

Bullycide Prevention Sqilxwcut,¹ Through Filmmaking: An Urban Native Youth Performance Project.

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This article is a performative and poetic representation of three Native girls' spilaxem (personal narrative) dealing with racist bullying and bullycide. They speak of their transformative process through filmmaking and the healing aspect of presenting their films to non-Native youth audiences (all students' names are pseudonyms). The special value of film- and videomaking by Native youth lies in the ability to record nuances of process, perceptions, emotions, and other subtleties. Confronting the literacy-biased value system of modern Western society, Native youth voices are heard by sharing their own embodied, vocal, and visual perceptions of their processes and their world, thus reclaiming Native youth authoritative judgment. In this study, knitting of resilience meant interweaving three parts of one braid by co-creating a holding environment for stories of hurt to be shared, engaging wholeheartedly (emotionally, physically, spiritually, and intellectually) in reenacting experiences of trauma and reconnecting to a healthy individual and collective identity through public denunciations. Native youth involved in the making of films together performed as leaders in preventing further suicide-related and at-risk behaviors for themselves and others.

Introduction

After spending a school year with 15 urban Native youth studying the role of performance in healing experiences of hurt and trauma, I searched for a research statement. The process became in itself a creative undertaking. Performative writing and visual testimonies were a way of honoring youth voices and experiences of racist bullying.

The following are five excerpts from my dissertation *Mitakuye Oyas'in: Performing Trauma to Strength* (Giard, 2005) written in the genre of a creative nonfiction. Two Native girls, Amy, Nuu-Chah-Nulth, and Emma, Metis, share their experiences of racist bullying and suicide attempts as a result of bullying (bullycide) during their schooling. Danny, Okanagan, develops her leadership qualities and encourages her peers in working together on making two films, *Vicious Attack!* and *I'm First Nations and Proud of It!* Dayton, Coast Salish, holds a vision and speaks to his peers of ways to handle crisis. Vince, Haida-Gwai, expresses his faith and belief in the power of positive role models, spirituality, and a network of supportive peers in preventing Aboriginal youth suicide.

During this creative process, urban Native youth created a holding environment in which stories of hurt could be told. Mechuskosis, Cree

counsellor and Elder in this performative text, is an important spiritual presence in the alternative school program for Native youth, aboriginizing youth schooling experience. Performative inquiry and filmmaking as methodologies explore interconnections between personal narratives (*spilaxem*²), drama, issues of Aboriginal health and well-being, education, research methodologies, and healing interventions. Filmmaking and performative inquiry hold the promise to transform educational approaches with at-risk young people.

Amy's Spilaxem

"I am concerned about you, Amy," Mechuskosis leans against his office door, seriously and compassionately inquiring about her health. "Is there anything on your heart you may want to share with me?"

Turning towards Mechuskosis who brought a chair close to her, she lowers her voice. "I was bullied a lot when I was a kid 'cause I was a big person," discloses Amy. "From kindergarten to grade 6, some of the bullies were in my brother's school. I was bullied two, three times a week. It stopped in grade 7."

"Humm," responds Mechuskosis.

"It happened in playgrounds, in the hallways, washrooms," continues Amy. "The school didn't do much. They told me to ignore it. They told the bullies to stop but they started again two weeks later." The Nuu-Chah-Nulth girl could feel Mechuskosis' loving presence.

"I told my mom and she said: Ignore it!" recalls Amy with disappointment. "They've gotta stop saying that 'cause it doesn't work, it just doesn't work!" says Amy with obvious frustration in her tone of voice. Withholding her anger, she pauses. "It never works," says Amy crying. She touches her neck as if feeling the pain of her suicide attempt in her neck, in her throat where she held the knife; words held back in her throat. "It never works!" Amy admits defeated. "I felt suicidal. I told my mom a year later that I felt suicidal."

Amy pauses, feeling the feelings associated with her suicidal attempt. "I felt like I was left alone in the world and I wanted to end my life," Amy says courageously. "I was 12, 13 at the time. I thought people didn't care. I didn't really have friends. Memories from that time are not good. It affected me. I started skipping classes in elementary school. It really hurt me to be bullied. If it happened again I would talk to a help-line. I think teachers should listen to the bullied." Amy pauses again to clear her throat.

Mechuskosis withholds his thoughts and feelings, being present to Amy full-heartedly.

"Parents should talk to teachers about the bullying," Amy shares confidently. "I would have liked my mom to do something about it. I was very quiet. I was acting out at home. I was depressed, too quiet." She remembers hiding in her bedroom, alone and desperate.

"I think we need to speak more about bullying," says Amy persuasively. "Teachers should be more open about bullying in school; it should be part of the program. There wasn't any anti-bullying program at my old school. More

should be done. When teachers say: "Ignore it, it will go away. It never does ... it never does!"

(Silence)

"Ach!" broke Amy with frustration. "It never does! It never does!" she repeats loudly, tears coming down her cheeks. "I almost committed suicide over bullying. It hurt me a lot. I said: What the hell I'm doing? and I dropped the knife ... and I went to my room and ... I did not leave. I wrote this poem."

Amy's Poem

I don't think anything could change in my life
 I lock myself in my room and want to be left alone
 I don't want people to know what is going on in my life
 I write stuff down
 And read it later

 I throw away all of my writing
 I don't want anybody to read it
 I listen to music and they leave me alone

 Drinking or smoking is not the answer
 My brothers smoke pot a lot
 Then they leave me alone
 They bug me 'cause I'm the youngest.
 I go to my room
 I don't want people to know what's going on in my life
 I lock myself in my room and want to be left alone
 I don't think anything could change in my life

When I met Amy in October, she was quiet and looked rather sad most of the time although I could glimpse a spark in her eyes. She was always attending the workshops, sometimes silent, sometimes angry or bored, but never indifferent. She never volunteered any particular story or lived experience during the scriptwriting workshops with Native artists.

However, the good thing is that she revealed her experience of bullying and consequent suicide attempt during the Healing Circle. She got it off her chest. All the running and walking and shouting during the filming must have brought back some difficult memories.

A moment of danger. Difficult story of suicidal thoughts that need to be told for healing to continue its journey.

Why not discuss with the students the concrete reality of their lives and that aggressive reality in which violence is permanent and where people are much more familiar with death than with life? Why not establish an "intimate" connection between knowledge considered basic to any school curriculum and knowledge that is the fruit of the lived experience of these students as individuals? (Freire, 1998, p. 36)

Repeating the bullying scene over and over, banging against the metal door in the back alley must have triggered memories of her bullying during the girls' swarming scene in *Vicious Attack!* As we work together toward the production of this film and *I'm First Nations and Proud of it!* we

experience the truth embedded in the words survival, hope, social justice, and activism.

I witness Amy's testimony³ of suicide attempt, because she could not live another day being bullied in school. I feel her desperation in my soul. Bullicide (Field & Marr, 2001) is devastating.

Performing a Head Taller

*Performing a head taller
beyond the self, within the group,
shape-shifting,
Becoming a tiger
running away
transforming anxiety into courage.
(Giard, 2005)*

Like a tiger running for its survival, Amy develops a "felt sense" of strength and embodied resilience. This resilience is the literal springiness in our legs (Levine, 1997). In regaining aggression, one is empowered to take the final steps in resolving trauma. These active, fighting, running, and aggressive responses transform being helpless and frozen into defending and protesting. "The restoration of aggression is another key feature in healing the effects of trauma" (p. 122).

During the filming of *Vicious Attack!* the girls were reenacting an aggressive scene during which the aggressors (including Amy and others) had to run away when an adult approached the scene to rescue the victim (reenacted by Emma) from her aggressors. During the repetitions, Amy transformed the complex emotion of anxiety into excitement of being fully alive (Levine, 1997). Excitement is one strong emotion that is too often diminished by trauma. As Levine explains, the strategy of restoring vitality is in revitalizing the felt sense. He writes: "Once this [felt sense] is developed, we can surrender to the currents of our feelings, which include trembling and other spontaneous discharges of energy" (p. 122).

After three hours of filming, walking and running down the back alley, the girls asked for a break, saying that their legs were just about to fall off, trembling! Reconnecting with their felt sense through the rhythmical repetitions and bilateral stimulation of running and stomping (Shapiro & Forrest, 1997) allowed a reconnecting with assertive energies, which were inaccessible in immobility. By becoming mobile, a renewed vitality is accessed."

By creating a safe container through filming and acting, First Nations youth are offered an opportunity for difficult stories to be shared. The reenactment of an aggressive attack is a call to heal a deep emotional scar; it is a call for resolution (Levine, 1997). First Nations youth chose to reenact a bullying attack, which calls for healing and resolution. By reenacting a traumatic event, awareness and consciousness about all aspects of the event are accessed through the felt sense, which provides an effective

energetic discharge. This discharge of energy opens the pathway toward healing and releasing other blocked energies, which could be the result of generations of trauma stories. Levine writes: "Re-enactments of traumatic events can be tracked back through several generations of family's history" (p. 189).

Through the felt sense, the nervous system swings between immobility and fluidity, emotions shift from fear to excitement and courage, and perceptions expand from a narrow-minded to eagle's vision. The key element in healing trauma resides in uncoupling immobility and fear through the felt sense. The forces restraining a person victim of trauma are biological energies held within and reinforced by sociocultural and family experiences. With proper support and guidance, victims of trauma could move through these forces and thaw from immobility and the freeze response from terror. An experience of trauma is an opportunity to rise to a greater power. Amy's testimony surprised everyone because she had kept that secret well buried. Her ghost is slowly being exposed to the elements of life.

Circle of Tears

*Tears shed in the sacredness of our circles
 Come my child,
 You belong here!
 Powerful feelings
 Shared in ceremonies and prayers
 Establishing a spiritual connection
 Our stories our souls
 Breaking the silence*

*Spirits live
 Within a greater Circle of Interconnectedness.* (Giard, 2005)

Danny's Testimony: Bullycide Prevention Sqilxwcut, Through Video Presentations and Discussions

"The following day, Mechuskosis talks to the staff at the school and asks about their suicide prevention program. The school principal, Karin, decides to contact the Canadian Association for Suicide Prevention (CASP) and asks for advice regarding their Youth Suicide Prevention Programs. She becomes aware of cluster suicides and the copycat effect. Mechuskosis meets with a small group of youth involved in the performance project to discuss signs of suicidal behavior, help resources, prevention actions to be taken, as well as the necessity to divulge a confidence regarding suicide. Unfortunately, Amy and Kay are not attending class today.

"Do you know that suicide is the second leading cause of death for youth in Canada after car accidents?" asks Mechuskosis to the group members. "Aboriginal youth suicide rate is five to six times higher than that of non-Aboriginal youth" (Royal Commission on Aboriginal Peoples [RCAP], 1995).

"But nobody talks about it!" comments Lee. "How can we know?"

"Yes. There's a strong stigma about it" (Fine, 1997/2000), confides Mechuskosis. "But if we don't talk about it, we don't learn to prevent it either. Would you know what to do?"

"When a person is suicidal they talk about dying a lot," says Tanya. "My friend once felt suicidal and she came to my house and we spoke all night. Friends are very important."

"Yes, but what about friends' loyalty? If someone says: 'Don't tell anybody,' I won't tell!" says Rose.

"What do you prefer: a dead friend or feeling disloyal?" sarcastically laughs Lee.

"Yah! Right! I would speak to a counselor if I knew someone was suicidal," says Sandra.

"How do you know someone is suicidal, and whom would you talk to if you or someone you know, like your friend or a classmate, is feeling suicidal?" inquires Karin.

"I would talk to the teachers. I don't know what doctors could do for suicidal kids," argues Shelley. "I don't go to doctors!"

"It's always best to talk about it to someone," says Tanya.

"I never felt suicidal over bullying but I know of someone who did," says Danny.

"If I knew that someone felt suicidal, I would talk to the teachers first, then to the suicidal person or to a friend," says Tanya.

"It's not uncommon for people to think of suicide when in a crisis, unfortunately. That's why we need to know more about the signs of distress that may indicate thoughts of suicide," insists Karin, obviously pressed by time and her tight schedule.

The group's silence testifies to a kind of knowing about the feeling of distress, like a cloud of compassion connecting everyone. Karin and Mechuskosis exhibit a handwritten poster listing the risk factors or precipitating events of a suicide.

East Wind Woman dances around the group and creates a loving circle of energy, like a blanket of tenderness, holding each one of them with care.

"We did a presentation with the videos *Vicious Attack!* and *I'm First Nations and Proud of it!* in a school the other day," continues Danny.

"Yah!" cuts off Sandra. "That was cool!" she says forcefully.

"You just cut me off, Sandra, wait for your turn to speak," says Danny.

"What I'm saying," continues Danny, "is that we talked about bullycide and that some kids want to die because they are tired of being bullied."

Silence in the room.

"We went to different schools and did the racist bullying workshop," continues Danny. "We asked people in the classroom to write down the kind of things they have heard or said to people that could be hurtful. We had posters and they wrote the kind of racist slurs and verbal attacks some kids do, and what they think about bullying. I kept the posters in my locker."

"I'd like to see that! Would you like to show them to us, Danny?" asks Lee.

Danny gets the posters from her locker and shows one of them to the group.

"We also talked about bullycide (term coined by Marr & Field, 2001): suicide caused by bullying," continues Danny.

"Would you know how to detect somebody feeling suicidal?" asks Sandra, happy to step into the conversation.

"Feeling depressed," shouts Lee.

"Smoking too much dope!" says Rose.

"Skipping school and sleeping a lot," says Tanya.

"I sleep a lot and I don't want to kill myself," jokes Josh wanting to change the mood in the room.

"Bullies have to be kicked out of school," says Rose who wants to bring the focus back to bullying.

"Nothing happens to stop bullying," says Danny nervously. "That's why kids kill themselves. My cousin killed himself that way. He left a note saying he had enough. That's how bad it is!"

"Have you been on the other side of bullying? Like being the bully?" asks Mechuskosis.

"Yes, I have," confess Sandra. "I didn't care about the person's feeling. I was very upset and didn't care about the other person. It was my revenge kind of thing. I just had enough of being bullied and laughed at. What can you do?"

"Ho," says Mechuskosis, acknowledging her honesty and courage to disclose her violent behavior."

Silence has a horrifying feeling to it combined with hopelessness, a feeling common among Aboriginal youth.

"What do you think should be done about racist bullying?" asks Mechuskosis.

"We need to do more presentations like those we did," says Sandra, with pride.

"We need to give them a lesson," says Shelley.

"Punishment closes people down and incites resentment in them" (Foucault, 1977; Sullivan & Tift, 2001) says Mechuskosis. "That doesn't seem to work either. Maybe we can talk about ways to stop bullying. Ask your teachers to talk about it as well with other students."

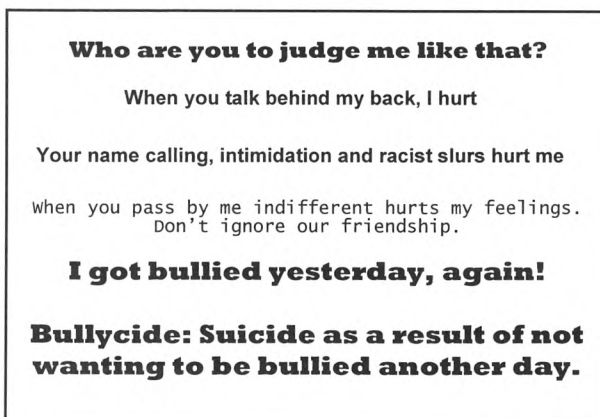


Figure 1. Anti-bullying poster.

Everyone's attention is palpable. This moment is intense, taking each one back to the testimonies in the video.

"Are we doing any more of these presentations?" asks Chris.

"It's kind of intimidating, standing there in front of a whole classroom," says Shelley. "You're kind of put on the spot!"

"Yah! But you know what?" says Danny. "This is important, and we need to do more of that stuff. People need to know how much it hurts our feelings when they call us names. Like, I can feel the put-downs in my guts just the way some kids look at me. Like dirty looks!"

"I don't understand why bullies do that," says Chris.

"It makes them feel better about themselves," says Shelley. "I hope some kids get the message when they see the video. It's dangerous to bully. Some kids might want to kill themselves because they're sick of it."

"It's good to get the word out," says Danny.

"Talking about bullying openly has changed my mind about a few things," confesses Danny. "If I see bullying again in the future, I will go to the principal and ask to put posters on the walls and give handouts to students. I won't fight back and grow resentful as I have."

"Maybe the schools could do something about bullying," suggests Chris. "I could be part of an anti-bullying program!"

"Yah! The schools should be more involved instead of saying: ignore it," says Melinda. "That's what they told me to do at my old school. That didn't work. The kids didn't stop bullying and I left school. I missed a whole year at school, because of that!"

"I know," says Danny. "Talking to teachers doesn't work. They don't do anything."

"I hope that changes," says Mechuskosis. "It seems that you've got something out of the presentations, that's good! Can you say more about that?"

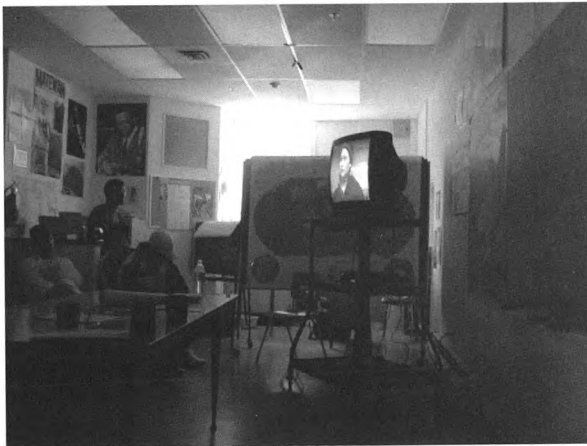


Figure 2. Youth video presentation.

"You should have seen their faces when watching the videos," says Vince. "And the discussion on white folks' privileges; some intelligent white women don't even know that! Some non-Native people are not ready to acknowledge white identity as privilege."

"That's true, Vince," says Mechuskosis. "Even if many books have been written on the subject of whiteness, to challenge a system that assigns more power to white male folks than to people of color or even white women is a risk (Rasmussen, Klinenberg, Nexica, & Wray, 2001; Fanon, 1967; Ignatiel & Garvey, 1996; Roediger, 1994; Lopez, 1996). There is no simple way to frame these questions. There is a lot of resistance to changing white hegemony, even in a progressive environment. That would mean changing the school curriculum, changing our health system, changing our spiritual and religious beliefs and changing the way we act and react towards Native people."

"When they listen to the interviews, they get the point how much it hurts to get bullied!" says Danny.

Dayton's Leadership and Vision

"Do you think it's dangerous to do these presentations?" asks Mechuskosis.

"Dangerous? Why would that be dangerous?" asks Vince. "Silence is more dangerous than speaking out about violence. Teenagers have a responsibility in the actions they choose. Bullying is a dangerous business."

"Some people think that if we speak about suicide, it would give youth the idea of doing it. In my experience it's the other way around. If we don't talk about suicide and keep it a taboo subject, it perpetuates a stigma," says Danny.

"It made me understand my feelings about bullying," says Melinda. "I buried all that stuff deep inside of me, never to be dogged out again. But the video called it out. I remembered the year I lost because of bullying ... " (Pause) "It was really difficult. I lost a whole year!"

"I didn't like seeing myself in the video," shares Emma. "But I know this stuff is important; it could save someone's life. Like, if someone is thinking of killing herself and she sees how the bullying and stuff hurts Amy, when she cries in the video, she doesn't feel so alone anymore. And she may want to speak about it to a teacher or a friend."

"I know our stories could save someone's life," says Dayton who has remained quiet all along. "People need to know how much it hurts to be bullied because of the color of our skin, the way we eat, or speak. (Pause) It hurts a lot."

"This is what is required of us when in crisis: to keep our vision and life purpose in mind," continues Dayton. "By keeping our positive goal in mind, we can go through the crisis and experience it as an opportunity for real progress, channeling energies and strength never attained before. A crisis is an opportunity to stretch our limits further, expanding our capacity for living and attaining additional power in the process."

"We need to do more workshops on bullycide, Mechuskosis," says Danny.

Emma's spilaxem

"I've been bullied too ... it really hurts," shares Emma. "After being bullied, I got involved with drugs ... to forget about it."

Silence awaits her testimony.

"Yah! I've experienced a lot of bullying because of ... like ... it's sort of a racist thing," continues Emma.

"Like, I'm part Native and I'm part white. Some people if they're Native they make fun of me 'cause I'm white, and others they make fun of me 'cause I'm Native. It doesn't really bother me though unless they really start rubbing it in my face. And some girls did. People told me they do that 'cause they're jealous. It makes them feel better to make fun of somebody else. I was friends with this white girl and we were playing, wrestling, and she slapped me across the face really hard and I got really mad at her and haven't really talked to her. Then suddenly there are these rumors that I wanted to beat her up and stuff, which was not true. Then we didn't talk to each other for a while, and then four-five months later she started telling her cousin all this stuff that I wanted to beat her up. Or going around threatening behind my back. I didn't even talk about it. When I went to the Friendship Center that day, everybody was just ganging up on me."

"They flipped on me for no reason," continues Emma. "I talked to my sisters, my friends. They tried to get them to stay away from me. They kept following me where I went. I talked to my mom about it. She called security. I went out for a smoke—that's when they all went to the back door to wait for me saying that I was calling their cousin names and all this other stuff. I brushed it off, but it made them even more angry. I said: Fuck! Stop it! What do you want? I don't even know what you're talking about! Stop pushing me! And the bully said: Bitch! You've been saying stuff about my cousin! And then it all went down. I got really hurt that day! The bully was 14. Her friends were there. All of her cousins were there. Some were even my friends and they were ganging up on me. Even though they were supposed to be my friends."

"How was it resolved?" ask Mechuskosis.

"I talked to her, the bully, on Mothers' Day," says Emma. "She said she has no more beef with me. She said, 'Okay! Okay! I'll make a deal with you. There's no more beef. Promise! No more beef!' And we shook on it. She didn't say she was sorry she just doesn't want any more beef! I believe her. Her friends still have a problem with me for some reasons that I don't understand ... (Pause) I don't know."

Aboriginal youth are "being held lovingly" with Mechuskosis right now; he is offering a safe container, which allows First Nations youth to express their distress.

Vince's Strength and Spirituality

"I want to know more about why Native people want to kill themselves," says Rose.

"Don't you know that, Rose? It's pretty obvious. Who wants to be Native?"⁴ remarks Shelley.

"We can't be really sure why a person wants to die, because suicide is very complex," says Mechuskosis, answering Rose's inquiry. "What we do

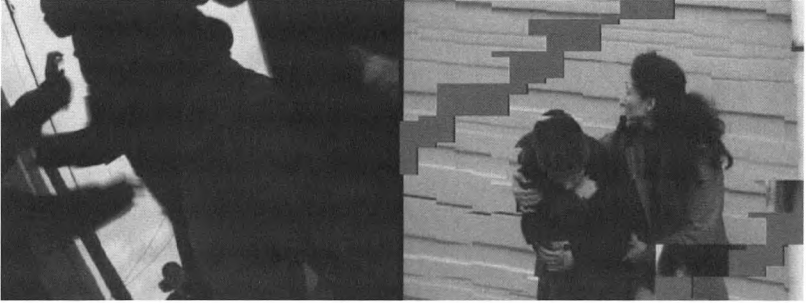


Figure 3. Stills from the making of *Vicious Attack!*

know are some of the triggers like a broken relationship, loss of a loved one, bullying, mental illness and stuff like that. What else do you know about triggers?"

"My cousin died by suicide over bullying. He was tired of it!" discloses Danny.

"I worry about Kay," says Emma. "She is using so much. That seems to be a sign of distress. It's on your list, here: Youth Risk Factors."

Emma reads the precipitating events on a poster that Karin and Mechuskosis created after discussing youth suicide triggers and precipitating events with youth.

"It says: Increase in use of drugs, alcohol, medication; unexplained absence, and desire to be left alone. She is missing school a lot, she wants to be left alone, and she uses drugs a lot. Is there any hope, Mechuskosis?"

"She needs help," says Mechuskosis. "She can't be left alone if she is suicidal. To know if she is, you need to ask her directly: "Are you feeling suicidal?" (Thira, 1995).

"That's a tough question," comments Danny.

"I agree," replies Mewchuskosis. "It is always difficult to speak with someone in crisis. You can also ask this way: 'On a scale of one to 10, where 10 is absolutely unbearable, what is your level of pain?' (Thira, 1995, p. 42). If it is 10 or close to it, you ask: "Are you certain death is the only solution to your pain? Have you thought about how you may kill yourself?"

"Gee, Mechuskosis," says Lee. "You call a spade a spade!"

"That's the best way to prevent suicide," replies Mechuskosis. "Call it for what it is and deal with it. Don't ignore it!"

"I have enough on my plate, I can't deal with everyone's problems!" says Josh.

"That's very true and often the case," says Karin. "When you know someone is suicidal and you can't deal with it, talk to an adult who can. Sometimes people need a 24-hour watch or need to be hospitalized. Take this seriously, you can save a life!"

"I guess we can create a network of support," says Vince.

Youth Suicide Risk Factors and Precipitating Events

- History of previous suicide attempts
- Loss of special friend, parent, sibling, or family relative
- Loss of employment
- Loss of quality of life through illness
- Giving away prized possessions, putting affairs in order
- Decline in performance at school or at work
- Significant change in sleeping habit and energy level
- Increase in use of drugs, alcohol, medication
- Unexplained absences (from school, home, work)
- Desire to be left alone or never wanting to be alone.

Figure 4. Youth suicide risk factors and precipitating events.

"That's the best thing to do," replies Mechuskosis. "For that to happen you need to know the person's environment: family, friends, fosterparents, and those who can have a positive impact on the person, like Elders, or teachers. Keep in touch with the person frequently to show that you care."

"That's a lot of work!" says Josh.

"Sometimes the best support is in praying for the person's strength and recovery," says Mechuskosis. "Spirituality is important as a support system in suicide prevention. And so is hope."

"That's not heard of very much," says Leonard. "We've been told for centuries that our spirituality is evil."

"Don't believe that," commands Vince. "You know it's not true! Our spirituality is the pathway to freedom."

"Wow! Vince! You get 10 on 10 for that one!" says Tanya, impressed by his spiritual comment.

"I guess there is hope," says Emma, feeling encouraged by the group's discussion on suicide prevention and intervention.

"There is hope if Kay feels that people care about her," says Mechuskosis. "The biggest problems facing youth today are abandonment and lack of spiritual practice."

"We need role models with compassionate and firm limits," says Vince, feeling encouraged by the honest conversation. "If we don't find these role models, we recreate them through television, video games, songs, gang leaders, Hollywood heroes and antiheroes, and within the broader community."

"Unfortunately, too many young people have not yet found their way to the Creator, a Higher Self, through me or a trustworthy person to count on when in despair," says Flying Eagle. "Reconnecting with spirituality is connecting with protective factors that keep the person alive. Protective factors are conditions, which act to lessen the risk for suicide: including hope for the future, a trustworthy person to talk to, and a sense of mastery in one's life."

"I care about Kay," says Emma, "but I don't want to get caught in her rage. She gets crazy sometimes."

"You need to be strong, Emma, and not tolerate Kay's screams and insults," says Mechuskosis. "It is important to confront bullies with concrete facts and specific consequences. What do you think would be a consequence of her disrespect?"

"I don't know," answers Emma.

"Does anybody know?" asks Mechuskosis.

"I would stay away from her, she's crazy and a drug addict," says Danny.

"The drug thing is also part of the need to control something," says Mechuskosis. "This might be a little hard to believe, but something to consider anyway. In order to not feel the feeling associated with anxiety, inadequacy, or any negative feeling, some people use drugs as a relief from those feelings. If Kay is not confronted with her rage and with her use of drugs, she gets away with her hurtful behavior; in the process, she hurts herself and others."

"Double whack!" says Danny. "But what do you do with people like her?"

"Bullies, and drug addicts turning into bullies, lack the ability to interact with others in an honest, mature, and healthy manner," says Mechuskosis (Middleton-Moz & Zawadski, 2002). "They need to be helped and guided in order to make changes in their lives. You could become a helper, if you want, by confronting the bully. Bullies are excellent manipulators and for these reasons we have group interventions, to weaken the bullies' attacks and risk of 'taking over' the confrontation by denying the offense."

"I don't know if we can confront Kay with her addictions and rage," says Danny. "That's your job, Mechuskosis!"

"I think it's a group's job, Danny," replies Mechuskosis. "If we were to compassionately say to her that we believe treatment is one of the options for her behavior, she might listen to us, guys!"

"Hum! Do we have that much power?" asks Vince.

"Yes, we do," says Leonard. "See how much we've accomplished with the filming! Without you all, I would not have done as much! I know that!"

"Group cohesion is very powerful in acquiring knowledge," says Mechuskosis (from Stairs, 1995: "Knowledge is a shared resource acquired cooperatively," p. 142).

"People are so self-centered nowadays," says Emma, "it's hard to believe that we can make a difference as a group."

“We ARE making a difference, Emma, when we do public presentations and actively participate to create change,” says Vince.

“It takes a lot of courage to do that,” says Mechuskosis. “I see your openheartedness, Vince.”

“I can’t stay silent anymore, Mech! I’m doing this for my son,” says Vince. “I want to be his role model, in a good way, like ... the *sqilxwcut* ... the Indian Way!”

Bullycide: A Poem

As I witness Amy’s story of attempted suicide ... I weep
Salted drops of sadness down her angelic face
Sobbing, she speaks of her suicide attempts
Her cry echoes like a prayer
Within the sacredness of our Healing Circle

As I witness Amy’s story of bullycide ... I weep
Bullied child sheltered in my heart
Howling sorrow waltzing soul
I caress motherly her tender innocence
Mother cat embracing her chaton

“Rest into my arms, injured spirit
Till comfort appeases you!”
I console a grieving child
Softly enraptured in dreams
Sobbing, she longs for a kinder world

As I witness Amy’s story of bullycide ... I weep

Bearing Witness

So many untold stories of abuse
Held in custody in one’s heart
Shame, humiliation, hopelessness and
confusion
Undisclosed secrets
Unidentified needs for survivors
Lack of basic trust,
Severe feelings of guilt,
Failure to adapt to a new culture or country
Survivor Syndrome

Second and third generation of children

“Taking on their parents’ suffering in order to be closer with them”
(Fogelman & Savran, 1980)

Bearing witness
A story unfolds

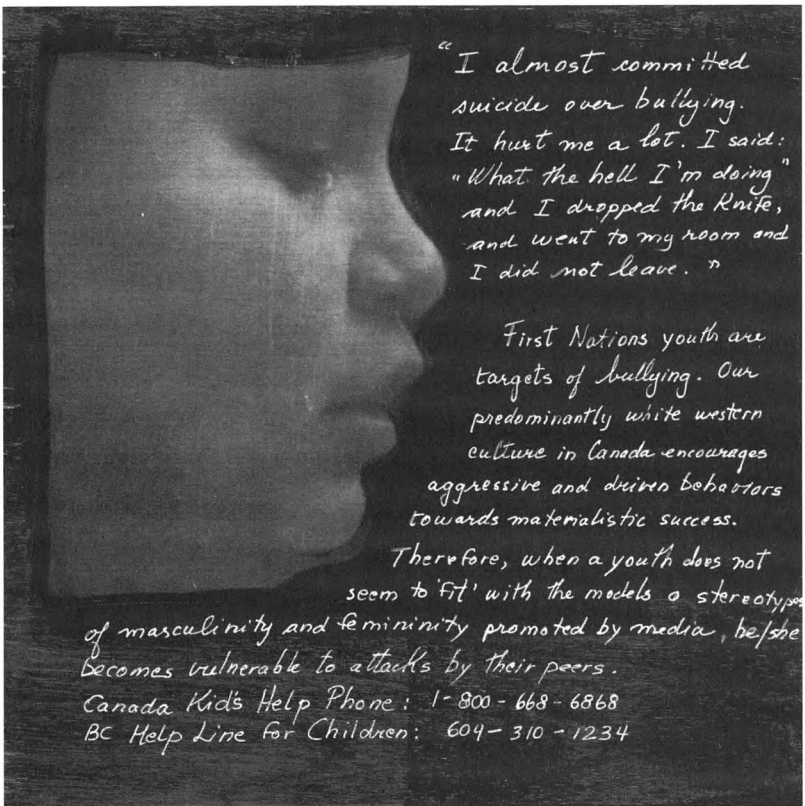


Figure 5. Artwork by M. Giard. *Bullycide*.

To obtain reparation

To be remembered by another

To have one's existence validated

To transcend selfhood

To extract and discern the bearable from death

(Giard, 2005)

Conclusion

Urban Native youth involved in the project were not quite able to articulate in the first phase of the project that they were targets of bullying. Some of them realized through the performance that they were actually victims of many violent encounters with other kids and sometimes with their own friends. I observed that it was after they went through the filming and reenactment of their collective experience of racist bullying that they were able to talk about their personal experience of bullying.

Through this performance project, First Nations youth had many opportunities for healing and growth as they were invited: (a) to talk openly to each other about life and about suicide, (b) to produce two short films on racist bullying, girls' swarming, and attacks, (c) to take leadership roles in every aspect of the project with the support of First Nations artists, (d) to reflect on their suicide-related activities and make lifestyle changes accordingly, and (e) to reach for outside help when necessary.

Urban Native youth were actively engaged in writing screenplays, acting and rehearsing, filming, editing, preparation for the anti-bullying workshops, and all public presentations, including one memorable presentation at the Centre for the Study of Curriculum and Instruction (CSCI),⁵ since then renamed the Centre for Cross Faculty Inquiry (CCFI).

My understanding of the effects of Performing Trauma to Strength became clearer as we performed together, youth, other participants, and myself, becoming a part of an even larger community (Herman, 1992). By returning to a community that once was perceived as unfriendly, hostile, or to be avoided altogether, and by finding the courage to present their video, First Nations youth grew developmentally (Newman & Holzman, 1993) and synergetically, healing past experiences of abuse and becoming more aware of the implications of pursuing their advocacy journey.

Notes

¹The *sqilxwcut* is commonly referred to as "the Indian way" in the Okanagan nation (Cohen, 2001).

²Sterling (1997) identifies two types of oral traditions: *speta'kl* and *spilaxem*. She writes: "[*Speta'kl* tradition] refer to events from mythological age when characters like Coyote still walked in human form. They include creations stories, stories of the transformers such as Coyote who is both culture hero and trickster, and stories of characters such as Muskrat, Beaver, and Black Bear who also walked and talked in human form" (p. 5). In *spilaxem* tradition: "[they] are non-creation stories such as hunting stories, new stories, and personal narratives" (p. 5).

³Emily (real name used with her permission) is the author of the film *Vicious Attack!* She suggested the inclusion of a Healing Circle with an Elder in the video project. During this circle, Amy (fictive name) reenacted the disclosing of a girls' suicide attempt as revealed during our group sessions.

⁴Vince's statement could be read as his sense that *others* might view Native people in some way as though they are carrying the taint of the residential school oppression as persons to be feared and avoided. Researchers interested in PTSD responses say that Aboriginal youth might accept demeaning social responses and start feeling "tainted" or "less than" because of their social experiences while interacting with non-Aboriginal peoples. This social response is also experienced by survivors of the Holocaust and might also lead to a sense of learned hopelessness passed on from previous generations. Survivors of social traumas, genocides, or racial discrimination may accept this social response and feel themselves "less than." These social imbalances can lead to patterns of distrust in human relationships and the sense that much of the world around them, even life itself, is unsafe.

⁵During a public presentation at the University of British Columbia, a graduate student wanted to hear from First Nations youth what the white privileges were. This unquestioned desire to ask First Nations people to find answers to relational social challenges is not only irresponsible, but also highly colonizing in avoiding looking at our detachment and disengagement in the reconstruction process for a more equitable society. Vince kindly

reported an incident as an example of white privileges: On the way to UBC, I stopped at a restaurant ordering five large pizzas for the UBC Brown Bag presentation. I also requested two large delivery pizza bags to keep them warm. The restaurant owner took my word when I said I would return them after lunch. Vince was amazed that I was trusted to do so. "That would never happen to a Native guy without collateral!" commented Vince. "This is an example of White privileges!" he said.

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Mitakuye Oya'in.

All My Relations.

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Adolescent Girls' Sexual Health Education in an Indigenous Context

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In this article we discuss a research project in which we used a number of strategies from literacy education to enhance Aboriginal adolescent girls' sexual health behaviors. These included the use of a female Aboriginal mentor in the small-group context, circling, check-in, closing, codes of conduct, free writing, goal-setting, wild woman necklace, guest speaker and visit to community agency, mini-research activities, and a mini-conference. Finally, we address the implications of our work for linking health and education to reach adolescent Aboriginal girls and how researchers might proceed in culturally appropriate ways.

Introduction

Little is known about best approaches to sexual health education for adolescents and even less about how specifically to address sexual health education for Aboriginal adolescent girls. This article provides an overview of recent research in applying health literacy strategies with a group of adolescent girls in an Indigenous context (Banister, Jakubec, & Stein, 2003). The investigation used a respectful and participatory approach (Kemmis & McTaggart, 2000). It was based on principles of feminist (Maguire, 1996) and Indigenous ways of knowing (Couture, 1991). The research was guided by the voices of the adolescent Aboriginal girls who participated in a mentoring program designed to enhance their health. We believe that approaches sensitive to culture and community, based in new conceptions of literacy, will be effective in the general adolescent population (Begoray & Banister, 2005). Here we expand on our argument by reporting specifically on a group of adolescent Aboriginal girls who were part of our study sample.

Research has shown that the health status of adolescent girls has not improved in recent years (King, Boyce, & King, 1999). The major causes of morbidity are related to health risk behaviors such as unprotected sexual activity and substance use (McCreary Centre Society, 1999). Although the general adolescent population is already at risk for poor health, the problem is even more pronounced in the Aboriginal communities. One reason for this is the incongruence between Western medical approaches (based on a biomedical framework of disease, treatment, and prevention) and approaches that are more holistic and culturally sensitive (Arnold & Bruce, 2005; Van Uchelen, Davidson, Quessette, Brasfield, & Demerais, 1997). This disparity is even more obvious in areas such as adolescent

sexual health with issues such as unplanned pregnancy and contracting sexually transmitted diseases (STDs). For example, approximately 9% of Aboriginal mothers are under 18 years of age compared with 1% in the non-Aboriginal population (Health Canada, 1999), and reported rates of chlamydia and gonorrhea (STDs) are highest among Aboriginal adolescents (Health Canada, 2001).

Although in Canada advancements are being made in health services delivery specific for Aboriginal women, significant inequities remain in relation to the general population (Health Canada, 1999). There are few intervention programs for Aboriginal girls, and many of those that exist are delivered in culturally inappropriate ways (Steenbeek, 2004). Western values and individualistic views serve to isolate the adolescent at a time when connections take on greater meaning. Family and community ties lie at the heart of traditional Aboriginal identity.

Our investigation demonstrates health education approaches that were reported as being successful in terms of Native adolescent sexual health issues. Our approaches were both accessible and culturally sensitive.

Overview of the Study

In a community-based study of adolescent girls' dating health concerns, we initiated a mentorship program for exploring best practices in adolescent health education. The study represented a partnership between the University of Victoria and four community partners. Forty adolescent participants aged 15-16 were recruited through five sites including three local secondary schools, a youth health clinic, and a rural Aboriginal secondary school (located on Vancouver Island). The study had two phases. During phase one, four consecutive focus groups were conducted with each of five groups of girls at their respective sites to obtain ethnographic data on their health concerns in their dating relationships. Examples of health concerns identified by the girls included substance abuse, having unprotected sex, and physical and emotional intimate partner abuse (Banister et al., 2003). The girls' accounts guided the development of the mentoring program used in phase two. During phase two, we delivered the program weekly to the same girls over a 16-week period in group sessions of an hour and a half. Each mentoring group was made up of approximately eight girls who were 15 or 16 years old, an adult female mentor, and a research assistant. We believed that building the mentoring program from the ground up helped to ensure program success (Roth, Brooks-Gunn, Murray, & Foster, 1998). The four school sites incorporated the program into their regular school hours, which facilitated a low attrition rate (two girls dropped out due to scheduling conflicts).

Following completion of the program, we conducted a one-hour interview with each group in addition to a half-hour interview with participants, mentors, site gatekeepers (principals, clinic nurse), and with the Elder associated with the Aboriginal girls' group. Altogether, we collected

and analyzed ethnographic data from each group between September 2001 and May 2002. A number of themes were detected from the group conversations and are reported in more detail elsewhere (Banister et al., 2003). For the purpose of this article, we discuss the mentoring program focusing specifically on its delivery to Aboriginal girls who attended the Aboriginal school, one of the four schools mentioned above. The strategies used and evaluated in the Aboriginal girls' group were shown to be effective for raising their awareness of health issues such as intimate partner violence. Evidence provided by the participants serves to illustrate the effectiveness of the curriculum developed through this study to enhance Indigenous adolescent girls' health.

Theoretical Framework

We approached the study from relational and feminist perspectives on human development. Feminist approaches focus on assessing power differentials and oppression (gendered or otherwise) and suggest that knowledge of adolescent girls occurs in the context of community rather than through separation and autonomy. Feminist values informed our goal of establishing mentoring groups characterized by respect for others' experience, values, and differences.

A relational perspective assumes that adolescent women's development integrates their search for selfhood with their search for connections (Gilligan, 1990) and that adolescent development is stimulated by caring relationships that provide consistent support and trust (Sullivan, 1996). Creating community through group work, for example, is congruent with how women have been socialized to understand, communicate, and construct meaning (Belenky, Clinchy, Goldberger, & Tarule, 1986). Feminist historian Heilbrun (1988) noted that the truth of female experience emerges when women are given the opportunity collectively to share their knowledge and expertise.

Although debates about the relationship between feminist and Indigenous epistemologies and methodologies continue (Miheuah, 2000), we believe that feminist and Indigenous approaches are complementary in conceptual orientation. In Aboriginal contexts, relationships are central to being and becoming. For example, Couture (1991) explains that "the native mind is a mind-in-relational activity, a 'mind-in-community'" (p. 59). Aboriginal ways of knowing are the product of spirituality in connection to life. According to Curwen Doige (2003), spirituality refers to the nonmaterial part of oneself that connects with *otherness* including a larger life force, and content *matter* arises from the spiritual or philosophical umbrella. Aboriginal learning approaches are "spiritual, holistic, experiential/subjective and transformative" (p. 147). Couture (as cited in Curwen Doige) argues that in Aboriginal philosophies of life, the person is regarded as subject in relationships; a reciprocal dynamic process of being and becoming takes place between both the subjects and the relationship

itself. We acknowledged Aboriginal spirituality as a way of life and way of thinking by using three principles to influence our curriculum: (a) to embrace and honor Aboriginal knowings as the basis of learning, (b) to establish a relational and safe environment in which each girl was valued, and (c) to promote authentic dialogue. The learning environment facilitated the girls' ability to speak openly in the group, or to use what Tolman (2002) calls their authentic voice. This environment provided an ideal context for the incorporation of literacy activities to develop health literacy and healthy behaviors.

Literacy and Health Literacy

School-aged populations with poor literacy skills are at increased risk for social problems (Wilson, 2003). As a determinant of health, strengthening literacy abilities is one way to enhance health. Current conceptions of literacy have been broadened and now include not only reading and writing, but also listening and speaking, observing, and creating representations (New London Group, 1996). Even with good reading and writing skills, however, many adolescents are not able to make effective use of health knowledge. Facilitating the use of all six language arts in an integrated fashion may contribute to adolescents' positive application of health knowledge.

Applying language arts methods in health education may help to achieve health literacy. Although the area of health literacy is relatively new and the definitions are still evolving, it is generally accepted that health literacy is "the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions" (Ratzan & Parker, 2000, as cited in Institute of Medicine, 2004, p. 4). The Institute of Medicine (IOM), part of the National Organization of Sciences, is a United States organization dedicated to the creation of policy on matters of public health. Health literacy involves "a range of social and individual factors, and includes cultural and conceptual knowledge" (p. 5). The concept of health literacy has been linked to assisting individuals to take control of their health. The World Health Organization proposes that in "improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment" (Nutbeam, 1998, p. 357).

The importance of cultural issues is beginning to be addressed by researchers, policymakers, and service providers. Kickbush (1997) notes that developing a level of knowledge, personal skills, and confidence to be proactive improves personal and community health by shifting lifestyles and conditions of living. In Canada, the implications of Bill C-31 (an Act of Parliament passed in 1985) have led to more control by Aboriginal peoples over their own affairs. There is growing interest among policymakers and researchers in health determinants in Native communities and in building on Indigenous knowledge. Addressing concerns for culturally appropriate

health and health literacy begins by listening to and valuing the voices of Aboriginal people (Stout, Kipling, & Stout, 2001).

Strategies

Although a number of strategies exist to encourage deeper interaction among members in small groups, in this study we used approaches arising from feminist and Aboriginal conceptual frameworks. Our choice of strategies helped to equalize power in the groups; that is, each member had a voice and was respected as the expert of her experience. This power was authentic; it was real power to influence the matter of the conversation. The strategies served to facilitate a high sense of safety, trust, and respect among group members. The group environment enabled open discussion among the girls: ("talking stuff out about relationships").

The strategies were delivered by a non-Aboriginal mental health nurse who had worked for five years in the Aboriginal community associated with the school. An Aboriginal female teaching aide at the school served as the mentor for the group. She was in her early 20s: young enough to remember some of the health-related challenges girls' encounter during adolescence. The mentor's role was designed to provide support and act as a positive role model for the girls. A central part of her role involved listening to the voices of the girls. Her empathic and respectful presence enhanced the safety in the group. The mentor said,

In the group some of the girls have had problems and then I've seen even the teachers not know how to handle them or what to do. What I found was just talking to them and then when they opened up that helped them.

We also used the wisdom of a local Aboriginal Elder who served as a cultural guide to inform our use of the strategies. She was not only a health care worker with the local band, but knew all the girls and their health issues in their family and community context. In a follow-up interview, a participant speaks to the need for adults to *just listen* to girls.

I think [the program] is important because so many girls ... there's a lot of like chat about, you know, like a lot of people see that ... some adults won't listen to something. Like they don't want to listen to you about telling them about drugs; they don't want to listen if you tell them you have an STD or you're pregnant or something. A lot of kids are scared to say something, right? And I think that it's really good to incorporate all of that because kids are looking for someone to talk to and adults are the wisest and if a kid is telling you something and an adult is listening and not judging, that can be the best thing for them.

Nutritious food and beverages were available as a means to build trust and rapport and contribute to a safe sense of community: ("It was better than having junk food"; "They loved that, just the little snacks that were given to them").

The small group size added to the sense of connectedness in the group. In a follow-up interview, one participant identifies the importance of keeping the group small for enhancing mutual respect between group members.

I mean, when you have a few girls ... not a huge amount, but just like our group. I think when another girl explains things you pay more attention, especially when you know you're going to be in this group to talk about these things and I think it was the smaller grouping [that helped]. I don't think it should be any larger because then it's going to be hard—maybe give people a feeling that they're not being listened to.

Listening and speaking are clearly important aspects of any learning situation. Just who is allowed to speak (and who will listen) arises from our philosophy of learning: one that is centered on the learner and sensitive to the cultural context.

Circling, Check-in, and Closing

One strategy for decision-making through consensus or for conflict resolution in a group is called circling, whereby each person has a chance to speak and everyone else listens. Some groups use a talking stick or other concrete symbol as a reminder of whose turn it is to be the speaker for that moment. The Elder describes the value of using an eagle's feather for this purpose.

Well, when they close or open they use the [eagle's] feather ... we use the feather and went around in circle passing the feather so it's their time to talk, saying what they want to say ... and we close with the feather. A couple of sessions would go by and then you would find that the girls are more than anxious to share in the circle after.

The holder of the symbol is the focus of the discussion. The Indigenous method of circling gives each one in the circle a chance to speak: "Because when they're talking, no one's to interrupt them and they get to say what they want to say." It is respectful of each individual as an important part of the whole.

Other approaches involved check-in to help focus on the present moment and closing to express appreciation and respect. The check-in provides a barometer of how group members are doing. Sharing an appreciation at closing is directed at a specific group member's actions or at the group itself and contributes to a sense of community.

Codes of Conduct

We encouraged the girls to create codes of conduct during the first group session. These were written in concrete statements on a chalk board so that each girl could refer to them throughout the group meeting as needed. Creating codes of conduct helped the girls identify how they wanted to be treated in the group and wanted the group to be together. Examples of codes of conduct included "not interrupting" when someone was speaking, "arriving [to the group] on time," and "not talking outside the group" so that the girls' confidentiality was respected (Banister & Daly, in press). After the codes of conduct were identified, they were occasionally revisited by the group to determine whether they were working or not or needed revision.

Free Writing

We used free writing as a strategy to help girls connect with what Tolman (2002) called their authentic voice. Free writing took place before check-in as a way to help the girls write out and clear some of their thoughts and feelings before engaging in the group (Banister & Begoray, 2004). The girls were provided with colorful notebooks and pens and invited to write freely for five minutes. We encouraged them to put aside their judgments about formal aspects of writing such as spelling, grammar, and about what they should be writing so that they could connect with what was important to them at that moment. The notebooks provided the girls with another venue for expression. The mentor observed,

I thought it was important because if they can't express themselves verbally then they can to themselves on a piece of paper which no one else has to read. I think most of the girls had not written in journals before.

The girls' notebooks were considered private. Through consensus they decided to keep the notebooks in a locked cabinet between group meetings and have them returned for the girls' own keeping on program completion. Some participants incorporated free writing into their everyday lives. The Elder said, "They all enjoyed the journaling and I think some of them have kept that up too and are doing it at home and using it."

Goal-Setting

We encouraged forward thinking among the girls for evaluating their health behaviors and for setting goals toward positive change. Goal setting was introduced in an early session so that each girl could identify a personal change project. The activity began with brainstorming concrete examples of personal health goals that Aboriginal adolescent girls may set more generally. The girls were then provided with some quiet time to write their own personal goals in their notebooks. The written goals were revisited during each session to help the girls identify steps in their progress or barriers to action. During some group sessions, the girls were invited to report to the group any self-identified change related to their goals. Early in the program, most girls were reticent about reporting on their goals in the larger group; however, as trust was established, they were more comfortable speaking. Reporting on their goals to the collective helped the girls view their progress as tangible or real and served as positive role modeling for others in the group. During a follow-up interview, one participant identifies how writing a concrete goal in her notebook helped her believe in her potential for positive change.

Participant: The one thing that really worked for me was like, when you'd gave us time to write in the journal.

Facilitator: Okay. That seems important.

Participant: Because I never thought about it until right now, but if you write [your goal] down it just makes it a little bit more real.

Facilitator: If you actually write it down, you think "Okay, I can do it."

Participant: Right.

The goal setting activity contributed to a shared experience of empowerment and success in the group. During another follow-up interview, a participant describes some specific ways her health behaviors changed through participation in the goal setting activity.

Facilitator: Now in terms of your goals for yourself, your long-term goals, how is that going?

Participant: Oh, it's going pretty good. I've cut down to one and a half smokes a day.

Facilitator: That's great!

Participant: I've been putting résumés in. I could quite possibly have a job. I'm just waiting for the call back. I'm starting to trust myself better. I'm getting better grades.

Writing is another literacy skill that serves multiple uses. Here we see its importance as a way to make vague, abstract ideas more concrete (real) through their journal writing. Writing résumés is another way these girls can take charge of their wellness.

Wild Woman Necklace

The girls created a wild woman necklace to help them remember that they had personal power in themselves. For the necklace, the girls' chose beads from a wide variety of sizes, colors, and shapes that were provided for the group. The necklaces were shaped according to the girls' own sense of how the wild woman should look and feel when worn around their necks. The necklace served as a symbol, a concrete referent, to remind the girls that they had a voice and that their own personal wisdom was an inner resource for knowing themselves. A participant said, "I've been using my necklace every day ... it gives me strength."

Wearing the necklace helped the girls listen to their voices to establish whether their daily interactions with their boyfriends were right for them or not. In a follow-up interview, a participant describes connecting with her authentic voice while interacting with her boyfriend.

My boyfriend, I talked to him about [an issue in the relationship] ... and he just understood and I think it also helped me recognize some of the things that are right and wrong in a relationship, and it helped me to work through to make a positive relationship and recognize when something's going wrong. Luckily, I was on the right track.

Engaging in the concrete activity of creating the necklace contributed to spontaneous and open conversation among the girls about some of their health related concerns. One girl said, "The art and crafts, it relaxes me." The wild woman necklace is visual literacy that requires the girls to create a concrete object to represent a personal goal. Here the necklace functions as a reminder of an abstract concept, another path to better health.

Guest Speaker and Visit to Community Agency

An activity adapted from Wolfe, Wekerle and Scott's (1997) youth relationship project involved a visit to the group by an Aboriginal woman

who had left an abusive relationship 10 years earlier. The woman acted as a positive role model about authentic power by describing her empowerment process in leaving a marital relationship that had threatened her personal safety and well-being. The visit was carefully planned and did not take place until the topic of intimate partner abuse had been introduced to the girls well into the program. The woman chosen for the visit was an Elder from the local Aboriginal community and well known to the girls; this contributed to the girls' comfort with having someone from outside come into the group. The girls' witnessing the Elder's authentic narrative was congruent with their Indigenous way of learning. Her visit to the group was followed the next week with the girls' visit to an Aboriginal women's violence prevention center. Before this visit, the girls were invited to generate questions for the center staff about intimate partner abuse. We framed their process of data-gathering about the center as research. At the following week's session, the girls reported to the group what they had learned about the center as a community resource.

Mini-Research Activities

This research activity augmented the girls' awareness of their interconnectedness with the larger community (Van Uchelen et al., 1997). They also assumed some responsibility for their part in the larger study in terms of accurately capturing on audiotape the data generated by the group. The girls were vigilant about the tape-recorder being turned on before each group meeting, including checking that it was working. During a follow-up interview, one girl describes a perspective transformation that took place for her about the concept of research.

And I also learned, as you guys learned, because you were researching, studying, and at the same time, we're researching and studying about you guys and what you're doing and I think that was really interesting—a really interesting perspective to think about because it's, I mean, at the same time, we're both learning.

Research or inquiry involves all kinds of literacy skills. The girls were listening and speaking, reading and writing, viewing and observing, and representing and creating. Such an integrated approach to learning helps to generate and reinforce new ideas.

Mini-Conference

The girls' holistic view of the research included their desire to learn more about the health issues of the girls in the other four mentoring groups. Given the Aboriginal girls' identification as members of not only their own group, but also as member of the larger research project, we decided to hold a mini-conference at the university as the final activity for the entire group of girls. For this event, the Aboriginal girls were transported by bus (a two-hour trip) to the university. All except one of the girls from the Aboriginal group attended the event. We engaged the girls in a number of activities such as creating a colorful poster about their small-group learn-

ing. The poster was then presented to the larger group and placed on the wall for everyone to view. The Aboriginal girls used traditional symbols in their poster such as a bald eagle, which represented their collective authentic power. Although it had been difficult for the Aboriginal girls to speak up early in the program, an affirmation of voice seemed evident as they spoke about their collective accomplishments with confidence and pride.

Implications for Linking Health and Education in Indigenous Contexts

A number of implications are suggested by our experience with Aboriginal girls in this research project. The first is the importance of creating a safe environment where the girls' authentic voice can be heard. We found in this study that the use of small groups with the presence of a mentor and the guidance of a local female Elder made it possible for the girls to speak openly about their health issues. As the mentor observed, "The fact that I come from the same culture and community maybe helped them trust me more and just the knowledge, my story." The second is the power of the concrete activities to facilitate the girls' awareness and ability to act positively on health issues that they identified. Finally, we recognized that linking health with education, especially with literacy skills, served as a way to mediate between the girls' health issues and their ability to maintain their Aboriginal identity in a learning context.

Implications for Culturally Sensitive Health Education Research Approaches

Much research is to be done in the area of Aboriginal health and education. Ideally, Aboriginal researchers will take up this research. If this work is to be done with the involvement of non-Aboriginal researchers as described in this study, Aboriginal and non-Aboriginal researchers will have to work together in a culturally sensitive manner. In such cases, Aboriginal people need to guide the cultural component of the research. The wisdom of Elders, for example, must be sought to ensure respectful interactions and interventions in Aboriginal settings. In this investigation, we validated Aboriginal ways of knowing by valuing the voices of the girls. For example, this study was based on earlier pilot work when the Aboriginal girls themselves told us that sexual health issues needed to be addressed:

Researcher: So if you were talking to me about girls your age and their dating relationships, because I'm not your age, what would you like me to know?

Participant 1: To have safe sex.

Participant 2: And to be careful.

Participant 3: To learn about safe sex. There's a lot you have to learn.

This led to the next phase of the research in which we chose focus groups to help address the girls' issue. Focus groups are a technique known to heighten equality in research settings. We created a "relational, safe learning environment" (Curwen Doige, 2003, p. 149) that valued participants'

understanding. Finally, we promoted dialogue that addressed what was important to the girls themselves. The various activities designed for the mentoring program assisted the girls to improve their sexual health by first raising their awareness by providing information, thus increasing their health literacy, and second by giving them practical skill-building opportunities, leading to improved sexual health behaviors. For example, as one girl concluded about the program, "Be on the safe side. Try to be on the safe side and carry a whole bunch of condoms around with you." We believe that such comments evidence the successful outcome of the study and intervention and demonstrate that the health education approaches we used helped the Aboriginal adolescent girls to achieve the means to address their own sexual health issues.

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