In their Own Words: First Nations Girls' Resilience as Reflected through their Understandings of Health

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Abstract

Traditionally, biomedical conceptions of health primarily focus on the physical body while some First Nations conceptions of health and wellness have a broader focus, drawing on the general philosophies of balance, harmony, holism, and spirituality. In recent years there has been a shift in health models to include more holistic definitions (Bendelow, 2010). This article describes a qualitative community-based research project with twenty young/teenage First Nations girls from a Tribal Council region located in the Canadian prairies. Our overarching goal was to collaborate with the girls to co-create knowledge concerning health, healthy bodies, and body image using photovoice methodology. Emerging independent but interconnected themes of body image, loss, and addictive substances are discussed as related to resilience. The resilience of the participants was reflected in these three selected themes as well as in their definitions of health. Our findings point to the importance of acknowledging and celebrating resilience as well as viewing health holistically to better understand and address First Nations peoples' health-related concerns.

Keywords experiences of health, First Nations youth, resilience, community-based participatory research

Introduction

Meanings of health are diverse, multifaceted, and vary amongst individuals, cultures, and locations. For instance, the spiritual significance of the medicine wheel is linked to some First Nations peoples' understanding of health and healing (Graham and Leeseberg Stamler, 2010; Isaak and Marchessault, 2008). While definitions and applications of the medicine wheel are diverse across First Nations communities, a common definition is that this holistic wheel has four quadrants or components of health. For the Plains Cree in Saskatchewan, these components consist of the physical, mental, emotional, and spiritual; to be healthy, there must be harmony among the four (Graham and Leeseberg Stamler, 2010). For a Manitoba Cree community, descriptions of health also correspond with the medicine wheel and stress the multifaceted nature of both balance and health (Isaak and Marchessault, 2008). Poudrier and Kennedy's (2008) work with women in a Canadian prairie Tribal Council region reveals that a "healthy body" is highly connected to culture and the community. Western notions have tended to focus on disease and illness within the individual, by viewing the "body as a machine" or isolating individual parts (Gard and Wright, 2005). Thus, these perceptions of health and the body differ greatly: one is holistic and the other individualistic.

The limitations of the traditional biomedical model have been acknowledged and increasingly complex definitions are emerging in, for example, the area of health promotion (West, 2009). In this article we refer to the medicine wheel as a symbolic visual representation to highlight the girls' holistic definitions of health in this study.

Aboriginal peoples[1] within Canada are increasingly labeled and targeted as an "at risk" group for the development of poor health outcomes (Khan and Khan, 2009). However, the connotation of risk can be problematic if it focuses on biomedical explanations of health and overlooks larger influences. As Gard and Wright (2005) contend, viewing health and the body primarily through a biomedical lens lacks an analysis of important associated factors, such as social and cultural conditions, as well as macro level analyses of politics, industry, and capitalism. For instance, the health inequalities felt by Aboriginal populations are linked to historical colonialism (Adelson, 2005). Historical colonization in Canada produced widespread and profound effects that carried forward through generations. Connected to the tragedies and inequalities of colonization are the elevated health risks of Aboriginal peoples and Aboriginal youth in particular. Risk factors for poor health outcomes include suicide, substance abuse, fetal alcohol syndrome, incarceration, teenage pregnancy, and sexually transmitted infections (Kirmayer et al., 2003; Wexler, 2009). Fleming and Ledogar (2008) outline two types of risk factors that Indigenous communities face — racism and cultural loss — that are also closely connected to the effects of colonialism.

While health concerns are well established, understandings of both the definitions and experiences of health for First Nations people are lacking, particularly for youth (Isaak and Marchessault, 2008; Poudrier and Kennedy, 2008). Despite profound adversities brought on by assimilation and colonization, Aboriginal communities have displayed immense strength that also needs to be explored, as this is an important starting point in moving forward from the effects of colonization (Ritchie, 2010). The effects of colonization must be acknowledged, learned from, and cultural and community knowledge given precedence if change is to occur (Mundel and Chapman, 2010). To address the effects of colonization on health, Aboriginal peoples' voices must be heard and their perspectives and expertise valued (Sherwood and Edwards, 2006). Historically, Indigenous peoples have been subjected to intrusive, and often unethical, research of no benefit to them (Tuhiwai Smith, 1999). Research undertaken was often used by governments to control Aboriginal peoples (Ermine et al., 2004). Bartlett and colleagues (2007) stress that knowledge gained through Aboriginal-guided, respectful, decolonized research will in turn have culturally relevant and positive impacts on health services, programs, and policies regarding health. Elders in Saskatchewan have articulated the importance of youth in the community, their future, and their role in the continuance of culture (Ermine et al., 2005).

THEORETICAL UNDERSTANDINGS OF THE BODY AND RESILIENCE

Bodies signify how individuals are perceived in the social world, and different bodies hold different meanings. Similar to definitions of health, the social body presents complex definitions and experiences that vary across cultures, locations, genders, and individuals (Davis, 2003; Shilling, 1993). Meanings of the body are elaborated through the production of cultural scripts for the achievement of acceptable bodily appearances, such as those related to weight, exercise, and the designation of good and bad foods (Lupton, 1996). Dominant discourses are a reflection of underlying power relations. Discourse not only refers to the language surrounding an issue or idea, but also the resulting actions (Foucault, 1972). The power gained through discourse is also referred to as the "disciplinary gaze," meaning such discourses construct self-discipline or surveillance of the self and the body (Foucault, 1977). Power is gained through discourse when it is widely accepted within a society, prompting judgment, control, and self-surveillance among individuals. Examples of disciplinary gaze can include cultural and media

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1   The term Aboriginal peoples refers to all Indigenous peoples in Canada including First Nations, Inuit, and Métis (Waldram et al., 2006). These are three distinct groups. The term Indigenous here refers to Aboriginal peoples globally.

influences on perceptions of beauty and the ideal body, with actions accompanying those discourses including, for example, dieting, exercise, and make-up routines.

These ideals and actions also vary with gender. Historically gender is often viewed as a natural or biological assignment, rather than as a socially constructed identity. Grosz (1987) argues that definition of gender and body norms are classified and dependent on culture. In Western society, these norms stress hyper-masculinity for males, and overt femininity for females; any variation outside of gender norms works to reconfirm and solidify normal behaviour. Social categories are constructed through discourses that ascribe meaning to particular physical characteristics or traits. Social categories such as gender and race become the lens through which we view others. The biological body is identified and given meaning in relation to these categories, which is often the basis for the enforcement of social inequalities (Shilling, 1993). At the same time, bodies are a powerful means for cultural and self expression through style and adornment, which can help to overcome inequalities associated with categorization. Individuals have a great deal of liberty regarding their body (Turner and Rojek, 2001) and, while body discourses have a profound impact on our everyday interactions, individuals are also willing actors in the production and reiteration of societal discourses (Shilling, 1991). Shilling (1993) argues that these social categories and positions greatly influence one's self identity: they aid an individual's understanding of self as well as the position in the social world. Individuals are never entirely socialized into these meanings. The literature indicates that discourses produce socially constructed meanings of the body, yet individuals must also choose to apply these to their own lives (Davis, 2003; Shilling, 1993). Similar to health, the body is complex and meanings arise from a myriad of influences. Challenges to body and health norms can be viewed as both a form of agency and resilience.

Resilience is most often defined as "positive adaptation despite adversity" (Fleming and Ledogar, 2008, p. 7). Traditional definitions of resilience focus on the individual, while current definitions encom-

pass the family and community and their roles in fostering resilient members (Ungar, 2008). In the Canadian context, concepts of resilience applied to Aboriginal communities are best understood with an acknowledgement of colonial history. The negative events resulting from colonization, such as forced assimilation and residential schooling enforced by Canadian policy, present a real challenge for individuals and communities to overcome (Tousignant and Sioui, 2009). As Tousignant and Sioui (2009) argue, Aboriginal peoples in Canada endured this trauma while being stripped of their culture, which had traditionally provided them with the tools to be resilient. Swanson (2010) contends that this trauma is especially problematic for youth as they often experience the greatest health disparities, suicide rates, and poverty.

Swanson (2010) argues that despite present inequalities, Aboriginal youth have the capacity to create change, noting that numerous support groups by and for Aboriginal youth exist throughout the country. For instance, Facebook is an online social networking website where youth collaborate and connect with other youth, and is evidence of this change at work. Resilience studies with Aboriginal youth in Canada are limited (Filbert and Flynn, 2010); however, the existing research suggests a strong link between culture and resilience in First Nations youth and communities (Chandler and Lalonde, 1998) and that youth are creative in their approach to coping utilizing resources that facilitate resiliency (Ungar et al., 2008). Although overwhelming pain and sorrow have been felt as a result of colonization, individuals, communities, and their culture have demonstrated great strength in their ability to overcome multiple struggles and learn to cope. Focusing on resilience is crucial, especially when considering the health and future of Aboriginal youth.

Methods

The motivation behind this project was to enhance scholarly and community knowledge from the perspectives of First Nations girls, and this manuscript describes our qualitative project exploring their understandings of the healthy body and body image. This exploration is an extension of the lar-

ger project *Iskwewak Miwayawak: Women Feeling Healthy*, which examines cultural and visual contexts of healthy body weight and body image from the perspective of First Nation women in the Battleford Tribal Council (BTC) region (Poudrier and Kennedy, 2008). Three research questions directed both the design and undertaking of this project:

1. How do First Nations girls interpret the healthy body and body image?

2. What are the social, historical, visual, and cultural meanings of the healthy body and body image for girls in the BTC region?

3. What are the barriers and strengths faced by First Nations girls in regards to the healthy body and body image?

We applied a participatory approach as it allowed our project to be a collaborative effort, and enabled us to collectively create knowledge relevant to the participating girls and their communities.

Study Design

Our qualitative, community-based participatory project focused on First Nations girls, 13–16 years of age, in the BTC region on the Canadian prairies. Recruitment criteria included: a) First Nations girls, b) aged 12–16 years, and c) residing on reserve in the BTC region. Community Youth Outreach Workers (CYOW) from the region coordinated the recruitment of twenty participants for the project using a convenience sample. The girls who participated in this study were involved in programs run by the CYOW in this area (some programming offered includes suicide prevention, healthy lifestyles, and addiction counseling). During recruitment, the girls and their guardians were given information pamphlets, consent forms, and letters of invitation that explained the aims and proposed activities for the project.

The three phases of the research process took place in the nearest city, to accommodate girls coming from different communities within the BTC region. The CYOWs provided all of the girls with transportation to attend the research activities. The first phase included an introductory session, individual photovoice projects, art collages, and individual interviews. The second phase included sharing cir-

cles that built upon themes arising from the data from the interviews and photovoice projects, and the completion of participant surveys.

Photovoice has three overarching goals: 1) to empower and provide individuals the opportunity/outlet to record and reflect their community's strengths and concerns in their own words; 2) to promote critical dialogue and collective knowledge about important community issues through large and small group discussion of photographs; and 3) to reach policy makers, community, and society at large about personal and community experiences of health (Wang et al., 1996; Wang and Burris, 1997). Participants are given cameras to capture images, which in turn guide further discussion; this was chosen as a primary data collection method because it enables people to share, identify, and present their photos with others in their community (Wang and Burris, 1997). Previous projects with youth demonstrate that youth participants enjoy and appreciate the opportunity to voice their opinions and concerns (MacDougall et al., 2004). Using photovoice in projects with youth has had both a positive effect on the research process and health promotion following completion (Brazg et al., 2011). While this manuscript does not focus on, or include, images taken by participants in their photovoice projects, a discussion of such images appears in earlier publications (Shea et al., 2011; Shea et al., in press).

In the third phase, as a beginning to our knowledge translation activities, the participating girls and women from the larger project *Iskwewak Miwayawak* were brought together for an Inspirational Evening (Gala). In total there were 218 attendees, which included the participants from the projects with women and girls, entire research team, invited guests, community members, community leaders, and health portfolio staff. During the Gala photographs from the photovoice projects (girls and women), stories, music, and a potluck meal were shared with attendees. The Gala featured five inspirational speakers who had participated in the photovoice component of the larger project. The women all spoke of health in their own lives and their communities, struggles they have faced, and stories of overcoming adversity. They also spoke of

their engagement in the photovoice projects and what the experience meant to them. Estey et al. (2010, p. 83) argue that while

> research is needed to continue to document and describe the health of Aboriginal peoples ... efforts must be made to translate the knowledge gained from research into improved health and well being.

Approval and support for the project was first sought from the BTC region at a one-day meeting where community leaders and stakeholders provided input and support for the project. We subsequently received ethics approval from a University Behavioural Research Ethics Board. Consent to participate in this project, with release for transcripts, photographs, and collages, was obtained from guardians and the girls themselves for all components of the research. The participating girls each chose a pseudonym for use alongside their data to ensure confidentiality and anonymity. All interviews and sharing circles were transcribed and analyzed thematically using the qualitative software program NVivo. Photographs generated by the participants were organized and linked to the dialogue from individual interviews. Analysis was an ongoing and layered process, incorporating all data sources in the development of themes which were guided by our discussions with the girls.

Findings

A number of concepts emerged through data analysis, highlighting how multifaceted the meaning of health was in the girls' lives. Discussions repeatedly emphasized resilience in their personal lives, their community, and in their efforts to be healthy individuals. Below we discuss three independent but interconnected themes that highlight the girls' resilience and strength

Body Image

A primary goal of this project was to explore understandings of the healthy body and body image in this group of First Nations girls. While all girls provided insights, some struggled with the commonly understood idea of body image. Seven participants were unable to provide a definition of a healthy body image. Some did not know what body image meant;

for instance, Tay-Tay responded "I don't know" and Otis stated "I'm not sure." Blues Lopez responded that "no one thinks like that in the school. They're just always thinking who's going to win at a fight or something." This suggests that, for Blues Lopez, body image was trivial in comparison to day-to-day life and interactions with her peers. Her comments also indicate that girls in her community and school are not preoccupied with body image but are more focused on winning fights. Fighting amongst teens emerged throughout data collection as a concern and reality for these girls. The fact that Blues Lopez considered body image to be trivial perhaps aligns with the inability of others to define what body image meant in their lives.

Analysis of the girls' perspectives on body image revealed several important and interconnected subthemes: appearance, friendship and weight, gender, and beauty. These are discussed individually to emphasize the complexities and various layers of the concept of body image in the girls' descriptions.

Appearance
When speaking about personal appearance, the girls both reiterated and resisted dominant discourse (skinny, toned body as the ideal). For example, Barry Manalow suggested that a healthy body image is "skinny and six packs and just a little muscle here and there." When asked if she felt she had a healthy body image, she replied "a little bit just maybe have to lose a little bit of weight and eat healthier like more fruits and vegetables." Likewise, Bobby Joel, when describing a healthy body image, noted:

> well, at first I would think of people really muscular and stuff, but sometimes they can take steroids so that's not healthy. So then again, I guess it can be anything.

Describing her personal body image, she commented that

> people say I look pretty healthy. Sometimes I think that I'm chubby but then my friends will say 'no you're not, you're skinny' so sometimes I just get self-conscious.

Both Barry Manalow and Bobby Joel referred to healthy body image when describing ideal body

types (muscular, toned), but when asked to comment on their own body image made reference to losing some weight or feeling chubby. In both cases, the girls compared themselves to the "ideal" image. While Bobby Joel's response resembled dominant discourse of the ideal slim body, she noted that Queen Latifah (a rapper with a plus-sized body) was her role model, thus deviating from the ideal body outlined in dominant discourse. On the other hand, Shae Walker felt that body image was more of a mental connotation ("feeling good") rather than a definition that referred to physical appearance.

Sodapop indicated some resistance to the stereotypical conception of body image through her discussion of make-up:

> I usually think that girls who wear a lot of make-up are not happy with themselves, and their image. That's why I don't wear make-up, I don't really care how I look. I just worry about having fun. I would tell other girls they don't need make-up to look good. That's why my friends and I don't wear make-up, we're just happy with the way we look.

Sodapop's ideas here communicate a strong sense of comfort with her body image. Sodapop maintains a sense of resistance toward make-up and noted in a later focus group that

> some people will wear make-up or a lot of it. Make-up can make you look all wrinkly and just transform your skin into ugliness if you wear too much.

Here, she indicates that she feels a lot of make-up can actually do the opposite of what is intended and make people unattractive; this viewpoint may contribute to her own decision not to use cosmetics. Sodapop also referenced her friends when she spoke about make-up practices, and friendship emerged as an important subtheme for both body image and health for the girls.

Friendship and weight
When speaking about body image, the girls spoke of their personal feelings and also shared experiences of their friends. For example, Karryn spoke of her frustration with a friend who was unhappy with her appearance:

> I have a friend that doesn't like the way her body looks, and her face. I don't listen to her when she says that because it makes me mad.

Bobby Joel spoke of a friend who recently lost weight:

> My friend just lost a lot of weight, she started eating healthy and working out. Everybody is complementing her now that she's smaller. She was chubby, I'm not saying she was fat but she was really ashamed of her weight she just thought that it was an unhealthy weight. Because she already looked really pretty, she's prettier now.

Bobby Joel noted that her friend felt like she was unhealthy, but she also used the term "ashamed" when describing how her friend felt. While Bobby Joel said her friend's weight loss improved her appearance, this conflicts with her later comments regarding health being more important than physical size. When reflecting on weight personally, she noted that:

> I don't want to weigh too much because there are certain limits that I don't want to cross, I'm supposed to be a certain weight according to the health guide and I try to keep that average. I don't really care if I get really big as long as it's healthy weight.

Bobby Joel appeared to judge her own healthy body weight using the body mass index (BMI), noting that she does not mind if she "gets really big," as long as it is healthy. However, there is little room for variation in rigid systems, such as the BMI, that assign weight differentials based on height.

In contrast, other participants spoke about the weight of friends out of concern. Bugeye commented that

> my friend thinks that she is too skinny and she hardly eats on purpose probably. I will be making something [to eat] like rice and I will ask her if she wants some and she will only have like two bites and won't eat the rest.

Here, Bugeye is concerned about her friend's eating habits, which is an aware observation given the global prevalence of dieting and eating disorders in teenage girls.

Gender

Dieting and body standards undeniably differ based on the gender of individuals, and the girls referenced these conflicting standards in their discussions of body image. When reflecting on gender differences, the girls spoke of pressures and experiences of girls but also referenced males, in particular their male friends, to highlight these differences. Bobby Joel spoke of a male friend, who she described as shallow based on his definition of an ideal female. She reiterated his description:

> I just like skinny girls with wonder faces, smooth skin, and nothing wrong with their complexion and big eyes. He just described the perfect girl and I was just like looking at him laughing.

Bobby Joel realizes how unrealistic this description is and found it amusing, but at the same time acknowledges that this is a common societal perception of the ideal female body. Furthermore, she describes what these body ideals are for both sexes:

> all the boys are trying to be buff like the Terminator. You know like really big abs, it just looks really gross and real big arms, and the girls are just trying to be skinny.

The body classifications of "buff" and "skinny" correspond to the body ideals in dominant discourse that inundate youth, through outlets such as the media and marketing. In society, these body ideals often classify what is "beautiful"; however, the girls in our study challenged these classifications and defined beauty in broader terms.

Beauty
The girls' definitions of beauty were more complex than those observed in the dominant discourses, such as body ideals projected in the media. For example, Bobby Joel felt that a person's beauty was showcased through their eyes. She shared the following thoughts:

> I look at a person['s] eyes. I don't really care how they look, their eyes tell it all. You can see if they are really happy or they're real sad, their eyes never lie only a face does. So if they're a happy person, they're a beautiful person, and if they're a sad person, they're still beautiful but a little unhealthy.

This sentiment aligns with previous discussions with the youth, where the happiness of an individual is seen as affecting their health. Bugeye also noted that the women in her family represent ideal beauty: "most of my family on my mom's side all have good looks. They look good and they're an hourglass shape." Despite her comment on an ideal shape, she also responded that beauty is "what's on the inside." Overall, the girls' descriptions of beauty emphasize there is more to a person's beauty than their external appearance and, in particular, their weight. Many of the girls' perspectives challenged the dominant discourses of health and beauty. While the girls at times spoke about body image in a manner that reiterates the dominant discourse, they also showed resistance to these ideals and linked body image to health. Adversities faced by individuals have the potential to affect both their health and self image. In the second theme we summarize the girls' discussions of loss of family, friends, and community members through death.

Loss
In many of the discussions, the girls linked life experiences to health and well-being, at the same time highlighting their personal strength. External experiences and events evidently had profound impacts on the girls' sense of self and the achievement of health in their lives. Although experiences of loss may not initially be thought of as a component of health, they can represent significant challenges for individuals. The girls unfortunately had numerous experiences of loss (of family, friends, and community members through death) and spoke of the connection of these to health, body image, culture, and well-being. When speaking of the loss of family members, the girls spoke both personally and externally, and in so doing referred to coping, support, and cultural beliefs.

Despite their young age, all their discussions of loss were reflective and shed great insight into the impact of loss on individual health. In one particularly profound example, Simpson spoke of the loss of her father through suicide and the implication of his death on her body image and mental health. Simpson relayed that she used to feel pretty and wear her hair down.

> Everything changed when my daddy passed away. After his death I cut my hair, I used to leave it down all the time. Every time I'd leave it down my dad would always say "you have nice hair" and he didn't want me to cut it. But that made me think of him and I just wanted to cut it. He didn't want me to dye it either because it was nice and long and black, and then he passed away, it was sort of like punishment and I dyed it. I used to wear really bright colors, and now I like to wear black and white. I used to be someone, I always used to be outside and have more, I used to laugh and smile more than I do now, ever since my dad died I don't like to smile, sometimes I will.

Simpson's quote outlines the impact of her father's death on her demeanor as well as her appearance. For her, his death was inscribed on her body: cutting her hair was both a form of punishment and a coping mechanism, because her hair reminded her of him. The healing process is ongoing; Simpson receives comfort through siblings and friends who understand what she is going through. Other participants spoke of the loss of parents, grandparents, uncles, and cousins. In sharing her experience, Simpson highlights the complexity of pain and coping, and how pervasive it is. While Simpson does not consider herself to be strong, we observed strength in her openness and clarity in speaking about such a painful and life-changing experience.

For these girls, an important component of loss relates to how individuals cope. Coping is very much linked to cultural beliefs, and the girls referenced culture and community beliefs when speaking of those who had passed away. For example, when Karryn was asked how she deals with the pain of loss, she said:

> I just try to get over them. Some people talk about them and I start thinking about them and I start crying. I don't talk about it because my Kookum [grandmother] and sometimes my Mom says that we can't talk about people who have passed away.

Karryn felt that the best way to deal with loss is not to talk about it, in accordance to cultural beliefs. Such beliefs had been passed on by her grandmother and mother, and therefore it was upsetting for her to hear other people talk about those who had passed away. Although some may view this as bottling-up

emotions, she found great comfort in adhering to familiar cultural practices and beliefs that have been passed down through generations.

Sodapop also discussed the impact of loss on well-being in terms of her friend's experiences. She indicated that her friend lost his mother when he was young, and this had a negative impact on the rest of his family and his experiences growing up:

> ... after his mom passed away, his dad who never used to drink became a chronic drinker, almost every day his dad is drinking. He had to move out of province with his oldest brother. So he did that, and got abused by his brother, after he got abused he moved back.

In relation to her friend, Sodapop spoke of loss at the greater community level:

> in our community, everyone is always watching over us. Things happen with the children where we have to watch them. In the past few years, there's been a lot of deaths and a lot of funerals.

Despite the loss experienced by her community, Sodapop indicated they stick together and the children are especially protected. She emphasized that both loss and determination are not experienced individually or in isolation, but by the community as a whole.

The perseverance, awareness, and maturity portrayed by the girls in response to loss carried over to other areas of their lives. The community and individual coping enabled the girls to deal with their loss; this might have made them in tune with the impact and the link between both loss and coping with health crises. Although loss is a negative experience, these girls show how resilience can arise from situations of loss. The resilience and positive self image of the girls was also evident in their discussions of addictive substances.

Addictive Substances

The resilience that can arise from regrettable circumstances was also evident when the girls spoke of addictive substances. Many of the girls discussed the negative role of addictive substances in the health of the community. While some of the girls shared personal experiences, they overwhelmingly referred

to past experimentation with drugs or alcohol. They spoke of these in a reflective sense and recognized the issues inherent with the use of these substances. For example, Bugeye shared experiences of individuals drinking around her grandparent's house:

> there are people that come to my house and drink sometimes. My uncle comes over drunk and always gets mad at us. There has been people that hang around the house too, when it's the weekend people come and drive around and they are always parked outside the house.

Bugeye's negative exposure to alcohol was experienced through her uncle and others in the community. For a teenager, being around alcohol on a consistent basis would likely be difficult and confusing, and her choice to abstain and not give in to peer pressure demonstrates Bugeye's strength. Bobby Joel also spoke about previous exposure to addictive substances: "I have been around drugs a lot but not alcohol for two years, a lot of people in my house do drugs but I don't." Similar to Bugeye, Bobby Joel's strength is revealed in her choice not to use drugs despite previous engagement and exposure to drugs in her home.

For many of the girls, watching others use addictive substances was often motivation to refrain from these behaviours. Although some of the girls shared inspiring examples of those who had overcome struggles, others spoke about family members still engaged in these behaviours. Blues Lopez spoke about the use of drugs and alcohol in her community, and specifically the experiences of her sister. She observed:

> There's a lot of drugs and alcohol, it's there and everybody does it, well not everybody, just some people do drugs, they drink every day. Kids drink. My little sister goes to every party. I told my mom and she made my sister go on birth control and found out she was pregnant and she had an abortion. Nothing would stop her, I've tried everything to stop my little sister but it doesn't work so we just let her.

Blues Lopez noted that her and her family's inability to convince her sister to change and disengage in risky behaviour has been a source of tension. Blues Lopez feels that her sister's problems stem from the fact that she acts older than her age, which was also observed by other girls in our discussions; such behaviour was thought to be related to a lack of self respect and healthy body image. Above all, watching her sister and seeing what she had experienced was motivation for Blues Lopez to not participate in these behaviours. Taking on the big sister role, she has tried to protect her younger sister and now provides a positive example of a teenager who does not participate in substance-related activities.

The girls who participated in this project were very perceptive to the negativity and problems that addictive behaviours can create. When asked what her wish for her community was, Tiffy responded: "that there was no drugs and alcohol and if everybody got along." When asked why these two things would be important to her, she observed:

> because alcohol and drugs gets everybody more cranky and rowdy and that's not healthy for your body. My brothers would get rowdy, and they do weed and they drink a lot, and they don't get along with others and they fight when they're drinking.

For Tiffy, watching her brothers drink, do drugs, and fight with others has confirmed the negativity and unhealthy nature of addictive substances. Another important component of a healthy community for Tiffy was good interpersonal relationships, and this sentiment was shared by other girls as well. Good relationships with others were repeatedly described as a strong component of a healthy lifestyle and community, and were seen as having an impact on mental health. In general, the girls felt that observing family, friends, and community members engaging in addictive substances was both educational and an incentive to avoid similar behaviours.

The girls were knowledgeable about the negative impact of addictive substance abuse, and some offered possible solutions to address these issues in their communities. Sodapop referred to both adults and youth, and felt that a possible solution would be to

> get the reserves to put on alcohol bans, on certain days they could drink and if they get caught breaking rules they can get into trouble. And for the kids, if they're bad, they can send them to a military school.

Her suggestion is based on using consequences as a deterrent to breaking rules. Alcohol bans were proposed by other girls as well.

Tony felt that improving the appearance of the community could in turn improve problems or issues. She stated:

> I want us to just get everything fixed, make it better instead of stuff just falling apart. They're making new houses for other people so that's cool, just those few things stick out and stop drugs and alcohol.

For Tony, improving the aesthetics of the community and decreasing the use of addictive substances could address and improve the climate within and make the community healthier. Overall, the discussions of addictive substances and the proposal of possible solutions highlighted the girls' reflection on both the community and the health of its members.

Discussion and Conclusions

In our discussions with the girls it was evident that they understand health in a holistic manner (Shea et al., 2011). The links throughout the three themes discussed in this article also highlight how the girls' ideas of health are interwoven, and how their personal resilience affects their understandings and experiences of health. Acknowledging adversities as well as celebrating the strengths of individuals and their respective communities are important when focusing on resilience. Kirmayer et al. (2011) explored meanings of resilience in Aboriginal communities in Canada through a research project entitled *Roots of Resilience*. Findings from this research led to the formulation of four Indigenous strategies of resilience: 1) connection to the land and a sense of place; 2) restoration of tradition, language, spirituality, and healing as personal and collective resources; 3) stories and storytelling as a privileged way of knowing and transmitted collective identity; and 4) political activism as a source of collective and individual agency. This study highlights the diverse and layered approach to resilience and draws attention to the importance of culture in overcoming adversity, similar to Chandler and Lalonde's (1998) work noting the importance and strength of cultural continuity in helping individuals cope. Dell et al. (2005)

review inhalant use treatment through the Native Youth Solvent Addiction program, which advocates a holistic approach to resilience, acknowledging the resilience of youth and how they draw upon the resources available to them in their communities. Kirmayer et al. (2012, p. 401) observe that

> a focus on narratives can also help capture some of the wide individual variation in strategies of resilience seen within a community. Forms of resilience may vary by individual age, gender and education....

While there were similarities in the girls' topic areas, their personal stories, concerns, and coping mechanisms illustrated their individuality. Together, these studies emphasize the resilience of individuals and their communities to overcome adversities and positively and effectively cope, particularly through celebration of culture.

In general terms the girls' conception of the healthy body and body image is connected to broader social and community issues, as opposed to the physiological body. McHugh and Kowalski (2011), in their research with young Aboriginal women, observed that definitions of body image are diverse and can affect individual health. Similar to Paquette and Raine (2004), the meaning of body image to the girls varied, highlighting the complexity of this concept for certain groups. This variation links to broader definitions of health and challenges the Western ideal of bodies and beauty. Their discussions revealed both the reiteration of dominant body discourses and their resistance to them, the latter of which demonstrates the resilience of this group. This resistance and challenge to dominant discourses on ideal bodies was also observed in Nelson's (2012) study with Indigenous youth in Australia. Similar to Fleming et al.'s (2006) work with young Aboriginal women, the girls' personal body image experiences demonstrated a general level of satisfaction. In their later work with rural Aboriginal girls, Fleming and Kowalski (2009) found that participants felt that living on a reserve likely affects ideals of the body and suggest that, as one participant observed, "her experiences would likely differ if she lived in the city" (2009, p. 47). While our project was with First Nations girls living on re-

serve, the ability for body image to shift and change based on geographical location was an important consideration. Given the lack of research with rural Aboriginal youth and the diversity of each community, ideals of body image are not well known. The participants in our study spoke of the importance of self acceptance and difference in bodies, an attitude also observed in McHugh and Kowalski's (2011) study with young Aboriginal women. The girls in our project were often more likely to envision beauty in different ways than the perceptions evident in dominant discourses, as with Bobby Joel's reference to the eyes as revealing both the beauty and health of person. Previous studies show that Aboriginal girls (Cinelli and O'Dea, 2009) are more likely to select larger body types as ideal when compared to non-Aboriginal youth. While our study differed methodologically from Cinelli and O'Dea, findings from our project indicate participants choose broader definitions of beauty and body image beyond the dominant Western ideal.

The issue of loss (of family, friends, and community members through death), as indicated by the girls, showed that health can be influenced by events external to individual personal health behaviours. It also highlighted the importance of mental and emotional aspects of overall health; the importance of mental health was repeatedly emphasized in discussions, which underscores the girls' holistic perception of health akin to the medicine wheel (Lavallee and Poole, 2010). The girls in our project also spoke of the immense pain of loss and its link to the health of individuals and their communities. As so eloquently outlined by Simpson when speaking of her father's death, her body's appearance and her actions (used as a both a form of resistance and coping) illustrated the impact of her loss. Her awareness of this change reflects one of the many instances when the girls demonstrated their ability to adapt and cope with change and adverse events (Ledogar and Fleming, 2010).

The connection to the social body was also evident when the girls spoke about addictive substances. Through their exposure to addictive substances in their homes and communities, they made conscious decisions to refrain from these behaviours

and spoke of the negative consequences they had witnessed. A previous study exploring sexual risks and Aboriginal youth highlighted the importance of strong mentors in the lives of Aboriginal youth as a powerful deterrent of risky behaviours (Banister and Begoray, 2006). In another study with Indigenous youth, maintaining positive relationships and a healthy lifestyle were listed as motivation to refrain from addictive substances (Haring et al., 2012). The strong relationships between that the girls and the four CYOW involved in this project may have had a powerful impact on the lives and health of the twenty participating girls.

Health is a diverse concept with a number of layers, and although discussions with the girls outlined health concerns and barriers, they also repeatedly demonstrated strength and resilience at both the individual and community level. When their definitions of health and their personal resilience are placed together they produce strong direction for policy makers and healthcare/programming providers. Given these differing definitions, health promotion messages and behaviours need to be adaptable as well. In this article we have discussed three themes that emerged from this project: body image, loss, and addictive substances. While these themes are independent they are also interconnected, such as loss experienced influencing one's body image, or healthy body image having a positive impact on self image and the choice to refrain from the use of addictive substances. The girls identified areas for community improvement, such as more programs for youth, and highlighted positive opportunities, such as their engagement with youth outreach workers. An overarching theme from the data was the importance of relationships to the well-being and health of family, friends, and community members. These findings reinforce Ledogar and Fleming's (2010) contention that strong relationships with others are integral for Aboriginal youth to be resilient and adapt to adverse events and challenges.

The girls' descriptions of the healthy body and personal resilience challenges the large volume of literature on Aboriginal health that presents health in these communities as a negative story focusing on risk factors and poorer health outcomes. Risk factors

are often described negatively but we aim to contribute a positive discussion in relation to the three themes that emerged from the data. Definitions of risk in relation to youth are far from universal. Risk is often defined by values at the societal or community level and these definitions are not static over time (Burack et al., 2007). Loss was an important theme arising from our data with a notable example of one participant's experience losing a parent to suicide. Although the girls in our study were stunningly resilient, this is not the case for all Aboriginal youth. As Chandler and Lalonde (1998) observe, strong cultural continuity is a deterrent to suicide. Increased engagement in cultural practices and beliefs could positively affect Aboriginal youth. Wexler et al. (2009, p. 568) contend

> a strong cultural identity distinguishes a Native young person from the dominant society and offers him or her a way to positively understand this difference.

Connecting and providing support to individuals with similar experiences can be a sense of empowerment and in turn facilitate resilience (Wexler et al., 2009). While there are indeed very real disparities it is essential to focus on and celebrate the positive as well. The girls' stories of their strength does just this.

The profound relationship with the CYOWs, and the importance attributed to youth-based programs in the community makes this an area that communities should seek to strengthen and implement for the benefit of youth. A number of the girls in our project referenced community round dances and Elders as connected to health: engagement in round dances and similar activities could be increased and programs for youth developed with guidance and/or involvement by community Elders. In this article we have mentioned the medicine wheel as a visual representation of their descriptions and understandings of health. While the use and application of the medicine wheel varies greatly with First Nations' culture (Waldram et al., 2006; Lavallee, 2009), what is important and reflective to the words of our participants is the holistic and interconnected nature of health. The girls in this project are but one

group to effectively outline critical components of being healthy based on physical, mental, spiritual, and emotional health. Acknowledgement of culture and First Nations conceptions of health is important for policy makers, leaders, and health care providers to consider in the provision and development of programs for both youth and First Nations peoples (Dell et al., 2011).

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