver area were made aware of the study. Interested volunteers were provided with an information package that contained a letter describing the study in more detail and a card describing my background. Participation in the study involved three criteria. First, the participant had to be identified as a First Nations member of British Columbia. Second, the participant had to be able to recall a time when he or she required healing. Third, the person had to be able to articulate events in a clear way in the English language.

The participants in this study ranged in age from the early 20s to the early 50s. The mean age was 35. Geographically, the 50 participants came from approximately 40 communities in British Columbia. The location of these communities ranged from the interior of the province to the west coast of Vancouver Island, to as far north as Fort Nelson and as far south as the Musqueam reservation in Vancouver. Fifteen of the participants

were male and 35 were female. Four of the participants originally came from another province but had been living in British Columbia for at least five years. Nineteen of the participants were university students, whereas 31 were employed in a wide variety of occupations such as housewife, administrator, secretary, and laborer. Problems presented by participants involved issues such as dealing with separation, loss, childhood abuse, substance abuse, and issues concerning cultural identity. It should be noted that Aboriginal people do not necessarily regard something as a problem in the same way as non-Aboriginals. Definitions of illness between cultures can be different, as can methods of healing. In this research it was therefore necessary to leave the problem open by not specifying to the participants the type of problem that should be presented.

Critical Incident Interview
In this study the Critical Incident interview involved two parts, an orientation and an elicitation of incidents. The orientation clarified the nature of the study and provided time to establish rapport. In particular, the orientation was an attempt to communicate the aim or nature of events to be reported. Care was taken to make sure that the aim was phrased in a way that members of First Nations would readily understand (aim of healing rather than one of self-actualization). The second part of this interview was an attempt to elicit events that facilitated or hindered healing. Participants were encouraged to describe events clearly and completely. My role as the interviewer was to listen carefully to ensure that the events were complete and accurate. It was necessary to learn what led up to the incident, what actually happened, and what the outcome was. As the interviewer I used active listening skills by providing occasional comments, reflections, and summary statements to ensure that I accurately understood the speaker. An example of this form of dialogue is as follows:

Interviewee: After that I went home for a couple of weeks.
Interviewer: Did you find that helpful in your healing?
Interviewee: Definitely. Just being there with my parents who loved me made me feel like it was going to be okay.
Interviewer: You felt reassured, comforted?
Interviewee: Exactly. I knew that I was going to recover once I calmed down and was able to think straight.

Orientation
Participants were oriented to the study by being informed by the researcher of the purpose of the study. The following statement was used by the researcher to accomplish this:

Thank you for agreeing to speak with me about healing. The purpose of the study is to find out what helps and hinders healing for First Nations people of British Columbia. I am meeting with people to find out what has actually worked to help you with your healing and what has hindered or caused things to get worse.

In addition to explaining the purpose of the study, the confidential nature of the study and the participant's option to withdraw from the study at any time were also explained. An explanation was provided concerning the term *healing* in an effort to reduce any ambiguity concerning this term. The statement used by the researcher to accomplish this was as follows:

Although I used the term "mental healing" in the information letter and consent form, it's all right just to consider healing in the holistic form for the purpose of this study. By that I mean healing can refer to the mental, physical, emotional, or spiritual and does not have to refer just to the mental part of a person.

It was thought that this holistic definition of healing already provided by the First Nations model of the medicine wheel would be more appropriate because it incorporates the mental with the physical, spiritual, and emotional parts of the self.

Elicitation of Events
Interviews took approximately one hour to complete and were audiotape-recorded. With the exception of four interviews that took place in the participant's place of work, the remaining 46 interviews took place in the researcher's office. The interview commenced with the researcher asking the following question:

Think back to a time in your life that you were in need of healing. What happened that facilitated or helped or hindered you with this healing?

Time was allowed for the participants to remember when they were in need of healing. The researcher repeated the question when necessary. The participants' initial responses were usually sufficient to provide a sense of the problem for which they needed healing. After clarifying what the problem was, it was then the researcher's task to elicit information about what facilitated healing. A statement made at this point was "Now, think back to when something happened that helped you to heal." It was acceptable for the participant to ask questions for clarification during the interview. The researcher also was free to ask questions to obtain further clarification concerning responses made by the participants. Throughout the interview care was taken by the researcher to ensure that leading questions or hints were not given to the participant. Clarification questions frequently asked by the researcher during the interview were questions such as: What exactly happened that was helpful? or How did you know that it was helpful? After the participant recalled an event that was helpful, the researcher repeated the process by asking him or her to think about other events that facilitated healing. This process was continued until the participant could not think of any new events. The participant was also asked to think of events that hindered healing. This question was asked to obtain additional information that might add to the validity of the

study. Very few participants were able to recall events or incidents that hindered healing.

Procedure

A pilot study consisting of field tests with three participants was conducted in the winter of 1992-1993. The results of the pilot study were used to refine the interview procedures. Participants in the study were recruited through posters and by my network of contacts in the lower mainland of British Columbia. An information package was provided to interested volunteers who were encouraged to telephone the researcher to obtain more information or arrange an interview time if they wished to participate in the study. The time and location of the interviews were arranged at the convenience of the participants. Most of the participants found it convenient to be interviewed at the First Nations Longhouse at the University. Before each interview, the participants signed an individual consent form. The interviews were conducted over a seven-month period during the spring and summer of 1993. Each interview lasted approximately one hour and was audiotape-recorded. Once the interviews were completed, events were extracted and worked on according to the criteria specified below until I was able to develop a set of categories. The categories were then validated in a number of ways.

Analysis of the Incidents

Analysis of the incidents involved three steps. First, from audiotapes events were extracted and recorded on cards, with one incident per card. Second, incident cards were grouped according to similarity to form categories. Third, these categories were subjected to several tests to examine reliability and validity.

Extraction of the Incidents

The 50 interviews were taperecorded and each was assigned a code number. The incidents were then transcribed verbatim. Each transcript and statement was carefully studied by the researcher so that the full meaning of the statement was understood before the event was initially extracted. The researcher initially recorded everything resembling an event. The initial list of events was then subjected to an intense examination by the researcher and the research supervisor. In this examination the following criteria were applied: (a) was there a source for the event? (b) can the story be stated with reasonable completeness? and (c) was there an outcome bearing on the aim? By ensuring that these criteria were followed, it was possible to delete vague statements and sharpen the occasionally rambling language of participants. Examples of incidents that were cast aside are as follows:

Hiking has helped me because you walk in a straight line because the trails are narrow, so you have lots of time where you can't really talk to one another. I know I'm with people but I could also have my own thoughts.

Being outside is an important healing tool for me.

In these two examples it is not clear what happened to facilitate the healing, nor does there seem to be a discernible outcome. In the second example it is also not clear who the source of help was. After this process of extracting, 437 complete incidents were obtained. It should be noted that the incidents varied in clarity and format; some were in detailed and narrative form whereas others were vague in their wording. The process of extracting incidents was straightforward after suitable criteria were established.

Process of Forming Categories

After the incidents were extracted and placed on cards, each of the incidents was then divided into the three component parts: source, action taken, and outcome. This facilitated the sorting of incidents into categories. The three parts—source, action taken, and outcome—were then typed onto index cards for each of the 437 incidents. The researcher had to exercise judgment in recording the events because participants tended to speak with varying degrees of clarity. It was therefore necessary occasionally to paraphrase an event to convey fully the intent of the speaker's message. In such cases, the researcher went back to the original transcripts to confirm that what was recorded on the card was accurate. Whenever possible the words of the participant were left unchanged. The following examples illustrate this point.

(Source)	Self.
(What happened)	I wrote letters to the nuns that were abusive to me as a way to get out my anger.
(Outcome)	It got out the anger that I had been keeping in for years. I could then forgive and felt much better.
(Source)	Traditional healer.
(What happened)	The healer told me what the cause of the problem was.
(Outcome)	I would feel at ease because I was able then to put a label on it.
(Source)	Treatment Center.
(What happened)	They made us tell our story over and over again because of all the different groups we were in.
(Outcome)	It was slowly cleansing to keep telling my story. I felt better each time.

The next step in the process was to divide incidents into groups that seemed similar. The focus of sorting was on the second component part: action taken (what happened). It was found that some of the events tended to be ambiguous and were therefore considered borderline. As a result, it was necessary to use prototypes that emerged as guideposts for the sorting. A prototypical event was an event that best described the group in

question as it contained the greatest number of defining characteristics. These prototypes served as models for the purposes of sorting. Ambiguous or borderline events were placed to the side to use as challengers for the first scheme of categories developed. The categorization was then subjected to the research supervisor's review and, as a result, refined and revised. The ambiguous events were used in the second round of categorization when or where they were introduced to the challenger. This resulted in further refinement of the categories. This process of challenge and consultation continued until stability was achieved. Two cycles of correction were necessary to make changes to the placement of the events into categories in order to ensure accuracy. It was also necessary to rename some of the categories so that the name accurately represented the contents of the category. In the end, 14 categories emerged that accommodated all of the incidents.

Validation Procedures

The categories were assessed in five different ways answering five different types of questions regarding the soundness and trustworthiness of the category system. First, can different people use the categories in a consistent way? To answer this question, two independent judges were asked to participate. Both judges were doctoral students in the Department of Counseling Psychology, University of British Columbia. On separate occasions each judge was provided with a brief description of the categories and then asked to place a sample of 54 incidents under appropriate categories. By comparing the placement of incidents by judges with the original placement of incidents while forming categories, the number of hits and misses could be summarized statistically as a percentage of agreement. For example, if a judge had 54 hits out of 54 placements, the percentage of agreement would be 100%. Flanagan (1954) recommends a 75% level of agreement or more to consider a category system sufficiently reliable for use. A high level of agreement indicates that different persons can use the categories to categorize incidents in a consistent or reliable way.

Second, is the category system reasonably complete or comprehensive? Following Andersson and Nilsson (1964), approximately 10% of the incidents (50) were withdrawn and not examined until the categories were formed. When category formation was finished, these incidents were examined and classified. The test involves whether the incidents can be easily and reasonably placed in the existing category system. If not, new categories would have to be formed. If the incidents can be placed reasonably in existing categories, it suggests that the category system is comprehensive, at least provisionally.

Third, are categories sound or well founded? To form a category, the researcher must identify a significant similarity among a group of incidents reported by different people. Participants independently report the

same kind of event. If only one person or a few persons reported a category of event, it might be dismissed. For example, one person might have distorted or fabricated an event. However, when many people report the same kind of event, such possibilities as distortion or fabrication begin to lose force. Agreement among independent persons is one criterion for the objectivity of an event. Certainly there are other ways to assess the soundness of a category (e.g., the clarity and plausibility of events within it), but interpersonal agreement remains a basic test of soundness. Agreement is gauged by participation rate for each category (the number of participants reporting a category of event divided by the total number of participants).

Fourth, the soundness of categories can also be assessed by judgments from individuals who are highly qualified to judge the relevance and usefulness of a category of event for facilitating or hindering a particular aim. In this study two mental health professionals were asked to determine whether these categories were useful to them. Both individuals were First Nations, possessed master's degrees in the helping professions, and had approximately 25 years combined experience in facilitating healing for First Nations people in British Columbia. The directions given to these qualified and experienced practitioners were to examine each of the 14 categories and provide their opinion as to whether each one was relevant or useful.

Last, the soundness of a category can be assessed through agreement with previous research. If a category of event disagreed with previous research, there would be good reason to question its validity. It could not be automatically dismissed, but it would be more questionable because it contradicted prior evidence from other studies. If a category of event agreed with previous research, there would be good reason to be more confident in its soundness. If a category of event was novel, neither confirmed or unconfirmed by previous research, it would stand alone as a possibility to be confirmed or not by future research. To assess agreement, the categories formed were compared with previous research and informed opinion.