

THE EXPERIENCE OF NORTHERN HELPING PRACTITIONERS

by

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B.A. University of Victoria, 2003  
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## ABSTRACT

This research study considered the experience of northern helping practitioners in providing trauma support in isolated communities in northern BC and Yukon. In these communities, access to specialists in the field of trauma counselling is severely restricted due to distance from main centres. Economic and cultural factors leave the essential support of survivors of trauma to helping practitioners in various fields with varying levels of training and supervision (Boone, Minore, Katt, & Kinch, 1997; Trippany, Kress, & Wilcoxon, 2004). Many northern communities have experienced historical trauma and continue to experience intergenerational trauma, contributed to by current psychosocial conditions linked to the legacy of colonization (Brave Heart, 2003; Duran, Duran, Brave Heart & Davis-Yellow Horse, 1998; Tafoya & Del Vecchio, 1996). In remote communities, helping practitioners may be working in their home communities, sometimes sharing similar trauma experiences to that of their clients (Morrissette & Naden, 1998). Helping practitioners in the North are also hired from “outside” to provide service to communities, arriving with limited knowledge of the specific context of the communities. These helping practitioners may be put at personal and professional risk of developing secondary traumatic symptoms from repeated exposure to clients’ trauma in the

helping relationship (Baird & Jenkins, 2003). There is little information available on professional and paraprofessional workers providing this type of support in the North.

Using a narrative inquiry process, the stories of eight helping practitioners were analyzed using a three phase analysis based on the approach developed by Lieblich, Tuval-Mashiach, and Zilber (1998). The narratives were summarized into experience portraits, painting a picture of eight very different experiences and responses to those experiences. The themes that emerged from the data indicated the effects on practitioners and the strategies used by practitioners in maintaining their ability to practice under challenging conditions. Ten categories provided a structure for arranging the data. Five metathemes were interpreted from the narratives: *helping takes over life, humanity, respectful engagement, invested and embedded, profoundly affected, and belief*.

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DEDICATION

This study is dedicated to the memory of Evelyn and Elizabeth who both epitomized what northern helping practitioners do and the lasting impact they have

## CHAPTER 1

### Introduction

#### *Setting Introduction*

Living in the present day brings the possibility of exposure not only to direct trauma experience, but also to experiences of intergenerational trauma, historical trauma, and secondary trauma. Trauma serves as an ontological assault on the basic underlying existential assumptions that people hold about themselves and the world, all thrown into disarray (Crossley, 2000). People with various responses to traumatic experiences will sometimes seek help in therapeutic counselling settings, drug and alcohol counselling, or through the medical profession, while others will seek the help of family members and friends (Herman, 1992). In small, northern communities the options are limited.

In any discussion of the North, the feature of geographical isolation is prominent. Berman (2006) uses the social geographers term “tyranny of space” to characterize such settings. As a nurse working in the North, Neely-Price (2002) described her first flight into a northern community, seeing “absolutely nothing but lake and bush” (p.29), and understanding the limitations facing such a community based upon this observation. Similar to the experience of Neely-Price, I am struck by the scene of small communities emerging out of miles and miles of trees, mountains, and bush on flights to the North, even after 30 years of living and traveling in the North. These small, isolated communities hold stories of strength, tragedy, resourcefulness, oppression, and hope. The focus of this research study is on helping practitioners who work in these communities and who hear such stories day after day. These communities are under-resourced and

under-studied in the area of mental health support (Hornesty & Doherty, 2004; Leipert & Reutter, 2005).

### *Significance of Research Topic*

In northern British Columbia and Yukon communities, access to specialists in the field of trauma counselling is severely restricted due to the distance from larger centres. Economic and cultural factors leave the essential support of survivors of trauma to helping practitioners in various fields who have different training and supervision (Boone, Minore, Katt, & Kinch, 1997; Trippany, Kress, & Wilcoxon, 2004). Many northern communities have experienced historical trauma: the collective cumulative psychological and emotional wounding resulting from massive group trauma experiences across generations affecting First Nations people, as well as current psychosocial conditions linked to the legacy of colonization (Brave Heart, 2003; Duran & Duran, 1998; Duran, Duran, Brave Heart & Davis-Yellow Horse, 1998; Evans-Campbell, 2008). The ongoing intergenerational trauma, the direct and indirect psychological influence of an earlier generation on attitudes, behaviours, and parenting of the next generation, all require awareness of the impact of multigenerational disruption on positive individual, familial, and cultural development (Tafoya & Del Vecchio, 1996). Intergenerational trauma affects non-First Nations family members as well as First Nations families. The specific context of trauma that affects many First Nations and non-First Nations people in the North may also affect helping practitioners who offer mental health services and who often have limited training and supervision.

Without the benefit of specialized training, many First Nations and non First Nations helping practitioners use their experiences and local knowledge to assist clients. In

remote communities, helping practitioners may be locals, working in their home communities, sometimes sharing similar trauma experiences to that of their clients (Evans-Campbell, 2008; Morrisette & Naden, 1998). Helping practitioners in the North also include practitioners hired from “outside” to provide service to communities, who arrive with limited knowledge of the specific context of the community, the culture, or intergenerational and historic trauma issues linked to the residential school experience and assimilation. Helping practitioners may be put at personal and professional risk of developing secondary traumatic symptoms from repeated exposure to clients’ trauma in the helping relationship (Adams, Boscarino, & Figley, 2006; Baird & Jenkins, 2003). The personal and professional costs to practitioners from helping people re-establish ontological security, or the reestablishment of coherence, meaning, and hope for the future after traumatic experiences is at the center of this study.

In the recent field of vicarious trauma research (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), studies have been undertaken with therapists, psychologists, social workers, and emergency response workers to understand the phenomenon of vicarious trauma, often considered to be an occupational hazard for helping practitioners or formal caregivers (Adams et al., 2006; Bride, 2007; Rasmussen, 2005). The framework for vicarious trauma is found in Constructivist Self-Development Theory (CSDT), developed by McCann and Pearlman (1990). In CSDT theory, individual differences in adaptation are emphasized, with traumatized individuals being viewed as complex persons trying to cope with their experiences, rather than the adaptations pathologized as symptomatic (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Vicarious trauma is generally defined as the natural coping process of

those in helping roles to repeated exposure to traumatic material and reenactments (McCann & Pearlman, 1990), reflecting "neither pathology in the therapist nor intentionality on the part of the survivor client" (Pearlman & MacIan, 1995, p. 558). Vicarious trauma in therapists and helpers may manifest as posttraumatic stress symptoms and significant shifts in identity, worldview, spirituality, cognitive distortions about self and others, and changes in interpersonal relationships (McCann & Pearlman 1990; Pearlman & Saakvitne, 1995).

The research on vicarious trauma is in the formative stages of development, and researchers point to the interchangeable use of terms to describe constructs of vicarious trauma (Adams et al., 2006; Baird & Jenkins, 2003; Bennet-Baker, 1999; Brady, 1998; Lybeck-Brown, 2003; Brandon, 2000; Pinsley, 2000; Rasmussen, 2005; Weeks, 2000). Definitions of burnout, compassion fatigue, countertransference, and secondary posttraumatic stress syndrome are often included in discussions of vicarious trauma. McCann and Pearlman (1990) emphasize that one of the differences of vicarious trauma for practitioners is the focus on meaning and adaptation, rather than on trauma symptoms.

### *Background of the Study*

#### *Impetus for Research*

My research considers the experience of northern helping practitioners in providing trauma support in isolated communities. As a long-time northerner who has lived and worked as a helping practitioner in an isolated community, I was interested and concerned about how helping practitioners adapt and cope in the face of exposure to client's trauma, whether first-person or the intergenerational transmission of historic trauma. I questioned whether their experiences fit the description of vicarious trauma.

Much of the research to date has been conducted with professionals who have a certain level of training and who work in agencies in more populated, urban areas. The literature reviewed for the research design suggests that northern-based practitioners, who work in physical isolation and provide on-going support to clients who have experienced historical, intergenerational, and present-day trauma, have been neglected by researchers up to this date. Additionally, research on cultural interpretations of the concept of vicarious trauma and secondary trauma and cultural influences on the prevention of such trauma is lacking.

Through their experiences and the meaning they have made from the experiences, the stories told by the northern helping practitioners summarized in Chapter 4 may add to a greater understanding of the concept of vicarious trauma. Their experiences and knowledge indicate connections between historical trauma or intergenerational trauma and vicarious trauma or compassion fatigue. The stories represent the experience of helping practitioners who practice in their home communities and practitioners who arrive from “outside” to offer their support. Their stories illuminate the strategies that enable such practitioners to continue to provide support to trauma victims under extreme conditions. For those workers profoundly affected by the client stories they have heard, their stories also hold glimpses of the struggle they have had, and continue to have, in keeping their personal and professional identity and mental well-being intact.

This study emphasizes a specific work experience based on a unique geographical practice setting. The research focuses on what Haverkamp (2005) refers to as the particularity of experience rather than universal laws and generalizability. Yet relevance to others’ situations may be found in the narratives through human action and knowledge,

relevance beyond individual meaning from personal experience (Ricouer, 1981). It is my hope that the combined personal and local knowledge found within the stories will benefit helping practitioners working in isolated communities and also inform funding agencies, training facilities, and academic institutions as to the needs of such workers and their clients living and working in the North.

### *The Language of Trauma in Cultural Context*

#### *Western Views and Definitions*

The research study began by focusing on three areas in the field of trauma counselling: historical, intergenerational, and vicarious or secondary trauma. The word “trauma” is often overused and it may not be a word that adequately describes all events, contexts, and consequences of events in which the term is applied. The word “trauma”, the event, is used in contexts when the word to describe the aftereffects of a traumatic experience would be more appropriately referred to as “post-trauma.” In the context of this study, it is a linguistic symbol used to represent elements related to the effects of underlying psychological trauma: helplessness, loss of control, intense fear, and threat of annihilation (Herman, 1992).

Diagnosis acts as a linguistic tool of communication, a short-hand way to describe complex effects on the psyche (Briere, 2005). This linguistic tool allows practitioners to speak a similar language. This language is part of what Herman (1992) refers to as the central dialectic of psychological trauma where the will to make public the consequences of horrible events conflicts with the tendency to deny them. I view trauma assessment and diagnosis as linguistic tools used in attempts to describe all the indescribable,

overpowering, uncontrollable effects traumatic events have on humans, events and consequences both obvious and hidden.

Depending on the trauma and status of the individual, society will either assign social meaning to both the trauma and the individual, or will exhibit social amnesia towards the event (Evans-Campbell, 2008; Herman, 1992), as was once the case of residential school trauma experiences. Society's response to such experiences may have long-lasting effects on the traumatized individual or group. If the impact of systemic oppression and discrimination, both historical and present day, are not factored into issues of intergenerational trauma, the negative effects of such trauma will not diminish, but be exacerbated (Evans-Campbell, 2008).

Throughout the world, exposure to serious life-threatening trauma is a common experience, compounded by multiple losses of family members and friends, as well as the loss of culture, with patterns of oppression and genocide occurring globally (Bemak & Chung, 2002; Brave Heart & DeBruyn, 1998). This is true for many First Nations groups in Canada. In trying to address the psychological needs of such clients, psychotherapy has tended to focus on a Westernized view of mental health based on individualistic ideologies to help with adaptation, find coping strategies, and improve independent functioning; a philosophical approach that contradicts the cultural background of members of minorities where the foundation of their culture is based on family and community ties (Bemak & Chung, 2002). One person's trauma-based problems are often considered to be those of their family and community based on fundamentally different cultural values and social belief systems. Health practitioners and counsellors sometimes judge First Nations client's high attrition rate to lack of commitment rather than to

practitioners' lack of cultural sensitivity to the relevance of their services (Duran & Duran, 1995). Clients from minority groups, such as First Nations populations, and Western practitioners will often have very different perceptions of what "good" mental health looks like, as well as what constitutes effective intervention strategies (Bemak & Chung, 2002). I have experienced this phenomenon first hand with helping practitioners who come from "outside" a community without the benefit of cultural awareness.

### *Destructiveness and Trauma*

Papadopoulos (1998) presents both the idea of destructiveness, consisting of strife and conflict, and oppositionality, viewed as a tragic component of the human condition, as an inevitable part of life. One way to approach appropriate trauma counselling is to conceptualize destructiveness and violence as a multi-dimensional phenomenon. Considerations of violence and destructiveness are influenced by many factors: cultural and theological positions, moral and ethical values, philosophical views, and the realities of history, politics, and socio-economics.

Mental health practitioners can no longer assume the role of detached observers in practice (Papadopoulos, 1998). Formal helpers' assumptions can be shifted when destructiveness is viewed as a tragic aspect of being human, with the arrogance of the expert replaced by compassion. For some practitioners, one of the hardest concepts to consider is that "violent acts are not committed, necessarily, by perverted individuals but by ordinary people who are caught up in tragic circumstances; most human beings are capable of violence" (Papadopoulos, 1998, p. 463). Instead of moralizing and psychologizing violence and destructiveness, acknowledging the universality of destructiveness allows individuals to view themselves as part of the tragedy, allowing

them to find meaning rather than explaining it away (Papadopoulos, 1998). It is the level of compassion and empathy required in this meaning-making engagement that may lead to secondary problems for helping practitioners, illustrated by several participants' stories in this study. There is a need in cases of severe trauma for a therapeutic context consisting of "therapeutic presence" and "therapeutic witnessing." Traumatized people often require a witness, with the act of witnessing bringing validity and a sense of reality to the experiences of others (Rasmussen, 2005). It is the personal costs of the act of witnessing and being present that is the focus of this research.

### *Trauma in Context*

Problems occur when the effects of trauma are pathologized. The phenomenon is relocated from the social realm to the biopsychomedical, distorting the human costs of destruction (Summerfield, 1999), or in the case of First Nations populations, the human costs of genocide. The objectification of suffering becomes a more technical problem requiring precise solutions: a universal response to extreme stress captured by Western psychological frameworks (Summerfield, 1999). This research is concerned with the experience of those people who support those sufferers and their subjective experience.

Summerfield (1999) suggests that suffering is generated from a social context and is resolved in the same setting, with the distinctiveness of the trauma experience found in contextual resolution rather than in a biopsychomedical paradigm. Acknowledgement of sociocultural and socioeconomic factors in connection to ethnicity is also essential to the understanding of trauma (DeBruyn, Chino, Serna, & Fullerton-Gleason, 2001). This point is important both ethically and conceptually because of the inherent danger of misunderstanding signs and symptoms, where, "the trauma field may be in danger of

attending only to those cues which match prior assumptions about the pre-eminence and universality of psychological trauma, and the validity of Western checklists in capturing this" (Summerfield, 1999, p. 1454). It is only through direct work and interviews with people from non-Western cultures that such cues can be identified and attended to. This applies to helping practitioners working with First Nations clients in terms of the secondary effects of their work.

An important consideration is that the emphasis on trauma not be narrowly applied when working with diverse populations. Wessells (1999) proposes that three main difficulties arise when trauma emphasis is applied in this way: 1) the problem can be individualized when the dominant conceptual frameworks view trauma as an individual phenomenon; 2) it can result in the fragmentation of multifaceted problems, including those of security, food, shelter, and basic survival; and 3) it can result in a "historical conceptualization that overlooks the stresses imposed by racism, economic domination, or political oppression" (Wessells, 1999, p. 271).

### *Language of Inquiry*

The following definitions are examples of linguistic tools that may not adequately describe every post-trauma situation, but are intended to serve as aids in communication and add clarity to the resulting discussion:

*Historical Trauma*- Cumulative complex trauma from emotional and psychological wounding over the lifespan and across generations emanating from massive group trauma experiences inflicted on a group who share a specific affiliation (Brave Heart, 2003; Evans-Campbell, 2008). The trauma in this context refers to the trauma affecting First

Nation's people, including trauma from genocide and assimilation attempts through the residential school system.

*Intergenerational Trauma-* The process through which, purposely or unintentionally, an earlier generation of a cultural or ethnic origin psychologically influences the attitudes, parenting, and behaviours of the next generation. In this case, parents transmit unresolved tensions and feelings from their own trauma to their children (Mazor & Tal, 1996; Stern, 1995). This type of trauma is regarded as potentially affecting all clients in the North, both First Nations and non-First Nations.

*Isolated Northern Communities-* Any community above the 55<sup>th</sup> parallel, in British Columbia, Yukon, and the Northwest Territories with limited access to mental health services due to their location, low population, and distance from main centres.

*Helping Practitioners-* In the context of northern communities, the term "helping practitioners" includes but is not limited to counsellors, lay counsellors, drug and alcohol counsellors, child and youth care workers, health team workers, elder counsellors, social workers, nurses, or any other worker providing some form of psychological, emotional support on an on-going basis to clients facing problems stemming from traumatic experiences. These workers include both First Nations and non-First Nation's individuals.

*Vicarious Trauma-* The cumulative transformation of the therapist's inner experience resulting from empathic engagement with traumatized clients which results in significant shifts in identity, world view, and spirituality, as well as cognitive distortions about self and others (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

## *Researcher Context*

### *Personal Location*

The majority of my life has been lived in the context of the North. Through nearly three decades I have learned the dynamics of small northern communities, observing both strengths and weaknesses found within those environments. Within personal and professional relationships, I have also learned about the context of trauma and recovery that community members face in such settings. I have observed helping practitioners struggle under very challenging conditions, causing some to leave while others continued on through the years. As a supervisor for community counsellors and in my own work, I witnessed first-hand the toll that is taken on such practitioners providing trauma support to clients in all stages of post-trauma response. I came to realize that practitioners cannot do this type of work without being affected and having to face personal and professional changes. This study is the result of a long exploration into the nature of those changes through the lens of other northern helping practitioners.

### *Conceptual Lens and Framework*

In using a social constructionist orientation, views on what components comprise reality and truth are considered to be contextual; therefore multiple truths need to be understood in a way that incorporates setting (Bernard & Goodyear, 2004; Freedman & Combs, 1996). A consideration in addressing the concept of reality is that attributions personally held about the nature of reality are relative to the person's context (Corsini & Wedding, 2000). Truth as a creation of the observer is viewed as a construction grounded in social interactions (Bernard & Goodyear, 2004). The power and influence of intimate social interactions in northern community life in determining reality has been

documented in the literature (Hornosty & Doherty, 2004). My northern reality has been shaped by both social interactions experienced over three decades and the physical context of geographical isolation.

People know the world as they experience it, and if people are to be understood, their life worlds must be known on an intimate basis (Dietz, Prus, & Shaffir, 1994). My focus in research and in life is attending to human experience. People act as “reflective life-forms” (Dietz et al., 1994), exhibiting all the complex human qualities that make qualitative research so challenging. One of the challenges in understanding the reflective qualities of human experience in research is that of solipsism; namely the idea that the only mental life one can know is one’s own suggesting the impossibility of entering another person’s mental life (Shweder, 1996). In cross-cultural research, ideas, beliefs, and values different from one’s own are often considered impervious to the gaze of outsiders. The illusive consciousness or “alien spirit” of another person is “shielded against criticism and against the external objective standards of the third-person point of view” (Shweder, 1996, p. 23). The challenge with solipsism is that components of our own mental life are hidden from us and from direct experience. Gadamer (1975) suggests that the entire process of understanding is based in linguistics, that understanding is not about getting inside another person’s head or reliving their experience, but rather both parties agreeing on the object seeking to be understood. A conceptual lens that helps in understanding the impact of trauma is required in order to conceptualize that intersection of client trauma and the practitioners who hear of the effects of that trauma. The following discussion describes the conceptual framework that guided the analysis of such intersections found within the helping practitioners’ stories.

Theoretical knowledge used during the research process, serves as “conceptual fields within which to understand the observed phenomenon” (Josselson & Lieblich, 2003, p. 263), fields that are of particular importance in understanding complex issues. In narrative inquiry literature, there is disagreement about the role of theory in research. The intent throughout this research process was to use a theoretical framework, in this case social constructionism and narrative psychology, not to confine the research or preclude the discovery of new knowledge (Josselson & Lieblich, 2003), but rather to inform the process. The term “framework” in this sense is envisioned more as a metaphor, as a journey and enactment of a knowledgeable and respectful relationship between both the phenomenon to be studied and the research process (Cole, 2002). Social constructionism is the overarching framework used in this study, a frame work that contains narrative discourse and inquiry. Constructivist Self-Development Theory (Pearlman & Saakvitne, 1995) and narrative psychology (Crossley, 2000) are included as frameworks for the purpose of facilitating engagement with the concepts of historical, intergenerational, and vicarious or secondary trauma.

### *Social Constructionism*

It has been suggested that reality is beyond the reach of personal and scientific theories (Bernard & Goodyear, 2004). In research that involves interpreting the interpretations of reality by others, social constructionism served as the orienting framework, guiding the construction of a new, co-constructed reality through the research process. Levins and Lewontin (1985) view knowledge as socially constructed because our minds are socially constructed. Individual thought becomes knowledge through acceptance into social currency. Dominant ideologies influence the theoretical

investigation of a phenomenon and become a reinforcing practice for such a belief. Yet the ideological frameworks most commonly accepted may not address all the problems faced when attempting to understand a phenomenon or experience. Cheers (2004) speaks of liquid modernity, or the liquid phase of post modernity in which “faith in true structures, knowledge, and ways of knowing – are melting”, not in a uniform way, but as “different coloured columns of lead melting into a swirling, multi-coloured pool” (p. 10). Social constructionism can be found in such a pool.

Using a social constructionism approach, knowledge becomes a product of culture and history through relationships and social interactions (Gergen, 1999). Social constructionism involves “meaning constructed in a social, cultural, historical context through discourse in the formation of relationships and community” (Young & Collin, 2004, p. 378). Knowledge is constructed through relationships rooted in cultural, socioeconomic, and sociopolitical context, as opposed to being a product or possession of an individual (Gergen, 1999). Knowledge, understanding, and multiple perspectives are created and recreated in a web of relationships across time and in multiple contexts, with a focus on the dynamics found in social interactions. A social constructionist position challenges unbiased and objective knowing, calling instead for critical reflection and the questioning of one’s beliefs to generate new ways of knowing and multiple perspectives of knowledge (Gergen, 1999). Multiple perspectives and alternate interpretations can lead to new discourses and the possibility of social action.

#### *Constructivist Self-Development Theory*

Constructivist Self-Development Theory (CSDT) provides a framework for understanding trauma, including vicarious trauma and developmental perspectives on

perceptions of trauma (Pearlman & Saakvitne, 1995). A main component of CSDT is individuals' construction of their own identities and beliefs regarding the world based on their cultural and social development context (Pearlman & Saakvitne, 1995; Rasmussen, 2005). In the interplay between the individual and the environment, life experiences shape schemas, the internal maps or organizational templates of perceptions, which ultimately shape our understanding of the experience. In describing CSDT, McCann and Pearlman (1990) suggest that trauma disrupts the person's schemas about themselves, others, and the world. How the schemas are affected depends on the person's needs of safety, independence, dependency and trust, power, intimacy, and self-esteem. Psychological trauma is not defined by the traumatic event itself but rather the person's assessment of the experience through meaning-making. The extent that the trauma affects the levels of need and disrupts the related schemas determines how traumatic the person perceives the event to be. The level of disruption depends on the person's psychological development. Adaptation to the trauma is found in the person's personality, coping style, needs, and the broader social context that determines meanings of trauma.

#### *Narrative Psychology and Trauma*

In social constructionism, as in other discursive approaches, human experience is viewed as lacking coherence, characterized as a state of flux and variability, without ongoing acknowledgement of the unity of everyday experience (Crossley, 2000). A narrative psychological approach provides a balance to social constructionism orientations, retaining a sense of personal experience, coherence, and reflexivity while at the same time acknowledging the social make-up of self (Crossley, 2000). Narrative psychology emphasizes the experiential realities of everyday life and examines the

cultural structure of individual experience. The narrative structure of life suggests the use of narratives in reconfiguring a coherent identity, sense of order, and meaningfulness, all qualities that are essential for restructuring a person's life after a traumatic experience. It is the everyday realities that are disrupted by trauma.

Crossley (2000) notes that narrative psychology consists of a phenomenological understanding of the 'order of meaning' found within human consciousness, which is based on "life in time" or temporality. Humans perceive, interact, make moral decisions, and think according to narrative structures. Narrative serves as the organizing principle for human action. Human experience can be viewed as consisting of three levels: passive, active, and the experience of self. Events are encountered against a background of what precedes the event and what we envision as succeeding it. Time is viewed as a configuration of past, present, and future, with "temporal experience ... analogous to the Gestalt phenomena often discussed in relation to spatial perception" (Crossley, 2000, p. 534). In active living, people consult past experiences and envision the future, with the present serving as a passage between them. The past-present-future temporal configuration is found in life in all individual experiences, which mirrors the narrative structure of beginning-middle-end. Present activity makes sense in terms of interrelated memories from the past and anticipation of the future. Meaning is then created from narration mixed with action.

Crossley (2000) reports that trauma experiences highlight the normal state of narrative coherence, the taken-for-granted day-to-day order, by destroying it. Trauma experience disrupts this narrative coherence, resulting in the "dissolution of the building blocks of the perceived world" (Crossley, 2000, p. 539). The world becomes "unmade,"

as the ordinary events of life become suddenly irrelevant. Rebuilding takes place primarily through narratives, with storytelling acting as the primary mechanism for attaching meaning to experiences. Storytelling allows people to re-establish “ontological security”: the sense of meaning, coherence in everyday life, and hope for the future (Crossley, 2000).

### *Purpose of the Study and Research Question*

The general purpose of this study was to include the experiences of helping practitioners who provide support to clients experiencing trauma, both first-hand and intergenerational, in isolated northern communities. Another goal of this study was to provide information on the challenges faced by practitioners working under these conditions and the coping strategies that they have developed to cope with these challenges. Cultural interpretations of the concept of secondary or vicarious trauma and the relationship of historical and intergenerational trauma to such trauma were considered but as a non-First Nations researcher, I chose to deliberately focus on the culture of northern helping practitioners in this study rather than making comparisons between First Nations and non-First Nations helping practitioners.

The principle research question is: What is the experience of helping practitioners in isolated northern communities in working with traumatized clients? Secondary questions included: What challenges do northern helping practitioners face in providing trauma support? What are the effects on helping practitioners in providing trauma support? What qualities, both personal and professional, enable them to continue to do this type of work? What strategies do they use to cope with negative effects? What changes do they experience in doing this work? Other questions that I asked as I listened to the interviews

included: How does the cultural context affect helping practitioners' work with clients who have experienced trauma? How do cultural influences contribute to the development and prevention of post-trauma effects? What is the relationship between historical, intergenerational, and vicarious trauma? What supports and resources would enhance the effectiveness of such workers?

### *Overview of the Dissertation*

The context of the research is complicated, consisting of multiple layers and interconnections of various factors. In an attempt to clarify the complexities and connections, Chapter 2 presents a summary of an extensive literature review. In working to understand the complete context of northern practitioners' work, three main areas for exploration were identified: (a) practice in isolated settings, (b) client context, and (c) vicarious trauma. Specific issues related to supportive practice in isolated settings will be included in the first section. Client context includes aspects of historical and intergenerational trauma affecting both clients and helping practitioners, as well as contemporary traumatic events that may affect northern clients. The third section provides a summary of the literature on the concept of vicarious trauma and a synthesis of recent research.

Chapter 3 contains an overview of the narrative inquiry process, including the interviewing approach and the phases of analysis. A brief description of the co-construction process that resulted in the narrative summaries or "experience portraits" featured in Chapter 4 is presented. Main ethical issues involved in the research are discussed and the results from the pilot study that informed this research project are

summarized. Chapter 3 concludes with a discussion of the evaluative criteria used to assess this qualitative study.

Chapter 4 features the co-constructed narrative summaries of eight helping practitioners' stories of their work in supporting clients in isolated northern communities. These summaries are the culmination of Phase One of the analysis. The narrative summaries or experience portraits are prefaced by a general contextual description of northern practitioners' work situations.

Chapter 5 contains the categorical-content analysis from Phase Two and the temporality content-form analysis from Phase Three of the analytic process. The categories or "content sketches," themes, and metathemes are presented and discussed in relationship to the participants' narratives. Elements of temporality or "life in time" are presented through "change compositions," selections of change stories from the participants' narratives.

Chapter 6 is an integrated summary and discussion of the findings and includes implications for northern practice and possible future research that emerged from the research process. This chapter is the result of months of reflection which began in the summer with the first interview. An integrated understanding of the experiences of the helping practitioners began to crystallize as the participant tapes were played on the long 1200 kilometer drive south. Surrounded by the voices of the participants, I considered how best to do justice to their stories and to the highly emotional content of life and survival found within them.

## CHAPTER 2

### Context of Inquiry: Exploration of Literature

#### *Introduction*

Input from participants in a pilot study conducted as a preliminary approach to this study, determined three main areas for exploration in the literature: (a) practice in isolated settings, (b) client context, and (c) vicarious or secondary trauma. Specific issues involved in supportive practice in isolated settings are included in the first section. In the second section client context includes: historical trauma and First Nations clients, aspects of intergenerational trauma affecting non-First Nations clients and helping practitioners, and contemporary issues leading to trauma that may affect northern clients. The third section presents a summary of the literature on the concept of vicarious trauma and a synthesis of recent research.

Questions I posed to myself as I went through the literature included the following: What are the long-term affects of historical trauma and what is the relationship between historical trauma and current trauma levels in northern communities? How might northern-based helping practitioners be affected in their supportive role by their own experience of historical and intergenerational trauma? What are the effects on non-First Nations northern-based helping practitioners who relocate to the north from more urban areas? Does the concept of vicarious trauma fit in a First Nations context? What protective factors allow northern-based helping practitioners to provide trauma support over extended periods of time?

The extensive literature review provided some answers to these questions and helped to refine the focus of the research. I have attempted to integrate summaries of the existing

literature into a cohesive framework in order to illuminate the complex, interrelated issues facing northern helping practitioners and to set the context for the study.

## Section I: Practice in Isolation

### *Helping Practice in the North*

#### *Isolated, Remote, and Rural*

Northern communities throughout Canada are characterized by their location in vast, sparsely populated areas, large First Nations populations, separation from other communities by long distances and challenging climate, predominantly younger populations, and difficulties in accessing education, social, and health services (Kinnon, 2002; Leipert & Reutter, 2005). According to the latest Canadian census (Statistics Canada, 2001), six million Canadians were designated as rural inhabitants. The North is home to 20% of Canada's population, with remote and rural areas occupying 90% of the land mass (McIlwraith, Dyck, Holms, Carlson, & Prober, 2005; Statistics Canada, 2001). This study focused on more isolated regions, which are remote from urban centres. Similar conditions may exist in communities that fall between the two extremes. Whether people live in rural communities in more isolated settings or closer to urban centres, rural practice is problematic (Barbopoulos & Clark, 2003; Lonne & Cheers, 2004; Sangha, 2004; Schmidt, 2000). A combination of the challenging physical and sociocultural environments results in limited health options, including mental health services, for northern inhabitants (Leipert & Reutter, 2005).

#### *Definitions and Conditions*

From a conceptual perspective, the word "North" is described as complex and imprecise, defining a sense of place as well as a physical place (Schmidt, 2000). In this

broad definition, cultural, geographic, and economic conditions are included and the idea of marginalization developed in a remote and isolated framework (Schmidt, 2000).

According to Zapf (1993) Canadian writers make the distinction between social work in rural communities and in northern communities, defining practice in “isolated” or “remote” settings with different nuances from rural practice. Rural areas are considered to be influenced more by urban regional areas, with isolated areas clearly defined by geographic and lifestyle characteristics, which are features not included in the conventional definition of “rural.” Statistics Canada (2001) reports that there is no standard definition of rural used in policy, research, or planning. The term “rural northern” is the category given to the Canadian North.

#### *Geographic Conditions*

In his comparison of service to indigenous communities in remote areas of Alaska and the Negev Desert, Berman (2006) uses the social geographers term “tyranny of space” to characterize the two general locations. The communities found in Berman’s study were scattered, lacked adequate transportation networks, and were far removed from urban centres. This distance accounts for limited contact between the world of providers and recipients, sometimes accentuating cultural differences (Berman, 2006; Leipert & Reutter, 2005). I would suggest in the case of First Nations communities that this distance contributes to perceptions of on-going oppressive and patriarchal practice.

Rural isolation exists due to the reality of distance and geographical obstacles. Hurdles to services in remote communities are created from unintended consequences and barriers resulting from physical isolation and small populations residing in “a vast geographical territory” (Hornosty & Doherty, 2004, p. 111). Geographical isolation is

considered by human service providers to be the biggest barrier for residents in accessing services (Delaney & Brownlee, 1997; Delaney, Brownlee, Sellick, & Tranter, 1997; Leipert & Reutter, 2005). Weather is another isolating feature and contributor to rural stress due to its uncontrollable and unpredictable nature (Barbopoulos & Clark, 2003; Sangha, 2004). Roads may be impassable during the winter months and travelling often takes place under unsafe conditions. The severe weather conditions can last for seven to eight months out of the year, contributing to physical isolation. Due to all these issues, the remoteness of communities makes the provision of services difficult (Leipert & Reutter, 2005; Schmidt, 2000). Remote settings are essentially secluded from mainstream society, with this seclusion contributing to feelings of professional and personal isolation (Weigel & Baker, 2002).

#### *Provision of Services*

Northern Canada has been described as an “enormous hinterland resting above a narrow southern heartland, a vast wilderness area that stretches the conventional rural characteristics of low population density beyond relevance” (Zapf, 1993, p. 695). Low population density accentuated by geographical isolation results in a northern human service system where all resources, both physical and human, are scarce (Boone et al., 1997). Population growth in the North rests with the First Nations people with a birth rate twice that of the Canadian non-First Nations population, that has increased the population by 22% since the census in 2001 (Kinnon, 2002; Sangha, 2004; Statistics Canada, 2001). Yet no one community has the population to demand and sustain a network of services. Instead there is a regional rather than community based system of services (Boone et al., 1997). Funding based on a per capita ratio is detrimental to northern communities. The

empirical realities of northern rural life are more complex than statistical facts suggest. In the “absence of accurate knowledge, or any careful consideration of context, policy makers are likely to make decisions about service priorities, funding, and organization that reflect urban expectations about what works” (Pugh, 2004, p. 257).

Northern social economic policy requires an extensive consideration of cultural sensitivity and context, requiring some form of commitment (Nilsen, 2005). The lack of political power in the North results in under-resourcing (Leipert & Reutter, 2005). All communities in Canada have been affected by diminished social services and cutbacks, but “nowhere is human service delivery more disparate and under-resourced than in rural and remote areas of Canada” (Hornesty & Doherty, 2004, p.107). Mental health services along with other social services have been cut-back or eliminated in many communities, resulting in more responsibility and stress for the few remaining helping practitioners.

#### *North and South Perspectives*

The North is populated by many people who love the North and consider it their homeland, yet those in power often view it as a “hinterland,” an area where resources and people are exploited for the benefit of those living in the South (Delaney et al., 1997). Northern social work is thought to be situated in “the political interface where north and south meet...where indigenous knowledge and ways of being are subjugated by imported southern ideologies and practices” (Delaney et al., 1997, p. 55). The North is often viewed as undervalued and lacking in political power and support resulting in less commitment to northern policy (Leipert & Reutter, 2005; Schmidt, 2000). In a parallel process, care providers who come from “outside” may be uncommitted to northern communities, compromising community members’ mental and physical health. Such

practitioners may gain valuable experience from their northern experience, but by leaving after a short stay, the community receives no lasting benefits.

Most importantly, the rural/isolated-urban dichotomy needs to be challenged.

Remote northern regions are “unique practice settings where conventional rural practice models may be inappropriate and damaging” (Zapf, 1993, p. 694). Urban-based models of practice do not fit well with the day to day experiences of northern communities realities. Practitioners experience added stress as they try to balance the requirements of the job with membership in the community (Zapf, 1993). Beyond modifying interventions (Weigel & Baker, 2002), practitioners often struggle with redefining their role in order to meet community members’ needs by moving from objective outsider to accepted insider within the community (Zapf, 1993).

#### *Defining Northern Practice*

Research-based information on the unique conditions found in northern practice is scarce with the majority of research procured from the fields of nursing and social work (Schmidt, 2000; Tarlier, Johnson, & Whyte, 2003; Vukic, 1996; Vukic & Keddy, 2002). In their study of nurses working alone in remote and rural areas of Canada, Andrews and colleagues (2005) found that two of the common variables identified in the existing outpost nursing research were professional isolation and lack of adequate preparation. Research into the situation of counsellors and other helping professionals appears to be even more limited.

In a study of psychologists working in northern and rural Manitoba, Barbopoulos and Clark (2003) found the geographical environment, unique qualities of the residents, and the need for greater availability of services are the main challenges. Psychologists

working in isolated settings are required to be generalists who can address the broad spectrum of psychological needs found within such settings. The scarcity of mental health specialists in rural communities forces some specialists to practice hundreds of miles away from their home and away from professional support (Weigel & Baker, 2002).

Rural professionals often feel cut-off from professional understanding, training, and supervision when working in isolated communities (Birk, 1994; Crago, Sturme, & Monson, 1996), where there are time and financial constraints on counsellors who pursue supervision (Weigel & Baker, 2002). Serious professional and ethical concerns exist including potential risks to clients when counselling services are provided without adequate supervision (Weigel & Baker, 2002). This risk includes the development of novice 'lone ranger' practitioners who may resort to 'winging it' in practice or practicing far beyond their capabilities. Practitioners may also find working with diverse clients difficult when there is a shortage of colleagues with whom to consult. Self-education is essential when practitioners adapt interventions for community conditions with which they have limited experience (Barbopoulos & Clark, 2003).

Other fundamental issues for rural practitioners include: high visibility with a loss of privacy and anonymity; mistrust and trust of professionals; and the blurring of personal and professional boundaries due to multiple roles that occur in small communities (Green, Gregory, & Mason, 2003; Munn & Munn, 2003). Professionals who come to northern communities often feel as though they are constantly observed and scrutinized, often with a critical lens from community members (Schmidt, 2000). The high profile of practitioners in small communities results in any mistakes made in practice having far

more of an impact on practitioners' credibility than in urban practice (Schmidt, 2000). The term "small-world hazards" sums up the minefield of potential problems practitioners new to a community might face (Schank & Skovholt, 1997).

Weigel and Baker's (2002) review of literature on family and couples' counselling in rural practice highlights an extensive list of relevant practice issues including: difficulties transitioning into rural environments; increased need for flexibility, personal independence and creativity; risk of professional and personal isolation; lack of supervision and consultation; and limited community resources and lack of referral sources. In addition, there are the challenges of practicing as a generalist versus specialist; the need to offer educational activities and consultation; increased need for collaboration with professionals and external agencies; and the need to incorporate indigenous resources and paraprofessionals into the counselling process.

*Practitioners from Within Communities and from "Away"*

*Transitioning into rural communities.* Social and health related interdisciplinary teams in northern communities; particularly Canada's First Nations communities are unique (Boone et al., 1997). The range of workers available to work in the North, including their varied levels of job preparation and limited number of individuals representative of an area of support, are issues particular to remote communities.

Helping practitioners who are "outsiders" often have different orientations of culture, lifestyle, and educational background from the populations and communities with whom they come to work (Cruikshank, 1990; Linzmayer, 2003). Entry into the community can be highly stressful even when the practitioner has been invited by some members of the community. Because practitioners from the outside are under pressure to

build trusting relationships in order to work effectively (Cruikshank, 1990), newcomers to a community often “play the part of the child that steps on the sleeping dog” (Quinn, 1994, p. 126), walking into sensitive situations through lack of experience or knowledge.

Rural and isolated communities are often closed systems that exhibit wariness of “outsiders.” Helping practitioners must find a “fit” with the community in terms of their personality characteristics and the community’s value system which includes the local lifestyle (Weigel & Baker, 2002). Kirmayer and colleagues (2003) note that non-First Nations mental health professionals may face problems from their position in the community if problems are approached from an outsider’s perspective, unaware of the inherent socioeconomic and power disparities. No matter how open practitioners try to be when they come into communities from ‘outside,’ they often end up working against “a backdrop of structural violence, racism, and marginalization” (Kirmayer et al., 2003, p. 21).

Practitioners from the South often lack an understanding of community differences and assume more homogeneity than actually exists in First Nations communities (Boone et al., 1997). Such practitioners also tend to focus on the disintegrative aspects of social conditions, seeing only problems without recognizing strengths and the work being done within the community by paraprofessionals. Northern-based practitioners have to become allies to community members rather than agents “enforcing metropolitan requirements on the hinterland” (Schmidt, 2000, p.345).

In northern communities, lack of anonymity and personal privacy is a major challenge. Separating the practitioner’s personal and professional life and one’s membership in a health system from one’s presence as a new community member in a

northern community is extremely difficult (Boone et al., 1997). The culture-shock often experienced by practitioners who move into isolated communities is often the result of the discontinuities between personal, professional, and community domains (Cheers, 2004). Newly arrived practitioners have only their personal and professional framework to use in attempting to understand the community. The application of southern metaphors has the potential to lead “to a limited view of the northern community as a pathological variation of the southern experience” (Zapf, 1993, p. 701-702).

Generally, there are four stages of adjustment for outside practitioners. The most recent model developed by Kealey includes stages of exploration, frustration, coping, and adjustment (Zapf, 1993). Initially, the practitioner experiences optimism and a sense of challenge, feelings that then turn to frustration and confusion as the practitioner struggles with his or her ability to interact and prove effective in the new community (Zapf, 1993). This experience is described as culture shock. The resolution of this struggle leads to integration with the new culture and community, while failure to do so usually results in the practitioner leaving the community (Zapf, 1993). This phenomenon may explain the high turn-over of health and social service workers in the North (Sangha, 2004; Schmidt, 2004).

Northern psychologists and counsellors following ethical codes of practice are encouraged to practice within their limits; however northern practice puts pressure on practitioners to go beyond their limits (McIlwraith et al., 2005). Potential problems may develop when new rural psychologists work closely with community practitioners who have different practice beliefs and epistemologies. Practitioners may adopt practices

without having fundamental understandings of appropriate applications, going far beyond their area of expertise (Barbopoulos & Clark, 2003).

Those who live and work in rural communities are considered by some researchers and community members to be best situated to know what is needed and what works, while others acknowledge that outsiders who live and work in the community have the potential to create safe spaces for clients, especially those who suffer abuse or go against collective norms (Hornosty & Doherty, 2004). Boone and colleagues (1997) describe a First Nations health practitioner's view of the working relationships between outside professionals and community paraprofessionals. In times of crisis, professionals saw community practitioners as knowing everything, but in day to day operations community practitioners were not valued for their expertise and their responsibilities were unacknowledged. Respecting one another's expertise and understanding one another's roles are listed as important challenges in working relationships between community paraprofessionals and outside professionals.

The concept of weak-tie and strong-tie orientations in communities has been used to differentiate communities (Rawsthorne, 2003). Strong-tie communities, such as those found in the North, provide a sense of belonging to members, but may also result in members conforming to the dominant values and lifestyle of the community. Rawsthorne (2003) explains that these values and lifestyle are considered to be structurally determined by the social bonds of community members. Practitioners coming into communities may have weak-tie orientations and bring new perspectives, challenges, and ideas that go against some traditions and values. Such perspectives can help to undermine oppressive traditions, but may also alienate potential clients. New practitioners who

challenge existing oppressive practices may face direct and indirect community sanctions. Finding a middle ground appears to be the challenge for practice and for hiring. In terms of hiring policies, the pendulum has swung between parachuting outsiders into communities and that of hiring only indigenous people. The pendulum now rests in the middle realization that there is a place for both community insiders and outsiders (Cruikshank, 1990).

*Originating in rural communities.* For those practitioners who are from the communities where they work, other issues come into play. Barbopoulos and Clark (2003) suggest that rural professionals learn to appreciate the various training and educational backgrounds of paraprofessionals and other mental health workers. Local workers may view therapy and intervention from an interpersonal, familial, or nondirective orientation, in addition to coming from diverse backgrounds. For some local workers, their education is based on personal experience of a particular problem or disorder, or self-learning and other informal training. Professional and paraprofessional community workers may be committed to advocacy, concerned with social problems, stigmatization, and the relevance of personal experience.

Northern communities are often locations where “everyone knows everyone even if they don’t want to” (Rawsthorne, 2003, p. 5). In many small northern communities, helping practitioners may be related to other community members. Their role in the community may change their relationships with fellow community members, partly due to issues of confidentiality, where they may be asked to share information informally (Boone et al., 1997). The challenge of confidentiality in northern practice hinges on the difficulty of ensuring client privacy since most community members know each other

(Galambos, Watt, Anderson, & Davis, 2006). The potential of increased isolation of community practitioners is due to their concerns about sharing confidential information. As noted earlier, community practitioners may also be at risk of alienation or rejection in times of crisis if they do not respond according to the expectations of the community. Since communities differ from one another, there are varied expectations for community helping practitioners.

#### *Risks in Northern Practice*

*Secondary trauma.* In an exploration of northern social workers and secondary trauma, Green and colleagues (2003) found that social work practitioners' exposure to harassment and violence was related to perpetrators of violence and statutory clients. The effects of this type of violence may include PTSD, secondary or vicarious trauma, and/or burnout, which are all exacerbated by inappropriate responses of employers or colleagues. Helping practitioners working in supportive roles may also encounter violence in domestic disturbance situations.

*Dual relationships and ethics of practice.* Ethical dilemmas abound in northern practice, as ethical codes, standards, and regulations are not always applicable in small community settings (Galambos et al., 2006; Schank & Skovholt, 1997). Managing confidentiality and negotiating dual relationships is complicated by a web of over-lapping personal and professional relationships (Erickson, 2001; Galambos et al., 2006; Weigel & Baker, 2002). If preexisting relationships ethically preclude a practitioner from beginning a professional helping relationship, many clients in northern communities would never receive help. Northern practitioners often become active community participants in the process of building trust, which results in a complexity of simultaneous relationships. It is

helpful to visualize rural and northern practitioners working with whole communities rather than individuals (Delaney et al., 1997). Both professionals and paraprofessionals will eventually treat friends and even family members (Shank & Skovholt, 1997). They will also inevitably spend time with clients outside their sessions, time that requires clarification of boundary issues. The application of ethics codes and standards of practice are problematic due to the reality of these complex relationships and the blurring of professional and personal boundaries in small community practice (Schank & Skovholt, 1997; Weigel & Baker, 2002).

## Section II: Client Context: Multiple Traumas

### *Historical Trauma and First Nations People*

#### *Historical Trauma Defined*

Through work and research with Aboriginal communities in the U.S., Marie Yellow Horse Brave Heart (Brave Heart, 2000; Brave Heart & DeBruyn, 1998) developed her seminal work on the concept of historical trauma, an important contribution to intergenerational traumatology (Evans-Campbell, 2008). Historical trauma describes the legacy of traumatic events experienced by historically oppressed communities over succeeding generations, a legacy that includes social and psychological responses. Using historical trauma as a lens presents a broader picture of the compounding effect of traumatic experiences over time (Evans-Campbell, 2008). The three main characteristics of historical trauma include: (a) widespread nature in many indigenous communities; (b) historic traumatic events resulting in distress and collective mourning for contemporary community members; and (c) the purposeful, destructive intent of outsiders who perpetuated the traumatic events (Brave Heart, 2000; Evans-Campbell, 2008). One of the

most destructive events resulting in historical trauma in northern communities was the multigenerational loss of children through the residential school system.

### *Residential School Legacy*

Studies focusing on the determinants of mental health with First Nations people suggest the need for extensive analysis of the structure, dynamics, and history of such communities (Kinnon, 2002; Kirmayer, Simpson & Cargo, 2003). According to research, one cannot address ways to promote mental health for First Nations people without discussing the profound impact both colonization and the residential school system has had on their respective families and communities (Chrisjohn, Young, & Maraun, 1997; Kinnon, 2002; Mussell, Cardiff, & White, 2004; Tafoya & Del Vecchio, 1996). Such a discussion is also essential in describing the extent and nature of trauma encountered by individual northern helping practitioners. Problematic conditions that are found in northern First Nations communities can be linked to colonization and the residential school system. (Kinnon, 2002; Mussell et al., 2004; Tafoya & Del Vecchio, 1996). Interviews with First Nations participants indicate how essential it is to discuss the harm, violence, and oppression caused by the residential school system in order to facilitate individual and community healing. Canadian policy makers appear to be committed to Aboriginal mental health initiatives based on recent acknowledgement of the continuing impact of colonization (Mussell et al., 2004). Through this type of awareness and the work done within First Nations communities, there has been improvement to health status; however “the disintegration of the family continues to plague many First Nations communities” (Mussell et al., 2004, p. 16).

Over the past quarter of a century, First Nations people have spoken out about the residential school system experience as a way to heal within affected communities and to raise the consciousness of the non-First Nations population (Furniss, 1992). While the resulting conditions and problems have been well-documented and are generally known (Mussel et al., 2004), there is a continuing lack of historical awareness of First Nations peoples' experience with colonization and its lasting impact on their well-being (Brave Heart, 2000; Kirmayer et al., 2003). Most Canadians have heard of residential schools, yet the majority of people know little about them. Few non-First Nations people wonder about "the lives of children who inhabited these schools; fewer still have wondered about a society that put these children there" (Grant, 1996, p.21). As a form of assimilation and cultural genocide, the residential school system cast a long shadow that, from my experience, is the foundation for much of the client trauma context that northern health practitioners face.

*The history.* For approximately 100 years in western Canada, and close to 300 years in the Eastern provinces, the Canadian government imposed residential schooling as part of an attempt to eliminate First Nations culture and traditional teachings; a policy that did not end until 1984 (Deiter, 1999; Nuu-chah-nulth Tribal Council, 1996). Many writers and historians go farther and state that residential schooling was a systematic attempt to eliminate the indigenous people of Canada (Chrisjohn et al., 1997; Grant, 1996; Haig-Brown, 1988).

The residential school system rose from a vision shared by the Canadian government and the Roman Catholic missionaries where First Nations people, through residential schooling, would abandon their cultural heritage and nomadic hunting and fishing

lifestyle and adopt "civilized" European ways (Furniss, 1992). The goal was to transform First Nations people culturally as well as physically. During this process, First Nations people experienced the loss of their political autonomy through directed acculturation by the Europeans that resulted in changes to the original ethnic pattern via a systematic assimilation scheme (Ray, 1996). Missionaries did not separate Western Christianity from Western civilization, and therefore approached First Nations culture as a whole, demanding a total transformation (Haig-Brown, 1988). The aim was the complete destruction of the traditional, integrated First Nations way of life, with education seen as the primary tool in affecting this transformation. The residential school system was put in place with the objective of removing and separating children from their families and culture, forcing them to adopt the language and the ways of the dominant society (McMillan, 1995).

First Nations opposition, due to the systemic and continuing abuse of children, forced the federal government to begin to close residential schools in the 1960's; although the last residential school in Canada did not close until 1984 (McMillan, 1995). Haig-Brown (1988) describes the level of resistance of many students and their families, with the students recognizing the injustice of the system that was attempting to transform them. Resistance could be found in acts of defiance, as students practiced their language and cultural rituals in secret while parents engaged in community and political activism in their efforts to close residential schools. Their efforts and will to fight for control in an impersonal system was a strength that is mirrored today's in First Nations education advocates.

*The effects.* The residential schools in many northern, First Nations communities, as well as in other parts of the province, now symbolize the trauma that three generations of First Nations people experienced as a result of residential school attendance (Anderson, 1998). The lasting effects include confusion, anger, fear, and a mistrust of society due to the diametric content of what First Nations were taught versus what they knew. The effects of residential school experience on family, language, and culture have been described by Chrisjohn and colleagues (1997) as continuing to accumulate like Strontium 90.

First Nations children in Canadian residential schools endured similar hardships that included the prohibition of First Nations languages and religions, brutal punishment, strict regimentation, and "physical care that ranged from fair to genocidally poor" (Riney, 1997, p. 127). The Nuu-chah-nulth Tribal Council (1996) lists key issues as: separation from family and home; physical conditions; loss of Native language; emotional, physical, sexual and spiritual abuse; child labour; loss of Native culture; and loss of self-respect. With the "zeal, narrow-mindedness, and self-righteousness characteristic of missionaries in a colonial society, backed by the coercive powers of a racist government, workers inflicted on Native children outrages of neglect, starvation, and physical and sexual abuse" (Riney, 1997, p. 11). Many First Nations people believe that all children who attended residential school were spiritually abused because a foreign religion was forced on them, and that all children were emotionally abused, because they were "taught day after day, year after year, that to be an Indian was wrong and shameful" (Jaine, 1993, p. viii).

### *The Topic of Genocide*

The Latin meaning of genocide, giving up the people, has been used by historians to explain the intent of residential schools (Chrisjohn et al., 1997; Evans-Campbell, 2008; Hodgson, 1988). McLeod (1998) refers to the removal of Indigenous people from their land as spatial diaspora and the alienation from one's stories and language as ideological diaspora. When stories and language are lost, diaspora changes to cultural genocide. The central manifestation of this process occurred through the residential school system. The "engine of genocide by cultural obliteration does not require demons in human shape to make it work; adherence of Euro Canadians to a pervasive but unstated ideology [was] enough to assure their participation" (Chrisjohn et al., 1997, p. 54). Genocide in the form of state-sponsored violence yields the most extreme form of collective traumatization, affecting not only individuals, but "the entire psycho-socio-cultural milieu" (Weine, Vojvoda, Hartman, & Hyman, 1997, p. 34).

Many First Nations clients are misdiagnosed by mental health professionals because the diagnostic process does not take into account a historical perspective such as historical trauma. Duran and Duran (1995) fantasize that one day the DSM will include diagnostic criteria such as "acute or chronic reaction to genocide and colonialism" (p. 53). Until such this historical awareness emerges, there will be limited understanding from those practitioners who use strictly Western healing traditions with First Nations clients, "with the ongoing ethnocide [continuing] under the guise of Western healing" (Duran & Duran, 1995, p. 53).

Residential schooling is viewed as an event that potentially traumatized children, with the profound evidence of trauma emerging from residential school survivors' stories

of sexual and physical violence (Assembly of First Nations, 1994; Corrado & Cohen, 2003; Crey & Fournier, 1997; Mussell et al., 2004; Smith, 2001). Residential schools also had the potential to traumatize children through almost total loss of control in all daily matters combined with removal from parents and their familiar environment and loss of connection to community. First Nations children who had been warned about white people and told to be afraid of them, were suddenly placed in their care (Smith, 2001). The psychological damage that resulted cannot be underestimated.

*The Effects of Residential School Trauma on First Nations People*

The definition of trauma characterized by loss of control, connection, and meaning (Herman, 1992) fits the description of profound loss described by residential school survivors (Assembly of First Nation, 1994; Corrado & Cohen, 2003; Glavin, 2002; Kinnon, 2002). The word “trauma” is associated with a deep wounding of a person, and this wounding leads to complex and highly refined strategies that survivors use to cope with life (Chrisjohn et al., 1997). In general, “adults who attended residential school found themselves feeling unsettled in various ways: they became anxious, hyper-vigilant, guarded, and mistrustful” (Assembly of First Nations, 1994, p. 71), which are all common symptoms of the Western construct of childhood trauma (Briere & Scott, 2006).

Through extensive documentation and interviews, the Assembly of First Nations (1994) summarized various effects on survivors. Survivors describe disassociating from the trauma of witnessing various acts of violence and of distorting the experience by remembering it as a dream. Other former students describe large pieces of residential school experience as missing, with sometimes years of experience lost. Memories are often triggered by situations in life, leaving survivors feeling overwhelmed. For some, the

residential school experience was so traumatic that they blocked out the memories and do not wish to bring those memories back (Jaine, 1993). This may explain the reluctance of many residential school survivors to speak about their experience, resulting in outsiders misinterpreting symptoms of trauma as denial (Mussel et al., 2004). Another component of this reluctance can be traced to the belief of many First Nations people that non-First Nations people have not been historically trustworthy (Evans-Campbell, 2008; Morrisette & Naden, 1998). The lack of trust and the silence of survivors have powerful implications for trauma work by helping practitioners, especially those who come from outside the community.

The Assembly of First Nations (1994) recounts how many former students face difficulties with expressing emotion. Former students characterize these difficulties as being unable to express feelings, either positive or negative, resulting in depression, inappropriate responses to situations, running away from situations, and substance abuse. This inability to express emotions gives rise anger and frustration that sometimes manifests itself in forms of violence. This "shutting-down" of emotion also leads to difficulty in sustaining relationships, especially those involving sexual intimacy. Survivors also talk about difficulty with re-establishing relationships with family as they often returned home with anger and resentment, especially if they had witnessed abuse or were abused in the schools.

### *Research with Survivors*

Research on mental health concerns and First Nations populations is limited and fails to address the diversity found within the population (Corrado & Cohen, 2003; Mussel et al., 2004). In their report for the Aboriginal Healing Foundation, Corrado and Cohen

(2003) found no systematic research that assessed the mental health issues of First Nations people who experienced abuse in residential schools. One reason for the lack of research is due to litigation issues between survivors, the federal government, the Roman Catholic Church, the United Church of Canada, and the Anglican Church. In 2002, 4,500 claims representing 9,000 claimants were on file for damages related to residential school experience. Other reasons for the limited research are the lack of appropriate research methods for dealing with this sensitive topic and the mistrust of non-First Nations researchers to adequately represent survivors' experiences.

### *Intergenerational Trauma*

#### *Intergenerational Impacts*

Trauma from various sources may bring about change, disruption, and adaptation, affecting more than one generation, with cumulative effects of multiple traumas building over many generations. Intergenerational trauma applies to all clients. In the context of this study, the concept of historical trauma describes the specific intergenerational transmission of historical traumatic events and the resulting responses among First Nations people (Evans-Campbell, 2008). Intergenerational trauma without the historical trauma inflicted on a specific group of people is included as a framework for all clients, including situations affecting non-First Nations clients in the North. The core of intergenerational trauma is the ripple effect of victimization in which "the systemic effect of personal trauma often extends beyond the actual victim and can have a profound effect on the lives of significant others, particularly spouses and offspring" (Morrisette & Naden, 1998, p. 45). The assumption that parents transmit unresolved tension and feelings generated from their own family of origin to their children is the basic construct

underlying all theories of intergenerational trauma (Stern, 1995). Intergenerational trauma may take the form of reenactments of trauma inflicted by a person on another when personal trauma is unacknowledged or dissociated, resulting in a “chain of pain” (Byers & Gere, 2007, p. 388).

Moving from the history of colonization and the residential school system to understanding the long-term consequences found in many northern communities “requires a model of the transgenerational impact of cultural change, oppression, and structural violence” (Kirmayer et al., 2003, p. 21). An analogy could be made between the residential school experience and the phenomenon of addiction as the effects go far beyond the addicted individual (Chrisjohn et al., 1997). The transmission of secondary trauma is illustrated in the intersection of horizontal, normative stress with the vertical, transgenerational stress, resulting in “a quantum leap in the anxiety engendered” (Stern, 1995, p. 4). The process is described as both a vertical and horizontal flow of anxiety in the family. The cascade of vertical anxiety down the generations occurs through the process of emotional triangling, while horizontal anxiety develops in response to present stressors within the nuclear family (Gajdos, 2002). Intergenerational relationships using family systems show “enduring structures and continuous processes and, simultaneously, ever-changing structures and discontinuous processes” (Mazor & Tal, 1996, p. 95).

Substantial theoretical and clinical work exists on the transgenerational effects of war trauma related to the Holocaust, with explicit attention paid to difficulties in the regulation of separation-individuation and aggression problems in children of survivors (Mazor & Tal, 1995; Rowland-Klien & Dunlop, 2001; Sack, Clarke & Seeley, 1995). The Holocaust survivor literature is an applied and theoretical body of knowledge relevant to

the genocidal trauma and intergenerational transmission of trauma affecting many First Nations families and communities (Brave Heart, 2003; Brave Heart & DeBruyn, 1998; Evans-Campbell, 2008). Aspects relevant to both groups include the issue of collective grief, community memorialization, and the difficulty in mourning a mass grave (Oxenber, 2003). One of the themes found in the literature and interviews with First Nations participants is that of multi-generational losses, and the ability to “deal properly with loss and grief... profoundly linked to the process of resolving complex community issues, strengthening families and creating sustainable community development” (Mussell et al., 2004, p. 22).

There are also important differences between the intergenerational trauma affecting First Nations people and that experienced by survivors of war and the Holocaust. For survivors of war, the traumatic experience is often experienced by the first generation only. In the case of First Nations people, generations have been exposed to traumatic experiences of violence, sexual abuse, accidental death, and suicide. The trauma here is intergenerational because “economic, social, and political dependence, the effects of colonization, are intergenerational” (Gagne, 1998, p. 368). Generations of residential school students who were sexually and physically abused transmitted the effects of their trauma to succeeding generations (Assembly of First Nations, 1994; Gagne, 1998; Kirmayer et al., 2003; Tafoya & Vecchio, 1996). First Nations citizens suffer not only from these intergenerational effects, but also from racism encountered on a daily basis, sometimes referred to as race-based traumatic stress (Bryant-Davis, 2007; Tafoya & Vecchio, 1996). Race-based trauma includes the psychological consequence of

institutional or interpersonal racial discrimination, consequences that may have a multiplicative effect on survivors of other traumatic experiences (Bryant-Davis, 2007).

### *Intergenerational Trauma Research*

One of the difficulties encountered in intergenerational research is the heterogeneity of generational participants. Members of the second and third generation, whether First Nations or Jewish, are far from homogeneous. Variables affecting individuals range from the age of parent, their background, type of traumas, their emotional disposition and other personal assets (Weiss & Weiss, 2000). Researchers must recognize the heterogeneity of responses that exist within any victim survivor group (Nagata, 1989; Weiss & Weiss, 2000). The ambiguity of the process of intergenerational transmission of trauma in theory and research involves the simultaneous existence of two different realities. There is the experience of survivors who have lost family and community and their own developmental past, and the experience of survivors and their children in "post-war ordinary society that functions on basic values and norms of a human reality that is very different and almost totally detached from traumatic reality" (Mazor & Tal, 1996, p. 96). Despite this ambiguity, clinical research literature clearly discerns between traumatic memories of survivors and certain influences that affect the mental lives of their offspring.

Every researcher into Holocaust intergenerational transmission deals with four interwoven processes including: uprooting via emigration; immigration into a new culture; specific family processes; and personal processes (Bar-On, 1996). The issues for First Nations people have a different focus, involving enforced displacement, forced

cultural assimilation, and loss of culture, which has resulted in historical unresolved grief (Brave Heart, 2003; Brave Heart & DeBruyn, 1998; Evans-Campbell, 2008).

### *Direct and Indirect Transmission*

Differentiations between direct and indirect transmission, are important to understand in order for helping practitioners to discern their own trauma history, and to develop appropriate interventions. In my community work, I have observed both types of transmission in the children and grandchildren of residential school survivors. Weiss and Weiss (2000), describe direct transmission, or transposition, as evidenced by children learning to think and behave in disturbed ways similar to their parents, which results in children living aspects of their parents' trauma as if it were their own, as if they had been there. Members of the second generation may unconsciously live their parents' trauma in their lives, sometimes through abandonment, depression, and guilt as parents unconsciously unload their depression and regret onto their children. The treatment of direct transmission involves longer treatment, and includes the goal of differentiation. The therapeutic aim involves "identifying and encouraging a process of regression in order to uncover a 'near' identicalness between the inner experience of the second generation and that of the survivor parent" (Weiss & Weiss, 2000, p. 7).

Indirect or redirect transmission is evidenced by children burdened by unconscious expectations as they compensate for their parents' losses and the diminished ability to parent (Weiss & Weiss, 2000); the trauma itself is not transmitted. The loss of parenting skills through forced attendance at residential schools and the resulting traumatic experiences is an example of indirect transmission. Indirect transmission usually results

in shorter treatment and includes the enhancement of differentiation and separateness (Weiss & Weiss, 2000).

### *Trust and Silence in Intergenerational Trauma*

Individuals' self-esteem is partly based on positive assumptions about the benevolence of the world (Bar-On, 1995; Saakvitne & Pearlman, 1996). Trauma shatters these assumptions, resulting in a break in the relationship to oneself and the world (Crossley, 2000; Herman, 1992). "Traumatized people suffer damage to the basic structures of the self... [loosing] trust in themselves, in other people, and in God" (Herman, 1992, p.56).

In intergenerational trauma research, one of the central clinical features is the silence that occurs in families surrounding traumatic experiences (Evans-Campbell, 2008; Fossion, Rejas, Servais, Pelc & Hirsch, 2003; Herman, 1992; Mussell et al., 2004). The isolation and wordlessness of trauma persists, with symptoms serving as a form of speech in family patterns, repetitions, and interconnections (Fossion et al., 2003). The trauma remains a "secret" trauma not verbally expressed; unacknowledged but with the potential to be passed on none the less (Byers & Gere, 2007). The first generation has difficulty in communicating the trauma, and with silence as the only means of expression, discontinuity occurs in the historical legacy of the family (Fossion et al., 2003). This disruption in the transmission of family legacy or culture mirrors the difficulties faced by First Nations people in Canada who survived the residential school system. Living in silence caused by fear and shame was often a significant part of life for a child experiencing abuse in residential school. This ingrained state of being is carried on in survivors' lives (Chrisjohn et al., 1997; Duran et al., 1998). Helping practitioners may

also encounter this silence and its effects on clients, and must learn to “differentiate between communication based on trauma reactions such as avoidance communication and culturally-based communication styles” (Evans-Campbell, 2008, p. 330). This is particularly challenging for outside practitioners who are unfamiliar with cultural patterns of communication and community norms.

The lack of communication and the 40 year delay in telling the story of Japanese internment in the United States of America and Canada during World War II is an example of collective social amnesia (Nagata, 1989). Social amnesia is found in the “shroud of silence and non-confirmation of the trauma” (Nagata, 1989, p.63). A similar situation can be found in the national “amnesia” on the legacy of the residential school system. A major difference between the Holocaust trauma for survivors and the history of trauma for First Nations people is the world-wide acknowledgement of the Holocaust, and the general lack of acknowledgement of the genocide of indigenous people (Chrisjohn et al., 1997; Pier, 1998).

Non-communication is also an aspect of Post Traumatic Stress Disorder (PTSD). Survivors often exhibit avoidance behaviors, avoiding situations and activities linked to the trauma in order to lessen thoughts and feelings associated with the event (Herman, 1992; Nagata, 1989). Some children of interned Japanese-Americans describe their parents as unwilling to discuss their internment, avoiding emotions and using cryptic communication patterns, which reflect cultural values of fatalism and internalization of emotions (Nagata, 1989). Similar to interned Japanese-Americans, First Nations parents with residential school experience are characterized as not discussing mental health concerns or their negative experiences at the schools to anyone including their children.

This is likely due to having previously experienced societal responses such as indifference and disbelief (Evans-Campbell, 2008; Mussell et al., 2004). This silence may indicate that the building of a new life for Holocaust survivors and residential school survivors is incompatible with the oral transmission of past history (Fossion et al., 2003), as the channels of communication are blocked by trauma.

#### *Evidence of Intergenerational Trauma*

*First generation.* Children who grow up in families whose parent or parents suffer from PTSD as a result of social persecutions present unique aspects in some of their developmental processes (Duran & Duran, 1995; Mazor & Tal, 1996). Parents who are considered to be posttraumatic survivors of genocide "often implant in their children affective experiences throughout all modes of human relationship" (Mazor & Tal, 1996 p. 108). The genocidal context of the trauma, and the corresponding response, impairs their parenting abilities. The view of the world as a dangerous place can be transmitted to children, as well as to clients who may be unclear as to the origins of their fears about safety (Abrams, 1999; Carlson, 1998). This transmission of danger may be at the root of difficulties in expression of trust and enjoyment of life documented as characteristics of children of Holocaust survivors (Mazor & Tal, 1996). The cross-generational impact of Japanese-American internment is found in family communication patterns, in within-group ethnic preference, and in a sense of vulnerability (Nagata, 1989). Similarly, concentration camp survivors have been shown in nonclinical samples to influence the lives of their children, as evidenced by a "heightened sensitivity to culture and ancestry and to the primacy of ethno survival" (Nagata, 1989, p. 49).

The effects of trauma in the first generation include symptoms of PTSD, high levels of emotional and psychosocial disorders, and achievement motivation based on fear of failure (Fossion et al., 2003). High levels of depression and anxiety can result in difficulties in providing a maturational, supportive, and safe environment for their children (Fossion et al, 2003; Mazor & Tal, 1996). The mourning of multiple losses appears to be related to child-rearing problems in the form of attachment/detachment issues (Mazor & Tal, 1996). Parents may be under the illusion that their losses can be remedied through the child, but this illusion breaks down as the child seeks independence. The child serves the function of holding the past and containing the anxiety generated by the survivor parents (Mazor & Tal, 1996). Similarly, when survivor parents transmit emotional messages concerning the fate and history of relatives, their children may attempt to work on the continuation of the family history and try to fill the emotional void (Rowland-Klein & Dunlop, 2001).

*Second generation.* For the second generation, the stress of living with trauma survivors can result in the entire family becoming secondarily traumatized due to the generalized effect of the disturbance of the interconnectiveness and communication patterns of the family as a whole (Abrams, 1999). For families of Holocaust survivors, transmission to the second generation is defined as the "presence of generalized anxiety, fear and wariness of others, a sense of having personally experienced concentration camp incarceration associated with vivid Holocaust related imagery, as well as reverse parenting and enmeshment" (Rowland-Klein & Dunlop, 1997, p. 359). Clinical studies of populations of adult children of survivors indicate characteristics of deep dependency, difficulties of emotional expression, conflict and failure in basic relationships, and high

levels of guilt, frustration, and anger (Mazor & Tal, 1996). Children of the second generation may take on caretaking roles, in their efforts to “help parents repair themselves so they can then be more responsive and reliably available to the needs of the children who care take them” (Brown, 1998, p. 5). The children of survivors also present a lower capacity for intimacy with their spouses, which mirrors some of the problems exhibited by residential school survivors and their children (Mazor & Tal, 1996; Tafoya & Del Vecchio, 1996).

Members of the second generation may exhibit increased vulnerability to psychological distress, signs of secondary PTSD, problems in separation, individuation, and overachievement (Fossion et al., 2003). They may also show low self-esteem and inhibition, as well as difficulty in controlling aggression, maintaining intimate relationships, and resolving interpersonal conflicts (Fossion et al, 2003; Mazor & Tal, 1996). Some survivor families implicitly assign to their children the roles of supplying happiness and protection (Mazor & Tal, 1996). Children who strive to fulfill these impossible expectations may exhibit high levels of commitment and dedication, along with high levels of distress (Mazor & Tal, 1996). The values that the second generation struggle to develop become part of the patrimony handed down to their children. These values are interwoven with ways to integrate the transmitted Holocaust experience (Hogman, 1998). In this way, the values become a connection to the past and filter down to the third generation.

*Third generation.* There is sparse information available on the third generation, with contradictory findings in the existing studies. One study suggests that members of the third generation of Holocaust survivors are overrepresented by 300% in referrals to child

psychiatry services (Fossion et al., 2003). Whereas, another study found that members of the third generation did not differ from the control group in the expression of aggression (Fossion et al., 2003). Researchers hypothesize that the transgenerational transmission of trauma may cease in the third generation. However, the work of Berger-Reiss (as cited in Abrams, 1999) shows examples of symptoms in the third generation which are linked to hidden trauma two generations earlier, symptoms that are seemingly resistant to change in individual therapy.

An interesting phenomenon involving the third generation is the survivors' willingness to talk to their grandchildren rather than their children. The hypothesis is that it takes "a time-span of two generations to stimulate the willingness and motivation to return to traumatic past" (Fossion et al., 2003, p.5). In talking to their grandchildren, survivors are able to reframe the feelings associated with the trauma they have experienced into a story, another example of the power of narrative (Bar-On, 1996). The refocusing of the Holocaust by the third generation into a life-affirming perspective gives the second generation a way to assimilate their tragic legacy (Fossion et al., 2003).

*Reflections on Intergenerational Trauma within Residential School Survivors' Families*

It is violent to move people forcibly from their place of birth and to dump them in strange places, just to satisfy someone else's racist obsessions. It is violence to separate family members by policy or by designed economic hardship and necessity. It is violence to classify people by race in order to deny privileges to some and heap privileges on others. It is violence to systematically deny the most basic human rights in the service of such a system. The most obvious physical violence that reaches wide attention is the merest tip of the iceberg of such ignored, routinized, structural violence (Simpson, 1993, p. 603)

In reflecting on the research into intergenerational trauma and its applicability to the issue of historical trauma within First Nations families, it is the size and complexity of

the rest of the "iceberg" that is of concern, which suggests the need for more research in this area. First Nations people have similar risk factors as descendants of other traumatized populations for trauma exposure. This high degree of trauma exposure, First Nations mortality rates, and substance abuse are all connected to internalized ancestral trauma carried by First Nations people; trauma unintentionally passed on to their children (Brave Heart, 2003; Duran et al., 1998). Generations of First Nations people have suffered trauma, the most profound multigenerational effect is the number of generations of First Nations children who lost not only their personal and cultural identity, but also their opportunity to acquire parenting skills (Feehan, 1996; Tafoya & Del Vecchio, 1996). Years of historical trauma and genocide means that this is not simply an example of first generation survivors transmitting trauma to second and third generation children and grandchildren, such as in the case of Holocaust survivors; rather many generations are directly traumatized and carry trauma from their parents' generation. Evans-Campbell (2008) views this situation as one of contemporary life stressors that may be manifestations of past assaults that are experienced within the context of historical trauma.

Some First Nations clients feel abandoned and confused about family roots and express concern about their ability to parent (Tafoya & Del Vecchio, 1996). First Nations people who lost parental and cultural role models through forcible attendance at residential schools have had to invent their own methods and strategies to negotiate the two worlds and cultures. With the last residential schools closing in the 1980's, there are now two generations who have not been directly traumatized. However, these generations may be affected by intergenerational trauma and by secondary trauma transmission.

Community-based helping practitioners may identify the effects of trauma or they may continue to work with the effects unacknowledged. In addition to the use of "culturally congruent trauma theory and interventions, a consideration of Native history and the continuing transfer of trauma across generations are critical in developing prevention and intervention strategies that will be effective for Native people" (Brave Heart, 2003, p. 8). The challenge for helping practitioners working with clients from such groups is to understand both historical and intergenerational trauma identity and any personal present-day trauma that practitioners and clients bring to the supportive or therapeutic work.

### *Contemporary Trauma Conditions*

#### *Colonial Trauma Response*

Evans-Campbell and Walters (2006) use the term Colonial Trauma Response (CTR) to describe the subtle interaction of current and historical traumas. CTR consists of contemporary and historical trauma responses to collective events, with the defining element the connection to colonization. Current traumas include discriminatory acts, described by race scholars as "microaggressions"; and contemporary events against members of ethnic minorities involving harassment, discrimination, and racism (Evans-Campbell, 2008). This intersection of lifetime traumatic events may result in the compounding of responses to multiple stressors, responses that may be chronic in nature with signs of numbing and avoidance, or acute responses including hyper vigilance, somatization, and intrusive memories (Evans-Campbell, 2008).

#### *Physical Trauma*

Trauma is known to affect marginalized members of society at a disproportionate rate. In Canada, Aboriginal Canadians are considered at high risk according to emerging

data on patterns of trauma mortality (Karmali et al., 2005; Kinnon, 2002; Kirmayer et al., 2003). First Nations people in Canada have one of the highest violent death and accidental death rates in the world (Kinnon, 2002). In Canada, First Nations women between the ages of 25 and 44 are five times more likely than women from the general population to die as a result of violence (Amnesty International, 2004). The Aboriginal population reports 1.5 times the mortality rate of non-Aboriginals, 6.5 times the rate of deaths by injuries and poisoning, and 3 to 6 times the suicide rate for youth (Kinnon, 2002; Kirmayer et al., 2003). Sexual abuse rates for Canadian Aboriginal women are also higher than that of non-Aboriginal women, resulting in a large number of Aboriginal women who deal with traumatic symptoms (Sochting, 2004).

Karmali and colleagues (2005) conducted an observational study involving adult residents in the Calgary Health region over a three year period in order to measure the impact of ethnicity on the incidence of severe trauma and to define epidemiologic characteristics of severe trauma. The population was stratified into status Aboriginal Canadians and the reference population. Of the 1,779 patients involved in physically traumatic events, the incidence of severe trauma was four times higher for Aboriginal Canadians than the rest of the population. The incidence of severe trauma was also higher in every age category than for the reference population. Most of the cases of major trauma were unintentional for Aboriginal Canadians and included motor vehicle accidents, impact with animals, and falls or jumps. For intentional trauma, the Aboriginal population in Canada had ten times the risk of injury secondary to assault and a three times the risk of traumatic suicide. These statistics may be indicative of the level of

contemporary trauma that helping practitioners must work with in assisting Aboriginal clients.

### *Factors of Physical Trauma*

Caron (2005), the first female First Nations medical doctor to graduate in British Columbia, points out that certain issues need to be explored before the epidemiologic characteristics of trauma in the First Nations' population and the reasons behind the statistics can be understood. Trauma in the Aboriginal Canadian population must be assessed and documented for associated morbidity, a challenging subject requiring long-term evaluation. All Aboriginal populations must be included: status First Nations and First Nations' people living both on and off reserve.

Factors contributing to such trauma need to be identified and quantified. Caron (2005) suggests the use of the Haddon matrix for examining root causes including the elements of "host/patient, vector and physical and social environmental factors" (p. 1023). Through such in-depth evaluation, additional factors may be identified beyond the cause-and-effect assumptions of depression leading to suicide, or drinking and driving leading to vehicular death. These factors would then be systematically addressed in order to lower the rate of such traumatic injury to this population. Caron suggests that solutions will only be found by looking beyond emergency services to the context of these traumas, including individual, community, environmental, social and economic factors.

### *Mental Health Issues*

Canada has one million inhabitants who self-identify as having Aboriginal ancestry (Corrado & Cohen, 2003; Kinnon, 2002); yet there are few clinical studies on the specific mental health needs and problems identified by Aboriginal people. The clinical studies

conducted in Canada provide very basic estimates of mental health issues in two samples. However, there is evidence in the general literature that mental illnesses such as PTSD, anxiety, and depression occur at significantly higher rates in First Nations populations than in the non-First Nations populations in Canada (Corrado & Cohen, 2003; Kirmayer et al., 2003). In a research project using the files of 127 Aboriginal survivors of residential school in British Columbia, Corrado and Cohen (2003) found that the most prevalent mental disorder of participants was post-traumatic stress disorder (PTSD), with all participants reporting abuse from their residential school experience.

### *Cultural Safety*

Smye and Browne (2002) propose that the concept of “cultural safety” taken from healthcare in New Zealand be used to inform mental health policy in British Columbia. The concept of cultural safety was developed by Ramsden, a Maori nurse, for the training of nurses. The ‘safety’ in cultural safety is similar to an ethical standard focused on the relational understanding between minority status and health status. Cultural safety recognizes the economic, social, and political position of minority groups in reference to healthcare delivery.

Despair, poor housing, poverty, and political alienation are the root causes for many of the traumatic mental health problems found in Aboriginal communities, with insufficient attention paid to social trauma (Bryant-Davis, 2007; Smye & Brown, 2002). Smye and Brown (2002) suggest that current policies, practices, and research may recreate traumas inflicted on Aboriginal people. Policies and practices must be viewed through the lens of cultural safety to critique issues of institutional racism and discrimination to focus on the meaning of mental health and illness for Aboriginal people

and appropriate responses. Cultural safety may not exist if more holistic Aboriginal approaches or the sociopolitical and historical context of Aboriginal health are not acknowledged.

### Section III: Vicarious Trauma

#### *The Concept of Vicarious Trauma*

##### *Definition*

Vicarious trauma is defined as the potential transformation of the helper's sense of identity, meanings, beliefs, and worldview through the process of empathic engagement with clients who experience trauma (McCann & Pearlman, 1990). One of the key points discussed in the literature on vicarious trauma is the difficulty in defining the concept (Adams et al., 2006; Baird & Jenkins, 2003; Bennet-Baker, 1999; Brady, 1998; Lybeck-Brown, 2003; Brandon, 2000; Pinsley, 2000; Rasmussen, 2005; Weeks, 2000).

Yet agreement is found in the end results: there are profound effects on practitioners that result from empathic engagement with client trauma (Rasmussen, 2005). Confusion over the terms has resulted in researchers attempting to clarify the differences and overlap among the concepts of vicarious trauma, burnout, compassion fatigue, and secondary traumatic stress (Canfield, 2005; Sabine-Farrell & Turpin, 2003).

In theory, secondary traumatic stress and compassion fatigue focus on emotional responses and symptoms that result from work with traumatized clients, without emphasis on specific cognitive changes found in the definition of vicarious trauma (Canfield, 2005; Sabine-Farrell & Turpin, 2003). Yet the concept of vicarious trauma has become less defined as some researchers use the term secondary traumatic stress in discussing cognitive changes as the result of working with traumatized clients, and others

discussing vicarious trauma while focusing on symptomology (Sabine-Farrell & Turpin, 2003; Thomas & Wilson, 2004).

Secondary traumatic stress is defined as the presence of post-traumatic stress disorder (PTSD) symptoms in caregivers connected to the client's trauma experience rather than the caregiver's own trauma (Collins & Long, 2003). Secondary traumatic stress and vicarious trauma refer to the same observed phenomenon. However secondary traumatic stress focuses on clinically observed post traumatic stress disorder (PTSD) symptomatology of sudden onset, whereas vicarious trauma is a theory-driven concept, cumulative in nature and emphasizing gradual, permanent changes in cognitive schema (Baird & Jenkin, 2003; Rasmussen, 2005). Researchers suggest that there is a connection between length of career, large caseloads, long working hours, and more contact with clients and secondary traumatic stress (Collins & Long, 2003).

The concept of burnout is described as a gradual process increasing in intensity and involving emotional and mental exhaustion, preceded by high job stress in emotionally demanding situations (Collins & Long, 2003; Figley, 1995; Rasmussen, 2005). The main risk factor of burnout is employment in a setting where "people work jobs that present routine high levels of interpersonal demands and [the setting has] inadequate structural support for meeting those demands" (Baird & Jenkins, 2003, p. 72). The main difference between burnout and secondary traumatic stress is described as the gradual onset of burnout compared to the often sudden onset of secondary traumatic stress, which is related to client trauma rather than the occupational stress source of burnout (Sabine-Farrell & Turpin, 2003). The coping strategy of distancing has been found consistently in burnout research and is viewed as a common reaction to exhaustion and

depersonalization (Collins & Long, 2003). In their study on the contribution of therapists' beliefs to psychological distress, McLean and Wade (2003) found the constructs of burnout and secondary traumatic stress to be not completely independent or identical, but rather slightly overlapping.

Compassion fatigue is defined as the natural consequence of working with traumatized clients or those who have experienced extremely stressful events in tandem with the level of empathy practitioners have for such clients (Collins & Long, 2003). Compassion fatigue includes a reduced interest and capacity by the practitioner to engage at an empathic level with clients and involves both secondary trauma and job burnout (Adams et al., 2006). In the case of compassion fatigue empathy, which is considered to be helping practitioners' greatest strength, can become their greatest liability (Rothschild, 2006). Some researchers believe that compassion fatigue can be used interchangeably with secondary traumatic stress, mainly because they are less comfortable with the latter (Figley, 1995).

The concept of vicarious trauma as developed by McCann and Pearlman (1990) includes aspects of the previously mentioned concepts, but differs with a theoretical focus on the therapist's inner experience, more specifically cognitive changes that occur as well as those in adaptation and meaning. The changes that are proposed to occur with vicarious traumatization include changes in worldview, self-capacities and abilities, spirituality, and psychological beliefs and needs (Pearlman & Saakvitne, 1995). These changes may occur through the accumulation and incorporation of clients' traumatic material into the helper's worldview (Bober, Regehr, & Zhou, 2006). There are five areas of psychological need subject to cognitive distortion in vicarious trauma: control; safety;

trust; esteem; and intimacy (Pearlman & Saakvitne, 1995). Sensory reactions may also occur including imagery intrusions and bodily sensations plus the addition of actual PTSD symptoms (Bober et al., 2006; Sabine-Farrell & Turpin, 2003).

Vicarious trauma is described by McCann and Pearlman (1990) in theoretical terms of cognitive development and constructivism, focusing on changes to cognitive schemas in the process of meaning-making that consist of beliefs, expectations, and assumptions of self and the world. In conceptualizing vicarious trauma, McCann and Pearlman (1990) suggest that the disruption or changes in therapist's schemas may result from client's trauma due to exposure to the client's lack of safety, feelings of powerlessness, and abuse of trust issues. Ehlers and Clark's cognitive model of persistent PTSD suggests that the perceived presence of current threat may lead to chronic PTSD (as cited in Sabine-Farrell & Turpin, 2003). Chronic PTSD would then contribute to vicarious trauma in the case of therapists who continue to work with traumatized clients, exposing themselves to further trauma material resulting in the threat of on-going traumatization (Sabine-Farrell & Turpin, 2003). This concept may be of particular importance to helping practitioners working alone with traumatized populations in more isolated work settings.

Regardless of what labels are used, the consequences of working with traumatized clients for extended lengths of time appear to be the same: profound changes in beliefs, expectations, and assumptions of self and the world (Collins & Long, 2003). These changes are not always negative, and researchers are also studying vicarious posttraumatic growth. Arnold, Calhoun, Tedeschi, and Cann (2005) suggest that the adoption of an inclusive conceptualization of trauma work as an endeavor holding both pain and life-affirming benefits may help practitioners view the process in a new,

empowering way. Sabine-Farrell and Turpin (2003) acknowledge that if vicarious trauma exists, it is a potential risk for all support workers who engage in work with trauma survivors, and warrants broader research inquiries.

### *Vicarious Trauma Research*

The literature on vicarious trauma reviewed in this paper includes research with counsellors, therapists, and psychotherapists (Bennet-Baker, 1999; Brady, 1998; Brandon, 2000; Lybeck-Brown, 2003; Lugris, 2001; McLean & Wade, 2003; Pinsley, 2000; Sexton, 1999; Weeks, 2000), sexual assault clinicians (Baird & Jenkins, 2003; Way, VanDeusen, Martin, Applegate, & Jandle, 2004), social workers (Adams et al., 2006; Bell, 2003; Bride, 2007; Cunningham, 2003), and specialized trauma therapists (Dauncey, 2001; Marmaras, Lee, Siegel, & Reich, 2003). With the exception of the study by Morrisette and Naden (1998) that focused on vicarious trauma in First Nations counsellors, the majority of participants in these studies are professionals, of Caucasian ethnicity, working in mostly urban settings.

The findings of the quantitative studies were contradictory with mixed findings, especially on the contribution of time spent with traumatized clients to the development of vicarious trauma, and the contribution of personal trauma history to symptoms of vicarious trauma. Several studies found that therapists' experience and time in the field mediated the effects of vicarious trauma and their vulnerability to the phenomenon (Baird & Jenkins, 2003; Bell, 2003; McLean & Wade, 2003; Way et al, 2004), while others found no relationship (Brandon, 2000; Lugris's, 2001). McLean and Wade (2003) found that higher workload adds to vicarious trauma in spite of years of experience. In terms of client-type contribution, Brady (1998) reports that therapists with more hours counselling

with sexual abuse survivors report significantly higher rates of vicarious trauma.

However, McLean and Wade (2003) found that therapists' beliefs about the world and self were the most important contributors to vicarious trauma rather than situational variables such as client type.

The majority of studies that examined personal history of abuse as predictive or contributing to vicarious trauma found that it was (Adams et al., 2006; Bell, 2003; Bride, 2007; Camerlengo, 2002; Dauncey, 2001; Lugris, 2001; Pearlman & MacIan, 1995); however other studies did not (Brandon, 2000; Pinsley, 2000; Weeks, 2000). Camerlengo (2002) found that coping style and job related stress contributed significantly to vicarious trauma, with emotion-focused coping the best predictor of vicarious trauma. These results were congruent with the findings of Weeks (2000). In the studies examining attachment style and its relationship to vicarious trauma, Brandon's (2000) comparison between mental health professionals and psychology graduate students found that securely attached professionals had significantly fewer cognitive disruptions. Marmaras and Lee (2003) list fearful-avoidant attachment style as the best predictor of both cognitive disruptions and distress in the female trauma therapists. They also found that therapists with fearful-avoidant, preoccupied or dismissive attachment styles might have an impaired ability to evaluate the therapeutic relationship, leaving them more vulnerable to symptoms of intrusion and avoidance.

Part of the discrepancy in some of the findings may be linked to the methodological problems found in adequately measuring clinicians' exposure to trauma in all studies of vicarious traumatization (Cunningham, 2003). Measuring the percentage of caseload for trauma survivors, the number of traumatized clients, and the years and hours of trauma

work may provide some insight, but may not capture the essence of vicarious trauma. With the majority of quantitative findings based on the use of self-report instruments such as the Traumatic Stress Institute (TSI) and TSI (Revision M) Belief Scale (Pearlman & MacIain, 1995) and the Maslach Burnout Inventory (MBI) (Maslach, Jackson, & Leiter, 1996), the issue of the sensitive nature of the questions and the therapist's ability to respond may be a factor. Researchers suggest that psychologically threatening questions not be used due to concerns on response rate and reliability (Gall, Gall, & Borg, 2005); yet such questions are inherent in researching a concept like vicarious trauma. Other researchers question the validity of the TSI, suggesting that the TSI score may be "tapping an unmeasured construct such as pessimism, depression, or introversion, which also related to low perceived social support, low sense of personal accomplishment, and other negative affect" (Adams, Matto, & Harrington, 2001, p. 369). Despite the intuitive appeal of the concept of vicarious trauma, construct validity for vicarious trauma is variable with the parameters of the phenomenon still under development (McLean & Wade, 2003). Researchers suggest that by attending to the construct validity of vicarious trauma, using prospective designs, and taking into account issues of sampling, methodological rigor could be improved considerably (Sabine-Farrell & Turpin, 2003).

In the qualitative studies reviewed, Lybeck-Brown's (2003) study of vicarious traumatization of psychotherapists found that the role of coping, specifically as it relates to therapists' experiences of supervision and training, was the critical factor in explaining the impact of working with trauma survivors. In a heuristic study, Dauncey (2001) found that though personal history of traumatic experiences impacted vicarious trauma in specialized trauma therapists; such history also gave therapists opportunity for self -

reflection and introspection. Self-care, personal psychotherapy, and spirituality were identified by therapists as important in trauma work. Yet personal ways of coping with stress were not always enough to ameliorate the effects of vicarious trauma. Bennett-Baker (1999) describes vicarious trauma as characterized by PTSD-like symptoms, feelings of self-doubt, tendency to pull away from primary relationships, and a cathartic release after talking to colleagues who understand vicarious traumatization. An important finding from this study was how some therapists transformed their experience into an opportunity for personal and professional growth. The study identified five themes of vicarious trauma: vicarious trauma is a normal reaction to doing trauma therapy; vicarious trauma will change therapists as people and professionals; therapists gain a new awareness of the preciousness of relationships; therapists learn to transform vicarious trauma in the midst of sessions; and that spirituality is the bridge to healing.

### *Vicarious Trauma and Helping Practitioners in Northern Communities*

#### *First Nations Helping Practitioners*

There is a lack of information regarding vicarious trauma and coping strategies of First Nations helping practitioners in the North who work with traumatized clients. A study by Morrissette and Naden (1998) describes some of the unique factors and context essential to consider in working with First Nations populations. The extraordinary bond among, and respect for, extended family within many First Nations communities results in a unique complexity in the disclosure process among First Nations families. For communities affected by trauma from the residential school experience, many secondary stress experiences are common, including personal isolation of survivors, which results in the breaking of natural social bonds. Traditional therapeutic approaches that focus on an

individualist perspective may disregard the importance of community cohesion and the source of support available from extended family and community.

In Wilson's interactional theory of traumatic stress, economic, social, and personal support acts as a trauma membrane (as cited in Morrisette & Naden, 1998). In many First Nations communities, a protective membrane of support is provided by the significant people in the survivor's life (Morrisette & Naden, 1998). Vicarious traumatization can result from community and family members' participation as part of this protective membrane. Ethnic minorities tend to use informal sources of care, including family, friends, and traditional healers (Yeh, Hunter, Madan-Bahel, Chiang, & Arora, 2004). Those individuals dealing with mental health issues come to depend on the resources of family, group, and communal networks.

First Nations counsellors may be at risk of potential traumatization because of the strong bonds among extended family (Morrisette & Naden, 1998). The complex nature of disclosure related to this bond is referred to as the "collapse of emotional proximity within the Native culture" in which "the degree of distress experienced by caregivers is not necessarily greater within immediate family relationships" (Morrisette & Naden, 1998, p. 52). Such trauma can have a fragmenting effect on communities. Survivors may isolate themselves due to shame, causing a disruption of the strong social bonds and potentially slowing the healing process.

In the case study presented by Morrisette and Naden (1998), a First Nations' counsellor's proactive involvement in addressing historical atrocities gave her a "renewed sense of power, control, and usefulness" (p. 57). Vindictiveness or revenge was not the

guiding impetus in this type of political activism. Rather, the goal was to promote the disclosure of truth and to encourage self-help as a way to find internal balance.

The stories of trauma survivors, particularly residential school trauma, can be overwhelming to hear (Morrisette & Nadine, 1998). Helping practitioners and counsellors may initially find it difficult to account for personal negative responses to such painful narratives. Feelings of disempowerment may result from the hearing of residential school experience and result in feelings of concern for personal efficacy in the world (Morrisette & Nadine, 1998). Helping practitioners may feel incompetent if they are not able to alleviate the client's distress. First Nations' counsellors frequently describe the emotional turmoil following disclosures, including some from immediate or extended family members. Feelings of shame, anger, resentment, bitterness, and being overwhelmed and emotionally paralyzed followed such interactions. These feelings potentially leave First Nations counsellors feeling disoriented and traumatized, "ultimately grappling with previously held cognitive schemas of the world" (Morrisette & Nadine, 1998, p. 58).

In their group work with First Nations' trauma survivors and clinicians working with First Nations, Brave Heart and DeBruyn (1998) describe the impact on both survivors and clinicians in discussing historical trauma and unresolved communal grief. The group process involves confronting intergenerational trauma and the resulting intensity of feelings. Even for facilitators "who were spiritually developed, had years of their own treatment and recovery as well as years of clinical experience, it was evident that the power of the partially repressed and unresolved historical grief was challenging and, at times, overwhelming" (Brave Heart & DeBruyn, 1998, p. 69). Community healing needs

to be addressed along with individual and family work. The concern of this research is the effects on helping practitioners in facilitating such essential healing.

### *Summary*

The breadth of topics contained in this literature review indicates the complexity of issues linked to trauma support, a major component of northern mental health support. Sharing knowledge across massively traumatized groups has the potential to facilitate greater understanding of the effects of historical trauma and the implications for treatment and prevention (Brave Heart, 2003). The inclusion of the trauma literature was intended for this purpose, and to gain a contextual understanding of the implications for helping practitioners in the potential development of vicarious trauma.

The material in this review can only begin to present the multiplicity of issues and complexity of relationships found in the interactions of vicarious trauma and theories of both historical and intergenerational trauma to life and work in northern isolation. I envision the vulnerability and resilience of helping practitioners in the North to be at the centre of these interactions. One of the major challenges for this research was how to reconcile the cultural, conceptual approach found in the literature from Section II with the psychological, mainly empirical trauma studies from Section III. This appears to be a common problem when addressing cultural interpretations and issues found in cross-cultural research, which requires working with and between different worldviews. The question that I struggled with after immersing myself in the literature was whether there was a way to integrate the two through an exploration of the differences presented in the participants' narratives, to focus on similarities, or to feature each story on its own. Chapter 3 contains a detailed description of the process used in my attempts to reconcile

cultural and psychological concepts through the process of hearing and understanding eight helping practitioners' stories of such interactions.

## CHAPTER 3

### The Process of Understanding: Narrative Inquiry and Analysis

#### *Introduction*

All psychological research is structured in terms of two basic groups of assumptions: assumptions of the ontology or essence of the phenomenon studied and assumptions on how to investigate the phenomenon (Kirschner, 2005). This chapter contains a summary of the process of inquiry based on an extensive experiential exploration into epistemological and ontological considerations of how best to conduct research on the phenomenon of vicarious trauma and isolated helping practice.

The choice of method reflects researchers' assumptions about life (Emerson, Fretz, & Shaw, 1995), and the choice of narrative inquiry for this research reflects my life experience in the North. Based on my experience in a cross-cultural setting and practice in geographical isolation, my assumptions have evolved from constructivist-based to social constructionism, from an experiential, more individually-focused epistemology to a social epistemology (Gergen, 1999). I believe this change in perspectives is inevitable when people become immersed in other cultures that have a less individualistic focus. From this experience, it became clear that a focus on how an individual constructs reality from his or her experience needs to be expanded to include how people interact socially in determining what is meaningful, real, and true (Freedman & Combs, 1996). In this research study, the broad research question of helping practitioners' experience was intended to give participants space to speak about their individual realities as well as the influence of relationships on personal meaning. From my experience as a helping practitioner in the North, First Nations clients often address issues of individual realities

within their cultural context, expressing personal views that do not always fit the dominant discourse of their community. This experience led me to believe that there is a need to find a balance in social constructionism, avoiding what Crossley (2000) refers to as a conception of self so context dependent and so flexible that the self becomes engulfed or annihilated. This balance involves an acknowledgement of the social constitution of selfhood while retaining the importance of personal experience and reflexivity.

### *Ethical Concerns*

#### *Confidentiality and Anonymity: Research in “Goldfish Bowls”*

A major ethical concern in narrative inquiry rest with the movement of a participant’s story to the public domain through the research process. The challenge is in staying true to interpretations while protecting the privacy, confidentiality, and dignity of participants (Gergen & Davis, 2003). Helping practitioners who work in small northern communities are a vulnerable population in the research context for several reasons. They are highly visible in their communities because everyone is. Therefore, it was important in the research design to address ways of working to ensure anonymity and confidentiality. In small communities, helping practitioners can be identified through the stories they tell, a fact requiring ethical consideration.

With my background as a counselor, I am acutely aware of the sensitivity required in approaching participants with any trauma experience. This awareness was compounded due to the exploration of intergenerational and vicarious trauma. This additional level of vulnerability resulted in my approaching participants with the offer of additional counseling resources if they required such services based on the emotional

content of some of our conversations. Establishing safety for the participants was a priority in the research process.

### *Cross-Cultural Negotiations*

Awareness and concern over cultural differences in meaning “matter to us now because of our recently acquired embarrassment about colonialism” (Ochberg, 2003, p. 131). Basso (1995) suggests that if the purpose of research is an exploration of “words, objects, events, and the claims people make about themselves, [then] language and culture must be studied hand-in-hand” (pp. 69-70). The current approach to interpretation in narrative inquiry is not concerned with reputed universals, but rather highlights problems of cross-cultural understanding. In cross-cultural work such as this research study, cultural boundaries have to be crossed with an understanding of the delicate set of transactions required to do so (Mattingly & Lawlor, 2000). As a non-First Nations researcher immersed in research with cross-cultural elements, these delicate transactions included working with First Nations participants to ensure I understood and interpreted their stories in a way that they believed was acceptable. I was fortunate to work with First Nations community advisors who explained practice in their community contexts. It was important that I checked transcripts and analysis with all participants, but particularly my interpretations of the stories of First Nations participants due to our different orientations. This process parallels the situation of both First Nations and non-First Nations helping practitioners who support clients with differing cultural backgrounds from their own. The research process contained numerous examples of how interactions shaped by culture are created by the intersection of multiple cultural worlds in counselling and research interactions (Mattingly & Lawlor, 2000).

### *First Nations Research Considerations*

Although this research study focused on the culture of northern helping practitioners, the participants are both First Nations and non-First Nations practitioners currently working or having worked in isolated northern communities, supporting both First Nations and non-First Nations clients with trauma experiences. Ethical concerns apply here for practitioners from both groups, but the culturally-specific concerns for First Nations practitioners is paramount given my non-First Nations status and the nature of trauma issues faced by helping practitioners in the North.

### *Challenges to Research with First Nations Communities*

The major concern expressed by many First Nations people when non-First Nations researchers conduct research with them is the misappropriation of knowledge. The second critique is that “located within academia: a common expression in postmodern theorizing is that modernist researchers, by not questioning their own ethics and methodologies, have unwittingly constructed the ‘other’” (Piquemal, 2001, p. 65). Mental health issues, such as emotional behaviour, need to be considered in the context of value systems of a particular culture and that culture’s sociocultural history (Feng, 1991).

Research institutions’ ethical codes inform researchers that cross-cultural research is to be done in a way that is especially sensitive to participants’ rights using culturally appropriate research approaches but they have not until recently spelled out the process to accomplish this (Piquemal, 2000; Salois, Holkup, Tripp-Reimer, & Weinert, 2006).

Recent work has been done through the Canadian Institute of Health Research (CIHR) in the development of ethical guidelines for research with Aboriginal populations that will now help guide research practice. Tuhiwai Smith (2002) describes the main ethical

dilemma in research with indigenous people as questioning the most fundamental belief of all, “that individual researchers have an inherent right to knowledge and truth” (p. 173). The concern consists of whether researchers have the training to recognize knowledge or truth in this type of research. This relates to my favourite ethnographic question: “How do you know what to write when you don’t know what you’re looking at” (Kouritzin, 2002)? I believe the answer to this question involves the level of researcher awareness and the degree of motivation to be open to receiving information and local knowledge in order to clearly see and understand participants’ portraits of their experience. I was fortunate in having established relationships with community advisors who provided information that I could add to the contextual knowledge I had acquired over three decades in the North. This background allowed elements of what I was hearing to resonate with my personal knowledge, enriching my understanding of participants’ experience by juxtaposing experiences.

#### *Application of Ethical Practice*

Ultimately, researchers have the potential to extend knowledge or to perpetuate ignorance (Tuhiwa Smith, 2001). It is my hope that by: using the information from experienced northern practitioners in the pilot study to design this research process; by working closely with community advisors; by actively engaging participants in evaluating the accuracy of transcriptions and analysis of their stories; and through the use of reflexive practices that I am able to extend the continuum of knowledge.

Piquemal (2001) reports that, “While both Native and non-Native researchers recognize the importance of the ethical protocol of free and informed consent when negotiating entry into the field, specific problems of application need to be addressed

when doing cross-cultural research” (p. 65). Researchers working in First Nations communities have been criticized for adhering to the conventional ethics of scientific research while disregarding local ethics. In order to conduct appropriate research with Aboriginal people, four guiding principles are suggested: (a) establish a partnership before seeking such consent; (b) consult with relevant authorities, including both individuals and the collective; (c) continually confirm consent to ensure consent is ongoing; (d) and provide the participants with all the information and data that might be useful or beneficial to them, and to do so prior to completion of the final report (Piquemal, 2000). Although these guidelines are proposed for research with First Nations participants, I believe that these guidelines serve all participants. These principles served as guides for the research process and are found within the data collection and analysis sections of Chapter 3.

#### *Appropriate Research Principles*

Aspects of the fundamental principles adopted by Salois and colleagues (2006) in community-based participatory research with Native American communities were also incorporated into the research process. Research as a spiritual covenant is the overarching construct, bringing a profound respect for the sacredness of peoples’ stories and the responsibility inherent in turning these stories into published articles. Sensitivity, caring, and respect are required throughout the process, guided by the virtues of fidelity and gratitude. The perspective of cultural humility integrated by Salois and colleagues in research with Native American partners commits the researcher to self-understanding and exploration. The goal of self-evaluation is on removing power imbalances and developing true partnerships that are mutually beneficial.

### *Self-Dialogue Exploration and Analysis*

In order to clarify the phenomenon seeking to be understood, and to have a clear understanding of the experience that I was bringing to the research conversations, I analyzed my own experience as a northern helping practitioner in 2004. Through analysis of a self-dialogue I answered the question of my experience as a northern helping practitioner had been in supporting clients who had experienced trauma. In a process that parallels that of my participants in this study, I continue to live part-time and practice in a small community where I have a high profile as a helping practitioner. The participants and I share potential repercussions to our work that had to be considered in the research process. Unlike my participants, I do not have anonymity in this study. In order to ensure safety and longevity of practice for myself in a small community and confidentiality for those people that I assist, I have controlled and edited what traces of my own analysis and research journal I share in this study. Part of the reality of working as a helping practitioner in small communities is the need for rigorous self-monitoring in the sharing of information in order to prevent breaking confidentiality. After years of practice, this becomes a way of life and is a difficult survival strategy to change in other settings, such as in a reflexive process.

I initially identified five main themes that I can safely share in a text, (a) the power and pervasive nature of trauma, (b) acceptance of trauma, (c) exacerbating effects of isolation, (d) commitment through relationships, and (e) personal strengths of people against the odds.

The theme of the “*power and pervasive nature of trauma,*” including historical, intergenerational, and present-day trauma, was found in the daily impact on clients’ lives

and in my work as a helping practitioner. The extent of the effects of this accumulated trauma coloured most of my self-dialogue. The power of trauma was especially evident in

*Table 1.*

Categories, Themes, and Metathemes from Self- Analysis of Northern Helping Practitioner Experience

Categories	Themes	Overarching Metathemes
Relationships Personal Qualities Personal Strengths	Commitment through relationships Personal strength against the odds	Power of human connection
Acknowledgement of trauma Clients stuck in trauma story	Acceptance of trauma Power, pervasive nature of trauma	Carrying on
Change Support Action-based Support	Exacerbating effects of isolation	Reciprocal change (change begets change)

the theme of “*acceptance*” which included clients’ views of the effects of trauma as part of life and an acceptance of the way things are. Clients often did not have anything to compare their situation to, due to physical and cultural isolation. The effect of isolation on clients’ acceptance of living with the effects of trauma was included in the theme of the “*exacerbating effects of isolation.*” This theme also included limited access to resources, resulting in a dependency on personal qualities and local resources in order to support clients. The effects of isolation crept into all categories and themes.

The theme of “*commitment through relationships*” was a major one and illustrated to me the fact that my experience hinged on that commitment, a commitment stemming

from the building of long-term and intense relationships. This level of commitment was also generated from frequent feelings of desperation in the face of the extensive and pervasive multiple traumas found with clients in my work setting. These feelings of desperation were mitigated by the strength and resilience of the clients I worked with, which are components of the theme “*personal strengths of people against the odds.*” As a helping practitioner, I had to tap into personal strengths in order to provide the service that I did, but it was the personal strengths of clients that gave me the hope to continue working. A major discovery for me in the analysis was the reciprocal nature of the sources of strength required in providing this type of support in an isolated community.

The overarching metatheme of “*carrying-on*” included continuing on in my daily life and work despite accumulating stress, just as clients carried on coping with acknowledged and hidden effects of trauma in a state of acceptance of life always being this way. The participants and I share similar repercussions. The metatheme of “*reciprocal change*” summed up my experience as a northern helping practitioner. With every client who worked towards goals and made changes in the helping relationship, I was changed through the same relationship in my evolving understanding and perceptions of various topics and beliefs related to the client’s story. Through each relationship, I gained new information that resulted in a shift in my thinking, beliefs, and way of being. Though many of the changes were based on information that was hard to hear, I came away somehow enriched. The area that needs further analysis is the point where the helping relationship meets trauma experiences. This analysis would involve questioning if my experience included times of traumatic reactions or if those responses were adaptations; sane responses to insane stressors (Bryant-Davis, 2007).

### *Pilot Study*

Staying congruent with my belief in respectful and ethical research engagement and the incorporation of a covenantal research ethic which includes the principle of consulting with relevant authorities (Piquemal, 2000; Salois et al., 2006), I conducted an exploratory informational pilot study in 2004 with three helping practitioners who have extensive experience working in small northern communities including several of the communities in the current study. They acted as key informants for several northern communities and as initial guides for the development of the proposed research. The practitioners included a community counsellor, a drug and alcohol counsellor, and a social worker. The participants were asked their views on the topics of intergenerational and vicarious trauma, how the effects of these traumas manifest themselves, and what strategies they have found to be effective in addressing the effects. The practitioners were also asked if they believed that further research into intergenerational trauma and vicarious trauma would be beneficial to helping practice in the North.

### *Results*

*Intergenerational trauma.* A theme that emerged from the interviews regarding participants' views on intergenerational trauma was of first, second and third generation clients moving away from the intense processing of the residential school experience and grappling with what comes next. Clients' entire life structures were described by the community counsellor as being shaken, resulting in fundamental changes in thinking and behaviour. All the participants spoke about how difficult this transition time is for clients, especially those with residential school experience. According to the drug and alcohol worker, people were tired of seeing themselves as victims, of being constantly described

by others as victims, and of wanting something new and different. The difference and change is coming at a price though, with great personal upheaval that has resulted in fear, confusion, depression, and need for direction. The community counsellor believed that the high number of suicidal clients in his caseload was partially related to these huge change processes.

The theme of the complexity, level of embeddedness and pervasiveness of intergenerational trauma was evident from all the interviews. The social worker noted the complexity of the issues and the insidious nature of accumulated grief and loss. There was agreement from all participants that there has been improvement within members of both the second and third generation, but that it will take another generation for the effects of residential school to lessen the impact on the lives of First Nations people in the communities they served.

*Intergenerational trauma research.* There was consensus from those participating in the interviews that research into intergenerational transmission of trauma would be useful, in particular in the area of the efforts of members of the second and third generation to identify and then to move on from the initial family trauma. Research into intergenerational trauma should be owned and shaped by people who have experienced such trauma; especially in the process of determining what questions should be asked. A specific area of concern was the fact that many helpers are themselves the survivors of intergenerational trauma. Such helpers have often not looked closely at their own trauma, yet they are attempting to help others. Patterns of relating and communication resulting from intergenerational trauma may impede the helping relationship from both the perspectives of helper and client. Clients, helpers, and the community at large are

described as “holding difficult patterns as a result of trauma”, which is another potential area of research.

*Strategies.* The main strategy listed by participants to use in working with cases of intergenerational trauma was validation of behaviours of the survivors and their children that allowed them to continue to function and cope. All participants believe that the issue of silence about traumatic experiences had to be discussed so that survivors' reactions and behaviours could be shared by their children in the process of healing their relationship. The silence around some trauma is viewed as “the lack of storytelling, resulting in secrets,” and there is a need to sometimes involve family and community. Without knowledge and skills, helpers have difficulty moving clients into post-traumatic growth.

*Vicarious trauma.* Vicarious trauma was described by the social worker as the “great erosion in spirit to care,” with exposure occurring the moment practitioners show empathy to help alleviate pain and suffering. One participant described dealing with burnout and high levels of stress in his work. He considered any negative effects as part of such work, but is concerned with the number of workers who leave the field, often suffering from burn-out.

*Vicarious trauma research.* Research into vicarious trauma and counsellors working in isolated setting would be very useful according to the participants. Research might bring more information to helping practitioners in order to develop strategies to protect themselves and indirectly protect their clients. An operational definition of vicarious trauma through further research was regarded as necessary. One participant was concerned that interventions used for PTSD may not be appropriate in treating vicarious trauma, suggesting that there are “other things we need to do but are not doing.” The

"underutilized tool" of supervision was suggested as an important area to look at, particularly in understanding how supervision can be used to mitigate the effects of vicarious trauma. Interviewing people who have done the work for many years and who are thriving and have not been traumatized by their work was suggested. These people include unofficial workers such as elders and extended family members.

*Protective strategies.* In sharing personal strategies used by the participants in order to address the possibility of vicarious trauma, one participant viewed the process of working with traumatized clients as a compassionate learning experience. Another participant believed that his family relationships gave him the strength and support to buffer the secondary trauma that he might be exposed to on a daily basis. Commitment to being a certain type of person and commitment to community were described as helping strategies in the face of despair and negativity. Concerns over environmental factors of professional settings suggested that levels of training and supervision are critical to preventing burnout and vicarious trauma. One participant pointed out how much is done in the workplace around physical safety, yet how little is done to address mental health risk factors of this type of work.

#### *Informing the Research Process*

The process of doing the pilot study was essential to my understanding of how to develop the research study. Besides affirmation on the importance of future research into the impact of intergenerational trauma effects, the participants' information helped to guide the focus of the literature search on relevant areas related to practitioners' work context. It became clear through the pilot study interviews that the terminology of various trauma experiences was not common language. I realized that the questions had to be

general and broad in nature. The many questions that came up for discussion with the three helping practitioners were also reflected in many of the participants' stories.

The process of conducting the pilot study was also important for me as a person who had work experience similar to the three practitioners. I am acutely aware that having familiarity with northern communities and the type of work investigated is both a strength in this research study and an area that requires careful reflexive monitoring. The three participants brought different responses, interpretations, and personal qualities to the same situation I had worked in. In the recognition of these differences, my concerns about my ability to interpret and co-construct their stories in a way that represented their experience and not mine were eased.

#### *Qualitative Approach*

The central purpose of the research was to explore and make explicit the experiences of helping practitioners in providing support to traumatized clients in isolated northern communities and the effects on helping practitioners of providing such support. In order to accomplish this task in a sensitive, respectful, and caring way, a qualitative paradigm was chosen.

The goal of the study was to understand the experiences of participants in a particular phenomenon, which fits the definition of the qualitative paradigm (Denzin & Lincoln, 1998). "[Studying] things in their natural setting, attempting to make sense of, or interpret, phenomenon in terms of the meanings people bring to them" (Denzin & Lincoln, 1998, p. 3) fits with the exploration of vicarious trauma and practice in isolation. Qualitative research can also be used to grapple with the connected issues of responsibility in relationships and power (Rogers, 2003). Value is placed on the direct

voices and experiences of participants, with the intent of incorporating a variety of social realities that individuals construct through participation in different social situations (Gall, Gall, & Borg, 2005). A qualitative approach advocates for an egalitarian, collaborative relationship between researcher and participant that is respectful and responsible in order to explore ambiguous ideas with the necessary curiosity (Pier, 1998), a definition that fits the problematic ambiguity of vicarious trauma. The focus of this study was also congruent with the multimethod aspect of qualitative research; that is, a naturalistic, interpretive approach to the research topic. (Denzin & Lincoln, 1998). Qualitative inquiry does not include the goal of external generalizability, the absence of which can serve as a counterpoint to quantitative studies in the literature on a particular phenomenon (Simons & Squire, 2008). From the literature reviewed on vicarious trauma, the need to strengthen the theory of the phenomenon before measuring for the construct through quantitative studies was in evidence, suggesting the use of more qualitative data.

#### *Narrative Inquiry*

Narrative inquiry is an in-depth process of studying whole persons in a social context and time (Josselson & Lieblich, 2003). Narratives are social by nature, reflecting broad ideological, social, historical, and cultural conditions (Chase, 2003; Young & Collin, 2004). Social constructionism and narrative lend themselves to a study of the intersection of work and relationship experiences, with the cultural and social context of meaning found through experiences of work constructed within a narrative framework (Blustein, Schultheiss, & Flum, 2004). Narratives used in the investigation of career and work help to explore the link between personal life choices and occupation (Mattingly & Lawlor, 2000), which is in line with the focus of this study. Narratives illuminate ways of

thinking and communication patterns, information particularly relevant to the character of practitioner/client interactions (Mattingly & Lawlor, 2000). Story making and storytelling are considered to be the most direct path to understanding peoples' work experience and their lives (Mattingly & Lawlor, 2000).

### *Narrative Conceptualization*

Gadamer (1975) proposes that language is not just one of human's possessions in the world, but rather language makes the human world, a world verbal in nature. This would suggest that life is determined in narrative form. Narratives are forms of human encounters in the verbal world, with human experience always narrated (Cottle, 2002; Moen, 2006). Narrative inquiry is an approach that facilitates the unique voice of each participant to emerge as stories are told about lived experiences (Cortazzi, 2001; Josselson et al., 2003). At the same time, narratives serve to connect individuals with their social context, reflecting a multitude of voices (Moen, 2006). Narrative functions at two levels: (a) a story is composed from a complex, lived experience and becomes fixed as a narrative, and (b) this composition created from complex social interactions and situations serves as evidence of interpretation and meaning made (Moen, 2006). Narrative inquiry seeks to collect data to describe and interpret the lives of others in the search for understanding and meaning, featuring the participant's voice at a particular time and place in the search for meaning and understanding (Barton, 2004; Gergen & Davis, 2003; Josselson et al., 2003; Richmond, 2002). The mystery of lives is found in the study of lives, indicating a line of inquiry far from positivism and science (Josselson et al., 2003). Narrative inquiry serves as a form of research reporting that deals with phenomenon as it changes over time (Schwandt, 2001), suiting change stories. Narrative

provides a means for participants to reflect on earlier or current perspectives in order to construct or reconstruct meaning, which supports the notion of changes in meaning-making found in the current conceptualization of vicarious trauma.

People are born into their stories, and cannot fully determine the beginnings and endings (Crossley, 2000). Narratives are viewed as collective stories, shaped by the institutional, historical, and cultural context where they originated (Moen, 2006). In these stories the First Nations context is a powerful shaping agent. Short narratives are nested within broader, historical contexts, and larger narrative contexts such as family history (Mattingly & Lawlor, 2000). The larger narrative contexts of this research include historical trauma, intergenerational trauma, and the geographical setting.

In narrative process, researchers must take care in making claims on what is real from such stories, especially if the declared reality becomes "an invention whose inventor is unaware of his act of invention" (Vizenor, 1997, p. 188). Researchers work with what Vizenor (1997) describes as "acoustic images," with the completion of a sentence in participants stories allowing us to "leave the domain of language as a system of signs and enter another world" (p. 191), a world that must be acknowledged as co-constructed. The need to leave the domain of language echoes the idea that the act of showing who people are and what their experiences have been involves more than language (McAdams & Bowman, 2001). This world is viewed by some as one of symbolic interaction, the fundamental essence of human group life (Prus, 1994). It is the enigmatic nature of that world that brings such challenges to qualitative research.

Cottle (2002) describes narrative as "releasing traces of the Other." As to which "traces" are released and which traces are not is a question faced by researchers. This

may be the result of innate defensiveness of participants, especially from those who have no connection to the interviewer. The information found in their stories is filtered by their past experience, how they are feeling in that moment, and what information they believe is safe or important enough to share. What they are able to share could be viewed as a "safe" personal truth in that moment of utterance and interaction. Safety may include the participants' feeling of safety; concern for the safety of others who may be part of the story with no power in the decision to be in the story; and concern for the safety of the interviewer who may be told stories that are difficult to hear and process. An important aspect of narrative is that no one can say what the "real" story of the participant is. With multiple stories occurring within stories, any one of these stories may be shared with the researcher (Cottle, 2002; Gergen & Davis, 2003).

### Research Procedures and Process

#### *Beginning*

The remote setting of the interviews and the untapped resource of helping practitioner participants suggested to me that the research plan would evolve in nature as the study proceeded. Flexibility and openness were two qualities that proved helpful in the process, especially in light of the very personal and informal style of helping often found in the North. I attempted to find a balance in the design of the study between the need for flexibility and the need for rigor through an evaluation framework, supervisor and committee feedback, and participant feedback. After ethics approval was received from the University of Victoria, I applied for a Yukon Research License. Under the provisions of the Scientists and Explorers Act (Yukon Government, 2002), all persons entering the Yukon for the purposes of research must obtain a license. A summary of my

research proposal and the confirmation of ethics approval from the University of Victoria were required in the application process. Once the Yukon Research license was obtained, the process of recruiting participants began. The following boundaries helped to focus the study:

- 1). The study only included participants who provide some form of psychological support to clients dealing with trauma, including psychological trauma involving intense fear, loss of control, helplessness or threat of death (Herman, 1992), and who practice or had practiced in private practice, agencies, or Bands in isolated communities above the 55<sup>th</sup> parallel in northern British Columbia and the Yukon.
- 2). The study only included participants who freely volunteered to be interviewed and have the interview audiotaped.
- 3). The data collected in the study included audiotaped interviews, public documents related to particular settings and information from local advisors.
- 4). The study was limited to data collected over a specified time frame, with the Yukon license specifying a two month time period.

#### *The Quest for Participants*

After an initial period of research into relevant agencies, introductory letters and letters of consent approved by the University of Victoria Ethical Review Committee (Appendix A) were sent to Band offices, Health Teams, community hospitals or outposts, counselling agencies, and other community agencies who oversee support and counselling services to clients experiencing trauma. Helping practitioners who were in private practice and advertised their services publicly were also sent introductory letters. Colleagues in the North that I knew through previous work experience were also sent

letters of introduction and letters of consent rather than through personal contact. Some practitioners informed others in the field of the study.

The letter of introduction to the Bands and agencies and the letter of consent for participants served as guides to the research study. Participants who had experience that fit within the research boundaries had the opportunity to volunteer to be part of the study. Through the process of going over the letter of consent with potential participants in the initial meeting, they had the opportunity to decide if they wanted to be part of the study based on the information provided in the letter and through phone or e-mail conversations with myself.

I was surprised and honored by the number of potential participants who responded with further questions and supportive comments. Two potential participants conversed with me by e-mail and stated their full support, but declined to participate due to their concerns for anonymity, confidentiality, and safety for themselves as helping practitioners in the communities where they worked. Two other potential participants requested to be contacted if any follow-up research was planned. Over a period of three months, nine participants volunteered to participate in the study. One participant eventually had to withdraw due to a hectic schedule, leaving eight participants remaining.

#### *Interviewing for Story*

Stories that are told in interviews depend on the narrator's past and current experiences, the values they hold, where and why they are told, and who they are being told to (Moen, 2006). The interview situation occurs when the researcher first begins the work of capturing the essence of the lived experience of people, including aspects of their inner world (Josselson & Lieblich, 2003; Lieblich, Tuval-Mashiach, & Zibler, 1998). In-

depth interviewing in narrative inquiry focuses on the meaning people construct and the social resources and contexts that enable and constrain that meaning-making (Chase, 2003). Narrative interviews offer opportunities for representing experience with authenticity and recognizable authority found in participants' sense of identity (Weiland, 2003).

The narrative interviews, or research conversations, were conducted with participants in a location of their choosing. The setting for the research conversations varied from offices and homes, to tents and good sitting rocks beside lake shores, to telephone interviews. Participants from the smallest communities represented in this study requested that we meet in a larger centre or be interviewed by phone in order to protect their identity and ensure confidentiality. Two participants were interviewed by phone.

The interviews were unstructured and conversational, in order to provide "a greater breadth than other [interview] types, given its qualitative nature" (Fontana & Frey, 1998). Bourdeau (2000) describes how the intensity involved in interviews in both therapy and qualitative research have structural similarities, with the interviewer asking questions and acting as a compassionate witness to the interviewee who is divulging personal information. The difference between a counselling and a research interview is found in the purpose of the interview. The therapeutic interview is in benefit of and service to the client and is strictly focused on the client's needs and the reduction of distress (Morsund & Kenny, 2002). Research interviews are interactive, social encounters in which knowledge is constructed, stemming from the researcher's academic inquiry and the participant's response (Holstein & Gubrium, 2003). The qualitative research interview may indirectly serve the participant, but is directly beneficial to the researcher, requiring

acknowledgement of the debt owed to the participants (Lincoln, 1995). In these research interviews, I opened each conversation as I would a counselling session, inviting a level of rapport and trust while recognizing the need to simultaneously hold an analytical stance (Connolly & Reilly, 2007). I shared a brief description of the purpose of my research and my context as a northern helping practitioner, answering any preliminary questions they had. I felt humbled and honoured with each conversation to be trusted with arrangements of words representing the participant's experience, the sharing of part of a life's story.

The main characteristic of narrative is the collaboration and relationship between the participant and the interviewer/researcher (Moen, 2006). The role of the interviewer is not about retrieving information and knowledge in an excavation-like approach; rather it involves a supportive working relationship involved in the construction of knowledge (Fontana, 2002). The complexity and co-constructed nature of the interviews became evident in the way the participants replied to my responses and what moments of their stories I chose to respond to or ask more about. My response was often based on my understanding of the context of helping in the North, allowing our interaction to share a common context and language. I would often share a thought or phrase that had come from another participant, allowing one participant to build his or her story on an aspect of another participant's story. An example of this can be found in the experience portrait *Liferole* when the practitioner refers to "a shoe," a component from the story *The Pool* that I shared with the *Liferole* practitioner during our interview. This process added to a multiple construction of the narratives, with participants contributing to the development of each others' narratives, based on their response to what I shared. The intent of sharing

any traces of other participants was always foremost in my thought before doing so. The intent was to give participants avenues and topics to add to in depicting their experience.

The research conversations were unstructured and extended, ruled not by the clock but by experiential time (Moustakas, 1992). The main advantage of such interviews is in their adaptability, allowing a competent researcher to "alter the interview situation at any time in order to obtain the fullest possible response from the individual" (Gall et al., 2005, p. 134). This ability was important during the interviews where participants were interrupted by life and work situations, resulting in the need to restart the interview after their issues had been dealt with. This approach resulted in the audio tapes ranging in length from 45 minutes to 2 hours. The participants were informed at the beginning of the conversations that they could stop the tape at anytime. Two participants chose to turn the tape off during very personal or work specific disclosures, requesting that the tape be turned back on after the disclosures. One participant thought that he had said everything he wanted to say, but then requested that I turn the tape on to catch an additional thought.

The "validity of findings based on the interview method is highly contingent on the interpersonal skills of the interviewers" (Gall et al., 2005, p. 134). No matter how carefully a researcher words a question, the written or spoken word will always have a residue of ambiguity (Fontana & Frey, 1998). In making a concerted effort towards authenticity, I attempted to keep foremost in my mind the goal of collecting material that would depict the experience descriptively, vividly, and believably (Moustakas, 1990). There is controversy regarding counsellor-researchers reverting to a counselling role during the research process (Connolly & Reilly, 2007), yet I found my counselling skills were very helpful in developing rapport and in asking for a "thick" description of

participants' experiences. These skills also helped me to attain my goal of not imposing preconceptions from the academic world and my own world on participants. I worked instead to put myself in the role of the respondents in order to see the situation from their perspective (Fontana & Frey, 1998); an effort at true empathic engagement.

The depth and quality of this study was based on personal interactions in the interview process and in the evaluation of the interpretation process. Once participants volunteered, I worked to create an atmosphere of trust and openness with them before and during the interview process. This was accomplished by making the process as transparent as possible, thoroughly explaining the intent of the study and my background and orientation towards the topic, either in person, by phone, or by e-mail. In this study, my long history of living in the North helped to establish rapport, as well as my personal experience of providing similar services to such clients. I travelled to the communities where some of the participants live and work in order to reach participants who were difficult to meet, often having a limited amount of time to build rapport due to their working schedule.

In staying congruent with the evaluative criteria of critical subjectivity (Lincoln, 1995), I engaged in reflexive note-taking throughout the field work. Once a conversation ended, I recorded what I heard as the key points that stood out in relation to the research question. I also made rough maps that tracked the main events found in the research conversations. An on-going research journal was also kept. Through immersion in the interviews during the two months I spent at my northern home, I added comments and ideas to my field notes and journal as they occurred. This reflexive information proved to

be invaluable months later during the analysis process, bringing to life each interaction and refreshing my memory on the excitement and emotion felt in the interactions.

*Community Advisors: Local Expertise*

In the research process, several community members were asked to be my local advisors and guides for this journey. The information provided by these advisors informed the interview process as well as the presentation of the analysis. One of the community advisors was E. Anderson (personal communication, June, 2007) a long-time northern Tlingit helping practitioner and educator who graciously helped me provide a context to the issues and work done in First Nations communities by First Nations helping practitioners. In acknowledging his role and naming him with his permission, I am addressing the need for front line workers' knowledge, expertise, and ideas to be valued as much as the academic experts. I am also honoring the concept of reciprocity through the process of presenting his expertise to a larger audience.

The first topic that we discussed was the idea of cultural interpretations of trauma. Anderson (personal communication, June, 2007) eloquently pointed out that trauma itself does not have cultural interpretations, that trauma transcends culture. Trauma reduces situations to the human commonality, including pain, loss, and suffering. In my journal notes, I record this as a pivotal moment in the research process, as his comments moved me out of the culturally specific focus that I was beginning to travel down previous to interviewing First Nations participants and back to the intent of the study: the culture of helping practitioners in the North and a consideration of more universality in approaches to trauma support. Anderson described traumatic experiences and individuals' stories as very personal with culture as a factor, but the human element as the strongest feature.

Trauma brings craziness to peoples' lives, leading people to think that there is no room for hope or the future. People become trapped in learned helplessness where they begin to believe that no matter what they say, do, or try, they cannot change anything.

Anderson (personal communication, June, 2007) described how trauma can be envisioned as a beaver dam. There is a large log jam across the stream that all types of smaller debris catch on. In trying to untangle the dam, the smaller "debris" in peoples' lives, all the smaller problems and traumas are seen and addressed, pulling one small stick out at a time, but still the dam holds with more material building up. It is the main log that must be removed first and that log represents the residential school trauma. The questions of "What do you feel?" and "What do you want to say?" provide guidance in trauma work. Anderson clarified that as clients come through their trauma and process the traumatic memories, that good memories were accessed, both new-found memories and increased memories. Clients come through the process drained, but like a child with new glasses, the world is seen for the first time clearly defined. Respect is considered to be the most important quality to use with all clients, and Anderson stressed the importance of getting the word out to a broader audience as to the expertise of front line workers and the specific needs of both the workers and clients.

### *The Process of Transcription*

The long process of transcribing eight narrative interviews illustrated to me how the analysis process begins within the transcription stage and before. I began the transcription process by listening to each interview from beginning to end in order to refresh my memory of that specific moment and verbal exchange. I reflected on the power of words as acoustic images to sound descriptions of emotions and events. Recording the interview

word for word cannot begin to duplicate the interview as a relational experience, situated in one moment in time. The intensity of gaze, the emotion contained in the timbre of the voice, and the non-verbal signals of the participants was not well represented by the typed word. The sound of birds, floatplanes, rain, wind, waves, and mosquitoes added life to the spoken words, as did the soft silence of offices and homes. These contextual sounds were noted in the transcripts as well as hand signals, such as the eloquent hand-across-throat signal used by a participant to signal that her narrative had ended and that I was not to record another word.

In the transcription process, I went through each interview four times, checking the text each time until I felt that I had represented the interaction to the best of my abilities. I wrote the interviews out by hand, a process that had more meaning for me in physically creating each word, and as a way to compensate for a ponderous typing style. The hand-written transcripts were then typed. I transcribed six of the interviews, asking for outside help with the remaining two. I went through these two transcriptions twice when I received them in order to check and add contextual pieces. In working through the transcriptions done by others, it was evident how important it was to have been the interviewer and how my presence in that moment lead me to change some of the punctuation based on the tape and combined with my memory of the sound of the participant's speech and the flow of the story as it was told.

During the transcription process, interpretation had already begun. Punctuation felt like an interpretative exercise, deciding what words to capitalize, where and how to mark pauses. The participants were interpreting their experience by composing the story of their experience for the moment in time of the interview. Lieblich and colleagues (1998)

describe the element of creation involved in the selection of remembered facts by participants in their process of interpretation, with memories serving as personal creations. In these particular selections of life stories, cultural and personal meanings were the result of the participants' interpretations of experiences. In the transcription process, I was beginning to interpret those interpretations. I turned to an old metaphor to use in visualizing the interpretive process, that of painting. A painting-versus-photography analogy has been used to illustrate the different strengths of quantitative and qualitative inquiries (Haverkamp, Ponterotto, & Morrow, 2005). Photography, like quantitative research, precisely captures a moment in time, whereas portraiture integrates different views and impressions of a person with the goal of creating a richer and broader representation (Haverkamp et al., 2005).

Before changing my own life path and venturing into academia, I was an artist for over 20 years. These interpretations of experiences presented in the interviews resonated with my art background and I audio-visualized these stories arranged like a still-life or portrait; one moment representing a part in a life's story. Participant's words were conceptualized as "acoustic images" (Vizenor, 1997, p. 191), images of sound describing individual experiences, stilled for a brief moment on tape, then interpreted by the "artist"; myself as researcher in the analysis stage.

### Approach to Analysis and the Deciphering of Meaning

#### *Interpretation and Narrative Analysis*

There appears to be "no explicit criteria for identifying any experimental narrative as a perfect example of scholarly storytelling" (Weiland, 2003, p. 203). Complaints have been made about the lack of clear instructions for qualitative analytical approaches. This

Table 2: Overview of Research Process

Research Question	Interview Question	Narrative Analysis	Process and Presentation
What is the experience of helping practitioners in isolated northern communities in working with traumatized clients?	Please tell me your story of working as a helping practitioner in the north supporting clients with trauma experiences.	Phase One-Holistic-content/form analysis Reading for global impression, holistic understanding of the research question	Experience Portraits (Narrative Summaries)
What challenges do northern helping practitioners face in providing trauma support?  What are the effects on such practitioners in providing trauma support?  What strategies do practitioners used to cope with negative effects?	What are the challenges in doing this type of work?  How has this work affected you?  What strategies of qualities enable you to continue to do this work?	Phase Two-Categorical-content analysis Reading for thematic focus: challenges culture, relationships, worldview, spirituality, professional identity	Content Sketches (Development and presentation of categories based on content analysis)  Presentation of themes and metathemes
What qualities, both personal and professional, enable them to continue to do this type of work?  How have helping practitioners been changed by doing this work?	How have you been changed in providing this type of support?	Phase Three-Categorical-form analysis Reading for dynamics of plot, temporality, change and direction of change, turning points, crossroads  Using two-stage model (temporality) before-(transition)-after	Change compositions (Summary of change) Change/time chart and discussion

omission may be due to the difficulty of articulating the inherent intuitive process found when researchers engage with qualitative data (Simons & Squire, 2008). Narrative interpretations are creative undertakings, stemming from cognitive processes used by the researcher in determining similarities and patterns in narrative text (Polkinghorne, 2007). The pursuit of interpretable content takes precedence over adherence to a set procedure. There is no escape in narrative analysis from interpretation and subjectivity (Arvey, 1998).

The narrative researcher does not know at the outset of the research project what will be found, as was the case in this study. There was a need to remain flexible in the conceptualization and approach to the narrative process. The two main challenges in narrative inquiry are the amount of material and the interpretive nature of the work (Lieblich et al., 1998). These challenges suggested the need for an analytic framework. If appropriately used, forms of narrative inquiry allow researchers to have a theoretical stance “while at the same time preserving the human quality of the interviews” (Gergen & Davis, 2003, p. 253). The process of encountering narrative is an interchange of responding to the person's words and then to the researcher's response to those words, with researcher response constituting their part of the narrative (Cottle, 2002). This response cannot be anticipated before the encounter takes place. The shifting nature of constructs found in narratives may also require that the beginning of the work be rewritten at the end of the process (Dauite & Fine, 2003). Literature on narrative analysis suggests that the research process be shaped to fit local circumstances, a consideration that proved to be necessary when working on northern-based, cross-cultural research. The

local factors that most affected this study were the distances covered in interviewing participants and the small population size of the communities. These two factors resulted in a single, extended face-to-face or telephone interview with participants, with the remaining contact and co-creation facilitated by phone and e-mail.

Three recurring issues in narrative inquiry are: (a) the relationship between the participants and researcher; (b) the movement of the orally told story of experience into text; and (c) the hermeneutic interpretative nature of the research (Moen, 2006). Chase (2003) reports that narrative analysis is based on two principles: (a) people make sense of experience, create and communicate meaning, and construct self through narrative; and (b) personal narratives are social in character. In analysis, the focus is on stories and the social character of the stories. The stories must be socially recognizable, have a beginning, middle, and end, and make a point. Narrative analysis involves how the participant interprets varied experiences and how the researcher goes about systematically interpreting their interpretations (Riessman, 1993). The relational component of narrative analysis includes the "reciprocal actions of teller and listener in beginning and ending a story and the listener's needs to encode and interpret it" (Riessman, 1993, p. 41). Interpretations of experience are themselves interpreted.

In the context of this study, the entire interview implicitly constitutes the narrative, leaving the researcher to look for the sequence of the narrative within the larger story and across the various smaller stories (Riessman, 1993). In the deciphering of themes, diverse stories from particular participants become generalized, with individual narratives at risk of losing their uniqueness and special connections (Gergen & Davis, 2003). This oscillating process of differentiation and generalization is an attempt to find the balance

between the “power of individual stories and the abstracted conception of the ability to tell versions of life events” (Gergen & Davis, 2003, p. 253). Addressing interpretations that miss the mark for the participant, due to the filtering process inherent in using a personal lens of experience or in participants’ later struggle to clarify what they meant after the fact, is an issue. The main problem in validity is in determining the relationship between representation and reality and reaching some level of consensus on what and whose reality is being represented and how accurately it is presented (Rhodes, 2000).

The narrative process requires transparency so that "readers can see how interpretations were derived and can imagine alternative ones" (Riessman, 1993, p. 42). There are no fully transparent forms that would allow the audience to experience the research experience as the researcher and the participants have (Gergen & Davis, 2003); such duplication is impossible. The responsibility rests with the researcher’s ability to interpret the experience in writing for the audience. This process requires that the researcher fully represent the relational, evolving nature of the interviews in the final writing, to avoid the pretense of firm and objective results, rather than temporally fixed and co-constructed in nature (Gergen & Davis, 2003).

#### *Three-Dimensional Narrative Inquiry Space and Holistic-Categorical Based Analysis*

Clandinin and Connelly (2000) suggest that the experiential quality of the narrative process can be viewed as a three-dimensional narrative inquiry space, consisting of interaction, situation, and continuity. Continuity in this context is the term used for the temporal positioning of situations, suggesting that “to talk of experience is to talk temporally” (Clandinin & Connelly, 2000, p. 417). Temporal experience, or “life in time,” includes the central structure of time in configurations of past, present, and future.

Interaction is defined as the intersection of internal and existential conditions simultaneously existing in personal experience. Situations are understood as not simply occurring, but as temporally and historically directional, with situation determined by continuity and interaction. This changing space is discovered through observing the dynamics of each role from the outside and living those roles from the inside: the interaction of the interviewee and the interviewed, the observer and the observed, the researcher and the participant. Stories in research are understood as relational interactions that take place in a specific place or context. Continuity of the temporal qualities of past, present and future is found in the presentation of stories.

In the analysis, Clandinin and Connelly's (2000) continuity component of the three-dimensional narrative-inquiry space was combined with Lieblich and colleagues' (1998) two-by-two model of narrative analysis as a framework for working with the helping practitioners' stories. The model is formed by the continuums of holistic-categorical and content-form, which refers to units of analysis. In the holistic approach, a participant's narrative is taken as a whole, with segments of text read in relation to other sections of the narrative. This approach is suitable for exploring the experience of people in a specific context. In the categorical approach, narratives are sorted into categories by sections using a line-by-line technique, with the goal of "formulating a picture of the content universe" (Lieblich et al., 1998, p. 114). The selected phrases express ideas about that universe.

Lieblich and colleagues (1998) report that the narrative story line is considered in the content and form continuum of the model. Content approaches focus on the subject found in the narrative while form analysis is concerned with plot structure and the sequencing

of events. Using this model resulted in multiple readings that help to make explicit the complexity and interconnectiveness of practitioners' experiences. In the analysis process (Figure 1), the focus is on context in experience through situation, interaction, continuity or temporality. Three phases of analysis were used in the attempt to understand the multidimensional qualities and complexity found within the participants' stories. The three phases of analysis resulting in three levels of interpretation: global (holistic-content, holistic-form); themes and metathemes (categorical-content); and temporality (categorical-form).

#### *Phase One: Experience Portraits*

In Phase One, the transcripts were checked with the participants who had agreed to read them for their input. Four of the participants requested the narrative summaries be sent for consideration rather than the full transcription. In the writing process of the first-person narrative summary, participants were asked to help find ways to protect their identity in their story and to be engaged in changes to the narrative in preserving their anonymity. Painstaking care was taken in removing or changing specific names or locations, and any information that would compromise the anonymity of the participants. Concern for participants' anonymity resulted in the text of the narratives losing some of the thick descriptions found in the interviews. The transcripts were then read for global impressions, with each narrative considered as a whole. Understanding of the whole narrative was necessary in order to understand the parts, with sections interpreted in context of others (Liebich et al., 1998). This reading was used to provide a holistic understanding of the principle research question: What is the experience of helping practitioners in isolated northern communities in working with traumatized clients?

In this phase, I worked to summarize what I heard as the participant's story, my interpretation or portrait based on the "acoustic images" (Vizenor, 1997, p. 191) presented and arranged by the participant in the interview. After multiple readings, main phrases and sections of the transcription that were most relevant to the principle research question were colour-coded. These sections were combined and arranged based on the presented topics and flow of the story, then edited and written in the first-person. My responses on the transcripts were carefully considered and phrases that were responded to by the participants were integrated into the first-person narratives.

The narrative summaries became experience portraits, working with my painting metaphor. Rather than use the traditional pseudonym as a title, a principle phrase or word from each participant's story that was representative of his or her story was chosen either by me or by participants who wished to engage in this task. In an effort to add to the evaluation of the study, the experience portraits were sent to a research colleague who had agreed to read the transcripts. It is assumed that no one knows qualitative data collected in a study better than the researcher who participated in the interview. The intent in seeking outside help was to have another person's perspective as to whether the voices of the participants were fairly portrayed and interpreted based on the original transcripts. The colleague then gave feedback on whether the "experience portraits" captured the voice of each participant found in the transcripts according to her readings and notes. She believed that the stories had been authentically portrayed and did not request any changes.

*Participant feedback.* At the same time, the experience portraits were sent to all the participants for consideration and input. In the drafts of the experience portraits, I

highlighted any words that I had added that were not on the original transcripts. In checking the analysis with participants, two asked that I reword things differently in order to make meanings clearer, illustrating changes in interpretations from the time of the interview. Three participants requested that certain sections of the experience portraits be removed because of concerns about anonymity. Two participants requested that information they had shared regarding residential school be removed due to their belief in the inappropriateness of them speaking on this subject given their cultural background. They both shared their beliefs on the need for cultural sensitivity, an approach that had allowed them to work in a cross-cultural setting for long periods of time. These changes transformed the original interpretations with some significance due to the loss of content. I had recorded in my research journal at the time of the two interviews that these sections of conversation were very honest, but left me feeling uncomfortable as someone who has worked closely with First Nations clients. When the two participants made their requests to remove these sections, I understood their purpose. In working cross-culturally in the North, helping practitioners need to be sensitive to how they discuss First Nations issues. Two participants requested a change to the title, choosing titles that had more personal meaning to them. Two participants asked that the grammar in their narrative summary be tightened up, and one participant did the editing for herself. Four of the participants requested that I not send the transcription to them for verification, stating that the experience portrait, or narrative summary would be enough for them to look over. Two of the participants replied that I was to do what I thought best with the interviews, both describing how busy they were with their work. One participant did not respond; the participant's e-mail was returned as not receivable, suggesting a move to a new

community. The revisions requested by these participants were then made to the experience portraits. Although finality is not possible in narrative inquiry (Arvay, 1998), the acceptably finished experience portraits are presented in Chapter 4.

#### *Phase Two: Content Sketches*

In Phase Two, a categorical-content analysis was used with the transcripts, with multiple reading for thematic process and the breaking of the text into smaller sections. Phrases and words that appeared to reveal meaning about the experience of being a helping practitioner in the North and answering the secondary research questions were selected, colour-coded, and then grouped conceptually. The categories were defined as they occurred in the stories, with sentences and phrases from all eight narratives arranged under the most appropriate heading. These groupings or categories became “content sketches,” small linguistic studies of meaning found within the larger experience portrait. Lieblich and colleagues (1998) suggest that the goal is to do justice to the complexity of each text, and the content sketches provided more detail to the broader portraits of participants’ experience. Selected phrases are defined as principle sentences that include positive, negative, and neutral statements answering the secondary research questions. The categories are broad, appropriate to the breadth of the research question, and were tied back to the context of northern practitioner experience. A research colleague was asked to check the grouping and specific categories for relevance to the primary and secondary research questions and usefulness to practitioners. Her input was included in the finished grouping of categories, with full agreement reached with the final ten categories.

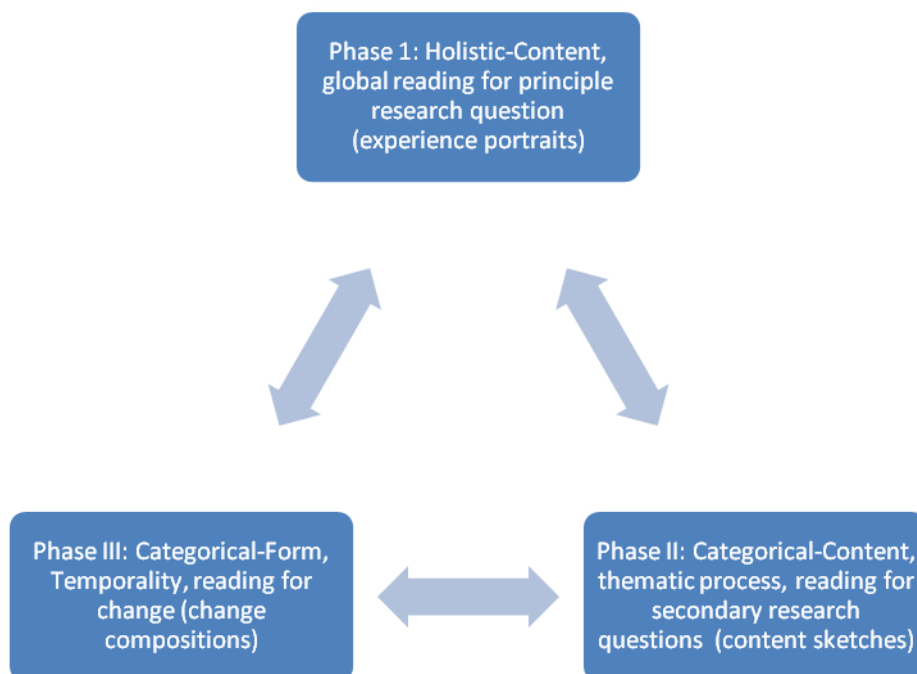
The categories were then analyzed for themes within the categories as well as metathemes across categories and themes. Given that the research focus was on the culture of northern helping practitioners rather than a cultural comparison between First Nations and non-First Nations, the analysis focused on commonalities across the helping practitioners. All the material in each category was considered, with the strongest and most meaningful statements highlighted. Each theme was titled with a quote from one of the participant's phrases found within each category. This quote was chosen as representing the meanings, patterns, or actions found within the phrases and sections from the participant narratives. The power and sacred nature of words is acknowledged by many First Nations people (DeBruyn et al., 2001; Salois et al., 2006), and this power suggested to me the need for actual quotes from participants to stand in the naming of themes. The metathemes emerged as connections and patterns found by the linking of themes. These encompassing patterns were heard through at least six of the individual voices in order for these patterns to be considered metathemes.

### *Phase Three: Change Compositions*

In Phase Three, the reading of transcripts was focused on the dynamics of plot, looking for action taken and aspects of temporality using a categorical-form analysis. For temporality, a two-stage model from the work of Lieblich and colleagues (1998) was used, with time presented as "before," "transition period," and "after." The interviews were read for participants' past, present, and future experiences, with sentences, phrases, and selections on life-in-time experiences colour-coded and selected from the main text. These selections were rewritten line by line in a table format and then summarized in a change/time chart. The headings used in the change chart included "when I began" for

past, “now” for the present, and “in the future” for future plans. These summaries were rewritten as short “change compositions.” In painting, composition entails working with elements for a background, middle ground and foreground. I envisioned narrative selections of participants’ past forming the background, their present experiences set against the past as middle ground, and phrases of the future arranged in the foreground. Mention of past experiences in participant stories led to what they see in the future, with the present acting as a bridge or transition between the two. Temporality of past, present and future can be viewed as mirroring a narrative construction of beginning, middle, and end. The change composition formed a link to the vicarious or secondary trauma question by indicating the effects on practitioners through change processes and the direction of that change.

*Figure 1.* Model of Analysis Integrating Lieblich et al.’s (1998) Narrative Analysis



The three-dimensional space approach allows a wider, more holistic interpretation of participants' stories, an approach that fits the focus of the research question. Through analysis consisting of temporality from the three-dimensional narrative space model (Clandinin & Connelly, 2000); the framework of narrative psychology was integrated into the process, with life considered in time. Helping practitioners' narratives were viewed as ways of reconfiguring a sense of order from their experiences with clients' trauma and their own trauma, making explicit any changes in beliefs resulting from these experiences.

In the initial research plan, the context of work and community that emerged from the narrative interviews was conceptualized as combined in the development of a fictional, yet representative northern community in which to place participants' stories. Due to concerns for the need for anonymity of the helping practitioners, their clients, and their communities, such a description was revised to a general description of the various settings. This description is included in the introduction to Chapter 4, setting the context for the experience portraits.

#### Evaluation of the Study: Integrity as a Goal

##### *Validity*

The search for legitimization and representation in qualitative research has resulted in on-going discussions on appropriate criteria for evaluation of qualitative inquiry (Pillow, 2003). The main point of reference in evaluating quality and validity in qualitative research is that "any notion of validity must concern itself both with the knower and with what is to be known; valid knowledge is a matter of relationship" (Reason & Rowan as cited in Lincoln, 1995, p. 286).

Validity in narrative analysis is viewed as a process shaped by culture, ideology, gender, language, and other factors (Atheide & Johnson, 1998). Validity in qualitative research is not definitional but rather a prototype concept with degrees of validity instead of one claim as to whether a study is valid or not (Polkinghorne, 2007). Narrative changed to text moves from its moment of origin and enters new interpretive frames, moving from the initial situation to relevancy in other contexts (Ricoeur, 1981). No static truth is presented leaving the final narrative open to interpretation (Polkingham, 2007). Validity or truth taking are found in the form of belief; true stories are those that are believed (Polkingham, 2007; Ricoeur, 1981).

Polkinghorne (2007) suggests that threats to validity in narrative research are found in the inadequacy of language to represent participants' experienced meaning. The disjoint between experienced meaning and storied description has four sources: (a) the limits of language, (b) limits of reflection in understanding meaning outside of awareness, (c) the resistance of participants to reveal complete felt meaning, and (d) the complex nature of the co-constructed of texts. Gaps occur between personal reality, lived experience, and expression (Moen, 2006). The language of narrative is symbolic in nature and therefore cannot hold or describe all the facets of the experience, "always seeking to capture something that alludes it" (Frosh, 2007, p. 641).

Researchers may question whether validity of a researcher's interpretations can be affirmed by a participant, due to the changing, evolving nature of meanings from experience (Riessman, 1993). Validity in this context stems from intersubjective judgment; consensus reached within the community (Polkinghorne, 2007). In this study, the community consisted of the participants, the community advisors, and me as

researcher. Sending the analysis to the participants for validation was one of the most important steps in the process for clarification, verification, and direct participant involvement in the analysis. The analysis was principally about honouring and presenting the participants' meanings from their experience. Through the validation process, the various meanings were clarified, which strengthened the research.

With the self as the instrument of understanding in narrative inquiry, the concept of validity is also viewed as a reduction in personal bias (Clinchy, 2003). The human tendency to see the other in self's own terms requires extensive self-reflection in the process of "fine-tuning the instrument of [narrative researchers'] subjectivity in order to increase the chance of empathic resonance" (Clinchy, 2003, p. 42). I had anticipated at the beginning of this process that I would have to engage with the participants and their stories with acute sensitivity to personal bias due to my similar background experience. Before and after each interview, I made notes of both my preliminary thoughts and key points in each story that stood out and suggested important meaning. From the first interview, I was assured as to the uniqueness of the experience as interpreted by each helping practitioner and to the differences in personal meaning offered in each story.

#### *Criteria for Quality*

Evaluative criterion is relational in character, based on the concept of fairness, reciprocal learning, democratic sharing of knowledge, and social action (Lincoln, 1995). Standards for the evaluation of quality in qualitative research listed in Table 3 are found in the researcher's relationship to participants, in descriptions of personal, professional, and political stances, and in the ability of the research to foster action and promote social

justice. Quality research is conducted to “contribute to a process of continuous revision and enrichment of understanding of the experience” (Lincoln, 1995, p. 278).

### *Authenticity*

Authenticity, or transparent research text as described by Lincoln (1995), includes criteria of attention to voice, reciprocity, sacredness, the sharing of perquisites of privilege, and critical subjectivity. Results are not presented as generalizable because particulars are context dependent, and no claims can be made of universal truths, which fit with a social constructionism orientation. Texts are clarified as always incomplete and socially, culturally, historically, and racially located. Authenticity or honesty rests in

*Table 3: Evaluation Process*

Evaluation Quality	Process
Authenticity (transparency)	Description of personal, professional, political stance throughout research process and within the dissertation
Voice	Process informed by northern practitioners from pilot study, focus on participants who have not been featured in research, future dissemination to a wider audience
Reciprocity	Personal engagement with participants, sharing counselling information, personal and professional resources
Sacredness	Collaborative, egalitarian, respectful engagement with participants, writing for justice, checking transcription and analysis with participants, virtues of fidelity and care towards participants
Sharing perquisites of privilege	Debt to participants acknowledged in research interviews, in the final writing, and in future writing
Critical Subjectivity and Reflexivity	Degree of on-going personal awareness through reflexive engagement with text, field notes

the transparency of the researcher’s position and the research text. The community also serves as an arbiter of quality. Research takes place in various communities and is

addressed to those communities. Research must demonstrate broader implications than in the past, providing service to community rather than serving the community of knowledge producers. Research becomes a community project, with quality linked to social consequences. The goal of this research has been to feature the voices of northern practitioners, and through this process, to serve the community of helping practitioners who support clients under similar conditions.

The steps taken to achieve authenticity in this study include the description of my personal, professional, and political stance within the dissertation and the sharing of that information with participants in the interviews. Participants were also sent the transcripts of the interviews and their experience portraits in order to better understand the analysis process.

#### *Voice and Reciprocity*

Criterion of voice includes attention to who speaks for whom and for what purposes (Lincoln, 1995). Qualitative researchers are encouraged to seek out those who do not have access to academic venues and who are silenced in some way (Lincoln, 1995). I take a slightly different stance on the concept of voice in that it is a privileged concept to consider that the researcher “gives” participants voice. Everyone has a voice; it is a matter of who is listening and how to get those in positions of influence to listen. The criterion then becomes one of how best to work in order for multiple voices to be heard. In order to meet this criterion, this research inquiry was informed by the information or “voice” from the northern practitioners from the pilot study. This study is also focused on participants who have not been featured in the research literature, and the results will be disseminated to a wider audience in the future.

High-quality, rigorous qualitative inquiry also includes some aspect of reciprocity in the form of personal relating (Lincoln, 1995). The researcher is aware of and describes the level of sharing that occurs within the researcher-participant relationship. Reciprocity was a very important quality in the context of the cross-cultural nature of northern research. Reciprocity is an inherent quality found in many First Nations communities, often entwined with spiritual orientations (Salois et al., 2006). In this study, the reciprocal ways of small town northern practice resulted in my sharing professional and personal knowledge with the participants, from interventions for youth at high risk to career and academic information. This type of sharing was done at the end of each interview at the request of participants or in answer to their questions and did not influence the data that was used in the analysis. What was shared depended on the specific request. The quality of reciprocity is expected in the North and will be carried forward in dissemination activities and in future work that I will do in the North. “Giving back” is one of the guiding beliefs that continues to determine my path as a practitioner, counsellor educator, and researcher.

### *Sacredness*

Sacredness is emerging as a criterion in qualitative research, and refers to the spiritual character of quality social science (Lincoln, 1995). This spiritual aspect is found in the concern for respect, human dignity, and justice through collaborative, egalitarian engagement in the research process (Lincoln, 1995). The level of collaboration with participants in this study was very strong during the interview process and during the analysis, in accordance to participants’ energy levels. I believe that the spiritual aspect was present in the quality of respectful engagement between the participants and me.

### *Sharing of Perquisites*

The criterion of sharing of perquisites of privilege is related to the concept of respectful engagement. For this criterion, the debt that researchers owe to the persons whose life they portray is acknowledged. The acknowledgement of indebtedness is suggested as a covenantal ethic in research (Salois et al., 2006). The advantages of prestige or advancement to the researcher in the academic world based on participants experience are evident to the researcher, but in quality qualitative inquiry, should also be clear to participants and the general audience (Lincoln, 1995). At the end of each of the interviews, I acknowledged the debt that I owed each participant related to the sharing of his or her story, an acknowledgement that will also appear in all written work and presentations. Several participants addressed this issue by requesting that I share their stories in the hope that they would benefit others and reach a wider audience.

### *Critical Subjectivity and Reflexivity*

Critical subjectivity consists of the ability to reach a high level of awareness (Lincoln, 1995). The process of reflexivity is the tool used to hone this ability. The concept of double hermeneutics, as the researcher attempts to interpret people who themselves interpret the worlds they experience, is key to the reflexive process (Prus, 1994). Participants are not only interpreting their world, but through the research process, as in any other social interaction, they exchange and recast their interpretations as they interact with the researcher (Prus, 1994). Participants come into the research process as interpreted beings through the ability to reflect and self-narrate (Cortazzi, 2001).

Reflexivity is considered to be the defining feature of qualitative research, resulting in less authoritative and more self-critical texts (Finley, 2002; Hertz, 1997). Reflexivity is

defined as explicit self-awareness of the researcher's influence on the research process through location of self; a deconstructing of the research encounter through a meta-analysis of how researcher intersubjective elements transform research (Finley, 2002; Hertz, 1997). The basis for reflexivity is the point that how knowledge is acquired is relevant to what claims are made (Pillow, 2003).

Reflexivity differs from reflection in that reflection does not require a relational interaction. Reflexivity involves awareness of a self-scrutiny process and the involvement of another (Pillow, 2003). Reflexivity helps to bring varying degrees of transparency to the research process, with the potential for enhancing trustworthiness and accountability by unmasking ideological and political agendas in the writing (Finlay, 2002). A high level of self-awareness in the research process helps to make transparent the construction of knowledge in order to help evaluate the quality of the analyses (Pillow, 2003).

One of the challenges in reflexivity is in maintaining an "on-going conversation about experience while simultaneously living in the moment" (Hertz, 1997, p. viii). Another challenge is in finding the balance between the deconstruction process and in going so far as to lose all meaning (Finlay, 2002). Self-analysis gone wild can be interminable, resulting in pre-occupation with personal reflections at the expense of participants' stories and potentially blocking their voices (Finlay, 2002). One of the challenges for me in the research was my status as an "insider," someone who has personal and cultural insight into the experience studied. My insider status allowed me to build rapport with practitioners and may have allowed me access to practitioners who would not have agreed to talk to me if I did not have awareness of their work context. In order to ensure trustworthiness of myself as researcher and to establish authenticity in my

analysis, I deliberately put aside my personal interpretations of my practitioner experience in the North during the interview and analysis process as I would put aside my personal beliefs and orientation when I enter a counselling session. The work done on my self-analysis of my helping experience ensured that I had awareness of what story was mine and what story was that of the participant. Using reflexivity, as an insider I attempted to be aware of and document moments during the field work and analysis that resonated with my own experience. Differences in experience were more straightforward than similarities, echoing the adage in counselling ethics that more self-awareness is required when decisions come easily to ethical dilemmas than to those that are more difficult to make (Pope & Vasquez, 2007). It was the occasions when I found myself looking for similarities in others experience that had the potential to be problematic in the analysis (Pillow, 2003). By finding a balance in reflexivity, the participants' experiences added to my understanding of my own experience, which heightened my comprehension of their experience.

The final evaluation of this study as serving participants' data with rigor and authenticity rests with the use of multiple lenses in the analysis, multiple hearings of the recordings, use of community advisors, checking interpretations with informed colleagues, constant referral to reflexive journal writing, the putting aside of my own experience in the interviews and analysis, and most importantly, participant feedback. Validity is found in the intersubjective agreement of this study's community and in the work's relevance and believability to others.

*Insight*

From the years of working in an isolated location, I have developed a great appreciation for the saying, "We are all in the same world, but each of us makes different sense of what we see" (Ivey, Ivey, & Simek-Morgan, 1997, p. 2). The value of different views and interpretations of events and situations is obvious in small communities. The opportunity to sit down and interview the front-line helping practitioners in the pilot study provided new insights, perspectives, and beliefs on multiple traumas and the isolation of many support workers in dealing with such interwoven and complex issues. These new perspectives and understandings grew exponentially through the interviews with the northern helping practitioners.

Tuhiwa Smith (2002) describes research as a partnership, and a process that is inevitably political, one that needs to be carefully negotiated, with possible outcomes thoroughly considered at the beginning of the process. The literature reviewed as part of this study and my three decades of experience in the North have contributed to my ability to negotiate and maneuver through the complex and sensitive issues contained in this process. The use of reflexivity has helped me in my attempts to avoid the minefields of over interpretation and identification that are the shadow side of those thirty years of experience in the North.

This research has resulted in a personal map for me as a researcher through challenging terrain; a map informed by other research but a tracing of none. Through fieldwork and each interaction, another section of the map was surveyed. The quality of the process of map-making was equally as important as the map itself. It was created in the spatial metaphor of the "third space" (Jordan, 2002), a co-constructed space. The

quality of research I aimed for was “ethical, respectful, reciprocal, commensal, and joyful rather than alienating” (O’Riley, 2003, p. 41). It is my hope that the personal interactions between me as researcher and the participants, analyzed in Phase One as the experience portraits, hold adequate levels of all those qualities. O’ Riley (2003) writes of the need to be stunned into silence in order to bring a degree of clarity about being in the space where experiences go unknown, where no story or participant is appropriated in the quest for sameness. Though I have read the transcripts and experience portraits multiple times, I find myself sitting in reflexive silence at the end of each reading, absorbing new meaning from each unique voice. The quest in this study is one of particularity rather than sameness.

## CHAPTER 4

### Experience Portraits of Northern Helping Practitioners

#### *Phase One*

*What is the experience of helping practitioners in isolated northern communities in working with traumatized clients?*

In Phase One, a holistic-content, holistic-form analysis based on the work of Lieblich et al. (1998) was used with participants' transcripts. The transcripts were read for global impressions; with each narrative considered as a whole. Understanding of the whole narrative was necessary in order to understand the parts, with sections interpreted in context of other parts of the narrative.

In the holistic-content approach, main phrases and sections of the transcription that were most relevant to the subject matter of the principle research question were identified and then colour-coded. Throughout the text, I worked at addressing the anonymity and confidentiality of participants, removing or changing identifying information. Main topic selections were moved and arranged in order to provide clarity and coherence to what I heard as the participants' meaning, using both the recording and interview notes for reference.

In the holistic-form approach, the transcripts were read for plot structure, sequencing of events, and identifying voice elements. In this approach, I worked to understand and present the plot order and flow of each story, deciding where to move sections of text and where to break paragraphs. One of my goals in this analysis was to retain the unique content of each story and the unique voice. In order to accomplish this, I selected and identified participants' voice presentation and intonation, referring back to the voice

recordings. Favourite words and ways of phrasing were recorded and then referenced in the writing of the first draft.

These two approaches to analysis resulted in a first draft of the narrative summaries, which were presented as experience portraits. My participation and direct voice in the transcripts were carefully recorded on hard copies of the transcripts. The first draft was sent to each participant and to my research colleague who had read the transcripts. The feedback from participants was incorporated into a second draft. Some of the experience portraits required further work to ensure anonymity, resulting in a third and final draft. The experience portraits were edited and written in the first-person.

The helping practitioners who have shared their stories work in a variety of northern communities. In certain community settings, lakes and rivers define their existence, others are found deep in subalpine forests, and a few communities suddenly appear at the side of long gravel roads. The communities are found in surprising pockets of inhabitants in vast landscapes of mountains, hills, and endless trees. In the winter, the long stretches of road are travelled in adverse conditions, and in the summer, wildlife and biting insects share the landscape.

The practitioners include long-time northerners, with years of living and working in the North ranging from seven years to over 40 years. All of the practitioners work with clients who have experienced trauma, both First Nations and non-First Nations. For some of the practitioners, their clients were predominantly all First Nations clients, while others described their First Nations clients as making-up one to two thirds of their client population. The practitioners have experience working in drug and alcohol counselling, probation work, family support work, youth work, domestic violence work, mental health

professions, health professions, and community counselling. The practitioners include both men and women, First Nations and non-First Nations, community “insiders” and those who come from outside the community.

The reader is invited to hear the summer sounds of the North as the experience portraits are read, the sounds of waves pounding the shores, float planes landing and taking off, ravens calling, the hum of mosquitoes, and much needed rain. The experience portraits are respectfully offered here as co-constructions of their experience, and as testament to the practitioners’ commitment and compassion. It is with deep regard that I present the experience portraits: *Believe, Connected, The Pool, Porous, Life Role, Small Town Helping, Holding the Good and the Bad, and Laugh or Weep.*

### Believe

I was a drug and alcohol counsellor, working with children and youth. It was considered to be a critical time to have a drug and alcohol counsellor on board because of the initial use, the big spike in use around grade eight. So they wanted someone there before they used and during their first use, for those that got in trouble. A lot of the work was prevention and intervention. I always used to say I got in the way of a lot of fun times. And they gave me a title and I got *everything* drug and alcohol related. I did groups for children of alcoholics, groups for kids of divorce, and groups for high-risk kids. All the children went through five little sessions, all of them and they were released from class to do this. The nice thing was then I knew them and all of them had connections as soon as we could when they entered the school with the helping person. So that helped to build a relationship. I had a nice big office and I kept real animals in there and stuffed animals. So my office was the place where anyone could wander in and

out of. I think in some settings that is really important, the kids haven't branded me as anything but the "pet lady." I think all of this helps people get over the hurdle of coming to see me, whatever was going on.

I did drug and alcohol work and I really, really loved it. I had supportive people around me although no one else was doing just what I was doing which is always very hard. But they helped me by sending me to conferences so I could be with people who did what I did. I think to work in any isolation is a kiss of death to your soul and everything. You have to have lots of contact with people who are doing what you are doing as much as possible. That part was hard, that part was very hard and I got so excited when I could find someone doing what I did. But I really felt important because there are so many needy kids. Rather than getting bogged down, I was really grateful I was there. I have even thought it was a really good thing I was there. It was not that I could see any difference I made, I could see their need. I was so glad I was there whether I did anything. I am not sure what anyone really does but be there. I'm not sure anyone does that much, just being there and being approachable, showing them alternatives, and feeling their trust. A lot of these kids had trauma in their backgrounds, lots of trauma. Every issue, just every issue.

We can get used to a certain level of dysfunction, especially in isolation. We just assume it is normal. As far as dysfunction goes, the most wonderful line from training I ever got said, "Ninety-five percent of all families are dysfunctional, and all of us take our turn in the five percent." And that was sustaining in my work and all my life and in all my relationships. The other one-liner from training that kept me going that I wanted to tattoo on my forehead was, "If you think you can fix someone, you are sicker than the

person you are trying to fix.” That was sustaining, totally sustaining. So I am a very simple person and if I get a few things to hang onto, I’m fine. There is another thing along the way I learned that I think is enough to keep going in this work. I take a piece of paper, draw a line down the middle, put the pluses on one side, minuses on the other and every interaction in life we have will go in one column, so you keep track. All that matters when the last bell rings, is that there is more in one column than the other. So when it comes to working with kids, a few more pluses in this column than the other, a couple more interactions on this column. It’s sustaining.

I find the hardest thing of all in the work, is when you are working in smaller communities, many of us end-up being gatekeepers and we don’t have any good reason to be. That’s the biggest downside of the whole process: you don’t have a place you would like to refer someone to. That’s the absolute worst...that’s absolutely the one thing to stop your soul. There’s no one to refer them to and no one you trust: nobody, no agency. That’s the downer. It’s just awful, you feel awful and you have to realize it’s not your fault. And that’s something that can make you angry, angry at the world, angry at funders, angry at a lot of things. I am not going to be the gatekeeper because there is no one. We just have to look at the times when that isn’t necessary, but it is really painful when it is necessary, when someone says, “I am completely ready for the next step, what do I do?” And there is nothing, no one. That would be the hardest part.

I believe that the other hard thing about my job has to do with how it changes you. When you are a helping person it changes you and it changes your life. And when people know what you do, it changes their perception of you. I got a lot of it on airplanes until I got smart enough not to say what I did when people asked what I did. It was like putting

on the Roman collar. I found that the idea of being a helping person was spilling over into my life. After you've done it for so long, it becomes a part of who you are. Whatever your job is, it becomes a part of you. I have a wonderful relative who is a lawyer who keeps taking dispositions in normal conversations. My friend who is a doctor, he says very little. And people think they know him so well and they know him so well because he makes it comfortable because he never says anything. He gets them to talk and to some degree he's lost the talking ability because he's spent so much time listening. I said to him, "You take the best intake interviews." That's what he has done all his professional life. One of my beliefs is be careful what you do for a living, it is really going to influence who you are and how you relate to everyone. Which is probably fine, but I think is something people need to be aware of. Do you want to take dispositions or intake interviews for the rest of your life?

When I retired, I found that even in my normal intercourse, being a helping person was a really big part of me and I didn't want it to be anymore. I just wanted to be a person. In order to get back to being a person, I had to be really conscious about what I was doing, not jumping into some situations, let some situations go, take someone cookies and get a giggle instead of being a more active helper. I just wanted to be a friend. I think it is something that kind of needs to be acknowledged. I have a good friend who was professional helper and I hadn't seen her for awhile. I realized a big part of her identity was as a helping person and when she is not in that position, she doesn't have a clue about her identity. Everybody adores her, what a way to be adored. She is so good, she is such a good person, she has done all these things but she wasn't just a person anymore. I think I'm pretty there...just being a person. I want to relate in my life as a

person, I don't want to relate as a helping person. It became a part of who I didn't want to be anymore because I didn't think it was healthy for that to be such a big part of me. I wanted to be all kinds of other things. I don't know, maybe it is protective. It's such a pitfall, like quicksand for helping people who have the identity. I suppose when you see someone take a turn in their lives because of their relationship with you it could be exciting. But they did it, you can't do anything. I guess you say, "I was grateful I was there" when they needed someone, it could be anyone. They needed someone, they had to have someone.

And that was good. You got into a lot of stuff with staff and kids. I think having watched it; this curriculum was really cutting edge for that kind of thing. I am not sure about a whole lot of it now. I was reading something that really hit home with me about self-esteem. I really believe now that self-esteem is something most often given to yourself for a job well-done. It didn't come from some of the things I was using. It is about internal sources. I was reading about employers having trouble. It seemed like the most important thing to the people they hired was self-esteem, that you had to go running through the aisles, praising kids, telling them they were all right period. Well, you know it has to do with their behaviour and their personal accomplishments. After being in that field and doing those things, I wouldn't take that tact now. I would be sort of hard on the kids. I would ask a lot of them, I would ask them to praise themselves for something they do. "Good job, keep it up, good job." I wouldn't have anything to do with that. I would happily use a red pencil, happily help them polish their work, happily let them stand tall when they had polished their work. I wish I could get back into it in a way. The world has changed and you see what has come of this: "Such a good girl". You know that's how

you train your dog. And I am not sure that is how you train your children, especially kids who have had tough experiences. Some of the things I liked best were working with the tough love little work books. You say to kids “Your parents are divorced; your mother is an alcoholic. You can use it as an excuse all your life. It’s a great excuse. But on the other hand, you can deal with what is, where you are going and who you are.” I used to say I did more work in the grocery store. And who did you see in the vegetables this month? There is so much work in the vegetables. People will talk over vegetables and more things happen, this is the thing. I think it is neutral ground. It’s not the person; it’s the vegetables...every time. Not the bakery, but the vegetables. I think it is the ripening process.

I also felt that I would get a Nobel Peace prize if I could figure out how to break the victim cycle and the victim stance. What we have done in the last 30 years is create victims and entitlement, and I think it is sick. It doesn’t help a thing. People need to be self-reliant, and have problem-solving skills; people that have some power over their lives, that’s changed in my thinking. If I had another life for 20 years and the stamina, I would change a number of things. I would go back to school because you have to have a degree and some letters by my name. I would have to have some more letters so someone would listen to me. And then I would go back and teach vocabulary building. I would teach vocabulary building as a way to better mental health. I can say to you, “I feel bad”...so what? If I have a command of the language I can tell you what’s really going on, without words, I cannot. To get well and be well, people need self-talk and if they have no more vocabulary than just, “I feel bad” there is no way that they are able to move on with that kind of vocabulary...to move. So that is what I would do, I would go

around the world preaching better vocabulary for better mental health. And to some degree, that is what they call linguistics. But I would do it in a clearer, neater, more one-two,-three way rather than the back way of linguistics. I would say, “Hey you guys, let’s figure this out.” Simple vocabulary building, simple love of the language. What’s really sad is that I wanted to do that for 30 years. I read in the Globe and Mail about what is happening to the English language due to all the computers and the short talk and all the rest. The language is shrinking greatly so that is kind of alarming; it’s diminishing. This led me to think about in the cultures of the North. I learned in a workshop here that they are tracing a loss of language in First Nations cultures to a loss of everything: land, culture, and everything. When language goes, everything goes ... and it is one of the first harbingers of going. Without language, kids won’t be able to find their way. And then from the kids, it moves into economics and moves into the rest of the world.

My work has changed me in many ways, especially with the teaching part. It was very good because you cannot teach risk-taking behaviours and problem solving without changing yourself. I think those years of helping day after day really changed me as a person because you can’t do that all the time without changing. I am a stronger person, a more understanding person. I am willing to try alternatives. I think it makes you more aware of the alternatives and just by accident, I would apply them in my life. I think people today are afraid to let people take actual consequences. Whether it is your kids or the schools’ kids...maybe it doesn’t have to be this way, what could you have done differently?

I was able to do this work for so long because I liked it, because it was fun. And a lot of these kids have big bodies so their parents think their work was done. I used to say,

“You can only stay home with your child once.” I say to parents, “Drop everything you do.” I see kids now as so needy. The attitude they have in the 8<sup>th</sup> grade is the attitude they carry forward. That is when they need you desperately, when they see their parents go away. This is parents’ job; their job is not to go away...to be very, very there.

I used to say to people when they asked how do you do this and I said, “Well you have to take the Tinkerbelle approach.” The Tinkerbelle approach is, “I believe. I believe.” You never quit believing, never ever, no matter what is presented to you. No matter what this person presents to you, you have to believe. That’s why I call it Tinkerbelle. I believe I make a difference, I don’t know when, why, or how, but I really believe. If you can catch onto that, you are fine, just fine. And then you can do it. You can do it for a long time because you believe it. I hear a really tough story and I go, “I am so glad I was here to hear the story.” I believe something can change.

In this type of work, you can’t measure it, you can’t count it, and you won’t have statistics. I always was optimistic; I just figured if I got in the way of anything that felt good I was successful. I retired because they cut money from my program, so I called it. I was really sad that the program was gone because I had worked so hard. And I learned so much in this community, although sometimes a tragic community. The main thing is seeing a kid do well. “I knew you could do it.” I would say, “I know what you put up with, other people don’t know what you put up with. I see you here and I am really proud. I know what you did.” So that’s it, that’s all I know.

### Connected

I was born close to this community, and it is interesting, the idea of calling it an “isolated” community. It is all connected, perhaps not physically except by the road, but

more spiritually...well that may not be the word for everyone, but historically, ancestrally. I have always said that you cannot separate First Nations people from the land, their historical part of the land. It is in the blood, the genes. This is where I come from, where generations of my family come from. So the idea of being in an isolated community doesn't fit. We have just ended up here for all kinds of reasons, some known and some not. It is an important connection and one that is being talked about more and more. I think that the connection is what allows my community to go on despite set-backs, residential school abuse, and loss of land. It has a healing power. You can see it when the youth are taken out on the land for trips. They really change. I think the change has to do something with how much we have lost from a cultural perspective. It is when you talk to elders that you realize how much we have lost. In my own community, we have fought hard to retrieve as much as possible, especially from the elders. But we are losing so many of them and once they are gone... When the young people go out, I think they feel that connection, they know something is there. When you see old sites, or the trails, marks on the trees...it is very powerful; it is part of that connection. More so when you consider all the arguments against land claims, a lack of acknowledgement in some areas as to the history of these communities. Signs are all around us. So whether we are able to say exactly this was the way or this was done, the youth know they are a part of something very old and very connected.

I am a drug and alcohol counsellor, but my job within the community is much bigger, broader. I am involved in different groups supporting the community, especially supporting youth. I returned to the North after working in southern communities for years. It was a very different life. My own recovery and healing is what brought me back.

I had carried a weight for years and years, what happened to me in residential school. I have done a lot of work in that area. I think people will talk with me because I have a similar background...I understand. Before I went through my own healing, I tried to fix this about me, or deal with this problem, thinking it was the problem, trying to fix something in the people around me. But getting to the real trauma is hard...you spend your time putting out these small fires, all the time another fire, and you still feel bad. You have to get to what ignites everything and that is residential school history.

Sometimes it is as if everyone has been affected, at least three generations. I try to make that point when I give talks about the extent of the effects. For non-First Nations people I simply talk about someone coming in and taking their children. That is all I have to say, or should have to say. You break the family like that and it just goes on. You lose the people that taught, the connection to the people that knew what you should do, how to live, and those kinds of teachings. And the pain. How can it be a surprise that people will do everything to avoid the pain, the memories? So you have scarce or no teachings. The link is broken. People do not know what to do and they are filled with pain. Anything that will stop the memories and the pain. Alcohol has served that purpose. Anything that will get people through the day or the next hour. Just acknowledging that there has been so much pain, so much trauma. Otherwise people sometimes think it is just them, something about them. Of course that comes into it. I am always working with people to have them look at what they are responsible for so they see they have power...or take back some power. We are now hearing more people telling their stories of residential school. I think because of the level of sexual abuse, it was just so...shameful, who could they tell? And now with the settlements...it is not always good. As if any amount of money can

compensate for that type of treatment and loss. I don't know...the apology may be more important but it is all so late. I see people going through the money, and then like dry drunks, what is left? There is nothing. You might buy new things, like a new truck, but things get old, run-down, need repairs. Some people think it will get better, that the money will make it better. And for some who have more understanding of the effects of that experience, maybe it will help, I don't know.

I think that is true, what you shared from the other counsellor about the myth of revenge, the myth of compensation, and the myth of forgiveness. We want to find something. It is the same thing as wanting the pain to go away, by using alcohol or drugs. There has to be something that will make people feel better, there just has to be. But a lot of people are not ready or willing to do the work to get through the small fires to the heart, the source of the pain. Healing takes work. You have to understand that it is a fight to clearly see what has happened recently because of what has happened earlier. To get people to this point, I am very honest with them. I am better at helping people if I can be really clear and honest, my mother was always big on that point. I tell them my story, I have told it many times so I will not tell it here, to protect my identity and that of my clients.

I think many people, by the time they are dealing with me, they want to make some kind of change; life has gotten too hard. I also get mandated clients and that is different, but even those people are often ready to look at what has happened to them and why. With some of the young clients, I think they have gone along with some stereotype of not being successful, that somehow they are just messed-up, their family is messed-up. I really started to work with some of the people in understanding PTSD, and in trying to

show them that some of the things they were doing or the way they were acting or behaving is because of the trauma, how they react to the trauma. I have learned that you have to get people to deal with the trauma before they can face their addictions.

Otherwise treatment does not work.

The intergenerational problem is enormous. Bits and pieces come down to the next generation but it is not always understood or apparent where it comes from. There is the pain from all the historical oppression and targeted racism; it just gets wound up into everything, every family that was affected and all the children and grandchildren. I know it is better in some ways now, but I am not sure anyone who is not First Nations or not from another ethnic minority knows how much discrimination and racism is faced by the people I work with every day. Just go to see what goes on in stores, on the street. I recently had to take a client to a medical facility outside the community and I found it there, you know, just another drunk. It is not always directly said to you but you can feel it and see it. I am not giving up on the fight against racism. I practice respect, my mother taught me that no matter how angry I was to show respect. But I don't know, it is everywhere. There is so much anger, but it is how you use that anger. My anger used to be consuming but hidden. I think I turned it more on myself. I did turn it into myself, on myself. Now with the work I do, I have somehow channeled it to help others. I work with non-First Nations, and many of them are good people. They are trying to understand and they are trying to help. But they cannot fully understand. A lot of the work being done is with First Nations workers, work done within communities by community members. It is strange to think that in our communities where we have dealt with so many problems and tragedy that outsiders would think we would not already be working on these things and

have been for a long time. It's still that colonization mentality like we have to be helped, have to be saved.

I have been asked before if I see a time when the effects of residential school will lessen. If you have ever cut a tree, the rings show the growth. In the good years, the rings are wider and even. If there is no water, if the tree is stressed, the rings are hard to see. Sometimes heavy snow or damage to the bark will change the shape of the rings. That shape takes many years to become round again, so back to the circle, the wheel. With each generation removed from directly experiencing residential school, the rings are rounder, a bit wider. What has happened is also like flattening, distorting a wheel, it doesn't roll easily. It takes so much time and so much awareness. It takes courage. We still survive despite all efforts made against us. Whether the rings will ever be as wide and as round as they were before colonization perhaps there has been and is too much racism and oppression for that to happen unless things change.

There are so many stories of renewal and resistance within this community and other communities. There are powerful people all around here, people with personal power and knowledge. Some of the elders have so much to share. Some of them complain that the youth don't seek them out, but many do. My mother was an important elder and was such a guide to all her children and many others. She has been gone for years but is still missed. There is something almost every day that I remember her saying or teaching. She suffered a lot in her life, but what she was taught by her own mother, it was enough, it got her through everything and she passed that wisdom along. I share her stories with my son and the circle goes on. This is really how it works, why it works.

Before I returned to this area, I would make trips home over the years, but as my mother got older, I spent more time and then stepped into this job because they were desperate to fill it. I have been here now for many years. I did leave the job for a few years. I had differences with the way the manager wanted to do things. I used to work in my position in the more traditional drug and alcohol way, refer people out for treatment, patch them up, and do workshops. I learned from my own experience that you have to face the big issues, the pain issue, and all the denial. I can say that every person I have worked with who has a dependency problem has trauma in their life, past or present. I have heard hundreds of stories of sexual and physical abuse, hundreds. I had to find a way to help people acknowledge what had happened to them but then work at what they could change. I try to help them find something, some way to move beyond where they are.

I had very limited training when I started, but I had the experience. You really learn from the people, and I try to work with other helpers. I almost gave it up at the beginning because of a client, a young man who made an almost successful attempt. I felt helpless, I knew how much pain he was in and his situation, I knew all about his background, lots of foster placements. I would sit with him and hear him and not have words, I didn't know after awhile what to say. It was the worst feeling, you just feel it in your gut. So when he attempted, I just took it on. I know now I could not have done anything to make a difference, to have changed what he did, he was drunk at the time. And we can say all those things but it is how we feel when faced with something like that. Here I was, the helper, I am suppose to help, I am suppose to find the words...the words that are going to

stop him, keep him going. It was so bad. I almost quit, I couldn't imagine going through that again.

My work here has changed me, many things have changed. When I worked in my old career, it was very clear, straight, and then I would come home. Nothing much to think about from work, nothing to haunt you at night, or worry about. I am not a religious man, but I am a spiritual man. I try to find, make peace with the spirits, the memories of those gone, but I am also haunted, I guess that is the word, by some of the losses. Maybe it is fear of losing anymore, of me or the community being able to handle anymore grief. I find weekends difficult sometimes, because I know what goes down, I know who is likely to go over, go too far. When you live in a community or reserve, despite all the politics and family issues, we are connected, it is still us against all the outside forces. Every person, every child is valued. We are trying to make things better, but it doesn't always work. I am under a lot of stress because of my job. People just expect that I can keep people straight and sober, keep them safe, and keep them alive. There are power issues and politics here, what organization doesn't have that? It is just so different than the work you probably did. I am related to many of the people I work with and there are expectations on me from all sides, all levels. The other day I worked with a young woman, and she has been having a tough time for years. She was partying on the weekend and her mom saw me and just chewed me out for daughter's situation, saying it was my job to keep her from drinking. I am expected to help people heal, to help them stop drinking or using. I have to keep remembering that it's about people's level of desperation, that there has to be someone who can help. I think it becomes unimaginable, unacceptable if people who are desperate start to feel that there is no help for some

things. We cannot imagine that, we can't face that. Years ago, I lost a friend who committed and I thought about how he had been. It just kept coming back to me that he had realized that no one, nothing could help him anymore. There was no help...no help big enough to fix the hole left from residential school and abuse, and then addiction. Hurt can be too big, extended hurt. But here we are as counsellors, helpers and we are expected to help heal all of it.

Unless you are born into a community and come from generations of people from that community, I don't see the ties, not that deep of ties and of course not with the time, the years. In my life I feel I have to try to support this community. I can never walk away, not emotionally, not spiritually. Even if I could physically leave, I would still be tied, still be connected. There would be a sense of obligation or duty. It is hard to describe, again that connection. What I do know is that it matters to me that this client makes it, it matters to me that another client stays sober, it matters to me that still another client gets her child back. Not that it would not matter to you or other non-First Nations workers. I am simply more invested, that might be the word. In this type of work, coming from where I come from, you are in it completely. It does not end at the end of the day, at the beginning of my holidays, if that ever happens. It is very different level of dedication. I know this from other counsellors who I have met who are non-First Nations.

So how have I changed? I have gained wisdom because I have listened, I thank my mother for that. I am a stronger person. In this kind of work, you have to get stronger or quit, it is very hard work. My life outside of work can be a struggle, a struggle to find some balance. I try to keep time with my son, try not to be sad or tired when we are together, try to be there for him despite what is going on in my work. I have been through

a lot of my own struggles so I know sadness...I know it. I am sadder than when I started this work, perhaps angrier. Angry at people who won't try, angry that violence and abuse goes on, the discrimination and racism, you name it. I am also wary. I anticipate danger or accidents, things happening. The people I work with sometimes live on the edge with alcohol, alcohol pushes them to the edge, and so many bad things do happen. It's like being a parent: when you have a child you want to protect them and you know what is out there to protect them from. I think I have just seen more results of accidents and violence. I think this is more than a protective mechanism. I think it is very real; these things happen, they happen here and other places all the time. Like I said before, maybe it is more about me and other community members not wanting or not being able to handle anymore losses. But if something happened, we would help and move on because we have to. We just keep going.

Things are better than when I was a kid: more sobriety, better life, more cultural awareness. I want it to get even better, I want that for my son and for other peoples' sons and daughters. When you are working for other peoples' future rather than just your own, the work is more valued and you end up having more reason to keep going. I know part of your study is looking at the effects in counsellors or helpers who hear a lot of tough stuff. I wonder about the contribution of why people are doing this kind of work: is it just a job, is it some agenda, is it more about the helper than the client? I am a humble man so I don't want this to sound full of myself or anything like that, but I feel like I am fighting for life sometimes. I am fighting for the lives of others and for my community. So how could I not keep doing that? I will keep going. I say that knowing life changes very quickly, but I would not stop because I am stressed, tired, haunted by certain stories,

things like that. I do feel burnout depending on what is happening, whether there is a crisis or several crises at once. It certainly can feel overwhelming, but I can do more. I think most people can go farther, work harder under tougher conditions than they thought. We are not always forced or pushed to go that far in today's world. But here we are, there are not enough people to fill the holes, to help out. I am stubborn. I am determined to do what I can for as long as I can for the people who need a support, or help of any kind. How could I not?

#### Porous

I have worked as a drug and alcohol counsellor, a community counsellor, and as a family counsellor. I think the thing that was different about my northern work was that it was such a small community. It is hard to describe. I very much enjoyed the fact that it was a small community. I didn't enjoy the politics. I welcomed the opportunity to work with First Nations people especially regarding the intergenerational trauma and residential school abuse. And personally, the greatest aspect was the awesome contact with the people. It was a little ominous at first; you are a new person in town. The challenge was how to present myself in a way that people would see me as approachable. And that challenge was cross-cultural. It is always tough to get in with First Nations people as a non-First Nations practitioner, as it is with any cultural group.

I didn't expect to hear the stories of trauma and abuse that I heard. The North was the place where I encountered the whole issue about residential school trauma the most. We studied it in school, what happened, but I had not really encountered it until then. I had to do some reading before I started to become more familiar with it. Really, if we had to identify an issue, that's it. We see it as an intergenerational issue because we are seeing

the grand kids of the grandparents and the parents, that sort of thing. The effects are definitely multigenerational. I do see it affecting young to old. I mean the way I saw it played-out, you deal with teens and young adults that are consistently getting in trouble with the law, or with relationships. So you say, "Where did that come from?" "Well, my mom and dad do this." It is not about assigning blame to anybody. But what you can say is here's the dynamics of how far this reaches. Here you have the grandchildren, I don't know about great-grandchildren, but grandchildren, who may be very affected. And again you can't assign blame for some of the abuse itself, but it did create a chain reaction. I think there are other dimensions for other people, but that one set of issues is far from over. It will be there till hell freezes over.

When I worked with clients who were affected by that issue my approach was not much different. My whole thing with coming there and setting up an office was to be as relaxed as possible, as informal as possible. I think that for me was really important. I have an issue with being clinical with people. So if it's broke, we try to fix something here, that is the language I would use. I mean it's gotten too clinical in my opinion with people in counselling whether you are in a small northern community or New York. There's a whole mystic about it that is overrated.

In terms of how I was affected, I think I don't tend to carry peoples' stuff. It affects you of course. I call myself a porous individual and I try not to let it affect me. But every day I try to deal with it when I leave my work and go home. It's a way to stay healthy. I am always under the belief that I'm not going to fix anybody and I am not going to be able to solve their problems. If a change is going to come, it's going to come because of the person. And I think the difference from the community I am in now and the other

northern community; it is so much more personal in the smaller community. You are going to counsel someone and then see the client in the grocery store an hour later. It was very strange at first. I remember catching myself one time almost compromising with someone, based on too much familiarity. So it's like you have to be a different person, you have to change to whatever role is necessary. Hopefully you are not changing who you are but switching gears. Switching gears by realizing, now I am in the grocery store, a shopper, even though I am running into my clients. Yes, now I am doing that. We just have to switch gears; it was actually easier to function that way. Other people don't drop that, they still recognize me as the counsellor and they would say, "Oh you better go talk to the counselor." It's really interesting, it's quite a dance. I think it's a choreographed kind of deal. And I think the number of years I was there doing that work wasn't long enough to really perfect it.

I regret in a lot of ways not staying. For me it wasn't bad. For me the biggest issue was the children were getting older and their base of friends to choose from was pretty limited. In hindsight, the reality was it was a smart decision, but it was painful. And because you invest in people, you want them to know that you are committed to them. It is a hard one anywhere, but especially there. We were there a few weeks ago and we went to visit the folks we were hanging out with and found some pretty significant relationships still there. It is not just the counselling end of it, it is community involvement. We established close friendships and you want those people to know that the connections have lasted.

I think the biggest challenge in a small community is that you can't camp in one pond, like in an unbalanced way. In small communities, everyone sees everything.

Whether you think it is okay or not, you really have to watch what you do. It's a balancing act. I think it can be done. I think it requires energy. Energy is what it takes to keep going there. I remember many times in that small town, you just go out the door and go skiing or walking. So many times when I was done work, I'd just get my skis out or run and jog. It would burn off you know. It helped to get rid of the stress and the weariness. I am a spiritual person, I definitely pray. I play music; music and prayer. My most important survival strategy is called my partner. Whether I'm working for myself or somebody else, I can't describe the support she provides. She does it well and she keeps her mouth closed. You will never hear her tell someone anything, you know. It's gigantic, that kind of support. Support, family support, personal care and the spiritual end of things, those are the things that work for me.

The isolation was an issue; you can't just ride to town, the big town is far away so that's a difference. It's important to get out at least a couple of times and spend time away. I think you have to do that. Winters are not as long there as they are here, that is probably a benefit. It's not so bad. You're not as in touch with the world as you would be someplace else.

Referring clients out was pretty tough. I think the only real place to refer to would have been one agency in the closes city. A couple of nice people determined I wasn't the best to help them and they just went there on their own. And a part of it is knowing the people in the area. Not a lot of referral, but a lot of troubleshooting. I would say to a few clients, not very many but a few, "I don't think I am the right person to help you, you are over my head." Limits had to be worked out; I was negotiating them on a daily basis. With every new situation that's what you do. I think it might be useful for whoever is

working in small northern communities to be able to consult with people. I had someone to consult with and it was great. They have to have a support system. The family is not enough. It might be even helpful to have that written into any contract. It could be somebody in a bigger town. It could be somebody anywhere, but it would have to be someone you could phone to have supervision with. You are expected to cover all the bases with any kind of problem. Even to have someone to discuss something with confidentially, like "I work with this person and I'm not sure what to do with it." In small communities, you cannot identify your clients, not even in interagency meetings, and it is easy to accidentally do. I am not sure who you could consult with, but it would be great neutral ground for somebody, at least in another community unless they have roots to your community. You don't even have to give names; in small communities people just put things together. Breaking confidentiality without meaning to do so is very easy. That can happen, anything can happen, because a lot of it is based on speculation. I would recommend that helpers need to have support if there is going to be longevity there in the job. I don't know how the counsellor is doing there now. For anybody in this whole area, nobody is superman. They need to have that support. Even with a supervisor, it can be hard to discuss certain issues. Whether you work for a big place or a small place, you are, quote-unquote, "the expert", you are supposed to have the answers. And I think that can translate into, "If I don't appear strong, they are going to think I'm incompetent", and that's not the case. You are going to excel in a couple areas, period. In other ones, you are going to give them a so, so kind of service or efficacy. So I think people will recognize what their strengths are.

I was changed by the experience. I don't know how to describe what the change was. I know one thing. We could be in a totally different social set of friends that didn't share our belief system and just totally benefit by it. I really valued that, it's priceless, so it taught us the value of not staying in the usual social worlds, just seeking out all kinds of people. They are just so unique there. You learn you can be in a different set of people and still excel and really benefit by who they are. The other change is the experience of working with First Nations people themselves. If I had a soap box now to stand on it would be against Fetal Alcohol Syndrome and abuse in general. My understanding of the trauma many community members face has been broadened. I don't think I knew what to anticipate really when I first came. I think I did intellectually but not really, really deeply. I have a whole lot more awareness, understanding, and concern about the level of trauma; the reason there's so much need. Trauma hurts people, and then people react. And then the level becomes exponential. It multiplies itself.

I realize people face burnout in this kind of work and they might be experiencing cynicism, numbness, or whatever. My level of compassion hasn't been reduced, I don't think so. I think it can on a daily basis if you are seeing six people in a row. That's a real stretch. It's the downfall of working for an agency. You have to pace yourself. I think you can burnout. People have to take care of themselves. Even here, if I was losing it with six clients, I would have to tell my boss, "Look I'm losing it with six clients. You probably won't have anybody coming back." Nobody is going to want to see you, one time clients is all you will get.

I think overall I haven't lost compassion, I've gained it. As far as reducing compassion, I think it just grows. I wouldn't trade my experience there for anything, I

really wouldn't. It's probably the most unique community I've ever been in. I came away enriched. It's kind of like it's a short time and a long time. For me, it was not long enough.

### The Pool

I am a counsellor and I see anybody that comes in the door. The agency I work for really doesn't have a strict mandate. I see residential school survivors, or clients debrief bad days or trauma, or I deal with critical incident stress. There is a real variety of different issues, parenting, and teenage stuff. I have also worked in smaller communities, travelling to them for years. The driving got tiring so I finally stopped. There is a lot more responsibility when you are travelling. Personally I found the travelling hard. The driving can be a challenge when you are driving that long, you see people roll off the road. You know, it just wears on you that part. I would imagine it would wear on anyone delivering services. But I really liked the people, I liked the communities, and I liked getting out. The issues were a bit different in the communities. In the larger communities, there are other services. You can go to alcohol and drug services, or mental health, and in the communities you can't. So any emotional issue whether it would be alcohol, drugs, going to residential school, or fighting with your kids, it would come to me, a very mixed bag.

When I first moved here I worked in communities in the far North. That was my first experience working in northern communities although I come from another northern region so I am familiar with small towns. When I started, I had no idea what I was getting into, I was green. As far as building relationships, I don't think I did build-up the trust issue. I was pretty young, I was very green. I don't think I knew exactly what I was

doing; I know I didn't know what I was doing. I was flying by the seat of my pants. It was very romantic to me at that time, the whole idea. I was certainly in a different spot than I am now.

Now, I think I can do more and less than I could at that time. I feel it takes a long time to build connections. You can see somebody every week for three months, then you won't see them again for six months and then they will come in. Years later when I see them, I am easy with that connection. There are people I have seen for several years on and off, and they just come in. I don't have the agenda of therapy where there is a beginning, middle, and end in the same way. I am happy to see them when they come; I don't think about it when they leave, I don't take it personally. That's different than when I started. I also know I am a white woman and always will be. How can I know all the answers to their questions? I can't; I know bits of it. I ask questions and I try my very best to know as much as I can but I can't do everything. So I have come from a different spot. People seem to be okay with that and find other ways and places where I can't fit. When I can't fit, I try to be as transparent about it as I can be. I ask questions. I don't let people always educate me; I have to find out stuff on my own. If I don't know something, I can say I don't know. But the reality is I did not grow-up in a town of 300 mainly First Nations people, with a history like our communities have. Sometimes the blessing is that I don't know the politics because I have to work with everyone in the community, the abusers and the abused, listening to various views and the elders. I think in many ways it is really helpful. People want people who are confidential, who is not involved in the politics as much as they want someone who understands it. I guess I have learned over

time the fine line that I have to walk. Sometimes it is possible and sometimes it is not. It is just not possible in certain northern towns.

There seems to be a dichotomy between those that believe a helper should live in the community and those that think it is better if the helper lives outside the community. I think it should be both: people that live there and people that visit there. It is hard in my job because there is just one of me and if you don't connect, which a lot of people don't, it won't work. I don't think the way we service communities is always helpful. I know it is all we can do, but it is not always helpful. What would be helpful would be for different people to go into the communities, different people living there. Different services need different people. It is hard for me to work with both offenders and people who are offended against. But there is even more people than me who can support community members in different ways. Walking that tight rope... I think I do it well given the situation. I do think it is not ideal, it is really not ideal.

Imagine the code of ethics and that approach to the giving of gifts. Sometimes First Nations people will give me a piece of jewelery or something. How to negotiate that, how to do it differently, how to wear those hats. People see relationships differently in these communities. You have to find a way to wear all those hats. You could know somebody personally in the community and they dated your brother. So I think in a bigger centre that's not really understood. And we often work outside the office. That's why I'm glad I don't live in the communities, I don't know how I could, I have a hard enough time maintaining a kind of life in a town of this many people. When the communities have 300 to 400 people, it's a big challenge. But I think if more people go in to the communities that might be a way. More people, different services, even the same service

but different people to maintain them. For me personally the biggest challenges have been here rather than the smaller communities. When I am there, I work hard and I am there once a week. I am there during the business day so people don't know me unless people need me to know me and that is fine.

I had a fairly general education and have a Master's in Social Work. I try to be as competent as I can be. I know a lot of what I need to know. I go out for training for a week or so but it is expensive. Another thing I find difficult is when I don't know a lot about an issue. So I have had to learn counselling techniques, specifics in school and on the job. I had a lot of generalist knowledge about a lot of issues but not specific skills. So there is a lot I don't know, there's a lot I don't do very well like couples counselling. I work really well with teenagers and parents, but I am not as strong with couples. So the challenge to me is to try to be as competent as I can. People are at the door and you have to figure it out. The problem is how I get the training, that access to training.

The residential school stories are hard to hear. It is weird my relationship with that issue because I feel very honoured to be the one trusted with that issue. The stories are very deep and very heavy, so when they come out it is an honour. I don't feel like that for every single issue but I do with that one. They are hard to hear. They are really, really horrible stories. I think because it is my government that is complicit in the stories, it's by default something I carry. I sort of represent white society that has benefited from the policy against First Nations people. So it is complicated for me. I have never had a sense my clients see it that way, so that's my own thing to own. They are choosing to share and there are reasons they share. And lots don't. It's not that some stories simply have a boogeyman. People were assaulted and hurt by these people that they had trust in. In

residential school it was the teachers, and priests, and counsellors. It's really awful, how malicious and planned and intentional the abuse was by all these people in power. So yes, it is a hard issue. The stories are very hard and very tragic. Tragic stories.

In thinking about strategies that I use in counselling in the residential school issues, I realized I don't feel I have a lot of strategies because the people that share them have so much strength themselves. Again I would say it is an honour for me. I feel really sad; really hurt for the people I see, I can name that. I can talk to my supervisor and say "that is really hard" and that can do it for me. What is harder are the less profound issues I hear, the daily grind that people experience, with smaller depressions, the substance abuse, the relationships, the violence in the relationships that go on. I hear that all the time, day after day after day. It's not one profound issue that you can just debrief. It's sort of the dribs and drabs into a pool and then you have this pool. That's when you think "I'm sinking; I don't know what to do. I can't get rid of the dribs and drabs because they are so little and there are so many." That's what I find hard personally, keeping myself healthy not with the profound issues which seem really clear, but with the daily, repetitious issues. For the profound issues such as residential school, I talk to my supervisor, I try to be with my client, I acknowledge what is happening and speak out and look for signs of vicarious trauma. That is what I do. And it just seems simpler than the issues that slowly fill the pool.

I don't know how I deal with the lasting images. I think if you had asked me five years ago I could have been a lot more helpful. Someone who does a lot of work on vicarious trauma said everyone will be vicariously traumatized, you can't avoid it. That seemed very hopeless to me but I think I agree with that. I think it's those dribs and drabs

as they build-up. I am hard-pressed to say I can get rid of all the impacts of those stories. I deal with it the regular way that everyone is going to tell you they do: I try to exercise, I talk to people, I have a community of friends, and I take time off. I know when I can't come in because I just can't do it. I talk to my supervisor, I talk to co-workers, I debrief. At my place of work all that is encouraged. I am as healthy as I can be. But the more I do this job, the harder it is to get some of those images out of my head. There are long-term impacts that I have in my life hearing those stories. It would be interesting to talk to people ten years from where I am right now and see and hear how they are impacted.

There are other strategies that aren't as negative. I don't have an attachment to outcome with people, so if someone says "I am in a violent relationship", or "I am living with someone who is abusing me," it is not my expectation that they are going to leave. A lot of people get really upset about that kind of outcome; they believe that they are losing. Not having an attachment to outcomes is helpful for me. On the other hand, I have quite a distance from my clients that I don't know if I like. But if I was more involved, I don't know if I would be able to do this work.

I know when I started I was a lot more idealistic, compassionate, and caring person. I still am, but I don't feel it like I used to. I have had to learn not to. I really wonder about that. To be okay in this work, I know my boundaries have to be really strict. The boundaries around the emotional investment I have made professionally have come for reasons. I did wonder if it is too much. If I had any less, I don't think I could do this work. I have found a balance that works for me. But the level of compassion I have isn't what I thought it would be. I don't want to say I am not compassionate. I have a lot of

empathy and compassion for people. But not like I used to have for sure. Depth of feeling that is what it is.

I think I have it in my community. I have lots of friends and live a very rich outside life that is getting smaller and smaller as I meet more people in this job. It is now to the point where literally, there is nowhere I can go where there is not a client. I have seen so many people now because of the work the agency does. I'll go to a dinner party of 12 people and there will be a client, so I have to adjust. I can't be myself or I feel I can't be myself. I am not comfortable being myself. That is really wearing, I find that really wearing. I don't know how to address that because I can be myself in an anonymous job but when there are clients around, I can't be. And if I can't be myself anywhere, I can't do this job. It is really wearing on me and the other counsellors I know here. I think that is hard for people living outside of small towns to understand.

There is something else that I noticed related to my worldview and my beliefs: my alertness to danger. I have really noticed that. "Careful when you are driving you might get in an accident", "careful of that person"...or just all these bad things could happen anytime. I don't obsess about it but I know it is there a lot more than it used to be. I am very, very hypervigilant to danger that isn't even there. You know I had sex with my partner once and the vision of sexual abuse popped into my head, and that was my job intruding. You know it is there and anything could be taken-up with all the people I have worked with. I don't want to think about their issues. It just builds up. I am aware of how so many things could go wrong and the way people could get hurt and have been hurt. That is where my worldview has been altered. My daughter goes out with a friend across the street and I know that child has been abused, I can just tell, I can just tell. So I tell her,

“Careful I don’t want you to go over to her house because of what is happening there.”

Anyone who has done this job for a long-time just has a sense of how people can be hurt. And I am glad my partner does not have that sense. I’m glad he does not see the things I see. It would be nice if I didn’t have to.

Most of my friends are counsellors which is very helpful because we all understand that. We understand the tone of voice all of us get when there is a client there. We know how to care for each other. You know if I am walking with my colleague, and she says “go left”, we go left. I don’t have to ask, we just go. We can debrief all these stresses. We know all the dangers, we know. When we are hiking and we see a shoe at the side of a trail and I know my colleague and I are both thinking “Someone has been assaulted”. Anybody else would see... a shoe. So that common understanding has been good for me. I really work hard to have a community around me. I can’t stress enough how important that is.

I think it would be nice if we learned about what is really going on. “Vicarious Trauma” sounds so big and I don’t think this fits the classic symptoms of trauma where you hear something and you have nightmares and you are going to be upset. I think this is a bit different. It is the kind of wearing, the on-going wearing on counsellors. If there was a way to talk about it that was safe, perhaps we would learn more. The example I used about sex with my partner, I couldn’t say that in supervision. I realize just saying that, maybe I should, maybe that’s the kind of stuff that we have to be able to talk about. I think it goes both ways too. I think my work impacts on me, but in my life in this job, I have gone through some very difficult personal times, and it leaks into my job too. I have the choice and times where I come really upset from things that happened in my own life.

I come into work thinking, “I don’t fucking care about your problems. You know what happened to me today?” Then I am not doing a good job and then I am more susceptible to their stuff. That might be another thing I have never heard talked about. I’ve only heard about work getting into our lives, but never about what happens when our lives get into our work. How do you just live a normal human life with heartbreaks and car accidents, you know the things that happen to me in my personal life. How do you live that and also be an okay counsellor? You are always told, “Your personal life can’t affect your job and you have to deal with your own shit”, and that’s the message you get. I have dealt with the big traumas in my life that can be triggered in counselling and I know what issues I can and I can’t work with from childhood. But it is the regular stuff. Unless I am totally healthy in my personal life 24 hours a day, how do I come into work and work with people and care? It’s much bigger than relaxing and taking more baths. I think that plays a piece in it for sure but it takes a concentrated effort. I think the underlying costs are less talked about, acknowledged, and understood: the underplay between your life and your work. You really don’t know how it impacts on you until the thing happens. I can see a shoe and my first thought is someone has been sexually abused. That shows how contaminated you are all the time, seeing the possibilities for harm all the time.

I don’t want to perpetuate that those are the only things that happen, but that did happen to me. There are a lot of good things that happen. You meet amazing people that have done amazing things. Mostly I love the work I do. The good things and the negative effects don’t counter or not counter each other; I just think it is two different things. I think I have a really good job. I have worked in other places and here I have a lot of

autonomy and responsibility. I have freedom. I am invested in my work and I don't have to answer to a bunch of people. I have freedom. I am trusted. That really helps me. I think when I worked for the government it was much harder. I have supervision here and I am accountable for my actions. In government, you wouldn't risk anything in supervision because it would be with a manager, not a clinician. Here I have a clinician. I can say, "This is how I feel". I have been thinking about this since you sent out some of the study, and I don't know if I have taken the responsibility to debrief that kind of stuff. What a shame if there are a lot of judgments such as, "You're not doing your job" or "You don't have good boundaries", or "You're not leaving your issues at home." Maybe it would be helpful to think of questions to ask yourself or your supervisor to get to some of these things. "Has this happened to you?" to start. For me it is just helpful to note, "What is this that I am feeling?" oh this is just my job, this is not really happening. "Why is this staying in my head", that's my job. It is part of the work we do. Whether it's compassion fatigue or vicarious trauma, or how you conceptualize it, it can be really shaming.

### Life Role

Having a local liaison like myself live in and among the clients is very valuable. Half of them I pick up hitch-hiking back and forth across the road and I see them around. So I am the ear to the ground. I have an "in" because I know their mother, their father, their grandmother and their great-grandmother. I was thinking about that just yesterday. So if you've been in the community for awhile...I guess I am speaking about myself now, I've been here for many years. So I know their lineage and that helps. Extended contacts at the

same time can be a liability because there are certain things you cannot say, do not say because you live in the same community. So it's both. It's a mixed blessing being embedded or whatever you want to call it. It's a new word that's being used. I guess the journalist being "embedded" overseas in the wars is where it started. It's been used in other fields now appropriately because we are being embedded. So having an embedded worker has advantages and also some disadvantages. It doesn't mean I can do everything because sometimes I have to respect guidelines and some boundaries and some protocol issues. I see my client drunk in the street; I've got to report him. I see him drunk at somebody's house or I see him drunk at the bar, I've got to deal with it. How I do that is the big question. I guess I look at a number of things. The first thing is how critical is the situation. Is this person out of hand, is he causing a disturbance? If it's something, it's a threat, or will end-up being an assault or driving under the influence or anything like that, then I have to look at the situation. So you really have got to play each case on its own.

I've got my ears to the ground all over the community so people will inform me when they see one of my clients drinking or having problems and I go look for the client. I work closely with another support worker. We work as a team so any pertinent information I will relate to him. We have an agreement there to relate any pertinent information with each other and others in the Band. Which is really, really good, and the only way to work. In past years we had different people in the job who thought their job description was something different, that their clients were their clients and mine were mine. The current colleague thinks they are directly related and directly overlap. We do have a lot of the same people. Two or three files are the same and that's enough. So we work closely. It's worth three or four times the value of somebody working alone. The

way I used to work, I'd meet with my clients less often and they'd say, "Everything is going great. I'm working here and doing this and whatever." "Did you drink?" "Well maybe once or twice in the last month." "Well that's not very good; you have to try to get a handle on it." "Okay, I'll try harder next time." And then the information is out of date, and even their memory does not last longer than the weekend. What did you do last Tuesday? If I asked you that, could you tell me? So the clients who are in stressful or painful situations struggle day to day. If they can get up and have breakfast and do a laundry, that's success. What does getting better look like? That's what we ask our clients. "I hung out with my kids, we played in the sandbox" or "I got into an argument with my spouse but then I said I am not going to argue now, I'll deal with that later, and then left the room until both of us had calmed down." Or I went to school or I went to work, I showed up on time, things like that. Things that might seem minor to some people are actually their successes.

I do feel positive about my work, but there are huge caveats, huge qualifications to it. There is such a limit to what we can do, so we have to think relatively. I learned this from a wife of a man in his 20's, a client I had been working with for many years. His wife told me, "Well, he's stopped drinking as much as he used to. He's only drinking five days a week now." "Wow, five days a week, that's a lot." "No," she said, "he used to drink all day long, so now he's got two days sober. Those days he's doing good work and he's thinking positively and he's making steps in dealing with his drinking." "Okay, I think I see your point." Here's somebody who's drank all his life and partied all his life and who knocked in walls and beat people up. To cut his drinking down from seven days to five days is a huge step.

I get flack as do all professional workers in this community. People have a lot of hard-core views on social issues and think we should lock them up and throw away the key. I even had somebody say that the other day. I had somebody mention capital punishment for a lot of people. Basically, they said they'd be better off dead. I think that meant capital punishment. I had one client who was in a situation where his life was in danger and there were people wishing he wouldn't come out of the situation. This is what we are dealing with: the RCMP get flack, social workers, and education workers, the Band gets flack, I get flack. Most professional workers get flack because we "don't do enough." All I can say is we are trying our best to the limit of our ability.

This is partly because people think things are pretty straight cut, black and white. Somebody breaks the law, they go to jail. If they break a bigger law, they get a longer jail sentence. If they do something really, really, bad, they are in jail for life and if it's worst than that they may get capital punishment. So a lot of people don't have much hope for rehabilitation. I've heard the word "lost cause" way too many times. I see a lot of lost causes now in important positions, people who are working around town, people who are leaders. A lot of lost causes become leaders in the community. I don't believe in any lost causes now, just lost hope. Only people who lose hope are the people who allow themselves to lose hope.

I think it is something personal, what gives each of us hope. I don't think it is a professional thing. I think it is just a personal thing that I have faith in humanity, just an underlying thing about who I am. Professionally, I don't have all that much hope. I feel we've had a lot of lost starts, loss of leaders. An issue comes up and all the professional workers say, "Oh, we've got a problem we better deal with it" and you start dealing with

it. For two, three, four weeks we're on it, for two months we're on it. Then all of a sudden, it sort of fizzles away and something else comes on. We are always putting out brush fires. So it's very hard to maintain professional help. Just looking at your case load and looking at your work load and you're looking at your people and your results and it is really, really hard to say I've made tons of progress. It's there, you can see it. It's there but it's like one here, two there, one here, one over there, one over there over the years. It's not like you're going to get a client who you rehabilitate in six months or a year. It takes years and years and years of work. And it takes everybody: family, friends, lovers, professional workers, co-workers to pitch-in. Otherwise it doesn't happen. It takes the whole community as the saying goes. Everybody has got to be there and everybody has to be consistent and persistent. Saying the same thing based on the same values.

When I started this work, I did not have a preconceived idea about how I would get through to these clients. And I don't really know how I have changed doing this work. I haven't really thought about that. Maybe more stress. I'll be frank about that, because you take on a lot of your client's load. There was a time when I quit, because I was trying to quit the work. I did quit and that lasted a short time and then they doubled my hours and I said, "Alright, I'll do it." During the time I didn't work in this job, my portion of the stress load wasn't bad. It wasn't hugely noticeable, but it was there. It was just like one other large thing off my shoulders I didn't need to think about. Because here, your job is never over. You're always thinking about your clients, whether some of them are drinking. So you're always thinking about the pain. There are some horrible things that happen you have to hear or witness. And then does that go away? I don't know if it ever

does. It's always up in the brain stored in the filing cabinet somewhere. I don't know how I live with the images. I don't know how I deal with them quite frankly.

I do sometimes think the worst. Recently I experienced a case in point. There was a person passed out in the early morning hours. Nobody knew who he was, all we knew he was a man from somewhere else and nobody knew who he was with, if he was alone. So I monitored him all night long, and then in the morning, he disappeared. I went in and he was gone! So I figured the worst. I figured he had gone out, stumbled down in the long grass by the water. So I started search and rescue and I had everyone out looking for the guy. We looked for him for hours and then he turned up alive and well. So I didn't necessarily assume the worst, I considered the worst and said, "Let's act on the worst case scenario." So that's it, to search for him. So that's the case in point, seeing the shoe, seeing and assessing somebody who fit it. I guess we see the story, we hear the story, and we witness the story. So we do see what's possible and what happens out there in the worst case scenario. And anything can happen. It might just be a shoe but that shoe may be the clue that finds a missing person. So it puts those notions in your mind, you think about it.

The best thing for me is productivity and advancement of client status. When they are doing well it is like...wow. We had a good day with the team, our last client leaves and we go, "Hooray, right on," we pat each other on the back because we had an element of success. I think we need to recognize that and congratulate each other for our contingent work. And that's really important otherwise you feel you are working in a vacuum and there is no results. At least with driveway shoveling you can feel you did something. Or construction you can see what you built. You start it and you finish it. This

job never ends and you ask yourself did you make a success today? Well, maybe I think my client is doing better than he was last week but I'm not sure. He sounded better, what he said was better, but underneath... there was underlying side I couldn't figure out and couldn't place.

I'm committed to the job now because nobody else will do it. So unless I see somebody coming along and saying, "I'm really good at the job", then I'm, "Okay, great, see you later." But until I see that happening, I will continue doing it because I think we really need that position in the community, we need the position to be filled, we need the resources, it's not fair to people if we don't have the resources. I like the people I work with and want them to live happy, healthy, prosperous, joyful lives. So if I can help them and get paid to do it I will. I wouldn't be doing it if I wasn't getting paid, it's not possible, no one would do it. I think in a small town, a lot of things are expected to be free and I wish I could do all my jobs for free, but again, that's not possible. I've done a few, thank you. So that's what it does, getting paid and getting paid properly allows you to feel respected for your work and allows you to take on your work with renewed vigor. If you're not being paid for what you are worth, then you only give what your worth or less. I think it is important. I'm not going to work more than I already am. I wouldn't do it full-time because I would burn-out. I need to do other things in my life other things that balance it out. Without that, I couldn't continue doing this job and I think that is very important for your study. My work is only part-time and I could not do this full-time. I could not do it full-time. I would burn-out in a small town. And for those who do it full-time, my hat goes off to them. When you work at a job like this year after year, like doctors in the emergency room, you become a machine. I am not saying dispassionate or

unfeeling, I'm just saying the drive and the ability, you become like a machine. You have elements of a machine. You're human, you're still thinking and feeling, but the machine has become a large part of your daily life. You end up working like a machine, which may not be beneficial to your clients. We are not really meant to be like machines but we become like machines.

Humanitarianism is the reason why I do the work. If I wasn't a humanitarian, I'd be doing carpentry work. And that's why I quit carpentry and went into the field because it wasn't enough for me. After years of construction, carpentry, ditch digging or whatever, it was all straightforward. I just went to work and got a cheque. At the end of the day you go home and it is done. It was great. I look back on those days, and ask what am I doing now? What a fool. I was making more money, there was less stress and a simpler life. And now I'm making less money, have more stress, and my life is very, very complicated. But I figure that's my role in life. I have compassion and I have drive and I have the humanitarian element in me, so it's something that I need to feed and nurture. If I am not doing that then I don't feel I'm satisfied as a human being. We all have different roles in life, we just need to figure out what it is and just do it. Sometimes that role may not be one you enjoy or you may not get much reward out of it, either financial or otherwise, but if that's where your skills are and that's where your drive is, then that's what you should be doing.

### Small Town Helping

So to start with my story, I think it is very pertinent that this is my home community. It is also pertinent that I come from a family of multigenerational helping professions so it was easy for me to step into that role in my community. I think it is a difficult role for

those who aren't raised in a small town and are used to having privacy and are not used to being in a glass bowl. They are very bothered by people being aware of who they are in the afterhours, but I never was. I think that is really important. It's not absolutely necessary but I think it goes a long way to making it possible for someone in the helping profession to work in a small community for a lot of years. I am not bothered by that, nor do I care too much what people know about me. It's not that I am not a private person because I am. I think the best way to be private is to not have any secrets. It's okay that people know my family history, but also somewhat irrelevant. If people stop to talk to me at the post office or store to talk to me about a personal issue, that doesn't necessarily bother me unless it's repeated and repeated. If I can't make it through the aisles in the grocery store without being stopped three times for personal issues, well... Then I just refer people to come during office hours, and express general human interest. I think that is probably the first issue of survival: if it's an issue or not if you live where everybody knows who you are and what you do. For me it's not.

I think that leads to the second part. As a known member of a small community you are willing to stand up and be counted and you are willing to face the people you are working for and working with. You can see them as your friends and neighbours and meet them in the post office and the store and put forward an honourable and honest face. You are accountable for your actions. You haven't just dealt with them in a kind of cold and professional way. Although being professional is important, as a human being you have dealt with them also as a human being. Not just as a professional human being, but someone who is there expressing concern, passion, humour and laughter, and stories. I think those two are really important beliefs or ways of being that have allowed me to be

in this profession for so many years. I think that both of those lead into the intrinsic feedback that is so positive. Because of that you know you're an honest individual. You are not hiding behind the professional cloak. You're somebody who has professional skills to offer but also you're a community member and an accountable individual and a neighbour. You get the satisfaction of helping those people or are helped by those people and receive that positive feedback; just the hug or smile or someone says thanks. It's not necessarily an expression of thanks, but a way of people being with you that provides the positive feedback and you feel you belong to a community. I think the people who find it most difficult are the ones who do not let themselves become part of the matrix of the community. But at the same time being so bound up with the community as a whole, and the individuals in it means that you are so much more vulnerable to the pain that goes with it; the pain of deaths and injuries and emotional trauma. You can't see these people that you care about and see that they are suffering and not care too. I think all of that is what makes all of us more human. It's that anticipating and the experience that makes us more fully there and able to help others to proceed through that experience. That's not to say that it doesn't hurt. I think with the traumatic situations that happen, the helping professionals also need help. It's harmful and useless to pretend that we don't care and aren't injured.

Because we are helping professionals, whether we are responsible, partly responsible, or not at all, we always feel guilt when things don't work out well. It is very important for people, for individuals or agencies that they work for to make the call to send in crisis debriefers. It is really important to happen. It's been really effective here and what I realize after a death is that probably the most effective part of it was to talk to

somebody who is totally neutral and ignorant from the people involved in the situation because it was somebody from the outside who came in. He just let us talk through it one at a time. Our personal experience, not what happened but how it happened according to me, how I was called into the situation, from the beginning to the end, without interruption. Then at the end it was a validation without it being an outpouring of empathy or sympathy or anything else: it was a neutral validation of what he had heard. He did the same thing with the other practitioners, debriefing and listening to them in a small group. Initially listening to other people who were involved in the situation and their debriefing helped me to understand the perspective of others' experience in the situation, and to make more sense of what had happened. To be able to see that I hadn't made huge mistakes, that what I had done was reasonable. It helped me work through the guilt and to let the guilt go enough to feel the grief. The grief and the guilt were all tied up together. I also had to let the guilt go to be able to help the surviving family members because if one is busy defending oneself in one's own mind (which one does if one feels guilty,) you can't truly be into others' experience and help somebody else. So that's with severe trauma, that kind of a situation.

Some of the problems that clients bring to light are perhaps multigenerational; residential school syndrome for example. I believe the residential school syndrome has caused direct and vicarious trauma, back several generations. It saddens me hugely that children suffered the way they did, and parents suffered, and what it did to the families. What was lost: the lack of ability to even know how to be a family, know how to parent but also how to be a child. It's terrible, and similar wrongs have been perpetrated on people around the world throughout time. There is the physical abuse, and also the

emotional trauma, and the guilt, and the shame, and everything else. We can contribute to that with undue but well-meaning intentions, being so compassionate but expressing horror. We can do it so wrongly. I think if we can intervene with compassion, but in a matter a fact manner to help people; “Well ok, so we have dealt with that, now where do you go from here, what would you like to see? How would you imagine the future? If you can imagine yourself in the best possible world what would that world be?” Imagining a good future and having faith in a better future is, I believe, essential to being able to get there.

So much of who we are is not just what we do but how we think. Therefore how we program the brain is critical. I don't like to think of us as Pavlov's dogs, but if we can change the pattern the brain gets into in little ways, that can help to stop a negative cycle. Then it can be possible to get moving forward a bit. I think humour is hugely important, not a chipper atmosphere but a positive energy. I think a huge contributor to somebody being able to move in a positive direction is being shown random acts of kindness, and those little things like sharing a laugh, telling a story, giving somebody a ride, asking how their day is. A little expression of caring, buying something they are selling, giving them a loaf of bread, stopping to chat when it is not a professional business, all part of recognizing them as important human beings on this planet. I think probably 25% of what we do in small communities isn't done in the place of work, it's how we interact with other members of the community and respond to them.

A little motto that I try and keep in mind when things can be confrontational is to act, not react. Of course I am affected by how somebody else is behaving, but I am responsible for my behaviour. Just as I am asking for other people to learn to take

responsibility for their behaviour, I have to take responsibility for my own. So if a situation has the potential to snow ball down... maybe he is being aggressive or critical... I try to respond in a way that I would be pleased to have responded in an hour, a day or a month from now, rather than blowing up or becoming angry, aggressive or offensive. Diffusing is what it is and that is my little thing. Of course sometimes I react. When I do, I try to react in a way that is positive. If somebody is obviously distressed, I'm going to react to their distress but I'm going to try not to react to their aggression. We are not going to fix everybody. We're not fixing anybody! But we can help. I think that the most important way we help is by listening and caring. It's not so much what we say it's how we be.

There are times when you want professional. When you go to a dentist you want him to be really good with that drill. When you go to a nurse or a doctor and you are torn open or whatever, you want them to be really good at putting you back together. There is a professional element that is important, but it doesn't have to take away from the human element. I don't think it can just be another layer added on. Something that mom said to me that I have carried with me throughout my career is she treated everyone like she would want to be treated. When she died, people from marginalized groups said to me, "She treated everyone the same: with respect, passion, and love." That was what made the difference. That is it.

I think it can become so easily negative in a small community. It only takes one rumour whether it is right or wrong. People just love to spread nasty rumours, the nasty ones go way faster than nice, so one nasty rumour can tar a person for a lifetime. But if a person continues to act rather than react, they can get through that. I have seen that here a

few times, I have done it myself. In the end you come out ok because people respect you and like you. You are embedded, you are a part of the community. It might be fun to spread the nasty but not so fun anymore when this is somebody I like and depend on, so I really don't want to believe that. I have found my way through all that. I am still here. I am still here in spite of having made lots of mistakes, having a family that is really ruckus and out there making lots of mistakes. I am a human being first, a professional second, and I think that makes me more approachable and trusted.

Speaking of images, I think as helping professions when we are seeing somebody who has had a troubled past and a troubled present, possibly a troubled future, we can take those images with us to that encounter with them and transmit them by our manner even if it is not spoken. We convey our expectations of their future to them whether it is through body language or whatever. One of the things that goes with respecting peoples' confidentiality that I do: I just don't think of peoples stories, then I don't talk about people's stories. I know the stories but they are not in the forefront of my mind. I don't take those stories, those histories, even if they are horrible, to an encounter with an individual. I put on an innocent face, though not gullible-I don't want to be manipulated either. I try to just go forward. I will accept what you give to me at this time. I'm not going to question it, I'm not going to sneer in my head and think "I know what is really going on." Just tell me what you want me to hear, even if it doesn't correspond to exactly what transpired. By me having good expectations, innocent expectations, I am giving you a fresh slate and you can give to me what you would like things to be. Maybe that will help it to be that way. I can hear that and I can respond honestly, believing that they can go forward to meet that. By doing so, it is first of all an exchange of ideas, but you have

to have the ideas that something can be better and there has to be some belief in that idea. If it is filled and diffused with disbelief “Oh that person will never make that,” then somehow they always feel it and know that. People feel it because people have told me how they feel it. That is why they avoid some people because they get that feeling, that negativity and they don’t want to go there. So they don’t. You have to believe with them that there are possibilities, otherwise we’re holding them back.

Another part that is so critical is not to be dependent on their need. I think so many people in the helping profession might feel good by someone else’s need. You feel good by being helpful; it is so easy to encourage dependency and to take away peoples’ power. A person might be pretty skilled and dependent, getting by. You start helping them too much and you can make them feel they are not capable. You then just destroy very quickly what they have been struggling to rebuild. I have seen it time and time again, how much damage a person can do and I think that it is vital for helpers to be aware of this. One should always re-enforce independence and acknowledge strength and only do as much as needed. You help them by encouraging them to do the rest, or stay out of it. If they are functioning fine, we don’t need to help or encourage, just leave them alone or leave the bits alone that are going well. We don’t have to have our nose into every part of their welfare or need their gratitude, or need them depending on us in order to fill our needs. If a person needs to be needed, don’t go there. With counsellors, we have seen some whose clients feel they are being really well cared for. I have viewed it as a cycle, like one of those rodent wheels. With other counsellors, people say “Oh I went to him a couple times and that was enough.” Good! If the counsellor describes to me a plan where he or she can envision six or eight sessions, or two or three, that is good, expecting a

person to then have arrived at a means to help herself or himself. Maybe they aren't fixed, they probably aren't, because I don't know whether any of us are really fixable, but they will have the skills to proceed. And that is what is so important, that is what builds strength and success. This whole thing of give a man a fish you feed him for a day, teach him how to fish you feed him for a lifetime.

Random acts of kindness; I think that's where we as helping professionals have such an opportunity because we have to see people at critical times. It's not necessarily the professional that we bring to it that will make the difference, it's the human part. And that's what helps other people but that's also what helps ourselves; that space where we are enriched and growing as human beings. I have a belief system similar to Buddhism. I believe there is interconnectedness and that if we are as true to ourselves as we can be when we are dealing with other people, then we give an honest energy and it helps. And that is all I have to say.

#### Holding the Good and the Bad

I have lived in the North for decades. I started working in family violence. I began by volunteering and then became the director of a transition home, a shelter for battered women and their children. I also worked doing women's groups and doing counselling with women who had been abused in relationships. I have also worked with a domestic violence unit and that was very enlightening, a real eye opener. I went from there to working as the coordinator of victims programs for a family violence prevention program. I call them women's programming and it was basically counselling and support services through the courts because half the women had partners that had been charged. I did this counselling work for many years and got very interested in the trauma work that

was being done as well as vicarious trauma. I was able through the government to bring up an expert to do a couple of workshops on vicarious trauma. She identified me as being pretty close to having vicarious trauma. I had already been on leave at that point and then I had to cut my hours down and eventually left because I had to. I handed in my resignation. I went out on my own and I do many things. Everything just kind of happened within a few years.

Through our family violence prevention program, we saw everyone and everybody that came through the door because there is no place to send them. Mental health was never interested. We just seemed to get a lot of really hard core folk. They had been through the mill, through mental health. These were people who had been so severely traumatized throughout their whole life times that they were very dissociative. They taught me a lot it. It seemed to me the more traumatized these clients were, many were so wise. There are two that stand out in my mind, one that I ran into just last week for the first time in years. One client told me, "If you think you are not taking on stuff from us then think again." This particular client passed away, she took her life, and just lived a life of complete hell. She came from another part of the country, but just lived a life of cruelty bordering on torture as a child, with her father as the abuser. We would spend time together and I was way over my depth a lot of times. I didn't usually feel uncomfortable being there though, I don't know why. I could sit with her sometimes for an hour without her being very responsive at all. But she felt safe with me and sometimes she could talk about things but she was very much dissociated She would really protect me sometimes and she would talk about that. Whoever trained her, she was definitely protecting me from herself and as well, from some of the stories she had to tell me. She

told me stories like the death of her sister. She was haunted by that and lived with that forever. That was one little part of her story.

When I left, I did transfer one woman to mental health and a short time ago a mental health worker came to me in my private work. She was the one that had received this client from the person I had transferred her to and she told me that the woman had finally committed suicide. It was helpful to have closure in that situation. I can think of another situation where I was working with a woman who was sent from the courts to us as a perpetrator because she had pulled a knife on her partner and she had done it before, her experience was generally bad. These women are being severely abused and this is their protection. But everyone is certain, you know, not in this situation. She was real tough, She was a real tough cookie but I respected her. I was standing in the grocery store line-up one day and I looked at the headlines in the paper. He had murdered her. So these become people you know. It's not just the headlines in the paper, I know all the details of the case. It really affected me that one, because nobody bothered to tell me. I didn't find out except for the way everyone else finds out, in the newspaper, or the news. It felt traumatizing. It felt like once I wasn't there, no one thought it would matter. It shouldn't matter to me what happens to these people in some ways. It's a small town, you find out these things.

I don't think there is a way to do this work without a certain level of empathy. If you don't have that empathy, you don't make that sort of soul connection. You are really limited in how much you can do because a huge issue for these folks is trust. I know very well when they check me out and you can feel when you are being interviewed by your client to see a) if they can trust you, and b) you believe them. Their trust is based on that.

One of the things that I found interesting is in doing shamanic work and a lot of spiritual work is the topic of ritual abuse. Because of my awareness on other levels, a lot of the women that I worked with see that and know that. I worked with one person who was involved and had been born into a whole ritual abuse scene. She would laugh and tell me that she felt I was as crazy as she was because I believed her, because I knew and I could talk to her about travelling into other realities because of my experience as a shamanic practitioner. So when they dissociate, I know where they go and I also know it could be really scary if you are not doing it with intent, when you go there with no training, no knowledge... just fear. I took that as a positive endorsement, like I was as crazy as them. She knew that I am not going to judge her, I was not going to tell her she was crazy, I was not going to tell her that's impossible, and then she could open up. I do think you have to have the deeper level of empathy in order for more possibilities for transformation by the client.

I don't think we are intended to hear all these kinds of terrible, horrific stories. I think that most of the knowledge about trauma comes out of studies of men who have returned from war, prisoner of war camps. Studies have come out of that and then have been applied to domestic violence. I thought that was very interesting that we come upon it this way because these men who were sent to do these kinds of jobs, if you can call it that, get caught in the atrocities that people often experience in their lifetimes. Where our information and our beliefs come from, that is a big thing for me. It took those soldiers coming back and the government feeling somewhat responsible and having to do something before people would study what happens to them when they are the midst of atrocities. There was Freud and his ideas on what was going on with women and hysteria.

He had to change his mind because no one would give him any credit, he could not allow himself to believe it and I guess that's been the pattern hasn't it? They certainly don't want to hear it, the abuse of women and children.

This brings me back to a really important piece about this whole issue: when you are working deep in violence and atrocities, when people are experiencing that, I think that you inevitably take on an advocacy role. Lots of my job was advocacy, whether at the shelter or the court system. I sat through numerous court cases and trials. I think inevitably you realize that people do have their heads buried in the sand. People have to keep going day by day. And the realization that I came to and experienced big time was what they call survivor guilt. I am a woman and if any women in this town or in this country can be treated like this then so can I. Let's say I have had a lot of fortune in my life compared to my clients. I have had opportunities and I am still here, and that is kind of where I plugged it in, to that whole theory on survivor guilt. How can I possibly go on enjoying my life without having my head in the sand?

I really do think that is a huge part of it, survivor guilt or whatever you want to call it. It is almost like guilt. It's like if I don't keep hammering away at the legal system and society in general... I used to write letters, work with the status of women counsel, that kind of thing. I felt if I don't do that, then I am a part of it. I think that drives us a lot longer and further than we should go. This kind of work can take over your life and particularly in a small town when you are sitting at the traffic light and an offender walks by in front of you and glances at you and takes a look at your child sitting in the seat next to you. You know what this person is capable of and what they have done to their own kids and their story and they only live a few blocks away.

I guess one of the other things that I learned by working in a small town is that people think they know whether someone is abusive or not because they know them. I can honestly say that I am sure I could know someone for a long, long time and if they are good, not know they are being really abusive. The secrecy around that. I think that it has taught me to be able to be a little closer to holding in my mind the good and the bad in one. Everybody has both. I've never come to a place where I believe in evil. Even after all the stories I have heard. It is because I have seen how they were caused, its learned behaviour always. I don't think you ever see a child coming into the world like in some movies where they look like they are crazed. Children come into the world, every single one of them, with love and light. I think it is simplistic, the idea that people are just born bad. If you want to stick your head in the sand that is the way to do it. I think for most people it's easy to do that, it makes their lives easier. They don't have to deal with vicarious trauma if they just compartmentalize everybody into good and bad. But then they miss so much. I have had men come in here doing intake that I know are sexually abusing their child from what they are telling me. You know he's terrified because this girl is starting to say things and he is trying to cover his tracks for what happened. I can see very well how he compartmentalized it for himself and how he can live with it. There are other things that I learned from a client, one who had one of these horrid, horrid backgrounds. Both of the most traumatized women who I worked with who told me such horror stories were not First Nations, they came from other places in the country. This woman was very, very dissociative and I actually had the opportunity to talk with some of her different characters. When she came out of these episodes one day, we were talking about life, and I asked her, "What could possibly be worst than what you've

experienced in your life time?” She just looked at me like I was stupid and said, “Being an offender.” That taught me more than any book I read. She was the one involved in what they call ritual abuse and they are forced to be offenders. I didn’t know it at the time but she knew that was the worst part of anything that could be done. Once you are abusing your own folk, it’s like cutting; you are doing it to yourself. There’s nothing worst. I mean absolutely that’s the worst thing, to be forced to be an offender. It gave me a new perspective on offenders too and what hell they live in. I learned so much from the most traumatized woman that I have ever talked to.

I am a feminist and most of my teaching comes from rape crisis and shelter work. I have had really hard times in this work, but I think it is just something I came here to learn. I studied sociology and I remembered the year I picked up the book “Against Our Will” by Susan Brownmiller, about women and rape. That traumatized me and on some level it also answered a lot of questions and confirmed for me that this is going on and it’s going on in a huge, huge basis and always has. That is very, very traumatizing. It’s scary the scale of it and frightening for anybody who gets into working with ritual abuse. I started to have dreams about it. There is a counsellor who specializes in ritual abuse down South. I was able to speak to this counsellor who was a survivor of ritual abuse herself and had broken out of it. She told me so much. I did a two week specialized course in child survivors of child abuse and then we had a day or two of being taught about ritual abuse and what it is. It is all over the world but there is quite a bit out here in small communities. It’s the isolation piece.

My experience is that people that work with women and children suffer more from vicarious trauma or secondary trauma. Working in a small organization we did programs

for both. My experience is people who work with victims were dying or leaving, not the people who work with offenders. A colleague died of cancer not long after he was diagnosed even though he was really fit and took care of himself. I also worked with a woman who came here and within a year she had an illness, and then a recurrence and had to leave after a year. I just saw counsellors having to leave over and over. About half the time I worked for the family violence prevention program, we would be without another counsellor. So not only was I coordinating the program and counselling but I was often the only one. Then the pressures are really huge.

I have noticed working with people who were work with perpetrators, that it is not the same thing for them. They don't seem to get as burnt out as quickly. They don't seem to get so much of the vicarious traumatisation although they may well be listening to horror stories from perpetrators. I have read some of those too. They are very difficult to read but it is different. Through one of the programs, we also ran an offender program both for sex offenders and those who had been abusive in their relationships. I did get to know the programs for the offenders and was always invited into the men's group one night out of their program to talk about the women's program and to talk from the point of view of the victims. Scary was not the word for the experience but it went past the word upsetting. I would even have nightmares. Sometimes you could really feel the animosity that was in the room because I was there representing all their partners. It was very interesting because I could really feel that. I have told them, "You know I'm surprised you guys are on your second last group because to me it is like you just arrived and I get the feeling of any number of your partners through your responses to me and your actions towards me." I worked with a man who is ran an offenders program for both

sex offenders and batterers. He would say, "You think you hear bad stories" and he would pass on a story of an offender and it was pretty horrible. But I don't know, it doesn't do the same thing, doesn't have the same affect. Maybe victim stories touch on our own sense of victimization which I think everybody has. We can distance our self easier from offender behaviour because you know you can deny that. And yet that is the other thing I have learned: we are capable of everything that a human being does, every one of us, dependant on whether we are raised with love or not. I think that is our core issue.

The other frustration that I have with those experiences in my work life is that when they talk about reasons for this or that or the other thing in society, they still will never talk about early childhood experiences and whether a person was brought up with love or not. They want to talk about jobs; they want to talk about alcohol and drugs. They want to talk about everything else. It is such a head banger because no one wants to go there. I've taught my kids anytime you find someone who is cruel and mean in the world it's because that is how they were raised and that is what they were taught. That's pretty simple. The residential school legacy is an example on an intergenerational level. I have had people, initial survivors occasionally tell me they were saved from an abusive family by being sent to residential school too, although by far the experiences were much more negative than that. I do think that that whole residential school thing is so... I don't know what the word is it's just so sad. I mean whole generations being raised by folks who had no idea how to raise children, not with their experience. I think that that definitely makes a difference here because down South people are maybe a couple of generations away from it now. Here it is still very recent. I think it is because it's just been so recent for so

many people who had that experience, still the first and second generation. Silence is an issue. I think the fact that no one wants to hear about it.

Since I came back to this work, I am working with young folk. The youth outreach workers are really re-educating me on the latest thing with youth; resilience. I find this interesting but I question it too, it's a bit too simple. It's like ok; they show resilience now we don't have to do anything with those folks. I have seen that happen over and over. I am sure you have. Another example was when the courts decided to go to circle sentencing which all the victims said "That's the worst thing they could come up with" and many First Nations here agreed. There is no way to hear the voices of victims because the circle is packed with offender's families and supporters.

The wealth of knowledge from people doing the work is overlooked. And it seems to happen with PTSD and all the work that was done in that area. Well, women in the shelter have known that for maybe 20 years ago, although they didn't necessarily have the language or get the credit for the knowledge. People don't give you any credit unless you have a degree. The reason I am getting cut back at work is because I don't have a Master's degree. I have often said if someone would just give me the money I would get a Masters degree. It's a question of money. One of the things I thought when I started my own business was just doing help for the helpers but if I don't have a Masters degree, they can't claim it. It's such a big draw back where I can't make it working privately. My own organization here just hired somebody rather than me and I have been doing the counselling for them for some time. They are very happy with my work but somebody walked in off the street with a Masters degree. Clients have so much knowledge to offer as well. The neat thing is we have learned from our clients. I just think it makes people

much more open in a relationship with a client when you acknowledge that. I mean all my knowledge around trauma and victimization, some of it came from books but a vast majority has come from victims of trauma. They are the best teachers.

After I quit my job, I could not work, not even in retail for four years. I received no support; nothing. I talked to a lawyer and he said “We’ll get refusals first from workers compensation and from your insurance company. I went to the union and nothing, nothing, nothing. So it was a real learning experience because when you are working you think you have all this support because you are paying for it through your union dues and your insurance. There was nothing. I had no energy to bang my head against the wall which is what it takes. I have seen friends do this for years and years and years of going through workers compensation and it kills them, it just wears them down. The fact is that not only are we in work that is very draining and potentially dangerous; our safety net is full of holes. Workers compensation just laughs at vicarious trauma. I mean they don’t recognize it because one worker said if workers compensation compensates you for this, they are going to be bankrupt. Workers compensation is for people who have physically hurt on the job, that’s all it is. It had nothing to do with compensating workers for all the things that happened to them at work, for specific types of workers and specific types of injuries.

This work is dangerous. I didn’t even mention the fact that when you are working with victims of abusive relationships, it’s directly dangerous too because you can easily be targeted and often are. This happens to transition home workers. And if you are a counsellor for a woman whose husband is very angry about the fact that he has been charged or whatever, it is very dangerous in the small communities. Through the family

violence prevention program and we worked in the small communities providing workshops and counselling. A lot of the women who had abusive relationships preferred to come to the larger communities because of the risk. They do that in shelters all over the country; they share one community shelter and will send people there who are at risk of being tracked to another community, to another shelter. Everybody knows everybody. I had the opportunity when I worked in the shelter to go to the far North a couple of times and I went to their first family violence conference. There was a simultaneous translation and it was very exciting. But the isolation there makes isolation here look like nothing. It was so scary because it is plane ride for everybody but those that live in some of those communities and experience domestic violence; how many times is your social worker going to pay for a shelter in another community? Probably not the usual 30 times it takes before some women leave.

I think for me, the other thing was, this type of work really limits your social life. People get really tired of hearing about it, they don't want to hear it and you can't let it go. You know a joke goes by or you know something. In the larger communities, people who work in the field don't go out very much because you run into people you work with. It can be very alienating because you live in a world that nobody else lives in or you are party to a world that very few people get to know about. I mean nobody really in their right mind wants to hear that stuff. There again you are isolating yourself and that is such a huge factor in trauma and in vicarious trauma, the isolation. I just think that to prevent vicarious trauma, people who are working in the field, no matter where, need to be, forcibly if necessary, moved around from different work areas and relieved of counselling responsibilities for long periods of time. Particularly if you are working in a

government structure where you are dealing with victims of violence and abuse, you can't do it for very long. For me, it was really hard being in a system that was against me all the time. The system is so powerful that it bends people who have a good heart in the first place, but it is just too heavy. I just think that all of our structures are going to have to crumble before we can build something that is decent. I have tried from outside of the system and I have tried it from inside the system.

In my own experience with vicarious trauma, I didn't see it coming and I didn't recognize it. Unfortunately, I had no label for it at that time. I learned about vicarious trauma later. What changed for me is I left work. I first went part-time and then went less and less. I think I realized I needed to make the leap even though I had a full time permanent job and it paid me well and gave me goodies along with it. I first of all tried to get some help within the structure that I was working in. What I found is that there is absolutely nothing, no help, no concern, nothing. One person told me that red was the color of anger and I happened to be wearing a red shirt that day. I was also told that there is no such thing as stress leave. I had taken three months previously. I did go back to work but by that fall I realized that I had to leave. The very next year I went for an audition for a play and I started teaching music. I started to bring music and art and theatre into my life again. I had not done that since I was in high school. I did a little bit of counselling with women at risk because they needed somebody for a period of time but then the funding ran out. I enjoyed the work; I really liked working with the young women. Although most of them have kind of similar backgrounds to the women I was working with before, the issues were not as serious. Now I am going back to part-time work and I am very happy with that. But I really think that art and music and plays are

things that we really need in our lives. I don't feel guilty any more spending so much time doing that; in fact it was just so much fun. I hadn't had fun for a long, long time. So that is what helped me recover. I learned so much from plays that I have been in and I realized the therapeutic value of it for myself and for others, particularly young folk. I don't know whether I will pursue that, I am just happy performing.

I have a feeling that I will be doing some writing in my future. I really do love the combination of the spiritual work that I do and through finding the goddess as a feminist. Doing the shamanic work has been just amazing for me. I started practicing shamanic work before I left work. I started my spiritual path when I was around 30. By the time I left work, I had been practicing it long enough that I felt ready to open up a practice. It is very small practice because I am here. I do a lot of distance work, because spirit work works no matter where you. I know that I am just on the verge... the cutting edge. I don't know what that is going to be but it is very exciting and I think we are all on the edge, with all that work of integration. Our brains are just so tricky, the whole thing around memory and how we remember, what we remember and how our memories come from our senses. There is just so much we don't know. We have to help people process in whatever form they need. I mean who doesn't get uplifted by some kind of music? Nobody, there is nobody that doesn't get affected by music. Our minds are our prison so often, so we cannot continue to just rely on mental ways of therapy.

### Laugh or Weep

You came to the right place because man, do we share in this community, that's part of my job, part of my problem. The bugs are bad this year and that will keep people indoors this summer. Talking to you is better than being out there today. So although you

will not use my name, it is important for me to tell you that and tell you who my parents were. This is my community. I should say that I spent a lot of time down South when I was young and beautiful. I came back a long time ago and I am here to stay. I work in family support but I have held other jobs in the community as a helper and advocate. If you are here long enough, you wear many hats, so I am the person people talk to about all their problems, I am the person who helps. I guess I am seen as being able to help. I believe my ability to do that runs in my family. One of my grandmothers was a healer, she knew all about healing plants. She spoke her language, maybe one of a handful of fluent speakers, and they are all very old. She was born near here and was raised in this area. Some people said she had a gift, but she spoke more about reaching out to others because that is how she was taught by her grandmother. She represented maybe the last of a more untouched generation, a generation that wasn't as hurt, wasn't as exposed to all the media stuff. She was raised out on the land in the summer. Later she lived out on the trap line with her first husband. I flew out there years ago and there was the tiny cabin, pretty caved in and wrecked, but there it was dirt floor and all. She took all her kids out there too. Hard for people now with all the newer bigger houses to imagine living like that. But she did and she always told her grandchildren good stories about it.

So like that cabin, I am still standing as well, like so many people here. I really don't have a choice, do I? I keep working because there is a need. I don't have a choice because I am who I am and because my parents and my grandmother were who they were. I can do this work and I have done this work for a long time. I don't want to watch the news anymore because First Nations communities are so negatively or tragically presented. These communities only make the news when there is great tragedy or they remember us.

It's like Canadian music, you have to play a quota, like "Okay boys, time to put the First Nations content in." I want each community to be recognized for what they are doing, what they are trying. And each community is different, very different. "Aboriginal" is the big title, but each Band is unique, we all have unique histories. So let's talk about history. Ten thousand, twenty thousand, a hundred thousand years? And it takes 100 to 300 years to bring all this on. This is on a scale that non-First Nations can't fathom, can you? Well, maybe you can because of where you lived.

People here need to see, to know that someone is willing to learn, listen, and see what is being done. You know the word "genocide" is used to describe our history and I believe that, I truly believe that. What other word would you use to describe the extent of what has happened, what is seen every day all over Canada and the US? Man, it just soaks into every generation. Residential school is what is most talked about, but it is multiple traumas all mixed together, the abuse, the abuse of other people, the abuse of yourself, the abuse of culture by generations of non-First Nations people. Some people drink because of their past...the trauma from the schools. So they drink, then the alcohol talks and there is violence and it just goes on. It is passed-on by what is done by people to people, but without members of some generations knowing...or not aware of where it is coming from. Sure there has been silence about the level of abuse. Perpetrators don't want to talk about it and then generations in government don't want to acknowledge it or take responsibility for it. So it goes to court and then people notice. I bet you that there are still people out there who think that "residential school" means a treatment centre or something. How ironic is that?

From generation to generation the intergenerational effects, I see that every day, I have seen that happening every day for years and years. But it is also from person to person. I don't think it is always known, or seen. What is done to one person is passed on and on. And in my work, with the other people I work with, we always talk about the intergenerational trauma. I mean we see it every single day. I just think we have to talk about what else is passed along; all the lessons of life, ways of doing all those chores that have to be done in order to survive. How about talking about the love and the devotion of parents despite not having many resources. There are real problems with parenting, especially with people of my parents' generation, but look at the parents who are parenting well, let's talk about that. I want to pass on good strength, you know that piece on resilience. I am not a healer, I am what you call a helper, a counsellor. A healer knows other things, more than what I know, like my grandmother. She passed on to me stories and knowledge that is all a part of me, but not enough for me to call myself a healer. I know others here who are considered healers, but most of the ones are elders.

I was talking to a non-First Nations friend and we were talking about that intergenerational passing-on. It is that way for all people, not just First Nations. You know you have generations of a family who live with low income and they stay there. There are families who are not First Nations who have generations or members of those generations who have trouble with the school system or the courts. I think it is just so hard here because the passing on of what is good was just stopped, totally stopped. After that, it just seemed like what was passed-on was all the stuff from the trauma: the anger, the guilt, the pain...the fear.

Sure, this is about unresolved loss, huge loss. That huge loss is made up with all the small problems...no they're not small problems, more like the daily tragedy or traumas, all the anger and violence and fear. I am working with others in supporting two young men who are at risk right now, and there is the fear and worry every day, I can just feel it... it gets tough talking about this part. I was thinking of the other things that are passed along, the will to do good things. You know sometimes I hear people talk about this and that with First Nations and it is so serious, like they are afraid to talk about anything but the trauma and the effects of trauma. They miss the humour, they miss all the life. It's like, "hey we are here, despite everything, we are here, and some of us even laugh sometimes despite everything." Otherwise we would just cry, weeping all day. You are going to get laughing or weeping. It is more than that though. Maybe we have always seen things different, maybe with more light. It is a protective strategy for sure, in the face of everything that has been done. What else have we had to protect ourselves with?

That pain is unbearable sometimes for a lot of people. I don't know if some of my clients even know it is pain...I mean they don't know the cause, if it is an intergenerational piece, some abuse issue, or what came from what. There was silence for so long and the government didn't help on that front. So now they say we are so sorry. Yeah, we are all fucking sorry. But man, sorry doesn't get us very far. I can't remember where I heard it, someone either told me or I read that sorry is the most useless word.

The challenges of this work, well where do I start? It is about a lack of understanding of what life is like in my community and why things are as they are. It is about residential school effects and all that hurt, all that. It is about government officials for agencies who change staff up North here all the time, having to start over and over, telling the same

stories, fighting for the same causes again and again. It is about losing children, losing youth. It is about leaders who forget why they are leaders. It is about a lack of resources, about poverty, about an education system that does not work for many First Nations students because it doesn't understand what culture means. It is about snow and ice-covered roads. It is about parents who still use violence against each other, especially very young parents. It's about the alcohol and the drugs, about young moms who still drink when they are pregnant...It is a lot of things that all add up, day after day.

Challenges are easy to talk about, they are everywhere in these small places. But what gives me hope is how people deal with all that stuff I just listed. You know the hard, tragic things are easy to see, those things...they are large and heavy, very big. But the efforts of people to fight that stuff or at least go on are not as easy to see. I believe it is partly about what you are looking for, what is easier to see. And I know by living in this community, the hard stuff and the tragedies, and the disasters, you get caught up in that. People that work as helpers get caught up in all the crisis, and there can be crisis every day for a stretch. Then it is harder to see the strength, the work that is being done by people in their own lives to heal and go on.

I worry when it looks like survivors can't get to that thriving place. They are stuck and I believe it is about how to get to the next place, like what comes next. Maybe that will be seen more now, with the compensation and survivors: what comes next? It is such hard work. There are so many brave people here, and I pray for them every night. Sometimes I think about my own story, my own history and there have been really tough times that tested me, pushed me to the edge. But then someone comes in and tells me what they are dealing with and man, my stuff looks mild, looks easy. Not that there

should be a comparison, it is more about understanding personal battles. Even in a community like this where I am working with extended family and I think I know their story, know most of their story, I will often find out I don't. I have heard a lot of stories, a lot of stories and I know now that there is always more.

My work has affected me, I think that is part of the job, but then so has all of life. I have seen and heard enough pain and suffering to last many people a lifetime. But people need to tell someone these stories and maybe I am a good container for those stories. Where do people place these stories when they get too heavy? So that is what I do, thinking about it, I hold stories. When people's stories just get too heavy, then they have to put them down somewhere, give them to someone else. I guess I would be the receiver of stories. Those stories have pictures in them that I will never get out of my mind. When I first started this kind of work, I heard stories about sexual and physical abuse that shook me... I guess traumatized me in some way. I can see those images now just by mentioning them. But it is different now and it is hard to explain: as the years go by, those pictures don't frighten me as much and I don't know what that is about. Either I am getting hardened a bit more or I have more hope in what people can overcome, how people survive, just getting by another day, maybe that is it. I probably am a bit hardened because I have to be so that I can keep hearing those stories. I wish I could say for sure that I have not been hardened...but something has changed. It is different now.

I am not sure what my beliefs are about secondary trauma. Something like secondary trauma, it takes away from what I see as trauma, real tragic events that happen to people: children dying young, accidents, car crashes, plane crashes, drowning, violent attacks, sexual abuse, rape...like that is real. And all I have to do is hear it. I know what the

experience is like, I was traumatized when I was a teen. I know what an abusive relationship feels like. I know what that feels like to have to deal with that years later. Man, hearing it is nothing compared to being in it. You have to have the ability to hold any story if you are going to do this work. I know counsellors talk about how hard those stories are to hear. Sure they are hard. I have cried after hearing some of them. Residential school stories and all the stories linked to that, alcohol and abuse, just so many stories about loss, mainly loss. But this is the work. I know I am not going to hear about a lot of good times, people don't come to see me for all the good times. I don't see a lot of people on their best days, big happy faces. They just don't know what to do, things are so bad. You have to know what your history and stuff is and then know what the client's history and stuff is. I believe that people often need strength to go on, and if they don't have it, or enough of it, then they need mine, maybe to borrow or just use for awhile.

What keeps me going is my belief that I can help others, I know I can and there is so much need. This is a close community, and the First Nations part of the community has been here a very long time. Not only are many of us related, there is something else. It is like a sense of being part of something more, the spirit of the community. We all keep the community alive. If it didn't die out in the real bad times, we can't let it die-out now. We have to care for each other...like it used to be, like it used to be taught. We depend on each other, I mean no one is going to leave someone at the side of the road in the winter. It is out of love, I guess that is what I would call it, love or care for the children, the youth, the elders, everyone. I worked with an elder once, a woman who had lived a very tough life, you could see it in her face, and she used to say, "I love the kids, all the kids."

They all knew she did. All the people that work here with me show that. Sometimes it is about meeting basic needs, getting treatment, reconnecting people who were removed years ago. Sometimes it is about just staying, not leaving even though it is hard work. With the history here, it takes time to build up trust.

I have been affected by my work, sure. I don't sleep some nights. I worry about the youth who are drinking, I worry about clients who are struggling to keep families together, be good parents. I am anxious and stressed depending on what is happening, especially if there is a major crisis. I do hate the sound of the phone sometimes, especially at night, never means good news, it's like a messenger of bad news. Suicide watches are the worst, when loss is that close that is tough, tough work. I do cry because I am attached to the people I work with. I feel, or have some sense of their pain, especially when a child is involved. I feel the loss, the pain like it was my own. I can't do this work without a deep connection, without feeling for other children and youth as I do for mine. So I guess I would say I have taken on a sadness, but I haven't lost hope. I can't do this job without hope, I don't think anyone could. I have a real strong belief in the good in people. I can help and I have seen over the years how people change, even people who were written off as hopeless. Yeah, I am back to hope. I mean hope is life, whatever gives people hope, and maybe I give people some hope. It is more like "Wow, if she made it, anybody can".

I have taken on a lot: sad tragic stories, but also all the things people bring that I learn from. There is so much in each story. Maybe it is about what I can give out more than what I take in. Well, I think of stories as lessons, or containing lessons on life. So clients learn from me and I learn from them, yeah. So I am sadder but still holding onto

hope. That is me... holding onto humour, laughing as often as I can, it is good medicine, really good medicine. Cheap too. So I guess it is finding a balance between the sadness all the stories bring and the laughter, the good things out there. I am here to help, maybe my ancestors set that up, I don't know. I am here to help, right to the end.

### *Summary*

The experience portraits are the result of Phase One of the analysis based on a holistic content/form analysis developed by Lieblich et al. (1998). They represent global impressions of the participants' stories and present a more holistic understanding of the primary research question: the experience of helping practitioners working in isolated northern communities with traumatized clients. Chapter 5 moves to the next level of analysis found in Phase Two and Phase Three, from global impressions to a thematic focus intended to answer the secondary research questions. The interpretations found in the content sketches from Phase Two focus on the connections among participants' stories through a content analysis, with the link to the existing literature presented with the metathemes. The change compositions from Phase Three focus on the connections between participants' individual stories of change and the phenomenon of secondary trauma.

## CHAPTER 5

### Content Sketches and Change Compositions

#### *Phase Two and Phase Three: Categories, Themes, and Change*

##### *Phase Two, Content Sketches*

In Phase Two of the analysis, a categorical-content approach was used with the experience portraits to answer the secondary questions: What challenges do helping practitioners face in providing support to clients with traumatic experiences in isolated northern communities? What are the effects on northern helping practitioners in providing trauma support to such clients? What strategies do they use to cope with negative effects? What qualities, both personal and professional, enable them to continue to do this type of work?

The experience portraits were analyzed rather than going back to the transcripts because these summaries had been controlled for anonymity and confidentiality. In the content analysis, phrases and words that revealed meaning about the experience of being a helping practitioner in the North and answering the secondary research questions were selected, colour-coded, and then grouped conceptually. These groupings or categories became “content sketches,” small linguistic studies of meaning found within the larger experience portrait. Selected phrases are defined as principle sentences that include positive, negative, and neutral statements answering the secondary research questions (Lieblich et al., 1998). I referred back to the interview notes in my research journal to clarify any differences in what sentences and words stood out then and which ones were standing out in the present. In order to manage the number of categories, a category was named when phrases and selections from four or more participant narratives were

Table 4: Phase Two: Content Sketches: Categories and Themes

Secondary research questions	Categories	Themes
What challenges do northern practitioners face in providing support to clients with traumatic experience in isolated northern communities?	Community	I can never walk away: Community engagement It takes everybody: Within community support A mixed blessing being embedded: Specific community challenges
	Isolation	Kiss of death to your soul: Professional isolation Not as in touch with the world: Physical isolation Traveling: Environment Over my head: Referrals
	Clients	Anything that will stop the memories and the pain: Client struggles So much strength themselves: Client strengths I know what you put up with: Client success I know where they go: Levels of interactions
	Culture	It is complicated for me: Differing worldviews I am simply more invested: Culture is everything
	Post-Trauma	Getting to the real trauma: Views of trauma What ignites everything: Residential school trauma Bits and pieces come down: Intergenerational trauma
	Challenges	The biggest downside of the whole process: Challenges in helping They said: Society's Influence
What are the effects on helping practitioners in providing trauma support?	Work Components	Hurt can be too big: Trauma work I try to be as competent as I can be: Training They are the best teachers: Sources of knowledge We know how to care for each other: Work support A choreographed kind of deal: Work described My work impacts on me: Effects of work This is how I feel: Supervision Past the word upsetting: Emotions This job never ends: Work in small communities
	Practitioner Trauma	You take on a lot of your client's load: Unlabeled trauma Pace yourself: Burnout My worldview has been altered: Vicarious trauma
What strategies do northern helping practitioners use to cope with negative effects?	Strategies	You can do it for a long time because you believe it: Strategies for continuing/coping People will talk over vegetables: Creativity in work

What qualities, both personal and professional enable practitioners to continue to do this work?	Guiding Beliefs	Sustaining, totally sustaining: Beliefs guiding work You have to believe: Hope and resilience
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included in the themes found within the categories, demonstrating agreement and participation in the secondary research questions. Themes consisted of phrases or words from two or more participant narratives in order to stay congruent with the purpose of Phase Two that looked at patterns between participants' stories. The categories are broad and were tied back to the context of northern helping practitioner experience. The goal of this phase was to do justice to the complexity of the stories and formulate an understanding of practitioners' content universe (Lieblich et al., 1998). The principle research question is broad and the intent of doing a content analysis that answered the secondary questions was to provide a more detailed understanding of participants' experiences. Ten main categories were identified, comprehensive categories that hold all the principle sentences and main ideas expressed in the participant stories. The categories include: *Community, Isolation, Clients, Culture, Post-trauma, Challenges, Work Components, Practitioner Trauma, Strategies, and Guiding Beliefs.*

Themes found within the categories are described under each category. Participant quotes representing each theme precede and are included within category descriptions. These participant quotes were chosen as most representative of the themes, providing clarity and insight into each theme, and in combination, descriptive components of each category. Relevance of the literature reviewed to the categories and themes is omitted in the thematic section of this chapter in order to avoid overshadowing participant knowledge and experience. Relevant literature is included in a discussion of the

metathemes later in the chapter. Literature will also be integrated into the discussion in Chapter 6.

### *Community*

#### *I can never walk away: Community engagement*

*In my life I feel I have to try to support this community. I can never walk away, not emotionally, not spiritually. Even if I could physically leave, I would still be tied... still be connected. There would be a sense of obligation or duty. (Connected)*

In the category of community, practitioners discussed the level of connection and involvement required in acting as a serving community member. In this quote, the practitioner in *Connected* expresses the depth and extent of the connection that many practitioners who were born in northern communities or who had lived there for extended periods of time feel. As he points out, the connection exists at all levels including emotional and spiritual involvement. Community involvement was named as being as important as the services they offered. The level of connection was viewed by one participant as having healing power. Community members depend on each other, requiring honesty and transparency in daily interactions as “ways of being” that allow members to function together.

*Sometimes the blessing is that I don't know the politics because I have to work with everyone in the community, the abusers and the abused, listening to various views and elders. I think in many ways it is really helpful. People want people who are confidential, not involved in the politics as much as they want someone who understands it. I guess I have learned over time the fine line that I have to walk. Sometimes it is possible and sometimes it is not. It is just not possible in certain northern towns. (The Pool)*

The practitioner in the *Pool* is describing the delicate negotiations that occur in isolated communities when helping practitioners do not live in the communities. Some communities require practitioners to become more involved with the functioning of the community before members will use their services. In other communities, clients will

request practitioners from “outside” in order to preserve their confidentiality, not wanting to trust their stories to practitioners who are community members. Other practitioners who worked in various communities that were not their home communities believe that they also served the communities by offering fresh perspectives. They are able to avoid small town politics and the inherent hazards found in close-knit communities where everyone knows everyone. These practitioners had learned the importance of offering community members their confidential services as workers who were not involved in the matrix of the community and who accepted them without knowing their past.

*It takes everybody: Within community support*

*This is a close community, and the First Nations part of the community has been here a very long time. Not only are many of us related, there is something else. It is like a sense of being part of something more, the spirit of the community. We all keep the community alive. If it didn't die out in the real bad times, we can't let it die-out now. We have to care for each other...like it used to be, like it used to be taught. We depend on each other. (Laugh or Weep)*

Building on the theme of community connectedness, this practitioner addresses the actions that are required by community members in supporting the community and each other. She eloquently describes the necessity of sustaining the community and the actions that are required to do it. The lack of acknowledgement of the work already done by front-line workers was viewed as problematic. Accountability, consistency, and persistence are qualities that are identified by practitioners as requirements for supporting community members. Two practitioners described the level of interdependence between community members. Community members have to work at their relationships because they often require the services of each other. Two practitioners suggested that such dependence can have life and death consequences. Two examples presented by the

practitioners included peoples' vehicles breaking down in severe conditions and the support offered with suicidal clients.

*A mixed blessing...being embedded: Specific challenges*

*People see relationships differently in these communities and how you have to find a way to wear all those hats. (The Pool)*

This theme addressed both the community expectations and problems found in the embedded situation of some practitioners. In this quote, the practitioner is describing the need for dual relationships in small communities and the struggle that new helping practitioners undergo in negotiating how they will manage multiple roles in small communities. The dichotomous nature of those practitioners who are embedded and those who are not was explored, with both groups offering necessary services. Knowing the history and context of community members' lives was considered to be an asset, but left one practitioner wondering about what isn't done or said based on these close, often dual relationships. Practitioners are expected to act simultaneously in many roles in small communities and practice in a very personal context with limited privacy. Small town politics and orienting to any particular group are avoided as much as possible according to three participants. The blurring of professional and personal boundaries was linked to the need to act in many roles. Practitioners had to find ways to negotiate the transition between doing a session with a client and then giving the client a ride or running into the client in the grocery store.

*But at the same time being so, being so bound up within the community as a whole and the individuals in it means that you are so much more vulnerable to the pain that goes with it; the pain of deaths and injuries and emotional trauma. You can't see these people that you care about and see that they are suffering and not care too. (Small Town Helping)*

The practitioner in *Small Town Helping* is describing the inevitable emotional connection and the resulting vulnerability that occurs between helping practitioners in small communities and the people they serve. Being “bound up” in the community was also problematic when practitioners believed that there were issues they could not address or be upfront about because of possible repercussions and consequences that have to be negotiated when living in small communities. Practitioners described the entwined nature of helping relationships in small communities. The embedded nature of practice in these communities leaves practitioners vulnerable to the pain inherent in relationships based on caring. One practitioner described helpers in small communities as feeling injured because their clients are injured, indicating the strength of the bond.

The danger component of helping work was included in this theme based on the high level of visibility of practitioners and the emotional content of their work. Three practitioners described the criticism they receive for not “fixing” their clients, and one described the risk of family violence work where perpetrators will target the helpers as well as the victim.

### *Isolation*

#### *Kiss of death to your soul: Professional isolation*

*No one else was doing just what I was doing which is always very hard. You have to have lots of contact with people who are doing what you are doing as much as possible. That part was hard, that part was very hard and I got so excited when I could find someone doing what I did. (Believe)*

This quote addresses the theme of professional isolation, a theme found in many of the participant stories. The factors of physical location of practice and the limited population are described as having an impact on practice due to a scarcity of colleagues and the lack of supervision. Most of the practitioners did not have anyone else in the

community doing the work they were doing, which resulted in feelings of professional isolation unless they had access to adequate supervision. Additional stress was added to the burden of professional isolation when practitioners ended up being the only source of support for clients. Professional isolation was described by one practitioner as a major factor in the development of vicarious trauma.

*Not as in touch with the world: Physical isolation*

*I had the opportunity when I worked in the shelter to go to the far North a couple of times and I went to their first family violence conference. There was a simultaneous translation and it was very exciting. But the isolation (in the far North) makes isolation here look like nothing. It was so scary because it is plane ride for everybody. But those that live in some of those communities and suffer domestic abuse: how many times is your social worker going to pay for a shelter in another community? Not the usual 30 times it takes before some women leave. (Holding the Good and the Bad)*

The participant is describing more extreme conditions in the far North where women who experience domestic violence must be flown out of their small communities to shelters in other communities. The tendency is for women to go back to their abusive partners numerous times before they make a final break. This level of isolation adds to the logistical problems in ensuring their safety. Physical isolation was also a concern for two other participants, leading them to be proactive in taking steps to get out of the communities when needed. Cultural attachment to the land led one participant to disagree with the definition of northern communities as isolated without making a differentiation between physical and spiritual isolation.

*Traveling: Environment*

*There is a lot more responsibility when you are travelling and personally it is hard when you are traveling. The driving can be a challenge when you are driving that long, you see people roll off the road. You know, it just...it just wears on you that part. I would imagine it would wear on anyone delivering services. (The Pool)*

Winter road conditions were described by two participants as contributing to a sense of isolation. This description evokes the long stretches of gravel and paved roads that have to be traveled in order to deliver services in the North, with distances between serviced communities often exceeding 300 kilometres. With the communities spread out over such vast distances, service to the communities is dependent on travel. Three practitioners described problems encountered in winter travels and one suggested that the number of accidents on northern roads had an impact in her community through additional loss, adding to the historical trauma.

*Over my head: Referrals*

*That's the biggest downside of the whole process: you can't...you don't have a place you would like to refer someone to. (Believe)*

This practitioner is describing the frustration of bringing clients along in the helping process to a point where they are ready for other services, only to find that such services are inadequate or not available. Her clients were ready and willing to take the next step that she did not have the training to take with them, but no accessible additional support was available. Professional and paraprofessional help for trauma support is often limited to a few individuals in the communities with no formal trauma support training. These practitioners often work in more generalist practice. Two practitioners identified the lack of specialized services for client referrals as often there are no accessible services. Government boundaries between province and territory also act as a barrier to interagency services. Without services to refer to, practitioners have to know their own limits of practice, but also find ways to support their clients who are ready to move on but have no where to go.

### *Clients*

*Anything that will stop the memories and the pain: Client struggles*

*I think it becomes unimaginable, unacceptable if people who are desperate start to feel that there is no help for some things. We cannot imagine that, we can't face that. (Connected)*

The practitioner in this quote is describing his understanding of the level of hopelessness and desperation that drives clients to use substances, to blame him for not healing all his clients, and for attempting to end their lives. The understanding and compassion practitioners had for their clients was evident within this theme. They poignantly describe client context and the wider context to be considered when facing client pain in a helping relationship. Trauma is described as the source of the pain for many clients and the source of many of the dependency issues that practitioners experience with clients. Two practitioners shared their frustration and concern in trying to ease clients' pain.

*So much strength themselves: Client Strengths*

*They taught me a lot it. It seemed to me the more traumatized these clients were, many were so wise. (Holding the Good and the Bad)*

From her client-empowering perspective, the practitioner in *Holding the Good and the Bad* is addressing the impact that several severely traumatized clients had on her, acknowledging how much knowledge they brought to the helping relationship. In this theme, other practitioners also acknowledged the strength that many clients bring to the helping relationship, along with their pain and problems. One practitioner discussed the need to acknowledge client strengths and resilience more often rather than the negative aspects that are more visible. The sections of stories included in this theme illustrate the reciprocal nature of sharing and learning that occurs with clients. Practitioners indicated

an openness to learn from clients, with this quality appearing to be an extension of the respect they demonstrated towards their clients.

*I know what you put up with: Client success*

*So the clients, especially the clients who are in stressful or painful situations struggle day to day. If they can get up and have breakfast and do a laundry, that's success. What does getting better look like? (Life Role)*

The *Life Role* practitioner is sharing in this quote the question he asks clients in his attempts to understand clients' definitions of success and to avoid setting inappropriate standards of success for his clients. Several other practitioners also described the need to understand what success looks like for clients and to meet them at that level. Knowing what issues they had overcome was also important in defining success. One practitioner shared how powerful it was to be aware of and acknowledge the unseen struggles of clients that are brought to the helping relationship.

*I know where they go: Levels of interactions*

*Speaking of images, I think as helping professions when we are seeing somebody who has had a troubled past and a troubled present, possibly a troubled future, we can take those images with us to that encounter with them and transmit them by our manner even if it is not spoken. We convey our expectations of their future to them whether it is through body language or whatever. (Small Town Faith)*

This practitioner is sharing an important work strategy in this quote involving the situation of community members knowing so much about each other due to high visibility. She touches on the issue of dual relationships and the need for a professional set of values in order to best serve clients under difficult conditions where everyone is known. She stresses the importance of conveying positive expectations to clients verbally and non-verbally. Two participants described the types of interactions that were most

supportive for clients. One practitioner described how acceptance of a client's current state is a critical component in establishing safety.

### *Culture*

*It is complicated for me: Differing worldviews*

*Maybe we have always seen things different, maybe with more light. (Laugh or Weep)*

*And I think because it is my government that is complicit in the stories, it's by default something I carry...I sort of represent that white society that has benefited from the policy against FN people. So it is complicated for me. I have never had a sense my clients see it that way, so that's my own thing to own. (The Pool)*

The theme of the sensitivity required in addressing cultural differences was found in the transcriptions of both First Nations and non-First Nations practitioners. The practitioner in "The Pool" is addressing the feelings of "guilt by race" that I have heard other non-First Nations practitioners talk about when they become immersed in First Nations communities and confront on a daily basis the lingering effects of colonization. She realizes that this is an internal struggle for her as the First Nations clients she works with do not see her in this role. The First Nations practitioners in this study work predominately with First Nations clients, while the non-First Nations practitioners work cross-culturally. Practitioners who are non-First Nations spoke about respectful engagement with First Nations clients and their awareness of personal feelings regarding historical trauma and residential school legacy, issues that have had an obvious effect on them.

*I am simply more invested: Culture is everything*

*What I do know is that it matters to me that this client makes it, it matters to me that another client stays sober, it matters to me that still another client gets her child back. Not that it would not matter to you or other non-First Nations workers. I am simply more invested, that might be the word. (Connected)*

In this quote, the practitioner in *Connected* is explaining the difference in work purpose and incentive between First Nations and non-First Nations helping practitioners. This difference is based on the level of community and cultural investment. For most First Nations practitioners, culture was a pervasive theme throughout their stories. Culture came through their stories as the tie that binds them to their communities and their clients. The culture ties these practitioners to their communities, contributing to the level of embeddedness they have in their communities and the devotion that they practice with. They addressed the issue that non-First Nations practitioners were making efforts in supporting First Nations clients, but the level of understanding and investment could not realistically be the same.

#### *Post-Trauma*

##### *Getting to the real trauma: Views of trauma*

*Sure, this is about unresolved loss, huge loss. That huge loss is made up with all the small problems...no they're not small problems, more like the daily tragedy or traumas, all the anger and violence and fear. (Laugh or Weep)*

The practitioner of this quote is describing the compounded loss from historical trauma and present-day struggles. Several practitioners addressed the difficulty for clients in identifying where their pain was coming from and what problems to work on, with the smaller problems obscuring the larger traumas. Unresolved loss related to genocide and historical trauma was suggested as one of the “real traumas.” One practitioner described the state of some clients where pain or feelings that outsiders would call pain is unacknowledged because they do not understand the cause.

##### *What ignites everything: Residential school trauma*

*Residential school is what is most talked about, but it is multiple traumas all mixed together, the abuse, the abuse of other people, the abuse of yourself, the abuse of culture by generations of non-First Nations people. (Laugh or Weep).*

The practitioner in *Laugh or Weep* is again making the connection between the wider effects of colonization, including the residential school system, and multiple levels of traumatic experience that continue to have an impact on the lives of her clients. The impact of the residential school system is a theme found throughout all the narratives. It is identified as the main traumatic issue in the communities that these practitioners work or have worked in. Colonization and oppression are words that accompany the mention of residential school legacy.

*The residential school stories are hard to hear. It is weird my relationship with that issue because I feel very honoured to be the one trusted with that issue. The stories are very deep and very heavy, so when they come out it is an honour. And I don't feel like that for every single issue but I do with that one. They are hard to hear, they are really, really horrible stories. (The Pool)*

In her context as a non-First Nations helping practitioner working with First Nations clients, the practitioner in *The Pool* describes the conflicting feelings that accompany witnessing residential school experience stories. This quote represents an example of how the effects are heard in the stories of both First Nations and non-First Nations practitioners, effects on their clients that are felt by the practitioners as well. Anger and sadness are the predominant emotions expressed regarding this topic. The stories of residential school survivors are described as some of the hardest to hear. The silence surrounding the trauma is mentioned by several participants, both in terms of clients, governments, and society in general. Multiple traumas that are linked to residential school trauma were also described by practitioners.

*Bits and pieces come down: Intergenerational trauma*

*The intergenerational problem is enormous. Bits and pieces come down to the next generation but it is not always understood or apparent where it comes from. There is the pain from all the historical oppression and targeted racism, it just gets wound up into everything, every family that was affected and all the children and grandchildren. (Connected)*

*I was talking to a non-First Nations friend and we were talking about that intergenerational passing-on. It is that way for all people, not just First Nations. You know you have generations of a family who live with low income and they stay there. There are families who are not First Nations who have generations or members of those generations who have trouble with the school system or the courts. I think it is just so hard here because the passing on of what is good was just stopped, totally stopped. After that, it just seemed like what was passed-on was all the stuff from the trauma: the anger, the guilt, the pain....the fear. (Laugh or Weep)*

This quote was very important in the analysis as it validated the presentation of both historical trauma effecting First Nations clients, and intergenerational trauma effecting clients who are members of groups who have not experienced genocidal practices of colonization. The enormity of the affects of intergenerational trauma and the pervasiveness of those affects is a theme found in several stories. The chain reaction that reverberates from trauma through generations is found in client stories for both First Nations and non-First Nations clients. The difficulty in working with this type of trauma is addressed because of a lack of obvious causality. Practitioners described the wearing effect of daily encounters with intergenerational trauma in their practice.

*Challenges*

*The biggest downside of the whole process: Challenges in Helping*

*How do you just live a normal human life with heart breaks and car accidents, you know the things that happen to me in my personal life. How do you live that and also be an okay counsellor? (The Pool)*

The theme of *challenges* found in helping and trauma support work is prevalent in the stories. In this quote, that practitioner in *The Pool* addresses the major challenge of

how helping practitioners engage with clients without letting practitioners' personal situations effect the work, a reversal of the standard scenario of secondary trauma. Other challenges included limited resources and a scarcity of appropriate agencies or services to refer to. Gaining acceptance to a new community was considered to be a challenge as was the criticism or "flack" that practitioners face whether they are community members or outsiders.

*We are always putting out brush fires. So it's very hard to maintain professional help.  
(Life Role)*

The *Life Role* practitioner presents the challenge of practitioners getting to the main issues and working proactively because large amounts of the workload in supportive work is crisis driven and professionals burn-out faster under those conditions.

Practitioners also included a limited social life inherent in small town practice as an isolating challenge. Specific community problems were described as challenges, including lack of resources, poverty, family violence, and rotating staff. Lack of training and access to training were named as other challenges.

*They said: Society's Influence*

*If you want to stick your head in the sand that is the way to do it. I think for most people it's easy to do that, maybe it makes their lives easier. They don't have to deal with vicarious trauma if they just compartmentalize everybody into good and bad. But then they miss so much. (Holding the Good and the Bad)*

The influence of society on practitioners and their clients was an expanding theme that examined the wider context. In this quote, the practitioner explores the phenomenon of holding onto the belief that some people are born bad rather than acknowledging how everyone holds both good and bad, including helping practitioners. She suggests that this may be an unacknowledged coping strategy for those who are fearful of an internal

exploration of good and evil. Four practitioners were affected by strong views expressed by the public about their clients and generalized/stereotypical responses affecting them. The lack of response by the public to childhood abuse and systemic racism and discrimination were also components in this theme.

### *Work Components*

#### *Hurt can be too big: Trauma work*

*I don't think there is a way to do this work without a certain level of empathy. If you don't have that empathy, you don't make that sort of soul connection. You are really limited in how much you can do because a huge issue for these folks is trust. (Holding the Good and the Bad)*

This theme is found in practitioners sharing what they have learned in doing supportive work with clients and their trauma responses. This practitioner emphasizes the need for strong empathic engagement when working with clients with traumatic experiences, a quality that appears to be connected to the phenomenon of secondary trauma. The size and extent of the hurt found with these clients is linked to heightened stress in practitioners as they negotiate what they can and cannot do in the face of such need. The amount of empathy required to do this type of work is acknowledged as well as cautions as to how compassionate interventions can have negative results.

#### *I try to be as competent as I can be: Training*

*So I had to learn counselling techniques, specifics in school and on the job. I had a lot of generalist knowledge about a lot of stuff but not specific skills. So there is a lot I don't know, there's a lot I don't do very well like couples counselling. (The Pool)*

Practitioners addressed the issue of training and educational background in this theme. In this selection, the practitioner explores the problems encountered for workers with a generalist knowledge base who are expected to provide a wide range of services in northern practice and the added responsibility of finding ways to access information and

training. Some practitioners have more experiential knowledge of trauma work while others hold degrees in other areas and would like to receive additional training. One participant described how not having a degree is viewed as a barrier to certain jobs despite years of practical experience.

*They are the best teachers: Source of knowledge*

*Clients have so much knowledge to offer as well. The neat thing is we have learned from our clients. I just think it makes people much more open in a relationship with a client when you acknowledge that. I mean all my knowledge around trauma and victimization some came from books but a vast majority has come from victims of trauma. (Holding the Good and the Bad)*

The practitioner in *Holding the Good and the Bad* provides a description of the importance of experiential knowledge and acknowledgement of the reciprocal nature of the helping relationship. This theme is related to the theme of *So much strength themselves: Client Strengths* in acknowledging the contribution of clients' experiential knowledge and understanding of trauma to practitioners' knowledge base.

*We know how to care for each other: Work support*

*Most of my friends are counsellors which is very helpful because we all understand that. We understand the tone of voice all of us get when there is a client there. We know how to care for each other. (The Pool)*

Practitioners describe the isolation that comes from doing this type of work in small communities, isolation that is related to issues of confidentiality and lack of supervision. This quote is an example of the supportive network that helping practitioners in the North develop in order to continue their work. The importance of having any kind of support is emphasized. Sometimes the primary source of support is fellow workers as is the case for this practitioner and for others, it is their family.

*A choreographed kind of deal: Work described*

*This brings me back to a really important piece about this whole issue: when you are working in it and when you are working deep in violence and atrocities, when people are experiencing that, I think that you inevitably take on an advocacy role. (Holding the Good and the Bad)*

This quote presents the relationship between work in the field of post-trauma support and advocacy work. This practitioner believes that anyone who has knowledge of various transgressions against fellow humans also has the moral obligation to speak-out and to work to change what can be changed.

From investment in their work to the dangers encountered in helping others, practitioners describe the various components of their work, steps that combine to form the “dance” of therapy. Practitioners describe themselves as advocates, natural helpers, a presence who was there, and “holder of stories” in their description of work.

*My work impacts on me: Effects of work*

*They would tell me things like “if you think you are not taking on stuff from us then think again.” (Holding the Good and the Bad)*  
*Anyone who has done this job for a long-time just has a sense of how people can be hurt. (The Pool)*

This major theme is found in every participant story. These quotes provide brief glimpses of two of the main effects of working with traumatized clients: the taking on of troubling aspects of clients’ stories and heightened awareness to danger. The effects vary from hypervigilance, the loss of compassion, guilt, sleeplessness and gradual wearing down to increased compassion, knowledge, integration of good and bad, and enrichment. One practitioners also spoke about the alternate view on how more information is needed on how practitioners’ own personal lives impact their work and their clients’ feelings and understanding. Participants described how helpers get caught up in the crisis that effect

small communities, with this type of work having the potential to take over a person's life. Community members' perceptions of practitioners tend to be as helpers rather than simply as another community member.

*What is harder are the less profound issues I hear, the daily grind that people experience, with smaller depressions, the substance abuse, the relationships, the violence in the relationships that go on. I hear that all the time, day after day after day. It's not one profound issue that you can just debrief. It's sort of the drips and drabs into a pool and then you have this pool. That's then you think "I'm sinking; I don't know what to do. I can't get rid of the drips and drabs because they are just so little and so many." That's what I find hard personally, keeping myself healthy with not the profound issues which seem really clear, but with the day after day issues. (The Pool)*

The daily toll of the work is mentioned repeatedly. The larger traumatic issues are obvious and prepared for, but it is the smaller tragedies that appear to contribute to negative effects. This quote contains a clear, metaphorical description of the culminative nature of the phenomenon of secondary trauma and is a pivotal selection in this analysis. In preventive measures taken to lessen the effects of secondary trauma, the focus is often on the profound big issues, whereas this practitioner presents the day to day issues as having potentially the most detrimental effects. There is a strong emotional component in this theme, with the intensity of emotions coming through the stories.

*This is how I feel: Supervision*

*Here I have a clinician. I can say, "this is how I feel". I have been thinking about this since you sent out some of the study, and I don't know if I have taken the responsibility to debrief that kind of stuff. What a shame if there could be a lot of judgments made or "you're not doing your job" or "you don't have good boundaries", or "you're not leaving your issues at home". Maybe it would be helpful to think of questions to ask yourself or your supervisor to get to some of these things. "Has this happened to you?" to start. For me it is just helpful to note, "What is this that I am feeling?" oh this is just my job, this is not really happening. "Why is this staying in my head", that's my job. (The Pool)*

The need for supervision in small communities was a common theme. The quality of supervision was also a concern, and this practitioner suggests some specific steps that can

be taken by helping practitioners in order to get the most out of the process. In trauma support, transparency and honesty were defined as important qualities in supervision, allowing practitioners to address issues that come up in practice. The vulnerability of practitioners within the supervisory relationship was also a concern. Supervision was viewed as either a supportive relationship or a risky encounter where honesty about negative effects could be taken as practitioner incompetence in the job.

*Past the word upsetting: Emotions*

*And we can say all those things but it is how we feel when faced with something like that. (Connected)*

The emotional content of trauma support described in incidents of activation was a theme for many participants. The practitioner in *Connected* states the need for practitioners to address their feelings directly without justifying actions taken as a way to heal. He is addressing the suicide attempt of a former client and his own emotional response to the event. Anger, sadness, guilt, and fear were some of the emotions identified in participant stories. Practitioners indicated directly and indirectly how they felt their clients' pain. Fear often appeared to be a part of the concern practitioners discussed about their clients' welfare. Love for their work was another affective description found in four of the participant narratives.

*This job never ends: Work in small communities*

*Because here, your job is never over. You're always thinking about your clients, whether some of them are drinking. So you're always thinking about the pain. (Life Role)*

The nature of helping work in small communities was another theme, consisting of dedication and full immersion into the community by the practitioners. Several other practitioners also described the open-ended nature of helping work in small northern

communities which this practitioner named as never ending. In such intimate settings, practitioners are often expected to be constantly available. In small communities, clients have easy access to practitioners because of the high visibility for all community members, and regular hours of work have to be negotiated. Work issues either followed practitioners physically through client encounters in public or psychologically through worry and concern for clients.

### *Practitioner Trauma*

*You take on a lot of your client's load: Unlabeled trauma*

*There are some horrible things that happen you have to hear or witness or whatever. And then does that go away? I don't know if it ever does. It's always up in the brain stored in the filing cabinet somewhere. I don't know how I live with the images. I don't know how I deal with them quite frankly. (Life Role)*

In answering the one of the questions that emerged in the interview, this practitioner openly acknowledged that he had not reflected on how he manages to hold the disturbing images that accompany supportive post-trauma work. For many of the practitioners, the definitions and terminology of the phenomenon of secondary trauma are not familiar terms. They described consequences of the level of engagement with clients in different ways, resulting in the theme of undefined trauma. Practitioners described themselves as haunted, injured, and taking on clients' issues. They use the terms "traumatized", "hurt", and "survivors' guilt" to describe some of their reactions to clients' stories. One practitioner discussed her belief that dwelling on secondary trauma takes away from first-hand trauma.

*Pace yourself: Burnout*

*I'm not going to work more than I already am. I wouldn't do it full-time because I would burn-out. I need to do other things in my life other things that balance it out. Without that, I couldn't continue doing this job and I think that is very important for your study.*

*My work is only part-time and I could not do this full-time, no it could not be done, not from me. I would burnout in a small town. (Life Role)*

This practitioner was one of three practitioners who described the effects of their work as burnout, a work-place oriented construct. The practitioner was very clear in this quote about the limits of his endurance and has established how much he can do without serious detrimental effects. Feeling of numbness, cynicism, and of being overwhelmed accompanied other practitioners' definitions of burnout. The importance for practitioners to pace the amount of work they do was included in this theme.

*My worldview has been altered: Vicarious trauma*

*In my own experience with vicarious trauma, I didn't see it coming and I didn't recognize it. I had no label for it at that time unfortunately. I learned about vicarious trauma later. What changed for me is I left work. I first went part time and then went less and less. I think I realized I needed to make the leap even though I had a full time permanent job and it paid me well and gave me goodies along with it. (Holding the Good and the Bad)*

Practitioners who had been educated on vicarious trauma spoke to some of the effects that they had experienced in this theme. The cumulative nature of the trauma is described in this practitioner's quote as well as the profound consequence she experienced due to the secondary trauma. Hypervigilience, altered worldviews, and difficulty in dealing with the lingering images generated by clients' stories were explored in this theme.

*I think it would be nice if we learned about what is really going on. "Vicarious Trauma" sounds so big and I don't think this fits the classic symptoms of trauma where you hear something and you have nightmares and you are going to be upset. I think this is a bit different. It is the kind of wearing, the on-going wearing on counsellors. If there was a way to talk about that was safe, perhaps we would learn more. (The Pool)*

This quote is an example of some of criticism brought against the current conceptualization of secondary trauma as vicarious trauma and an acknowledgement of the need for further research into what the phenomenon is. This practitioner once again

presents her belief in the contribution made to secondary trauma in helping practitioners from day-to-day wearing down of practitioners practicing empathically. The effects on practitioners resulting in vicarious trauma are described as profound, with serious implications for the practitioners. One practitioner described her experience of colleagues leaving the field and of others developing illnesses that might be linked to stress and secondary trauma. Two practitioners explained how they suddenly realized they had been profoundly effected and had not seen it coming. One participant describes the process as a general on-going wearing on practitioners and believes that the definition of vicarious trauma does not exactly fit with that wearing process. Practitioners who work with victims were considered to be more vulnerable to vicarious trauma

### *Strategies*

*You can do it for a long time because you believe it: Strategies for continuing and coping*

*To be okay in this work, I know my boundaries have to be really strict. The boundaries about the emotional investment I have made professionally have come for reasons. But I did wonder if it is too much. If I had any less, I don't think I could do this work. I have found a balance that works for me. (The Pool)*

The theme of strategies for coping is including in the majority of the narrative data. One area of strategies centers on protective steps that practitioners use such as leaving the work, watching for effects at work, and establishing strong boundaries in order to practice. This quote contains a description of the difficulty in finding the balance and establishing boundaries in practice between emotional investment and empathic engagement and a lessening of compassion. Accepting clients when and how they arrive for help was described as effective coping, as well as not having a therapeutic agenda. Spiritual, physical, and creative activities were included as self-care steps.

*And I used to say when people said how do you do this and I said, “Well you have to take the Tinkerbelle approach.” The Tinkerbelle approach is, “I believe. I believe.” You never quit believing, never, ever, no matter what is presented to you. No matter what this person presents to you, you have to believe...so that’s why I call it Tinkerbelle. I believe I make a difference, I don’t know when, why, or how, but I really believe. If you can catch onto that, you are fine, just fine. And then you can do it. You can do it for a long time because you believe it. I hear a really tough story and I go, “I am so glad I was here to hear the story.” I believe something can change. (Believe)*

The practitioner in *Believe* presents a powerful description of the need for unswerving belief as both a strategy for continued practice and as a guiding belief in her work. Elements of fun and laughter were also described as tools for longevity in this line of work. The most essential element for continuing and coping was belief in clients’ and helpers’ abilities and holding onto hope.

*People will talk over vegetables: Creativity in work*

*I think probably 25% of what we do in small communities isn’t done in the place of work, it’s how we interact with other members of the community and respond to them. (Multigenerational Helping)*

This quote is a crucial statement on one of the differences between isolated practice and more formal work. The act of helping and moving clients towards a better future involved the use of creativity in these small communities, another theme generated from the participant stories. Helping was described as occurring outside the more traditional settings, from work conducted in local grocery stores to small acts of kindness involving giving rides, telling stories, or sharing a laugh. Helping in smaller communities came across as a far less formal process than might be found in more urban centres.

### *Guiding Beliefs*

*Sustaining, totally sustaining: Beliefs guiding work*

*I think the underlying costs are less talked about, acknowledged, and understood: the underplay between your life and your work. (The Pool)*

This selection opens the description of guiding beliefs by acknowledging the costs of working as helping practitioners, and the need for understanding of how practitioners' personal life effects their work and vice-versus. Beliefs and values that underlie and guide practitioners' personal and professional actions was a predominant theme in all the participants' stories. Belief in clients' need to have power in their lives and faith in their abilities came through some of the stories. Fostering independence and building on client strength were other beliefs. Several practitioners commented on their belief that they were under no illusion that they could fix anyone.

*And yet that is the other thing I have learned: we are capable of everything that a human being does, every one of us, dependant on whether we are raised with love or not. I think that is our core issue. (Holding the Good and the Bad)*

Some practitioners were guided by their belief in humanitarianism, an orientation that they considered to be their role in life. The disbelief in evil and the need for love were other elements in this theme, as described by the practitioner in *Holding the Good and the Bad*. Despite hearing horrific stories, this practitioner reflected that she still did not believe in evil and suggests that a core belief for her is the acknowledgement that all of us are inherently capable of acting inhumanely.

*You have to believe: Hope and resilience*

*I believe I make a difference, I don't know when, why, or how, but I really believe. If you can catch onto that, you are fine, just fine. And then you can do it. You can do it for a long time because you believe it. I hear a really tough story and I go, "I am so glad I was here to hear the story." I believe something can change. (Believe)*

The theme of hope and resilience is at the heart of practitioner practice in light of the overwhelming weight of multiple traumas found within the stories. The practitioner in *Believe* presents the sustaining power of belief in this quote. Believing in possibilities and acknowledging the resilience and strength of clients were all ways of sustaining hope.

Faith in humanity and in peoples' ability to go on is directly described in five of the narratives. Practitioners accept that hope is essential to their work and to the lives of their clients.

### *Phase Three: Change Compositions*

In Phase Three of the analysis, the experience portraits were read for dynamics of plot, looking for action taken and aspects of temporality and change using a categorical-form analysis. For temporality, a two-stage model from the work of Lieblich et al. (1998) was used, with time presented as "before", "transition period," and "after." This third phase of the analysis was used to address one of the secondary research questions: What changes do helping practitioners experience in doing this work? This question was developed as a way to consider post-trauma responses based on the literature of vicarious and secondary trauma. The change compositions form a link to the vicarious or secondary trauma question by indicating the effects on practitioners through any change processes and the direction of that change that they experienced in their work. Trauma changes the meaning people have given to their lives and results in changes to emotions and beliefs (Briere & Scott, 2006). Using the framework of Constructivist Self-Development Theory (CSDT), McCann and Pearlman (1990) and Pearlman and Saakvitne (1995) suggest that the extent of these changes, based on the person's need area of self-esteem, intimacy, power, dependency and trust, independence, and safety, determines how traumatic the person perceives the event to be. The disruption of peoples' internal frameworks of perception led to change in many areas. Elements of change found in participants' stories are discussed and considered in terms of the phenomenon of secondary trauma.

In this phase, the narratives were read for participants' past, present, and future experiences, with phrases and selections on life-in-time experiences analyzed. Sentences, phrases, and selections on life-in-time experiences were colour-coded and selected from the main text. Rewritten line by line and arranged in the "time and change" analysis chart (Appendix D), selections considered most relevant to the research question were then organized into a change composition table. I was focusing in this phase of the analysis on how the participants had changed from the time they first began their work, identifying change and transitional words. The headings used in the change composition table included "when I began" for past, "now" for the present, and "in the future" for future plans. Crossley (2000) suggests that present activity has meaning in terms of memories from the past and anticipation of the future. These summaries are viewed as change compositions, with the composition containing elements of participants' past forming the background, their present experiences set against the past as middle ground, and phrases of the future arranged in the foreground. These summaries were then used to form short change discussions of each participant.

Table 5: Phase Three: Change Compositions

<p><i>BELIEVE</i> When I began</p> <p>Now</p> <p>In the future</p>	<p>The idea of being a helping person was spilling over into my life. After you've done it for so long, it becomes a part of who you are. When I retired, I found that even in my normal intercourse, being a helping person was a really big part of me and I didn't want it to be anymore. When you are a helping person it changes you and it changes your life When people know what you do, it changes their perception of you. My work has changed me in many ways, especially with the teaching part. It was very good because you cannot teach risk-taking behaviours and problem solving without changing yourself. I think those years of helping day after day really changed me as a person because you can't do that all the time without changing. I am a stronger person, a more understanding person. I am willing to try alternatives. I wanted to be all kinds of other things. I want to relate in my life as a person, I don't want to relate as a helping person. I just wanted to be a person. I think I'm pretty there...just being a person.</p>
<p><i>CONNECTED</i> When I began</p> <p>Now</p> <p>In the future</p>	<p>My work here has changed me, many things have changed. When I worked in my old career, it was very clear, straightforward, and then I would come home. Nothing much to think about from work, nothing to haunt you at night, or worry about. I have been through a lot of my own struggles so I know sadness...I know it. I am not a religious man, but I am a spiritual man. I try to find, make peace with the spirits, the memories of those gone, but I am also haunted, I guess that is the word, by some of the losses. I have gained wisdom because I have listened, I thank my mother for that. I am a stronger person. In this kind of work, you have to get stronger or quit, it is very hard work. I am sadder than when I started this work, perhaps angrier. I am also wary. I anticipate danger or accidents, things happening. I am determined to do what I can for as long as I can for the people who need a support, or help of any kind.</p>
<p><i>THE POOL</i> When I began</p>	<p>When I started, I had no idea what I was getting into, I was green. As far as building relationships, I don't think I did build-up the trust issue. I was pretty young, I was very green. I don't think I knew exactly what I was doing; I know I didn't know what I was doing.</p>



<p>Now</p> <p>In the future</p>	<p>You learn you can be in a different set of people and still excel and really benefit by who they are.</p> <p>The other change is the experience of working with First Nations people themselves. My understanding of the trauma many community members face has been broadened. My level of compassion hasn't been reduced, I don't think so.</p> <p>I think overall I haven't lost compassion, I've gained it.</p> <p>As far as reducing compassion, I think it just grows.</p> <p>I came away enriched. It's kind of like it's a short time and a long time. For me, it was not long enough. (Porous)</p>
<p><i>LIFEROLE</i> When I began</p> <p>Now</p> <p>In the future</p>	<p>When I started this work, I did not have a preconceived idea about how I would get through to these clients.</p> <p>There was a time when I quit</p> <p>And during that time, my portion of the stress load wasn't bad. It wasn't hugely noticeable, but it was there.</p> <p>And I don't really know how I have changed doing this work. I haven't really thought about that. Maybe more stress.</p> <p>There are some horrible things that happen you have to hear or witness or whatever. And then does that go away? I don't know if it ever does. It's always up in the brain stored in the filing cabinet somewhere.</p> <p>I don't know how I live with the images. I don't know how I deal with them quite frankly.</p> <p>I do sometimes think the worst.</p> <p>I have compassion and I have drive and I have the humanitarian element in me, so it's something I need to feed and nurture.</p>
<p><i>SMALL TOWN HELPING</i> When I began</p> <p>Now</p> <p>In the future</p>	<p>I have found my way through all that.</p> <p>I am still here. I am still here in spite of having made lots of mistakes, having a family that is really ruckus and out there making lots of mistakes.</p> <p>To have no secrets, it is all out there.</p> <p>I go about living, having problems and making mistakes</p>
<p><i>HOLDING THE GOOD AND THE BAD</i> When I began</p> <p>Now</p>	<p>I first of all tried to get some help within the structure that I was working in.</p> <p>What changed for me is I left work.</p> <p>After I quit my job, I could not work, not even work in retail for four years.</p> <p>I experienced survivors' guilt.</p> <p>I think that it has taught me to be able to be a little closer to holding in my mind the good and the bad in one.</p> <p>I've never come to a place where I believe in evil. Even after all the stories I have</p>

In the future	<p>heard.</p> <p>I started to bring music and art and theatre into my life again.</p> <p>I hadn't had fun for a long long time. So that is what helped me recover.</p> <p>Now I am going back to just intake and I am very happy with that. (Holding the Good and the Bad)</p>
<p><i>LAUGH OR WEEP</i> When I began</p> <p>Now</p> <p>In the future</p>	<p>I was traumatized by some of the stories I heard, I can still see the images from those stories</p> <p>As the years go by, those pictures don't frighten me as much and I don't know what that is about.</p> <p>Either I am getting hardened a bit more or I have more hope in what people can overcome, how people survive, just getting by another day</p> <p>I probably am a bit hardened because I have to be so that I can keep hearing those stories.</p> <p>I am here to help, right to the end. (Laugh or Weep)</p>

### *Change Discussions*

#### *Believe*

For the practitioner in *Believe*, cognitive changes appeared to accompany how she evolved as a helping practitioner. She describes how her identity as a helping practitioner took over her life and how having a helping identity is like dealing with quicksand. At the end of her career, she had to find ways to change back to being a person. She describes herself as changed by her the problem solving skills she taught and how she now seeks alternatives. The practitioner expresses that she is now stronger and more understanding than when she started. She insists that the only way to work with clients and their trauma is to believe at all costs. She does not describe any specific secondary effects; rather she focuses on identity struggles, suggesting significant shifts in identity as described by McCann and Pearlman (1990).

#### *Connected*

The dedicated and embedded practitioner in *Connected* explains how he has changed his way of doing drug and alcohol counselling since he began the work. He describes himself as often feeling stress and tired, also using the word “overwhelmed.” He describes himself as feeling burnout at times and explains the power of client stories to haunt him. With regard to this, the practitioner describes himself as feeling sadder and angrier at the situation of many clients. He is changed from when he began as a wiser and stronger person. He describes his increased level of wariness, but does not see this as hypervigilance because of the real danger, the realistic level of danger that he believes exists around him. He links his level of dedication and connectedness to his ability to continue with his work. He describes his work effects as burnout which may be connected to his emotionally demanding, high stress job (Collins & Long, 2003; Figley, 1995; Rasmussen, 2005).

### *Porous*

Porous is the story of a practitioner who acknowledges that he has changed but cannot articulate in which ways. He is very aware of the need to address the work issues before he goes home, but uses the term “burn-out” to describe others but not himself. When he began his work, he did not know what to anticipate and certainly did not anticipate the level of trauma he has since encountered in client stories. This practitioner believes that he has gained compassion from his northern work rather than losing compassion. He acknowledges that unless he and all practitioners pace themselves, that their daily level of compassion can become diminished, suggesting compassion fatigue (Adams et al., 2006).

### *The Pool*

The practitioner from *The Pool* acknowledges that she is in a very different place now than she was when she began her northern work. She describes herself as very green and working with romantic notions when she started. She notes how she can now do more and less than she could when she began. She finds it harder to deal with the lasting images from client stories the more time she is in the job. She had more compassion and care when she began, and now she has had to establish boundaries in order to be okay and continue doing the work. She believes that the depth of feeling that she can access in her work is less than it was. She is familiar with vicarious trauma and describes how her worldview has changed, particularly in her hypervigilance to danger that she knows is not always there (McCann & Pearlman, 1990). She has intrusive symptoms as well, including intrusive images from clients' stories. This practitioner agrees that everyone who does this type of work will eventually be vicariously traumatized, but does not think that the definition of vicarious trauma fits the daily wearing down that she believes has the most lasting negative impact on workers. She also brings forward the need to look at how counsellors' personal problems and lives leak into the work and how that phenomenon may also contribute to secondary trauma.

### *Life Role*

This practitioner also has difficulty in explaining how he has been changed by his work. He acknowledges that he does take on his clients' load, resulting in additional stress. The never ending nature of northern helping work is described as contributing to his stress. He is not sure how he lives with the images from clients' stories, knowing that they do not leave. He knows that he cannot work fulltime and uses the term "burnout" to

describe the possible repercussions if he did work full-time. Though he has hope for the humanity of others, he does not have as much hope in his work with client progress which he describes as sometimes hard to see.

### *Small Town Helping*

The practitioner in *Small Town Helping* does not describe as much change as the other practitioners. She comes across as someone who is firmly situated in her community. Human qualities found in interactions and embeddedness in the community appears to offer her stability. She acknowledges that being so deeply embedded and bound-up with community members leaves helpers such as her much more vulnerable to pain when others suffer. She describes how caring leads to being injured, leaving small town helpers vulnerable to psychological injury.

### *Holding the Good and the Bad*

The practitioner in *Holding the Good and the Bad* has been profoundly affected by her work and uses the term “vicarious trauma” as her diagnosis. She describes work with victims as having serious implications for practitioners’ susceptibility to vicarious trauma, with far more serious effects than those for practitioners who work with offenders. She believes that practitioners cannot work with victims of violence and abuse for long periods of time, especially in isolated settings. Her life changed from the effects of her work and she was unable to work for four years. Being party to a world that few others know and share is one of the isolating factors she describes.

### *Laugh or Weep*

This practitioner clarifies that her work has changed her but so has other experiences in the rest of her life. When she began working in this type of work, she was traumatized

by some of the stories she heard. She experienced intrusive imagery and the images from those stories last to this day. Though these images once had the power to shake her, they don't frighten her now as much and she wonders if she has hardened. She believes that things are different now, but she is ambivalent about the concept of secondary trauma, believing that it takes something away from first-hand trauma. She suggests that the two cannot be compared, that they are on different planes. The signs of how she has been affected include increased anxiety, stress, and feelings of sadness.

### *Summary*

Drawing from Constructivist Self-Development Theory (McCann & Pearlman, 1990) which formed one of the lenses from which to understand participants' stories, I reviewed the change summaries looking for shifts in the areas of identity, worldview, spirituality, and interpersonal relationships. The participant's story in *Believe* focuses on changes to her identity through her work as a helper. The practitioner in *The Pool* describes her worldview as having changed, principally through hyper-vigilance to danger. Three other practitioners noted an increased level of awareness and anticipation of danger (*Connected; Laugh or Weep; Life Role*). Hyper-vigilance has been identified by McCann & Pearlman (1990) as related to exposure to vicarious trauma. The participants in both *The Pool* and *Connected* briefly discuss relational changes brought about through their work. Changes in spirituality are not directly discussed, although the practitioners in *Porous* and in *Connected* describe the importance of their spiritual beliefs to their well-being.

Participants' change compositions also suggest changes to internal schemas through empathic engagement with clients. The current methodology does not allow for in-depth

analysis of specific cognitive schemas as identified in McCann and Pearlman's (1990) Constructivist Self-Development Theory (e.g., safety, independence, dependency and trust, power, intimacy, and self-esteem). Some stories indicate secondary traumatic stress symptoms particularly in terms of sensory sensations (*Connected; Holding the Good and the Bad; The Pool; Laugh or Weep*). Differing from the conceptualization of vicarious trauma, this group of participants did not always describe the changes as disruptive in nature, particularly in the case of embedded practitioners (*Connected; Life Role; Small Town Helping*).

### *Metathemes*

Throughout the research process, themes have been heard in the interviews and deciphered in the text. In the meta-analysis, I reanalyzed across the experience portraits, the content sketches, themes, and change compositions in order to identify overarching themes. This process was particularly engaging for me because I naturally conceptualize globally. In re-listening to the recordings and in the multiple readings of the various texts, the more encompassing themes connecting and blanketing many of the portraits emerged. I tracked these metathemes through a series of conceptual maps. This process suggested six metathemes: *helping takes over life, humanity, respectful engagement, invested and embedded, profoundly affected, and belief*.

#### *Helping Takes Over Life*

In all the participants' stories the passion and commitment for the work they do came across. Their reasons for doing the work varied, yet the pervasiveness of work and how it impacted on their personal lives was a common connection. There was the sense that for many practitioners, their helping practice was their life. The scarcity of mental health

practitioners in the North puts more pressure on those who are practicing in professional and paraprofessional helping to work longer and harder (Weigel & Baker, 2002). This situation may also have a connection to the social bonds of community members and the concept of strong-tie orientations found in some communities (Rawsthorne, 2003). In communities with a strong-tie orientation, a sense of belonging is instilled (Rawsthorne, 2003). This sense of belonging as described by the practitioners in *Small Town Helping, Connected, Life Role, and Laugh or Weep* appears to contribute to practitioners' level of dedication.

The nature of counselling or supportive work to take over practitioners' lives may also resulted from the need found in northern communities. The elements of northern life that affect practitioners, including physical isolation and seclusion from mainstream society (Barbopoulis & Clark, 2003; Weigel & Baker, 2002), affect clients in similar ways. Even those practitioners most severely impacted by clients' trauma continued to engage in helping work.

### *Humanity*

Several participants described themselves as humanitarians. In other portraits where that label was not explicitly used, the implicit nature of the level of humanitarianism formed the foundation of the work they did. Interacting with clients at a very human level first and a professional level second was regarded as a principle of practice. This may be connected to the necessity in isolated and northern practice of practitioners often working with entire communities (Delaney et al., 1997) and spending time with clients outside of work (Schank & Skovholt, 1997) in their efforts to become allies with community members (Schmidt, 2000). Northern practitioners also work with friends and family

members (Schank & Skovholt, 1997), a situation that requires a blend of personal and professional qualities.

This level of humanity displayed by practitioners is also connected to clients' situations and needs, especially in terms of traumatic experience. Historical trauma and current psychosocial conditions found in many northern communities (Brave Heart, 2003; Tafoya & Del Vecchio, 1996) are present in the issues clients bring to helping practitioners. Multi layers of traumatic experience may result in humanitarian concern for vulnerable clients in need of support, suggesting Anderson's (personal communication, June, 2007) admonition that trauma transcends culture and reduces situations to a human commonality.

### *Respectful Engagement*

In every portrait, compassion and understanding of clients' situations and behaviours was clearly presented. The power hierarchy found in typical relationships between professionals and paraprofessionals and their clients (Boone et al., 1997) was not evident in these stories. Client stories were treated with honour and a level of humbleness. The process of engagement was not heard as taken for granted or just another day at the office. Rather, the sacredness of those relationships appeared to dominate the stories. Practitioners who are not First Nations were mindful of cultural difference in working with First Nations clients (Salois et al., 2006) and appeared to have been impacted by those interactions. Virtues of fidelity and care were characteristic of the relationships described by the participants (Salois et al., 2006).

*Invested and Embedded*

The degree of investment in their work was a powerful piece in practitioners' stories. Practitioners became invested in their clients' well-being. Those practitioners working in their home communities were particularly invested and embedded in their community. Several of these workers described the work they do from an interpersonal and familial orientation (Barbopoulos & Clark, 2003). Embedded practitioners are often working with experiential knowledge based on their own experiences as well as other informal training due to lack of access to more formal training, with those with advanced training having received that training elsewhere (Barbopoulos & Clark, 2003). The very nature of embedded and invested practice suggests that leaving the community to pursue additional training is difficult and often not an option (Crago et al., 1996; Weigel & Baker, 2002). Practitioners who had come from away also expressed a level of embeddedness in both their work and their location. This may indicate the level of engagement necessary for outsiders to build trusting relationships and become accepted insiders (Zapf, 1993).

*Profoundly Affected*

All the practitioners interviewed had been affected by their work to varying degrees. Whether conceived as just a natural part of the job or a natural process of learning and life, all the practitioners have been changed. This change is multidirectional with practitioners giving up beliefs and previous knowledge but gaining new knowledge and qualities. For those who had heard of vicarious trauma (McCann & Pearlman, 1990), the symptoms of that phenomenon were accepted and for those that had not, the term "burn-out" was used. No matter what label was used or how explicit the description, the effects were acknowledged. The consequences of working with traumatized clients in northern

settings for extended lengths of time appear to include: profound changes in beliefs, expectations, assumptions of self and the world, levels of compassion and strength, and identity (Adams et al., 2006; Collins & Long, 2003; Pearlman & Saakvitne, 1995).

### *Belief*

The requirement of belief in clients, belief in self to help, and belief in hope was an essential part of practitioners' ability to practice despite difficulty and despair. Without a vision of hope, practitioners would not be able to do the work that they do. This need to believe in clients' abilities pushed practitioners to work through and beyond their own trauma effects. Constellations of hope and hopelessness are considered to be part of helping relationships (Flaskas, 2007). In settings such as those described by these practitioners, the goal is to find a balance of hope in those constellations (Flaskas, 2007).

### *Summary*

In Phase Two of the analysis, the experience portraits from Phase One were analyzed in an effort to understand any commonality between participant stories of their experience in the North and to assess if overarching themes connected them. In the content analysis, phrases and words that revealed meaning about the experience of being a helping practitioner in the North and answering the secondary research questions were selected. These categories became "content sketches", small linguistic studies of meaning found within the larger experience portrait. Acknowledging that trauma changes the meaning people give to their lives, Phase Three of the analysis was used as a way to see the changes that practitioners have undergone in their work. Action taken and aspects of temporality and change were interpreted using a categorical-form analysis (Lieblich et al., 1998) in order to understand secondary trauma effects. All of this information brings

more detail and clarity to the experience of helping practitioners in isolated northern communities in working with traumatized clients.

Chapter 6 provides a discussion of the interpretations from the study and an integrated summary of the process. Implications for practice and research are included for future work. Reflections on the limits and growth found within this study are also found in this chapter.

## CHAPTER 6

### Integration and Summary: A Discussion

#### *The Experience of Helping Practitioners and the Phenomenon of Vicarious Trauma*

#### *Research Questions, Answers, and Meaning*

A common lament of researchers whose research questions feature participants' stories of experience and the complexities that come with those experiences is that "they lose track of the forest for the trees and find it hard to draw closure to a study" (Clandinin & Connelly, 2000, p. 416). The amount of data collected and interpreted within this study led me to occasionally climb one of those trees before getting back to the forest. Staying with the "what" of northern helping practitioners' experience in seeking answers to the principle and secondary research questions necessitated reflexive work and constant referral back to the research purpose: the impact of being present and the personal costs of acting as witnesses to clients' trauma response in isolated setting. This study explored the experience of northern helping practitioners working in isolation supporting clients with trauma in order to determine whether their experiences included dimensions of vicarious trauma. Their experience was analyzed on three levels in order to answer the primary and secondary research questions. These questions are refreshed and discussed in the following section.

#### *Principle Research Question*

What is the experience of helping practitioners in isolated northern communities in working with traumatized clients?

### *Secondary Questions*

What challenges do they face in providing this support? What are the effects on such workers in providing this support? What strategies do they use to cope with negative effects? What qualities, both personal and professional, enable them to continue to do this type of work? What changes do they experience in doing this work?

### *Discussion Questions*

How does the cultural context affect helping practitioners work with clients who have experienced trauma? How do cultural influences contribute to the development and prevention of post-trauma effects? What is the relationship between historical, intergenerational, and vicarious trauma? What supports and resources would enhance the effectiveness of such workers?

### *Findings: Integration and Reflections*

Answers to the primary research question were found as I brought together the findings pertaining to the secondary research questions. Therefore, I will briefly summarize the findings for the primary question and then provide more detailed responses under the secondary research questions.

### *The experience of helping practitioners*

A social constructionist position challenges unbiased and objective knowing, calling instead for critical reflection and the questioning of one's beliefs to generate new ways of knowing and multiple perspectives of knowledge (Gergen, 1999). Multiple perspectives and alternate interpretations (Gergen, 1999) were found within the eight narrative accounts of the experience of providing trauma support in isolated northern communities. The experience portraits provide a summarized storied response to the

primary research question and answer many of the secondary questions. There are eight different perspectives presented, eight alternate interpretations of trauma support in isolated northern communities. Practitioners described the different paths taken that resulted in work as helpers in the North. Some practitioners' experience was that of outsiders while others work in the community of their birth. The focus of their work varied, but strands of common themes were found connecting the stories. The stories suggest powerful connections with clients and dedication to those clients.

The experience portraits illustrate the idea that psychological trauma is not defined by the traumatic event itself but rather the person's assessment of the experience through meaning-making. McCann & Pearlman's (1990) suggest that the extent that the trauma affects the levels of need and disrupts the related schemas determines how traumatic the person perceives the event to be. Adaptation to trauma is considered to be found in the person's personality, coping style, needs, and the broader social context that determines meanings of trauma. The social, cultural, and physical context of practitioners' work are important factors in their experience portraits.

#### *Challenges faced in providing support*

The challenges of physical and professional isolation compliment and broaden what is found in the literature. Difficulty in accessing training and adequate supervision (Crago et al., 1996; Weigel & Baker, 2002) and the lack of adequate preparation (Adams et al., 2005) were some of the challenges described by the practitioners. Difficulties related to the naming of traumatic sources by clients such as the residential school system and the lack of adequate referral services were described by participants as major challenges (*Believe; Laugh or Weep; Porous*). Working with offenders as well as victims was

described as an unsettling challenge (*Holding the Good and the Bad; The Pool*), connected to the challenge of acting as the only helping practitioner in a specific field of helping or in a community, resulting in increased pressure and stress (*Holding the Good and the Bad; The Pool*).

A major challenge for new helping practitioners coming into small communities is the discontinuities between personal, professional, and community domains (Cheers, 2004). “Outsider” practitioners noted the difficulties in coming into a small community and developing relationships and trust (*Porous; The Pool*). Practitioners described how the highly visible profiles of community helpers and the associated community scrutiny are challenging features in northern settings (Green et al., 2003; Schmidt, 2000). Several practitioners described the pressure put on them by community members to “fix” clients, and the effects of on-going criticism (*Connected; Life Role*). The ethical covenant of confidentiality makes social relationships difficult in small communities (*Holding the Good and the Bad; The Pool*). Extended contact and mutually beneficial relationships within small communities left one practitioner wondering as to what was not said or dealt with that should be dealt with for fear of repercussions or offending community members (*Life Role*). That same extended contact and deep connections to clients who are fellow community members leave practitioners in small isolated communities vulnerable to personal responses to clients’ misfortunes and struggles (*Small Town Helping*).

*Discussion of Constructivist Self-Development Theory: The effects on northern helping practitioners in providing support to clients with trauma experience*

Life experience inevitably results in changes to individuals internal maps of perceptions as described by theorists (McCann & Pearlman, 1990) and practitioners

*(Laugh or Weep)*. Traumatic situations are conceptualized not only to disrupt peoples' schemas about themselves, but also their perceptions of others and the world (Janoff-Bulman, 1992). The practitioners were all affected by their work with clients who have experienced trauma. They had changed in various ways over time, often indicating a developmental trajectory as shown in the change compositions. Participants from outside the North come into practice with limited experience in that context but with good intent (*Porous; The Pool*). Coping strategies often dictate how they will be changed. For those who find the daily level of compassion and empathy difficult to maintain, boundaries must be established that change how they will engage with clients. It is often not their ideal of how they want to work but it is the only way they can work under these conditions (*The Pool*). Some practitioners were able to elaborate on the type of changes (*Believe; Holding the Good and the Bad; The Pool*) while others have yet to define explicitly what had changed (*Connected; Life Role; Porous*). Practitioners described their continuing process in understanding how their work experience had changed them and how they hold the visual images that accompany clients' stories. For some of the practitioners, the type of work resulted in changes to identity, leaving one practitioner deliberately transitioning from a helping person identity to just being a person again (*Believe*). Having the identity of a helper was seen as both positive and protective, and for others, a source of stress and vulnerability. Practitioners described how the awareness of their ability to help and the level of need in their communities kept them working (*Believe; Connected; Laugh or Weep*).

Engagement with clients' trauma response appeared to change participants' internal schemas as suggested in the conceptualization of vicarious trauma (Pearlman &

Saakvitne, 1995), although the current methodology does not allow for in-depth analysis of these specific cognitive schemas as identified in McCann and Pearlman's (1990) Constructivist Self-Development Theory. The changes experienced by practitioners were not always portrayed as disruptive in nature, particularly in the case of embedded practitioners (*Connected; Life Role; Small Town Helping*). Negative and positive sides to the changes are presented in the stories, with "explicit recognition of trauma work's potential for positive outcomes" (Arnold et al., 2005, p.260). This is consistent with Constructivist Self-Development Theory and the conceptualization of the contribution of personal levels of need in the areas of safety, independence, dependency and trust, power, intimacy, and self-esteem (McCann & Pearlman, 1990). Sensory reactions are found in some of the stories, suggesting secondary traumatic stress symptoms (*Connected; Holding the Good and the Bad; The Pool; Laugh or Weep*). The transmission of danger or the noticeable increase in anticipation of danger was a predominant effect in six narratives. The difference between three practitioners' views on their increased level of wariness and anticipation of danger as logical based on the reality of their setting (*Connected; Laugh or Weep; Life Role*) and the framing of such anticipation as hyper-vigilance or cognitive distortions in the theory of vicarious trauma (McCann & Pearlman, 1990) may be directly related to the patterns and rates of unintentional and intentional trauma mortality for First Nations people in Canada (Karmali et al., 2005; Kinnon, 2002; Kirmayer et al. 2003).

Empathy is the connective tissue of therapy and the major resource of therapists, involving emotional, cognitive, and physiological responses (Figley, 1995; Rothschild, 2006). Operating at the required level of arousal contributes to burnout, compassion

fatigue, secondary traumatic stress, and vicarious trauma. Many of the participant stories suggest that they work in crisis situations that result in high levels of arousal. If a participant was familiar with a certain term for the secondary phenomenon, they would use that term to describe what had happened to them. If they were not familiar with the variety of secondary trauma constructs, they used the term “burnout.”

In attempting to clarify the relationship between the constructs of the phenomenon of secondary trauma and how it fit the practitioners’ experiences, I visualized a diagram (Figure 2) where the concepts were enfolded into one another based on the descriptions found in the literature and in the narratives. Vicarious trauma as a theory-driven concept is envisioned as enveloping the other concepts as it includes aspects of the other constructs (McCann & Pearlman, 1990). The definition of burnout included the coping strategy of distancing and depersonalization with a gradual onset (Collins & Long; Figley, 1995; Rasmussen, 2005). Burnout appears to nest into secondary traumatic stress, with burnout occurring gradually through occupational stress and secondary traumatic stress occurring suddenly based on client trauma (Sabine-Farrell & Turpin, 2003; Sabo, 2006). McLean and Wade (2003) suggest that the two constructs overlap, being neither identical nor independent. Compassion fatigue is the natural consequence of empathic engagement with traumatized clients and includes aspects of both burnout and secondary traumatic stress (Adams et al., 2006). Figley (1995) suggests that compassion fatigue is often used interchangeably with secondary traumatic stress, suggesting a wide overlap.

The author of *The Pool* described how the title of vicarious trauma seemed to be too big to accurately describe what happens in continuous engagement with traumatic material. Consistent with some of the literature, it appears from participants’ stories that

dosage of exposure and the degree of empathic engagement has the potential to result in detrimental effects (Collins & Long, 2003; McLean & Wade, 2003). But it was not always the more profound client trauma experience that caused the most problematic secondary responses for practitioners. There was an acknowledgement by one practitioner about the sacredness of engaging with clients around the more profound stories of trauma such as residential school abuse (*The Pool*). These traumatic stories and the post-trauma reactions linked to suicide and abuse are described as the obvious large issues (*Laugh or Weep*). These stories are easier to see and prepare for. The practitioner in *The Pool* describes all the steps taken in looking after herself when engaging with such issues. Yet some of the practitioners shared their beliefs that it is the less obvious, daily struggles and tragedies that wear practitioners down and drain their resources (*Connected; The Pool; Laugh and Weep*). It may be the daily, repetitious struggles that clients bring into the helping relationship, the daily trauma responses that practitioners must be aware of in working towards longevity in practice. Trauma disrupts the everyday realities (Crossley, 2000), and the everyday traumas appeared to cause the most disruption and wear on practitioners. On the other hand, the practitioner in  *Holding the Good and the Bad* believes that work with victims of physical and sexual abuse is always wearing even though practitioners are aware of the “big” issues they will confront. The cumulative nature of what is happening to those who engage empathically was apparent in all the stories, from the accumulation of disturbing visual images and stress to the accumulation of wisdom, strength, and compassion. There is also a suggestion from the narratives that the motivation for engaging in this type of work is an important factor in determining how practitioners are affected (*Connected; Small Town Helping*).

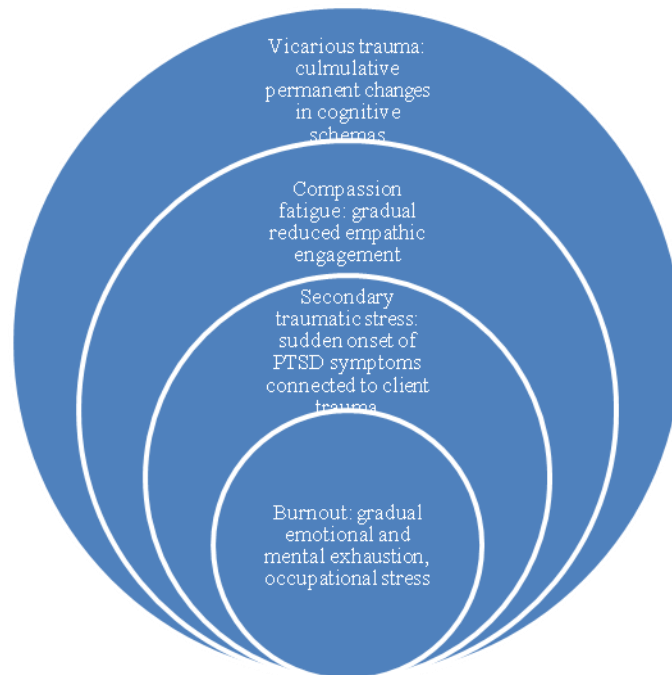
In working with the diagram and the practitioners' narratives, it appears that certain constructs fit what is happening to them at various times depending on the context and the time spent working with client trauma. Working for agencies that offer little financial support (*Life Role*), or inadequate supervision (*Holding the Good and the Bad*), or a heavy client load (*Connected*), may set practitioners up for burnout. Engaging with severely abused and traumatized clients (*Holding the Good and the Bad*) may lead to a sudden onset of secondary traumatic stress. Years of empathic engagement with clients (*The Pool*) may result in the draining of compassion. Unwavering belief (*Believe*), faith (*Porous*), embedded connection (*Small Town Helping*), and spirit (*Laugh or Weep*) may serve to lessen the more negative effects. Vicarious trauma and the inevitable transformation of beliefs and meaning through empathic engagement (McCann & Pearlman, 1990) may require acceptance as a naturally occurring phenomenon, and a new name to better define its effects and overarching capacity.

### *Strategies Used*

Drawing on the fields of physiology, sociology, psychology, and trauma counselling, Valent (1995) postulates that there are eight basic survival strategies that people use in response to trauma: fight, flight, rescue, competition, cooperation, attachment, assertiveness, and acceptance. Some of these survival strategies were similar to the strategies used by practitioners in engaging with clients' trauma stories. One practitioner described the flight of practitioners from the field of trauma support due to difficult working conditions (*Holding the Good and the Bad*). Practitioners indicated that cooperation between themselves and other workers was a beneficial strategy (*Connected*;

*Life Role*). All the practitioners appeared to be able to assert their boundaries or at least understand them, with the nature of the boundaries differing for each participant. All the

*Figure 2: The Phenomenon of Secondary Trauma Effecting Practitioners Working with Trauma Survivors*



participants know their limit of practice or have not yet reached that limit. The practitioners who came from within their communities appeared to have developed wider, more flexible boundaries out of either necessity or cultural values and appropriateness (*Connected; Laugh or Weep; Life Role; Small Town Helping*) Transparent living was another strategy described as a way to make peace with living in a “goldfish bowl” (*Small Town Helping*). The ability to negotiate dual relationships was named as an important strategy (*Porous; Small Town Helping; The Pool*), echoing a pervasive theme in the literature. Various aspects and challenges found in over-lapping personal and

professional relationships were described in the narratives (Erickson, 2001; Galambos et al., 2006; Weigel & Baker, 2002).

Support from supervisors, colleagues, and family is an essential strategy according to the literature and the participants of this study. Support from outsiders such as crisis responders was described as very helpful in times of sudden traumatic loss in small communities (*Small Town Helping*). Any sense of connection helped practitioners to continue to do their supportive work, whether in the form of spirituality, culture, creativity, or people. The ability to laugh and find some pleasure in life through the company of friends was also described as helpful (*Laugh or Weep; The Pool*). Practitioners described the goal and desire for clients to thrive and do well as a motivating strategy to continue to work (*Believe; Connected; Laugh or Weep; Life Role; Small Town Helping*). Acceptance as a survival strategy (Valent, 1995) was also an implicit theme in many of the narratives. Acceptance of personal changes in worldview, levels of compassion, and emotions appeared to be a way of coping with the effects of the work.

#### *Personal and Professional Qualities*

I envision the vulnerability and resilience of helping practitioners in the North to be at the centre of the phenomenon of secondary trauma resulting from empathically engaging with clients. In their list of rural practice issues, Weigel and Baker (2002) include personal qualities of successful rural counsellors, including flexibility, independence, creativity, and the ability to collaborate with others. These qualities are found in the practitioners who joined this study. The participants interviewed in this study also presented personal qualities of integrity, determination, strength, and commitment.

The qualities that serve these practitioners' ability to sustain their work include personal strength and commitment to their clients. A firm belief in humanity and a belief in service to humanity functions as both an implicit (*Believe; Porous; The Pool; Holding the Good and the Bad*) and explicit (*Connected; Life Role; Small Town Helping; Laugh or Weep*) source of the strength and resolve presented in the narratives. For some of the practitioners interviewed, the importance of their work was recognized, and this recognition pushed them to continue working despite fatigue or any ill effect (*Believe; Connected; Holding the Good and the Bad; Laugh or Weep*).

The embedded practitioner from *Small Town Helping* believes that successful practitioners in small northern communities must be able to join the matrix of the community and be comfortable living transparently, with no secrets. Honour, honesty, and accountability were other qualities named by this practitioner as necessary for small town practice. Humanness first over professionalism was also a required quality. As suggested in the story *The Pool*, professional helpers such as counsellors and psychologist are often unwilling to admit to the level of distress or any degree of impairment out of fear of work evaluation. The necessity for empathic engagement in effective trauma support appears to inevitably lead to distress at some level. Yet the piece that stands out from the stories presented here is the protective or coping factor of reason for engagement and the degree of connection the practitioners feel towards the community and its' members, whether they are from within the community are from "away." This is about embeddedness and connection beyond the basic requirements of work.

*Relationship between historical, intergenerational, and vicarious trauma*

The helping practitioners interviewed work with clients who struggle with post-trauma response and the “unmaking” of their lives (Crossley, 2000) on a daily basis. The undefined source of some of these post-trauma responses was described as potentially problematic for practitioners due to sensitivity to family dynamics and unacknowledged historical trauma. The nature of trauma to be passed from one generation to the next occurs when either the trauma or the transmission of trauma goes unacknowledged. The experienced present holds layers from the past, the tendency for past trauma “buried alive” to be enacted in the present (Byers & Gere, 2007). The literature on intergenerational transmission of trauma illustrates the commonality in trauma experience from Holocaust survivors, imprisoned Japanese Canadians, and First Nation's survivors of residential schools (Chrisjohn et al., 1997; Mazor & Tal, 1996; Nagata, 1989). In looking at the multigenerational affects for First Nations families, the theme of interconnectiveness is pervasive in most First Nations culture and has been described as a “series of relationships, starting with the family that reaches further and further out so that it encompasses the universe”(McCormick, 1997, p.173). In considering the connections and impact of such relationships to northern practitioners, it is crucial to understand that the affects of the abuse in residential schools were not limited to the victims. "The nature of trauma is that it can be experienced both individually or through a process known as vicarious traumatization.... and underlying this is the social nature of many First Nations communities and the shared repercussions abuse held" (Feehan, 1996, p. 42).

The presence of historical or intergenerational trauma is directly addressed in the experience portraits with an emphasis placed on the clients' perspectives rather than practitioners' personal experience. Intergenerational trauma is named in the portraits as a concern for helping practitioners with the consequences apparent in many client situations. In her overview of Historical Trauma Theory (HT), Brave Heart (2003) describes how "the historical legacy and the current psychosocial conditions contribute to on-going intergenerational trauma" (p. 8). A legacy that includes ethnic genocide, resulting in the destruction of all structures within the macro social, micro social, and psychosocial realms of human experience, leaves the family as the only remaining micro system in "a chaotic and threatening social environment" (Weine et al., 1997, p. 34). For First Nations' families, the surviving families may be compromised because many individual family members are directly and indirectly traumatized. Whether directly acknowledged or not, "the genocide of (First Nations Peoples) reverberates across generations" (Brave Heart & DeBruyn, 1998, p. 62).

Most Canadians are only aware of the most notorious examples of institutional child abuse from the residential school system, but do not understand the long-term effects of abuse (Law Commission of Canada, 2000). The buildings that housed such institutions may be destroyed or reassigned which only leads to the misconception that "the problem has been taken care of and is now behind us" (Law Commission of Canada, 2000, p. 11). Practitioners who come into northern communities from "outside" may arrive with similar misconceptions. Many people, both First Nations and non-First Nations, credit the residential schools with high levels of addiction and other health disorders, family and community disintegration, and high mortality and suicide rates (Corrado & Cohen, 2003;

Deiter, 1999; Tafoya & Del Vecchio, 1996). The historical trauma context that affects many northern clients and helping practitioners can be traced back to residential school and other negative impacts of colonization.

The literature and the interviews present a strong case for the connection between the historical context of trauma affecting many First Nations people and potential negative effects on helping practitioners offering trauma support (Brave Heart, 2003; Morrisette & Naden, 1998). The narrative interviews from First Nations practitioners suggest that the fight to find meaning and reach some understanding of historical trauma and the trickle-down effect may also drive or inspire helping practitioners to work beyond their perceived capacity (*Connected; Laugh or Weep*). This drive or inspiration may act as either a detriment, leaving them vulnerable to the negative effects of secondary trauma, or as a facilitating factor that helps to develop resilience.

#### *Affect of Cultural Context and Influences*

The origins of the high rates of mental health and social problems in First Nations populations are not hard to discern, as evidenced by the information presented in the literature (Kirmayer et al., 2003). The discussion of the present mental health conditions related to historical and intergenerational trauma reflects the extent and complexity of traumatic issues faced by both potential clients and the helping practitioners who attempt to support them. “Regardless of whether or not they attended residential school, First Nations individuals have all been impacted by a multiplicity of potentially traumatizing situations, and for many, the shared experience is that of being poor” (Chrisjohn et al., 1997, p. 80). In training programs for northern-based psychologists in Manitoba, students are taught to understand diversity not only through language and ethnicity but also the

“ways in which economic and work life factors influence the social psychology of communities’ cultures and individuals’ health behaviour and health status” (McIlwraith et al., 2005, p. 166).

Community paraprofessionals who identify as helper and healer can serve as a conduit for transforming community trauma (Brave Heart, 2000). In some communities, cultural identity and the protective aspect of cultural boundaries may help to serve as buffers for First Nation practitioners (Dodgson & Struthers, 2005). The interactional theory of traumatic stress may help conceptualize both vicarious trauma and protection against the more negative effects of the phenomenon of secondary trauma (Morrisette & Naden, 1998). The protective membrane of support offered by family and other community members to individuals suffering the effects of trauma in First Nations communities may serve as both an instrument of potential traumatization (Morrisette & Naden, 1998) and as a vehicle of purpose and beneficent intent that protects the helper through actions taken. When thinking of Chrisjohn et al.’s (1997) idea of the bioaccumulation of the effects of residential school perhaps the membrane would be better described as semi-permeable.

The dedication to community for the First Nations helping practitioners was evident in the conversations with participants and community advisors. As the practitioner in *Connected* explained, it is important for practitioners to ask themselves the reason they are doing the work. If the practitioner believes that the part they play is of critical importance to the client’s well-being and are invested in the client’s present and future functioning, the inevitable changes that occur from empathic engagement with trauma were considered to be part of the work and not as debilitating. The practitioners in

*Connected*, *Life Role*, and *Laugh or Weep* suggest that the passion to help individuals within their communities becomes a protective or coping factor when cultural survival is added.

The First Nations practitioners acknowledged the attempts of non-First Nations practitioners to support First Nations clients. They also shared their belief that for anyone outside the culture and the communities, complete understanding of the context and situation was not possible (*Connected*; *Laugh or Weep*). The amount of change for the First Nations people and the scale of disruption and trauma were considered to be unfathomable for non-First Nations practitioners. One practitioner articulated the complicated nature of working as a non-First Nations helping practitioner who abstractly represents the culture of destruction and oppression (*The Pool*). The intersection of continuing microaggressions against First Nations people, historical trauma, and lifetime traumatic events (Evans-Campbell & Walters, 2006; Evans-Campbell, 2008) directly affect the First Nations practitioners in this study and indirectly affect the non-First Nations practitioners in their work with First Nations clients.

#### *Looking to the Future*

*Practice Implications: Supports and resources that enhance the effectiveness of helping practitioners*

There is a need for open discussions of the issues facing not only professional helpers, but all helping practitioners in order to lessen the risk of professional isolation. Practice focused on trauma support and small community settings suggest that practitioners understand the vital importance of the relationship regardless as to whether practitioners have had any formal training. Some of the practitioners described difficulty

in accessing training and adequate supervision. The importance of supervision for rural and isolated practitioners found in the literature (Barbopoulos & Clark, 2003; Weigel & Baker, 2002) was emphasized by five of the practitioners. Supervision needs to be provided for the day to day crisis and trauma responses that practitioners face as well as the more profound issues. Paraprofessionals would benefit from access to supervision by phone or on-line that focuses on trauma interventions and crisis counselling. Taking steps to normalize the inevitable effects of auditorially witnessing clients' trauma and trauma response may be beneficial. The everyday realities that are disrupted by trauma (Crossley, 2000) were described by practitioners as the most problematic of the cumulative effects.

This increased clarity in understanding has illustrated assumptions that may occur in looking at practitioners' exposure to client trauma, and assumptions that may be found in theories of counselling (Summerfield, 1999; Wessells, 1999). Some of the assumptions found within various counselling or helping approaches may unintentionally contribute to practitioners losing their way when working with clients from other cultures who are affected by trauma induced by policies of assimilation, discrimination, and genocide (DeBruyn et al., 2001; Duran et al., 1998). One assumption found in Western-based theories such as Person-Centered Therapy is the focus on the individual without full consideration of the familial and community context valued in other worldviews (Ivey et al., 1997; McCormick, 1997). Practitioners need to have an awareness of the multigenerational impact of historical trauma for First Nations people and the similar impact of intergenerational trauma for non-First Nations clients. For helping practitioners in northern communities, socioeconomic and psychosocial conditions as well as the

historical context are essential to understand (Tafoya & Del Vecchio, 1996) in order to comprehend the magnitude of traumatic issues experienced by clients in the past and the present.

### *Research Implications*

The contribution of this study to the literature on secondary trauma may rest with the inclusion of paraprofessionals, First Nations practitioners, and other embedded practitioners working in the extreme environment of the North. There are commonalities with some findings from other qualitative studies on vicarious trauma. Practitioners indicate aspects of the importance of supervision (Lybeck-Brown, 2003), the dual effect of personal trauma history in the development of vicarious trauma and the ability to use reflection in tracking the development (Dauncey, 2001), and the development of self-esteem and relational issues through empathic engagement (Bennet-Baker, 1999). This study presents the importance of practitioners acknowledging and following the day-to-day psychological wearing as they would from the larger issues faced by clients (*The Pool, Laugh and Weep*). I believe the most important discussion point centres on the level of connection and embeddedness of practitioners who work in their home communities and how those qualities act as protective elements for the development of secondary trauma.

In the process of answering the research question on the experience of helping practitioners in isolated northern communities in working with traumatized clients', several areas requiring attention and development in future research have been generated. The information from this study and future studies in these areas may help to develop a conceptual model of the complex issues faced in rural and isolated practice that is needed

(Barbopoulos & Clark, 2003). A new discourse related to the well-being of helping practitioners may involve the protective factors found in elements of embeddedness and connectiveness of practitioners and their impetus for doing the work they do that emerged from this study. The situation of embedded practitioners may help to develop the conceptual model, suggesting that further research with members of this group may be useful in defining what elements of their context protects them. For these practitioners, elements of the phenomenon of vicarious posttraumatic growth appear to exist: the psychological growth that sometimes develops from vicarious encounters with clients' trauma experiences (Arnold et al., 2005). Research into this phenomenon with embedded practitioners such as those who participated in this study would add another piece to a conceptual model of rural and isolated practice. There are multiple levels of vulnerability of therapists, and a question to be considered is to whether the analytic community can "create a culture that recognizes all therapists' vulnerability and need for active support in doing the challenging work that needs to be done" (Saakvitne, 2002, p. 446). In an ideal world where the North and its inhabitants are understood, helping practitioners working in isolated practice would be added to this group.

The developmental nature of the phenomenon of secondary trauma that appeared to exist within the participants' experiences is another area for future research. The participants' stories suggest that practitioners experience various constructs of secondary trauma over their work life depending on their stage of life and experience and their clients' context. Research into how the constructs of burn-out, compassion fatigue, secondary traumatic stress, and vicarious trauma relate to each other and how embedded

they are within each other will continue to be important work in support of all helping practitioners.

The literature indicates a gap in research on vicarious trauma and other constructs of the phenomenon of secondary trauma undertaken with more diverse populations of mental health providers and those practicing in rural areas. Wider samples of therapists are required in order to examine diversity in work settings, supervision, and income as factors related to the development of vicarious trauma (Lugris, 2000). Samples that reflect more ethnic diversity and include personality factors of clinicians that may protect them or make them more vulnerable to the development of vicarious trauma would contribute to a better understanding of the construct (Cunningham, 2003). In my situation as a non-First Nations researcher, I deliberately focused on the culture of northern helping practitioners in this study rather than a direct comparison between First Nations and non-First Nations helping practitioners. Follow-up studies focusing on specific groups of northern practitioners such as embedded practitioners and First Nations practitioners would provide additional culturally relevant information and understanding of trauma support in isolated communities. The information from qualitative studies such as these could be used to develop surveys on the effects of the phenomenon of secondary trauma and needs of isolated practitioners throughout northern British Columbia, Yukon, Nunavut, and Northwest Territories.

Research into untapped variables and mediating factors that may play a role in practitioners', individuals', and families' concordance to PTSD is also required (Morrisette & Naden, 1998). It will be important in future research to identify such mediating factors within First Nations families and communities on a wider scale. The

concept of intergenerational PTSD that affects succeeding generations has been proposed for First Nations families affected by the residential school system and other aspects of colonization (Duran & Duran, 1995). Community healing needs to be addressed along with individual and family work. The importance and influence of communities on practitioners' and clients' well-being and the development of negative post-trauma responses is a dominant theme of this research.

In an exploration of the challenges of teaching social work in northern communities, Transken (2004) describes carrying the “ghosts and complications of colonialism, the divides between academia and community activism, and the best and the worst of the social work profession’s (history)” (p. 118). This description mirrors the situation of helping practitioners interviewed for this study as they struggle with imperfect practice and the challenges of serving two masters: ethics and training expectations pertaining to professional and paraprofessional helping and the demands of small communities. Acknowledgement of the academic/community divide sums-up the challenge of reconciling culturally specific orally-based literature on residential schools and historical trauma with empirical clinical studies on vicarious trauma and work in isolation. The challenge that arises is from the interface of differing culturally-based worldviews of academia and the scientific community and those found in isolated communities such as the ones represented in this study, with researchers attempting to operate in a completely different cultural ethos (Salois et al., 2006). Reconciliation may not be possible or desired. Relevant cultural and community-based literature may enhance and inform the findings of clinical studies.

By asking the principle research question of this sample of helping practitioners, the ethical challenge of conducting qualitative research in small communities became a major feature of this research study. In designing this research study it became evident early in the process that the physical context could not be specified or even hinted at without compromising the confidentiality and anonymity of participants. Care had to be taken in the physical act of interviewing due to the high visibility and acute observational skills found in small communities. With such small populations in communities and in the territory and northern areas of provinces, the chance of people knowing each other is high. Stories have been shared and remembered, with a greater probability of people identified from a single sentence.

The known and tested methods of gaining knowledge have to be adapted in order to be appropriate for sensitive topic research in small communities. Knowledgeable, wise voices such as these appear to be missing from the literature because of logistical issues of access or because of overwhelming technical difficulties of the conventional methods of research and the present requirements of ethic reviews. The use of third party persons when recruiting participants is one example of conventional research methods that doesn't always fit the tight-knit make-up of northern communities. Other issues include front-line workers need to share their information and strategies without concern for anonymity. The North is considered to be different, with distinctive challenges and strengths (Abele, 2006; Haycox, 2001). The terms "northern exceptionalism" or "northern specificity" have been used by some historians and northern-based researchers as interpretive tools to explain the unique conditions found within the North including: sparse populations found in small communities dispersed over vast geographic areas, a

harsh climate, and the importance of Indigenous values and knowledge (Abele, 2006; Haycox, 2001). There is a need for the development of research methods that would serve northern exceptionalities that are both relevant and ethical. Some of that exceptionalities are culturally-based and community specific. Relevant methods would include: building research capacity by involving northerners, particularly youth, in research training as many have scant experience; reliance on both Indigenous and Western knowledge with a focus on anti-colonial research practice; and special ethical considerations used in research designs to accommodate the reality of sparse populations, small, diverse communities, and high visibility (Abele, 2006; Green et al., 2003).

The summarized literature suggests that information on the situation of helping practitioners working in northern communities is scarce, with northern practice research generated mainly through nursing and social work (Schmidt, 2004; Vukic, 1996; Vukic & Keddy, 2002; Zapf, 1993). Barbopoulos and Clark (2003) emphasize the need for a body of empirical evidence and well-founded theory on rural and isolated psychology. Research on issues in isolated psychology would inform instruction and practitioners already working in rural or isolated conditions. Understanding the complexities of rural and isolated psychology would not only benefit rural clients, but would also prepare psychologists and counsellors to work in other countries with large rural and isolated populations. The information and personal knowledge provided by the participants in this study may contribute to such a conceptualization.

#### *Limitations and Growth*

This research inquiry adds to trauma support and vicarious trauma knowledge through findings that include alternate views of the phenomenon of secondary trauma and

community-based protective factors found in isolated practice. The study also gives a wider audience to an overlooked group working in the area of trauma support; northern helping practitioners. These narratives support much of the existing literature but also extend the literature base through the insights offered into the situation of embedded community workers, both First Nations and non-First Nations, and their coping strategies. Insight into the impact of the daily wearing on practitioners of encounters with the less obvious traumatic material rather than the larger issues may add to our understanding of the phenomenon of secondary trauma including clarification of vicarious trauma.

The undertaking of preliminary research in the pilot study, the extensive literature reviews, community advisor knowledge, and the participant interviews from this inquiry has resulted in a more articulate, grounded understanding of the link between trauma support, isolated living conditions, intergenerational transmission of trauma, and the work being done at the ground level by practitioners and individuals in coping and moving forward. The voices of eight unique practitioners give strong interpretations of varied experiences held together by the commonality of context and the qualities of humanitarianism. The primary research question was broad, which resulted in practitioners focusing on areas of life and practice that held the most meaning to them. Some of the practitioners did not focus on their own secondary effects in detail but painted a more global presentation of the effects of their work.

In qualitative research there is always a challenge in ensuring that the self of the researcher is a trustworthy instrument (Ely, Vinz, Downing, & Anzul, 1997). Elements of both limits and growth exist in the unique tensions that develop out of the dual roles of counsellor and researcher (Etherington, 2007). This tension was evident in the context of

the relational culture setting of northerners where help is given when requested. Mirroring the counsellor-client boundary difficulties discussed in the literature on isolated and rural practice (Boone et al., 1997; Green et al., 2003), boundaries between researcher-practitioner were not always clear during the research interactions (Connolly & Reilly, 2007), due to the norm of reciprocity found in northern communities, particularly First Nations communities (Salois et al., 2006). If practitioners requested assistance that I could provide, it was given. This took the form of sharing ideas for supportive interventions, counselling resources, information on training, and other advocacy tasks. I was prepared to be conflicted over my role as researcher when working with people who could be my peers and who shared elements of my previous northern work. My ethic of care dictates that I act morally when others are in need. In research this results in understanding how to hold both an analytic stance and an emotional connection, how to “blend the emotional insider experience back to a cognitive outsider role in order to conduct analysis” (Connolly & Reilly, 2007, p. 534). Negotiating how to blend those roles will be an on-going process for me as a northern-based counsellor/researcher. A supportive stance rather than an authoritative voice guided this inquiry.

*Reflections on the use of Narrative Inquiry with Northern Helping Practitioners*

Rebuilding takes place through narratives, with storytelling as the primary mechanism for attaching meaning to experiences. Storytelling allows people to re-establish “ontological security”; the sense of meaning, coherence in everyday life, and hope for the future (Crossley, 2000). With the occupational hazard of changes in beliefs, behaviours, and feelings that appears to come with daily empathic engagement with clients’ traumatic material, any method of finding meaning and hope is needed. The use

of narrative gave practitioners an opportunity to use a story form to articulate meaning. Follow-up conversations indicated that some of the practitioners used these stories to reconfigure order or meaning from their experience (Crossley, 2000). By talking through the interpretations they had made from their experiences, several participants described how they were made more aware of the nuances found in the engagement with clients' stories of trauma.

Clandinin and Connelly (2000) discuss the four directions of focus when considering participants' experience stories; inward, outward, backward, and forward, suggesting the importance of temporal qualities. Relationships to time are suggested in the change compositions, the narrative selections moving between beginning and end points (Pinto, 2007). The change compositions provided a sense of what events preceded some elements of practitioners' current meanings of experiences and what actions or events were envisioned as succeeding them. Perceived psychological turning points could be interpreted from some of the portraits, with many revealing redemptive sequences describing the salvaging and mitigation of painful events (McAdams & Bowman, 2001; Shepard, 2002).

In narrative process, researchers must take care in making claims on what is real from such stories, especially if the declared reality becomes "an invention whose inventor is unaware of his act of invention" (Vizenor, 1997, p. 188). Reflexive practice has provided clarity as to the level of interpretation and "invention" used with the narrative accounts. The use of the painting metaphor was also helpful in understanding the level of interpretation found in each step of the research process. Reflexivity also helped meet the challenge of solipsism, the impossibility of entering another person's mental life

(Shweder, 1996). Instead, my research journal contains numerous entries reflecting on what traces participants chose to release and what “traces of the Other” (Cottle, 2002) I heard as most important in trying to capture the essence of their experience. The use of reflexivity allowed me to be aware of some of the blind spots in my own mental life and the need to acknowledge the limitations of my interpretations of participants’ experiences. The journal entries that deconstructed those blind spots were usually made after I experienced a moment of epiphany from a practitioner’s statement that brought new meaning to what I knew as a helping practitioner. The most powerful statement in this category was from the practitioner of  *Holding the Good and the Bad*  when she describes a severely abused and traumatized client reminding her that worst things could have happened to her; she could have been an offender.

#### *Summary*

As suggested by the literature, an understanding of isolated northern cultures is essential for competent practice in such settings (McIlwraith et al., 2005). This understanding includes the influence of cultural diversity, work, and economic factors on the social psychology of communities. Place entities also exist as perceptual phenomenon: not defined simply according to geography but also as creations of social processes and social constructs (Nilsen, 2005). Places have power and presence, with power bringing the potential to subvert dominant narratives, a challenge to helping practitioners coming into communities (Cheers, 2004; Hornosty & Doherty, 2004). This challenge was addressed by several practitioners, but was a sensitive topic. When the dominant narratives develop in a culture that is not the practitioner’s culture, delicate transactions are required in order to work cross-culturally, let alone challenge such

narratives. The power of northern communities may be seen in the effect on practitioners as they struggle simultaneously to become community members, keep their professional identity, and negotiate the dominant narratives. The matrix of certain communities is either conducive to community connection and embeddedness or keeps practitioners in a disengaged relationship. Without support, helping practitioners are more vulnerable to the phenomenon of secondary trauma. They work in a field that contributes to personal and professional isolation through the covenant of confidentiality. This inherent isolation is compounded by the power of northern communities found in the basic, uncontrollable features of geography and weather that lead to physical isolation.

The stories of practitioner experiences are filled with wisdom juxtaposed against primary and secondary trauma response. The work experience of individual helping practitioners expands to include the histories of clients and communities and the impact of those histories on practitioners. These portraits are set against a multi-textured background built up out of layers and layers of cultural context and history. Participants' beliefs are presented not as generalizations, but as "experiential artifacts: monuments constructed out of the internal and existential histories" (Clandinin & Connelly, 2000, p. 417). The stories of helping practitioners, both those originating in the community where they work, and those who make the transition into northern communities, may help researchers to better understand rural and isolated practice. The information and experience held by such workers add important pieces to a conceptual model of isolated and rural practice. It is hoped that the knowledge and awareness gained through this inquiry process will be of benefit to northern helping practitioners and their clients in understanding what effects of secondary trauma are inevitable and what are preventable.

The situation and challenges facing northern helping practitioners may be epitomized as “manifestation of a space between intersecting hopes, oppressions, diverse needs, flexible realities, and the imperfect theories and practices” (Transken, 2004, p. 118). I conceptualize Berman’s (2006) “tyranny of space” created by northern geography, the space between cultures, and Transken’s (2004) description of working space intersecting at the location of northern helping practitioner’s experience supporting clients who have survived trauma. The anthropologist Behar (1996) suggests that research that doesn’t break your heart just isn’t worth doing anymore. The stories of practitioners’ experience did break my heart, but this is the nature of both trauma work and trauma research. “Heartbreak” in this context suggests both a dire need and room for improvement and growth. It is the improvement and understanding that results from such engagements that keeps practitioners and researchers in the field. I have learned so much on this journey and this knowledge will influence how I conduct future research and how I continue to practice as a counsellor. Trauma research has a level of emotional content that demands that researchers pay attention to the human being-in relationship (Connolly & Reilly, 2007). Relationships of respect and knowledge also extend to the research process and the phenomenon of secondary trauma (Cole, 2002). It is the hope offered in the stories of dedicated human beings in helping relationships that brings worth and authenticity to this research journey.

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## Appendix A: Letter of Introduction

Dear Possible Participants:

My name is Linda O`Neill and I am a doctoral candidate in the Department of Educational Psychology at the University of Victoria. As a long-time northerner, I am concerned about the situation of helping practitioners, including counsellors, drug and alcohol counsellors, lay counsellors, family support workers in northern communities who are working with clients who have experienced trauma, including intergenerational and historical trauma experienced by clients. I am conducting a study of such practitioners` experiences and how they are affected by their work. I believe that helping practitioners doing such work have information, knowledge, and strategies to offer others in the helping profession in terms of coping with this type of work while supporting clients in an effective and appropriate way.

I am respectfully asking helping practitioners who provide such support to participate in this study. Participation will include a one to two hour interview in a place of participant's choice. I would also be checking back with the participants during the process to make sure their information is correct, as well as checking the final results with them. Anonymity and confidentiality will be ensured due to the sensitive nature of the study.

If you are interested in participating or know someone who might be, please contact me, Linda O`Neill in Atlin at 250-651-7702 or [lindao@uvic.ca](mailto:lindao@uvic.ca). Further information is available in the letter of consent that can be sent to you to review. You may also contact the Associate Vice-President of Research at the University of Victoria at (250-472-4545) for information about this study. **Thank you for your consideration.**

## Appendix B: Letter of Consent

### *The Experience of Northern Helping Practitioners*

You are being invited to participate in a study entitled *The Experience of Northern Helping Practitioners* that is being conducted by Linda O'Neill, a long-time northerner who worked for many years as a helping practitioner.

Linda O'Neill is a doctoral candidate in the Department of Educational Psychology and Leadership at the University of Victoria and you may contact her if you have further questions by phoning her in Atlin, BC during May, June, and July at 250-651-7702 or e-mail at lindao@uvic.ca

As a graduate student, Linda is required to conduct research as part of the requirements for a doctoral degree in Educational Psychology. It is being conducted under the supervision of Dr. Blythe Shepard. You may contact Linda's supervisor at 250-721-7772.

The purpose of this research project is to understand the experience of northern helping practitioners working in isolated communities and providing support to clients experiencing trauma. Understanding how issues of intergenerational and historical trauma impact helping practitioners' work may also result from this study.

Research of this type is important in identifying the views of helping practitioners on working with traumatized clients in a northern setting, and on identifying their strategies for helping those affected and for helping themselves continue their work. These strategies may be helpful to other support service providers and to the clients they serve. This information will also be useful to community and provincial agencies that fund counselling and other support worker positions through awareness of the specific issues affecting them in their work.

You are being asked to participate in this study because you are in the helping field and are working or have worked in northern communities, and your experience, views, and strategies may be beneficial to other helping practitioners and their clients, and to general knowledge about the challenges facing helping professions in isolated settings and their specific needs.

If you agree to voluntarily participate in this research, your participation will include individual interviews in a session that will be approximately two hours in length at a place of your choosing. The interview will consist of questions regarding your experience of providing support to traumatized clients in the north, interventions you might use in working with those affected, the impact of varying traumas, and strategies that you use in your life that help you to continue to do the work.

Participation in this study may cause some inconvenience to you, including inconvenience due to the time commitment for the interviews. There are also some potential risks to you participating in the research regarding emotional and psychological reactions that you may have based on any effects of trauma you may have experienced personally in working as a helping practitioner.

To prevent or to deal with these risks the following steps will be taken. You may stop the interview at any time and withdraw from the study at any time. Community counselling is also available, and will be arranged for you by the researcher if you require assistance.

The potential benefits of your participation in this research include the value of your first hand experience and views on supporting clients with trauma, including historical and intergenerational trauma, as well as strategies and interventions that you might use to support such clients. Other benefits include your strategies for well being and coping when doing this type of work.

As a way to compensate you for any inconvenience related to your participation, you will be given an honorarium of \$40. It is important for you to know that it is unethical to provide undue compensation or inducements to research participants and, if you agree to be a participant in this study, this form of compensation to you must not be coercive. If you would not otherwise choose to participate if the compensation was not offered, then you should decline.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used in the analysis or any other part of the research. The data will be returned to you or destroyed through the steps described elsewhere in this document. The honorarium presented to you will remain with you.

The researcher may have a relationship to potential participants through general work experience in one of the communities but will not have any relationship with other potential participants. To help prevent this relationship from influencing your decision to participate, the following steps to prevent coercion have been taken. If you know Linda and would otherwise not participate in this study or feel any obligation to participate in this study because you know Linda, you are requested to decline to participate.

To make sure that you continue to consent to participate in this research, the researcher will ask for verbal and written permission when asking you to review the analysis and before the dissertation is published. The researcher will ask you to initial and date the original consent form.

In terms of protecting your anonymity, no identifying information will be attached to your interview or transcript. The information asked for is general information, with no reference to your position, your place of work, your community, or clients.

Your confidentiality and the confidentiality of the data will be protected by the lack of any identifying information, the return to you or destruction of the data based on your wishes and my professional guidelines as a professional member of the Canadian Counselling Association.

It is anticipated that the results of this study will be shared with others in the following ways: at the dissertation defense, in the published dissertation, at scholarly presentations, and in published articles.

Data from this study will be disposed of in two years or returned to you if requested. If the data is to be destroyed, electronic data from the hard drive of the research computer will be deleted and erased, audio tapes will be erased, and all hard copy paper data will be incinerated.

Individuals that may be contacted regarding this study include Linda O'Neill or Dr. Blythe Shepard whose numbers are provided at the beginning of the form.

In addition to being able to contact the researcher, Linda O'Neill or her supervisor, Dr. Blythe Shepard at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

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*Name of Participant*

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*Signature*

---

*Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.  
Thank you for your participation***

### Appendix C: Interview Guiding Questions

Please tell me your story of working as a helping practitioner.

How has your work affected you?

What has your experience been like working in your own community?

What has your experience been like coming into a new community?

What are the challenges in doing this type of work?

What strategies do you find most helpful in offering this type of support to clients?

How have you been changed in providing this type of support?

## Appendix D

## Change Time Chart

Beginning work in the north <i>Believe</i>	Changes/transitions Plotting direction	After time spent in northern setting
<p><b>Beliefs</b> Whatever your job is, it becomes a part of you.</p> <p><b>Beliefs on post-trauma effects</b></p> <p><b>Identity as Helper</b> I found that the idea of being a helping person was spilling over into my life. After you've done it for so long, it becomes a part of who you are</p>	<p><b>Ups/positive</b> My work has changed me in many ways, especially with the teaching part. It was very good because you cannot teach risk-taking behaviours and problem solving without changing yourself. I think those years of helping day after day really changed me as a person because you can't do that all the time without changing. I am a stronger person, a more understanding person. I am willing to try alternatives. I think it makes you more aware of the alternatives and just by accident; I would apply them in my life.</p> <p><b>Downs/negatives</b> I believe that the hardest thing about my job has to do with how it changes you. When you are a helping person it changes you and it changes your life. And when people know what you do, it changes their perception of you. I want to relate in my life as a person, I don't want to relate as a helping person. It became a part of who I didn't want to be anymore because I didn't think it was healthy for that to be such a big part of me. I wanted to be all kinds of other things.</p>	<p><b>Beliefs</b> One of my beliefs is be careful what you do for a living...because it is really going to influence who you are and how you relate to everyone. I think to work in any isolation is a kiss of death to your soul and everything</p> <p><b>Beliefs on post-trauma effects</b></p> <p><b>Identity as Helper</b> When I retired, I found that even in my normal intercourse, being a helping person was a really big part of me and I didn't want it to be anymore. I just wanted to be a person. In order to get back to being a person, I had to be really conscious about what I was doing, not jumping into some situations, let some situations go, take someone some cookies and get a giggle instead of something besides being a friend...like a more active helper. I think it is something that kind of needs to be acknowledged. I think I'm pretty there...just being a person.</p>