

Finding Water: Developing New Research Approaches in Suicidology

John Farrell Kelly

It is important to note that when working qualitatively, it is not always necessary to have a theoretical framework to start with.

—Heidi Hjelmeland, “Cultural Research in Suicidology: Challenges and Opportunities”¹

I close my eyes.

My weight shifts slightly, and my fingers move almost imperceptibly.

In another life, I might become a musician – I could learn the popular songs of a style of music that I love, develop my own songs, and move fluidly between performing alone or in a group. After decades of practice, maybe I would develop an aesthetic of impermanence. Maybe I could develop a level of mastery where I could assess my feelings, read the feelings of the audience and the environment, and create an appropriate song for that given moment – then allow the song to fade into memory, with no permanent record.

“What are you doing?” Adam asks firmly.

I open my eyes. We are standing in a line in a building on a Naval base in Seattle. “Nothing,” I reply, with glazed eyes.

“What . . . are . . . you . . . doing?” he asks again, with a powerful voice filled with anger, hostility, and a desperate need for authenticity.

I respond to his need for authenticity and soften my eyes slightly. “I’m visualizing a martial arts kata,” I say.

He relaxes for a moment, his thirst for authenticity temporarily relieved. Other men in the line are completely engrossed in their own conversations, and we have an unexpected privacy. His senses and intuition are keen, and he recognizes something, pauses, and then begins to tell part of his story.

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¹ Heidi Hjelmeland, “Cultural Research in Suicidology: Challenges and Opportunities,” *Suicidology Online* 1 (2010): 40. <http://www.suicidology-online.com/pdf/SOL-2010-1-34-52.pdf>

“I was a great football player,” he says. “Our team won regionals, and I was one of the best players on the team. One of my favorite moves was to break the nose of an opposing player. I would strike with my elbow just above the facemask.” He pauses and demonstrates the move. “I must have broken ten or fifteen noses that season.”

“In Vietnam,” he continues, “we were trained that children could be a threat and carry bombs.”

I adjust my breath to a personal style of pranayama – relaxed, long, slow inhalations and exhalations that flood my body with prana. I allow all of my thoughts and emotions to calm, and I focus completely on Adam and his story.

“Their eyes, John,” he says. “Their eyes.”

I witness the reflections of their eyes in his eyes.

After a moment, I allow an almost imperceptible pulse of compassion. He senses it, and there is a moment of healing.

“After the war,” he states, “I spent six months in a psychiatric hospital.”

Views from Above: Meta-research

The combined weight of such studies reveals the degree to which seemingly objective past scholarship was actually often laced with political, cultural, and social agendas, ones which scholars were reticent about acknowledging in their work or in the writings of their colleagues.

—Thomas A. Dubois, “Trends in Contemporary Research on Shamanism”²

Suicide risk was independently associated with male sex and mental disorders but not with military-specific variables.

—Cynthia A. LeardMann et al., “Risk Factors Associated With Suicide in Current and Former US Military Personnel”³

Unexpected sources may lead to essential new research approaches in suicidology. In “Trends in Contemporary Research on Shamanism,” Thomas A. Dubois reviews and discusses recent research on the topic of shamanism and identifies numerous research approaches: rhetorical approaches, particularized ethnographic approaches, historicized and politicized approaches, transcendent and cognitive approaches, and neoshamanism.⁴ Dubois also notes that the term has widespread use in academic writing in numerous fields, including anthropology, religious studies, archaeology, cognitive sciences, ethnomusicology, medical anthropology, art history, and ethnobotany.

I suggest that one new research approach needed in suicidology is a view from above – meta-research – research about suicidology research in general. An article

² Thomas A. DuBois, “Trends in Contemporary Research on Shamanism,” *Numen* 58 (2011): 112.

³ Cynthia A. LeardMann et al., “Risk Factors Associated With Suicide in Current and Former US Military Personnel,” *JAMA* 310, no. 5 (2013): 496.

⁴ DuBois, “Trends,” 100–128.

similar to Dubois's that performs a comprehensive review and discussion of trends in contemporary research in suicidology would be invaluable. A comprehensive examination of the discussion of suicide in numerous diverse academic fields would also be invaluable.

The rhetorical approach that Dubois discusses can be characterized as one type of meta-research. Dubois describes this approach as "the scholarly examination of the development of 'shamanism' itself as a scholarly term and academic construct, particularly as a reflection of broader trends within the academic study of religion and anthropology."⁵ The rhetorical approach also criticizes the term and its academic use as a "willful denial of the complexity of 'primitive' religions, and the reduction of their diversity to a simplistic unity."⁶

Scholarship in a rhetorical approach in suicidology has the potential to offer similar insights. In symmetrical assertions to Dubois's, I suggest that rhetorical scholarship in suicidology may eventually criticize current research as sustaining a willful denial of the role of cultural contexts in suicidal behavior and the reduction of their diversity to an exclusionary biomedical illness model. I further suggest that the combined weight of rhetorical studies in suicidology may eventually reveal the degree to which seemingly objective current scholarship is "actually often laced with political, cultural, and social agendas, ones which scholars are reticent about acknowledging in their work or in the writings of their colleagues."⁷

Recurrent Themes

If you don't care for obscenity, you don't care for the truth
—Tim O'Brien, "How to Tell a True War Story"⁸

Months later, I overhear the XO talking with Adam. "You should wear those medals I saw in your record," the XO states. "The CO likes that kind of thing."

I meet Brad during my two week stay on the mental health ward of the Naval Hospital in Bremerton.

"I can't stand being around people," he says to me at one point. "Even when I stop at a gas station to fill up with gas, people are always staring at me."

He mentions in passing that he was a machine gunner on a helicopter in Vietnam.

After he returns from seeing a board of Navy psychiatrists, he mentions that they asked him why he doesn't wear his medals from the war.

I don't ask.

⁵ DuBois, "Trends," 101.

⁶ DuBois, "Trends," 111.

⁷ DuBois, "Trends," 112.

⁸ Tim O'Brien, "How to Tell a True War Story," in *The Things They Carried* (Boston: Mariner, 2009), 66.

Outside the Body: Cultural Research

Cultural research in suicidology is crucial in order to develop our understanding of the meanings of suicidal behaviour in different cultural contexts.

—Heidi Hjelmeland, “Cultural Research in Suicidology: Challenges and Opportunities”⁹

I suggest that it is essential for new, particularized ethnographic approaches to form a primary, fundamental approach for research in suicidology, along with comparative ethnographic approaches. DuBois notes that “in connection with the ethnographic shift toward situated specific case studies has come a focus on particular topics within shamanism, such as healing, narrative, music, material culture, gender, and ethnobotany.”¹⁰ A similar focus on particular topics within cultural research in suicidology may prove to be invaluable.

In “Cultural Research in Suicidology: Challenges and Opportunities,” Heidi Hjelmeland provides a compelling, comprehensive argument for cultural research.¹¹ Hjelmeland asserts that “to have a cultural perspective on one’s research can mean *both* to study something *within* one cultural context and to compare something *across* different cultural contexts.”¹² Hjelmeland makes a crucial distinction between conducting research in a particular cultural context and taking that context into account: “conducting studies in, for example, an African country, does not automatically make it cultural, unless the researchers are analysing their data in relation to cultural factors.”¹³

Unexplained Problems

it was anatomy [. . .] a kind of emptiness, a dullness of desire and intellect and conscience and hope and human sensibility.

—Tim O’Brien, “The Things They Carried”¹⁴

⁹ Hjelmeland, “Cultural Research,” 34.

¹⁰ DuBois, “Trends,” 103-104.

¹¹ Hjelmeland, “Cultural Research,” 34–52.

¹² Hjelmeland, “Cultural Research,” 35.

¹³ Hjelmeland, “Cultural Research,” 35.

¹⁴ Tim O’Brien, “The Things They Carried,” in *The Things They Carried* (Boston: Mariner, 2009), 14.

I also meet Charles during my two week stay on the mental health ward of the Naval Hospital in Bremerton. Charles demonstrates exemplary military cognitive behavior at all times – impersonal and professional.

He has had the unfortunate job of breaking the news to families when their loved ones in the military have been killed. He tells me that in one instance, upon hearing the news, one of the brothers of a deceased servicemember fell to the floor and screamed for twenty minutes.

Over the years, Charles has developed a host of unexplained medical problems, primarily in his abdominal area. The cause has been a mystery to military doctors, but they have systematically cut out the offending parts of his body. Curiously, he has a vertical scar descending from just below his sternum that is almost identical to my own.

Now, his physical pain is almost unmanageable.

Unexplained Solutions: Historical and Political Approaches

Research is ceremony.

—Shawn Wilson, *Research is Ceremony: Indigenous Research Methods*¹⁵

I suggest that one important long term component for holistic healing is bridging of epistemological and ontological divides between veterans and society arising from a distinctive set of experiences, and the development of a relational consciousness in both veterans and society. Historical and political approaches may play a long term role in this development in subtle ways. These approaches may have intersections with cultural approaches, but may contain a more specific focus. For example, historical approaches may lend insight into how historical events (such as the 1916 Sykes-Picot Agreement or the 1953 Iranian coup d'état) may inform contemporary cultural contexts.

Considering Suicide

i found god in myself

and i loved her/ i loved her fiercely

—Ntozake Shange, *for colored girls who have considered suicide/ when the rainbow is enuf*¹⁶

¹⁵ Shawn Wilson, *Research is Ceremony: Indigenous Research Methods* (Winnipeg: Fernwood, 2008), 1.

¹⁶ Ntozake Shange, *for colored girls who have considered suicide/ when the rainbow is enuf* (New York: Scribner Poetry, 1997), 87.

David joins me for several days as a roommate on the mental health ward in Bremer-ton. The facility itself is well-designed and conducive to healing. We share a nice room with two beds and a bathroom. The view is beautiful from the seventh-floor – the tops of tall pine trees and mountains in the distance.

David has scars on his wrists from the times he has cut them over the years. He is a young, black man. Racial taunts have almost defeated him.

“I’m too sensitive,” he tells me.

“Your sensitivity is one of the things that I admire the most about you,” I re-spond.

Bodies, Thoughts, and Feelings: Transcendent and Cognitive Approaches Into Intersectional Transcendent, Biological, Cognitive, and Emotive Approaches

Although many particularist scholars criticize such research as conjectural or abstract, it remains a fact that many particularist studies rely in their basic conceptualizations and terminology on past transcendent syntheses.

—Thomas A. Dubois, “Trends in Contemporary Research on Shamanism”¹⁷

DuBois is careful to note that in labeling transcendent approaches he does not mean to portray them as atemporal – rather, DuBois suggests that “scholars focus on aspects of shamanism recoverable at a level of abstraction beyond the close ethnographic details of particularist research.”¹⁸ DuBois further notes that “by comparing different shamanisms as they are found in various, sometimes quite disparate, locales, it becomes possible to arrive at inductive syntheses.”¹⁹ I suggest that similar transcendent approaches in suicidology that compare particularist ethnographic research may also yield valuable inductive syntheses. I further suggest that it is important for these transcendent approaches to form fluid, dynamic relationships with particularist ethnographic research.

DuBois notes the biological emphasis of cognitive approaches: “Regarding shamanic altered state experiences and other elements of shamanic traditions identified within past inductive scholarship as products of brain function and neural architecture, such scholars can posit techniques or experiences that could recur in various cultures or locales over time.”²⁰ These approaches most closely resemble current research approaches in suicidology.

In shamanism, I suggest that these altered states arise from fluid movements between deep relationships within particular holistic landscapes and deep relationships with a subtle, non-ordinary reality that I call “deep water.” Holistic biology (including

¹⁷ DuBois, “Trends,” 113.

¹⁸ DuBois, “Trends,” 112–113.

¹⁹ DuBois, “Trends,” 113.

²⁰ DuBois, “Trends,” 113.

brain and neural architecture) supports these states in an interdependent fashion; however, I suggest that these states are primarily a product of relationship – not biology.

In suicidology, I suggest that the vast majority of suicidal states arise from a significant injury in a cultural relationship. These states have a holistic biological component (including a neurological component); however, I suggest that biology alone will rarely produce these states independently – and medical interventions alone will rarely heal them.

I suggest several alternatives to cognitive approaches. First, I suggest holistic biological approaches that explore a more complete biology of suicidal states. Second, I suggest cognitive approaches that explore the expressed content of cognitions in suicidal states in addition to the holistic nature of cognitive processes. Third, I suggest emotive approaches that explore the expressed content of emotions in suicidal states in addition to the holistic nature of emotive processes. Finally, I suggest a crucial need for all approaches to be practiced in an intersectional way.

Inability to Deploy

The next morning he shot himself. [. . .] Nobody blamed him
—Tim O’Brien, “Night Life”²¹

I barely meet Eric.

He is only on the ward for two or three days. He did not want to deploy on his ship for the standard six months, and on the first day at sea, he swallowed a bottle of pills, went to his rack, and prepared to die.

Someone found him before he was too far gone.

The first time he goes before the board of Navy psychiatrists, they send him right back to his ship.

I never see Eric again.

Experience and Thought: Personal Approaches

My interest lies in the interaction of experience and thought, in different voices and the dialogues to which they give rise, in the way we listen to ourselves and to others, in the stories we tell about our lives.
—Carol Gilligan, *In a Different Voice: Psychological Theory and Women’s Development*²²

²¹ Tim O’Brien, “Night Life,” in *The Things They Carried* (Boston: Mariner, 2009), 212.

²² Carol Gilligan, *In a Different Voice: Psychological Theory and Women’s Development* (Cambridge, MA: Harvard University Press, 1982), 2.

I suggest that personal approaches in suicidology are essential – we must tell our stories, listen to ourselves and to others, engage in dialogue, and give attention to the interaction of our experiences and thoughts.

In “The Future of a Discipline: Considering the ontological/methodological future of the anthropology of consciousness,” Mark A. Schroll calls for one type of personal approach – autoethnography:

our understanding of shamanic and/or other related states of consciousness has been greatly enhanced through ethnographic methods, yet in their present form these methods fail to provide the means to fully comprehend these states. They fail, or are limited, because this approach is only a “cognitive interpretation” or “metanarrative” of the actual experience and not the experience itself.²³

In *Shamans/Neo-Shamans*, Robert J. Wallis theorizes another type of personal approach – autoarchaeology: “self-reflexively considering and taking into account our own socio-political locations and motivations is crucial to understanding the past and representations of it in the present.”²⁴

Both autoethnography and autoarchaeology may form invaluable research approaches in suicidology. The personal stories of individuals who have felt suicidal and the healers who work with them may form some of the most significant pathways toward understanding and healing.

Fragments and Echoes

hearing,
back to her pleading, back to her
sobbing
—Linda McCarriston, “A Castle in Lynn”²⁵

I hope that Ariel will tell her own stories someday, in her own time and her own way.

One night several years after Bremerton, I have nightmares about a historic trauma. When I wake up, I pass out, have a seizure, and travel by ambulance to a local civilian hospital in Alaska. While I am strapped in the stretcher, the waves of trauma moving through me are so powerful that they would have absolutely moved me to kill myself if I had been free. I spend another two weeks of inpatient care there, moving in and out of psychosis and depression.

²³ Mark A. Schroll, “The Future of a Discipline: Considering the ontological/methodological future of the anthropology of consciousness, Part 1: Toward a New Kind of Science and its Methods of Inquiry,” *Anthropology of Consciousness* 21, no. 1 (2010): 1–2.

²⁴ Robert J. Wallis, *Shamans/Neo-Shamans: Ecstasy, Alternative Archaeologies, and Contemporary Pagans* (London: Routledge, 2003), xiv.

²⁵ Linda McCarriston, “A Castle in Lynn,” in *Eva-Mary* (Chicago: TriQuarterly Books, 1991), 16–17.

Ariel is also a guest there. She is kind and supportive to me. She has had numerous fights with her current boyfriend – she flies into a rage and storms away for days at a time. The psychiatrists call her bipolar. I call her struggling to heal.

I feel haunted by one of her fragments. She begins one of her childhood stories with, “When the FBI found me.”

Ariel is deeply torn. “I have to forgive them so that I can go to heaven,” she cries one day, “but I can never forgive them for what they did to me.”

“It may be important to allow yourself to feel your anger, a little bit at a time, for a long period of time,” I respond.

“Forgiveness may or may not come, in its own time and its own way.”

Active Participation and Self-determination: Decolonizing Approaches

the problem to be reiterated again is that it has been taken for granted that indigenous peoples are the “natural objects” of research. It is difficult to convey to the non-indigenous world how deeply this perception of research is held by indigenous peoples.

—Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples*²⁶

From my perspective as a disabled veteran, one major problem with the VA MIRECCs (Veterans Affairs Mental Illness Research Education and Clinical Centers) is that they take for granted that “mentally ill” veterans are the “natural objects” of research and that quantitative research is the “natural research approach.” I suggest that this problem parallels colonizing research on Indigenous peoples. Comprehensive decolonizing methodologies and critical and Indigenous methodologies are detailed in *Handbook of Critical and Indigenous Methodologies*, edited by Norman K. Denzin, Yvonna S. Lincoln, and Linda Tuhiwai Smith.²⁷ Adaptations of these methodologies in suicidology may prove to be invaluable.

Active participation and self-determination form two common components of decolonizing approaches. Active participation is possible. In “People with Disabilities as Border Crossers in the Academic Sector—Chances for Participatory Research,” Stephanie Goeke and Dagmar Kubanski assert that “people with disabilities should be included in the design of research projects, the process of evaluation, and the interpretation of data.”²⁸ As a disabled veteran, I advocate for the inclusion of qualitative participatory research by disabled veterans and for our inclusion as full research associates in each VA MIRECC.

²⁶ Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (New York: Zed Books, 1999) 118.

²⁷ Norman K. Denzin, Yvonna S. Lincoln, and Linda Tuhiwai Smith, eds., *Handbook of Critical and Indigenous Methodologies* (Los Angeles: Sage, 2008).

²⁸ Stephanie Goeke and Dagmar Kubanski, “People with Disabilities as Border Crossers in the Academic Sector—Chances for Participatory Research,” *FQS* 13, no. 1, art. 6 (2012).

<http://www.qualitative-research.net/index.php/fqs/article/view/1782>

Self-determination is also possible. Veterans can be *asked* what type of treatment methods we would like to be offered. A wide range of new treatment methods and healing modalities can then be *developed*, and new research can be conducted to *gather* evidence on these new treatment methods. Instead of viewing disabled veterans as “mentally ill,” we could be viewed as “holistically traumatized.”

Another essential component of decolonizing approaches is to examine intersections of oppression in individual and cultural contexts. In *Methodology of the Oppressed*, Chela Sandoval develops a comprehensive theory of oppression and oppositional consciousness. Sandoval notes that “both the limits of insanity and the possibilities of emancipation are born out of the same horrors of subjugation.”²⁹ From an intersectional perspective, we veterans must examine how we have been both oppressed and oppressor. As oppressed, we must develop methodologies of healing and emancipation. As oppressor, we must develop methodologies of healing and transformation.

Falling into Theory

Lack of theoretical frameworks is common in suicidological research in general [. . .] and we need to develop such frameworks relevant for cultural studies of suicidal behaviour.

—Heidi Hjelmeland, Cultural Research in Suicidology: Challenges and Opportunities³⁰

In *Falling into Theory: Conflicting Views on Reading Literature*, David H. Richter offers a basic definition of a research paradigm:

A paradigm is a framework of generally accepted assumptions and perspectives that enables researchers to solve problems and answer questions whose relationship to accepted ideas is well understood within their profession. While a paradigm is in place, mainstream researchers can operate without having at every turn to invent and justify a methodology.³¹

Richter continues to note that research paradigms can break down:

But paradigms are never permanent. For a variety of reasons they breakdown, and when they do, the field of scholarship moves into a condition in which assumptions and methodologies come under debate and continue in doubt until a new paradigm is established. [. . .] I would prefer to say that we have fallen into a state of theory.³²

²⁹ Chela Sandoval, *Methodology of the Oppressed* (Minneapolis: University of Minnesota Press, 2000) 84.5.

³⁰ Hjelmeland, “Cultural Research,” 39.

³¹ David H. Richter, *Falling into Theory: Conflicting Views on Reading Literature* (Boston: Bedford, 1994), 2.

³² Richter, *Falling into Theory*, 2–3.

In *The Sage Handbook of Qualitative Research*, editors Norman K. Denzin and Yvonna S. Lincoln assemble a significant breadth and depth of scholarship in the field of qualitative research and discuss numerous theoretical research paradigms, including positivist/postpositivist, constructivist, feminist, ethnic, Marxist, cultural studies, and queer theory.³³ In the case of qualitative research, *multiple* fluid, intersectional paradigms are emerging.

In “Introduction: The Discipline and Practice of Qualitative Research,” Denzin and Lincoln identify essays, stories, and experimental writing as an expression of a feminist theoretical research paradigm that includes the following emerging characteristics: “Afrocentric, lived experience, dialogue, caring, accountability, race, class, gender, reflexivity, praxis, emotion, concrete grounding, embodied.”³⁴

In “Why We Need Qualitative Research in Suicidology,” Heidi Hjelmeland and Birthe Loa Knizek make a compelling argument for qualitative research in the field of suicidology.³⁵ Hjelmeland and Knizek note that only three percent of the research in the three leading international suicidology journals during the period 2005-2007 is qualitative research (*Archives of Suicide Research*; *Crisis: The Journal of Crisis Intervention and Suicide Prevention*; and *Suicide and Life-threatening Behavior*).³⁶ From my standpoint as a suicidal veteran, I validate their argument.

I suggest that, ideally, the appropriate theory will emerge organically in each research relationship; however, in practice I suggest that it is valuable to have an initial high proficiency in a variety of research theories and paradigms in order to have a basis for creating new theory and to have a contextual framework in which to situate new theory. I further suggest that it is also essential to consciously allow established theories and paradigms to fluidly evolve in relationship with emerging theories and paradigms.

Conclusions and Beginnings

Healing is Possible

—Ellen Bass and Laura Davis, *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*³⁷

³³ Norman K. Denzin and Yvonna S. Lincoln, eds., *The Sage Handbook of Qualitative Research*, 4th ed. (Los Angeles: Sage, 2011).

³⁴ Norman K. Denzin and Yvonna S. Lincoln, “Introduction: Disciplining the Practice of Qualitative Research,” in *The Sage Handbook of Qualitative Research*, 4th ed. (Los Angeles: Sage, 2011), 13.

³⁵ Heidi Hjelmeland and Birthe Loa Knizek, “Why We Need Qualitative Research in Suicidology,” *Suicide and Life-threatening Behavior* 40, no. 1, (2010): 74–80.

³⁶ Hjelmeland and Knizek, “Qualitative Research in Suicidology,” 74.

³⁷ Ellen Bass and Laura Davis, *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*, 3rd ed., (New York: HarperPerennial, 1994), 23.

Healing is possible. New research approaches in suicidology are essential.

Wounds of My Own

*As I soothe you I surprise wounds
of my own this long time unmothered.
As you stand, scathed and scabbed,
with your head up, I swab. As you
press, I lean into my own loving
touch, for which no wound
is too ugly.*

—Linda McCarriston, “Healing the Mare”³⁸

I join Francis on the ward at Bremerton as his new roommate.

He was on a submarine and took a bottle of pills and tried to kill himself. They found him in time, but he has some residual intestinal damage.

One night when the time feels right, I casually ask him the question. “So, why did you try to kill yourself?”

“No reason,” he responds. “Some guys on the boat said some things.”

“What kinds of things?” I ask carefully.

“Nothing special,” he says. “I tried to talk about it in group the other day, but they told me to focus on the present.”

I pause for a moment and allow my emotions to calm. “We’re not in group now,” I say gently. “What kinds of things?” I ask again softly.

He pauses for a moment, and then he replies softly, “They called me a fat, stupid, old man.”

There is a moment of silence.

Then his body shakes, his cries resonate, and his eyes overflow with water.

And I witness a human who was so hurt by a handful of words that he tried to end his own life. And as I feel his pain, I slowly begin to feel a small part of my own.

Pale moonlight fills our room, and we weep, and weep, and weep.

³⁸ Linda McCarriston, “Healing the Mare,” in *Eva-Mary* (Chicago: TriQuarterly Books, 1991), 54.

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