

- Organization for Economic Co-operation and Development. (2017). *Education at a glance 2017: OECD indicators*. Paris: OECD Publishing. <https://doi.org/10.1787/eag-2017-en>.
- Pendse, A., & Inman, A. (2017). International student-focused counseling research: A 34-year content analysis. *Counselling Psychology Quarterly*, 30, 20–47. <https://doi-org.ezproxy.lib.ucalgary.ca/10.1080/09515070.2015.1128395>.
- Popadiuk, N., & Arthur, N. (in press). University-to-work transition for emerging adult international students in Canada. In A. Marshall & J. Symonds (Eds.), *Young adult development at the school-to-work transition: International pathways and processes*. Oxford, UK: Oxford University Press.
- Purdie-Vaughns, V., & Eibach, R. P. (2008). Intersectional invisibility: The distinctive advantages and disadvantages of multiple subordinate-group identities. *Sex Roles*, 59, 377–391. <https://doi.org/10.1007/s11199-008-9424-4>.
- Safran, J., & Kraus, J. (2014). Alliance ruptures, impasses, and enactments: A relational perspective. *Psychotherapy*, 51, 381–387. <https://doi.org/10.1037/a0036815>.
- Shin, R. Q., Welch, J. C., Kaya, A. E., Yeung, J. G., Obana, C., Sharma, R., et al. (2017). The intersectionality framework and identity intersections in the journal of counseling psychology and the counseling psychologist: A content analysis. *Journal of Counseling Psychology*, 64(5), 458–474. <https://doi.org/10.1037/cou0000204>.
- Szkudlarek, B. (2010). Reentry – A review of the literature. *International Journal of Intercultural Relations*, 34(1), 1–21. <https://doi.org/10.1016/j.ijintrel.2009.06.006>.
- Willis-O'Connor, S., Landine, J., & Domene, J. (2016). International students' perspectives of helpful and hindering factors in the initial stages of a therapeutic relationship. *Canadian Journal of Counselling and Psychotherapy*, 50, S156–S174. <https://cjc-rcc.ucalgary.ca/cjc/index.php/rcc/article/view/2800>
- Yan, K. (2017). *Chinese international students' stressors and coping strategies in the United States*. Singapore, Singapore: Springer Nature.
- Young, G. E. (2014). Reentry: Supporting students in the final stage of study abroad. *New Directions for Student Services*, 146, 59–67. <https://doi.org/10.1002/ss.20091>.
- Zhou, Y., Jindal-Snape, D., Topping, K., & Todman, J. (2008). Theoretical models of culture shock and adaptation in international students in higher education. *Studies in Higher Education*, 33(1), 63–75. <https://doi.org/10.1080/03075070701794833>.

## Chapter 13

# Indigenizing and Decolonizing Therapeutic Responses to Trauma-Related Dissociation

Riel Dupuis-Rossi and Vikki Reynolds

## Introduction and Therapeutic Lens

I, Riel, am Kanien'kehá:ka (Mohawk) and Algonquin. My mother is Italian. I am also Two Spirit. I currently work as a psychotherapist with urban Indigenous adults in an Indigenous-specific counselling program on unceded Coast Salish territory (British Columbia). A central aspect of my work is to decolonize and indigenize individual and group trauma therapy. In this article, I describe some culturally specific therapeutic responses that have proven to be effective in working with Indigenous adults presenting with dissociative responses to past and current colonial violence. The therapeutic responses I outline in this writing relate to the culturally specific establishment of safety, containment, and connection—the first stage of trauma renegotiation work (Briere, 2006; Herman, 1992). As an Indigenous counsellor, I offer this work as a way of contributing my therapeutic perspective and experience to an important conversation about how to effectively support Indigenous survivors of trauma in their recovery. The client in this writing is a composite of different people with whom I have worked since 2008, in multiple settings across Turtle Island. For those who may recognize aspects of their experience in this account, our hope is that it will offer some reassurance that you are not alone and, perhaps, encourage you to have some faith that there are ways to heal.

I, Vikki, am an Irish white settler of Newfoundland, an English working-class descent, and a heterosexual woman with cisgender privilege. I work as a therapeutic

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supervisor and trainer, and I centre my practice on bridging the worlds of social justice activism and community work. I am writing in partnership with Riel in order to make transparent practices of accountability to a decolonizing praxis. As a white settler clinical supervisor and published adjunct professor, I have more access to voice and power than Riel, and in this writing I also offer some theoretical background that names the violence of colonization and contests the depoliticized and medicalized language of *trauma*. My intention is to help make space for Riel's Indigenous approach to therapeutic work. The fact that Riel's voice requires this backup is related to the very forces of oppression that are taken up in the work and are inextricably linked to our partnership's resistance to it.

Decolonizing praxis refers to our intention to centre the wisdom and experience of Indigenous people in resistance to the colonial project of Eurocentric psychology practices that subjugate Indigenous people and reframe their resistance and responses to oppression as symptoms of mental illness and pathology (Reynolds & Hammoud-Beckett, 2018). We argue that taking up this work requires a particular ethical and activist stance, which requires us, as psychology practitioners, not only to resist pathologizing Indigenous people but also to take on and transform both psychology itself and the social structures of colonial oppression. In this writing, I present a decolonizing and social justice-informed analysis and offer practices of honouring resistance to violence (Reynolds, 2010; Richardson & Wade, 2008, 2010; Wade, 1997) that demonstrate a commitment to centring Indigenous peoples in their own healing journeys.

Trauma, as conceptualized and defined by the mainstream field of psychology, is a medicalized term that obscures violence and human suffering (Defehr, 2017; Reynolds, 2010; Reynolds, "Bahman," Hammoud-Beckett, Sanders, & Haworth, 2014). The language of trauma invisibilizes the violence of ongoing colonialism and locates our interests, as practitioners, in symptoms and diagnoses, which are personalized, individuated, and constructed as the responsibility of the client, as if their personal strength or resiliency, as opposed to structural oppression, is the issue. This medicalized approach invites scientific distancing, "objectivity", and a disconnected professionalism that stop us from mapping the privileges of white settler practitioners onto the oppression and suffering of Indigenous people. This professional distancing allows us to abdicate our collective responsibility to change the social structures that make this oppression and suffering possible. As a result, much of mainstream psychotherapy's tenets are deeply colonial and pathologizing (Todd & Wade, 1994) and carry the risk of retraumatizing and oppressing Indigenous clients. Experiences defined as trauma are often better understood as exploitation and oppression that are rooted in the political inequities of our unjust societies (Reynolds et al., 2014; Richardson & Reynolds, 2014; Wade, 1997). Indigenous people continue to be impacted by historical and contemporary forms of colonial oppression, which is at the root of many posttraumatic responses including dissociation (Dupuis-Rossi, 2011). Dissociative responses to trauma/colonial violence are more common in Indigenous adults seeking counselling services than is currently recognized.

## Not Knowing What We Know: The Heart of Dissociation

In this section, dissociation, a response and way of coping with trauma/colonial violence, will be described within its larger sociohistorical context. Insofar as it concerns Indigenous peoples, dissociative responses to colonial violence on the individual level mirror the settler state's systematic genocidal attempts to disconnect Indigenous peoples from their land, culture, language, governance structures, and ways of living and from each other, beginning over 500 years ago and persisting to this day (Dupuis-Rossi, 2011; Feldthusen, 2007; Thomas, 2005).

The way that the power of the settler state operates and is enacted on Indigenous nations creates the conditions that induce dissociative processes. It is within this larger context of forced disconnection that individuals learn to survive by using dissociation. Disconnecting from self and from overwhelmingly painful and life-threatening experiences of attack, oppression, exploitation, and confinement becomes a way of surviving ongoing genocide. As such, dissociation may be understood as an act of resistance (Reynolds, 2010; Wade, 1997). Through being confined on reserves, in residential schools, in foster homes, in prisons, and in states of poverty (McFarlane & Schabus, 2017; Miller, 1996), individuals learn to survive dehumanizing institutions by disconnecting from themselves and their tremendous suffering. Colonial oppression forces Indigenous individuals to develop ways of *not knowing what we know* in order to be able to survive intolerable and overwhelming violence and oppression. As a result, and to varying degrees, memories, thoughts, feelings, and behaviours become fragmented and disconnected from each other. This is at the heart of dissociative responses to colonial violence.

Indigenous adults seeking counselling for dissociative responses to historical and ongoing colonial violence describe an array of dissociative responses including loss of memory, emotional and physical numbness, a feeling that life events happened not to them but to another person, as well as a deep and persistent sense of hopelessness and helplessness that leads to chronic suicidality. Common ways of coping with these dissociative responses include self-harm, such as cutting behaviour, alcohol and drug misuse, self-isolation, and suicide attempts. The psychological language of both suicide and self-harm makes the problem one of personal inadequacy and renders the violence of colonialism invisible, which, in effect, blames the victims for their own suffering (Coates & Wade, 2007).

Indigenous clients, who present with dissociative responses to historical and ongoing colonial violence, are best served by utilizing culturally responsive and socially just change processes in the counselling work. Indigenized and decolonized therapeutic responses aim to connect clients to a sense of safety, to a sense of their own selves and their own truths, to others who are safe, to the land, and to All Our Relations. Through the process of decolonizing our therapeutic responses to dissociation and indigenizing trauma therapy as a whole, we can support Indigenous clients to reconnect with a sense of agency and to become empowered to heal in culturally relevant ways (Dupuis-Rossi, 2011).

In order to counteract the ways that colonial violence has dispossessed Indigenous peoples of land, culture, community, and identity, a decolonized and indigenized approach to trauma counselling focuses on repossession and reconnection to each of these vital relationships. We will present culturally infused therapeutic responses that seek to repossess and reconnect clients on multiple relational levels, which include the following:

1. Rapport and trust building: honouring indigeneity.
2. Contextualizing dissociation and trauma in colonialism.
3. Developing internal safety: culturally relevant grounding and containment.
4. Connecting to self, safe others, and an Indigenous worldview: learning traditional teachings and participating in safe Ceremonies.

These specific therapeutic responses concern the first stage of trauma recovery work, which is the establishment of internal and external safety, stability, and security (Briere, 2006; Herman, 1992).

It is important to state that this chapter is intended for Indigenous counsellors working with Indigenous clients. If you are a non-Indigenous counsellor, the visualizations, techniques, metaphors, and teachings are not to be used, because to do so would be to replicate colonial processes that caused the damage we are seeking to repair (see learning activities for non-Indigenous readers at the end of the chapter). We have added prompts that can work for non-Indigenous counsellors at the end of the different sections on therapeutic responses.

## Kluane's Journey

### *Introducing Kluane*

Kluane is a 48-year-old Indigenous woman who identifies as heterosexual and has multiple health concerns, including diagnoses of arthritis and fibromyalgia. Kluane has vocational trade certificates in administration, carpentry, and catering as well as her high school diploma. Although she works part-time in her different trades, she lives below the poverty line. At times, she is required to go on social assistance for lack of work. Kluane is finding her way back to traditional cultural and spiritual practices. She has one deceased daughter and two adult sons, and she is also a grandmother.

Kluane is an intergenerational survivor of Indian residential school and is a direct survivor of the Sixties Scoop. This refers to thousands of Indigenous children in Canada who were systematically placed in non-Indigenous foster homes during the 1960s and 1970s. Similar to Indian residential schools (Chrisjohn & Young, 1997), the Sixties Scoop was an additional effort by the federal and provincial governments to assimilate Indigenous peoples into dominant settler society.

## *Kluane's Story of Why She Is Here*

Kluane came to see me, Riel, for counselling after a recent suicide attempt. Two years ago, Kluane attempted to end her life after the first anniversary of the loss of her daughter to suicide. Kluane explains that she has been trying to end her life since she was 7 years old.

The Ministry of Children and Family Development apprehended Kluane when she was 3 years old, in the late 1960s. She was raised in non-Indigenous, Christian foster homes and faced significant racism within both these homes and at school. Kluane also experienced ongoing physical, psychological, and sexual abuse in the homes. Kluane explains that, starting at the age of 18, she has been diagnosed with an array of mental health disorders that include schizophrenia, bipolar disorder, borderline personality disorder, attention deficit disorder, and foetal alcohol spectrum disorder. She further explains that not one of these diagnoses has proven helpful to her; neither have the related psychopharmacological treatments nor mainstream cognitive behavioural therapies helped.

Over the several months of our relational work, Kluane reveals an extensive trauma history. She comes to understand her experiences of dissociation as responses to years of ongoing abuse and confinement. She vaguely recalls ongoing incidents of physical and sexual abuse but states that she remembers clearly "feeling chillingly alone and alienated" from the time she was adopted out. Kluane recounts some incidents of abuse, in a blurred way, admitting that she cannot remember where she was when some of the abuse happened or how old she was. She explains that remembering her life is like "looking through shards of glass that are shattered and disconnected" and that she is "unsure how all the pieces fit together". What Kluane does know is that she learned to hide, literally, under beds, in closets, and in the refuge of a nearby forest but also in plain sight. Kluane explains that she "buried her thoughts, her memories, and her feelings deep inside in order to draw the least amount of attention to herself possible". She does remember feeling afraid all of the time, "afraid and alone", and describes walking through the stages of her childhood as if she were "in a pink haze, numb to any emotion, and detached from the world around her".

Kluane explains that as she grew older, she experienced what she initially described as "panic attacks" and "feeling bipolar". She explains that she could be in a store, for instance, going about her daily activities, and all of a sudden, she sees, in her mind, a vision of a child being hurt, which "comes out of nowhere and leaves as quickly as it came". Just like these images, which she imagines could be memories, Kluane often has multiple, simultaneous, racing thoughts and overwhelming feelings of panic, grief, or rage that feel completely out of her control. Other times, she is overcome by a sense of utter confusion and disorientation, as if "I lose a sense of being oriented to the time and the place I am in".

In our counselling sessions, Kluane also opens up about hearing voices in her head that don't feel like her own thoughts. It is as if these voices come from outside of her. She explains that, after a while, she "just came to accept that maybe it is the voice of the Creator speaking" to her. Other times, she explains that she "hears the voice of the devil", and on other occasions, she understands the voices as other

kinds of spirits, some good and some bad, who are trying to get her attention. At different times in her life, she has felt guided by these spirit voices. Most times, however, the voices sound like they are human. These voices are particularly disturbing to her. Sometimes she hears the inconsolable wailing of a small child, other times it is like overhearing an argument between two people or being “tuned into a radio show” that is an ongoing critical commentary about how much of a failure she is. The one thing that these thoughts, flashes of memory, feelings, and voices have in common, Kluane observes, is that “they all feel like they are out of my control”.

In childhood, Kluane spent significant periods of time in hospital with different conditions like bladder infections and stomach problems. These medical issues never alerted hospital staff to the abuse she was facing. Kluane explains that she “just learned not to trust my body as a child”, and in adulthood, this caused her to be in a constant state of hyper alertness and in fear that she was dying. “How can someone who so wishes they were dead be so afraid of dying?” she exclaimed in anguish one day. As an adult, Kluane experienced, on a regular basis, what she thought were seizures or heart attacks; however, after she presented at the emergency department over a dozen times, and had repeated medical tests, the results remained inconclusive.

Kluane experiences major memory loss. At first, she thought that the gaps in her memory could have been caused by her experience of several major car accidents, but medical tests revealed that she had not incurred any head injury, which dashed her hopes of understanding what was going on with her memory. Kluane explains, “I experience a kind of *blackout*, where I literally cannot recall either whole segments of my life or specific major life events that most people can remember”. At other times, she can, in a certain sense, recall some of the things that have happened in her life, but she explains, “It is more like watching a movie than remembering my own life”. She goes on to express how even the parts of her life she does recall feel “almost as if they happened to a whole other person”. Quite frequently, she does not remember people, such as acquaintances or coworkers, who she runs into on the street; looking in her closet, she discovers clothes that she does not remember buying; or she finds things, like journals, hidden in her apartment, but does not recall putting them there or even writing some of the entries that are in her own handwriting.

Kluane also reports feeling tired all the time but being unable to sleep. She says, “Some nights I only sleep for 2–3 hours before waking up again”. She suffers from nightmares on a consistent basis. She is burdened by “feelings of worthlessness and hopelessness” and feels “helpless and afraid”. Despite experiencing depression and anxiety, she is hardest hit by feelings of shame that seem to control the way she feels about herself. She says, “No matter how much I try to talk myself out of it, I feel that I am not good enough, and what happened to me was my fault”. All of this leaves her feeling utterly alone, isolated, and hating herself and her life.

Since she was a teenager, Kluane has experienced overwhelming urges to cut herself and burn herself, and this behaviour brought her some release and relief. Since early adulthood, taking Valium and drinking alcohol became another way that Kluane “managed to take the edge off”, by quieting the voices, sleeping through the nightmares, and drowning out the endless and relentless waves of panic, shame, self-hatred, despair, and confusion to ignore the numbness and emptiness.

## Our Approach: Decolonizing and Indigenizing Trauma Therapy

### 1. Rapport Building and Establishing Trust: Honouring Indigeneity

As an Indigenous therapist, one of the most crucial elements in building a decolonized therapeutic relationship is to demonstrate to Indigenous clients deep and genuine respect, acknowledgement, and honouring of them and their culture. One way of doing this is to give recognition to the client's history, current life context, and human value in a culturally relevant and informed way. I, Riel, built a decolonizing relationship by directly acknowledging Kluane, an urban-raised Indigenous woman with *Indian status*, as a disinherited and dislocated knowledge keeper, medicine woman, and healer. The purpose of this therapeutic response is to acknowledge, in a constructive and connective way, the many losses endured through colonialism, to give the client back a sense of rootedness in her Indigenous identity, to recognize the important presence of ancestral lines and inheritances, as well as to affirm her value, worth, and belonging in a culturally meaningful way.

This approach also allows Kluane to connect to a positive sense of an Indigenous identity by acknowledging, respecting, and honouring, in a sense witnessing, the specific roles (among many diverse traditional roles) that this individual would have played if the fabric of Indigenous societies was fully intact. As a result, she can locate herself within Indigenous society. Traditionally, all individuals in Indigenous cultures were valued members of society. Calling upon this tradition restores a sense of value to individuals who are burdened by having been devalued, dehumanized, and disbelonged by historic and current colonial processes. This approach lays the foundation of the therapeutic relationship in such a way that Kluane's individual, ancestral, and cultural strength is honoured so that the wounds caused by colonial oppression can be processed, while she stands in the hopeful light of her resilience.

### Note for Non-Indigenous Counsellors

If you are a non-Indigenous counsellor, instead of using and invoking the following teachings, techniques, metaphors, and visualizations, you could ask your Indigenous clients what their Elders would have taught them about their traditional roles and how we, as Indigenous peoples, gave each member of the community a sense of belonging, value, and place. As a non-Indigenous counsellor, it is vital that you do not position yourself as expert or more knowledgeable than your Indigenous clients about their own history, life experience, culture and values, and the impact that colonialism has had on them and on their communities. This is about demonstrating fundamental respect in the therapeutic relationship and working alliance.

## 2. Know What You Know: Grounding Dissociation in Colonialism

Dissociation, in its sociohistorical context, can be best understood as resulting from historic and contemporary colonial processes that cause a state of dispossession on multiple relational levels. Dissociation, then, can be understood as a response to colonial violence, what Todd and Wade (1994) refer to as psycholonization. Indigenous peoples, as a result of colonial violence and enactment of the political agendas of the settler state, have become dispossessed of their traditional territories, ways of life, governance structures, cultural practices, linguistic and epistemic worldviews and beliefs, as well as their communities. Kluane has been dispossessed from all of the above and, by extension, from a positive, integrated sense of herself.

Often Indigenous clients have had a deficit view of themselves imposed on them directly by settlers (e.g. non-Indigenous government agents, teachers, clergy, foster families, students at school, social workers, psychotherapists, police officers, corrections officers, lawyers, and judges); and dissociation is a response where survivors both own and disown their experiences of violence. Like Kluane, they often live with a deep sense of shame and blame while at the same time not being fully aware of, or connected to, the impact of racism and violence on their person/being. Applying a decolonizing praxis to supporting people in healing from dissociative responses to trauma requires framing the trauma and its resulting *symptoms* in a sociopolitical and historical context. Understanding dissociation as a product of colonialism helps clients to move beyond the shame and guilt response that is often one's way of *owning* the experience and simultaneously addresses the *not owning* aspect of the experience (disconnection and denial) by providing a safe, culturally relevant, and decolonized pathway/bridge for integrating the experience.

In this way, it becomes possible for clients like Kluane to connect to a positive as opposed to a deficit view of self. Her ability to survive the unspeakable crimes against her and her people is acknowledged. She is a warrior. Recognizing that she has survived the worst parts of the battle is an important way of differentiating between the past and present and affirming that she is relatively safe at present. It is orienting to her strength and resilience and to the fact that her confinement and abuse have ended. It also serves the important purpose of asserting that she now has choices that were not available to her in childhood and adolescence. She is an active agent in her own life; she got herself through. These therapeutic responses support Kluane in orienting herself to the present moment and to the current context of her adult life.

### *Dissociation: Not Knowing What You Know*

I work with Kluane to help her understand her experiences of memory loss, voices, intrusive images, and flashbacks in the larger context of her confinement and abuse in foster care. I offer a decolonizing lens, but I am also respectful and curious about

how Kluane makes sense of her experiences. Foster care was, institutionally, intended to disconnect Indigenous children from their roots, and Kluane had to learn to disconnect as a way of surviving unspeakable horrors and terrors. Kluane learned that, as a child, the only defence or way of protecting herself was to disconnect. And in this sense, she had to learn ways to *not know what she knows*. Kluane was forced to disconnect from, and not consciously know about, the abuse, so that she could go on living as best she could. The images, the voices, the memory loss, and even the bodily reactions that she thought were heart attacks and seizures are all, in a sense, clues and pathways to becoming fully aware and conscious of what has happened to her in her life, especially in her childhood. I ask Kluane in one of our sessions, "You've told me a lot about what the doctors know, or don't know, about what you experience as seizures or heart attacks, now would you be willing to tell me about what you know about them?" Kluane looks deep within, and after some moments of silence, she explains some of what was happening in her foster home the first time she was admitted to a hospital for stomach problems as a child. She also opens up about how the *seizures* and *heart attacks* happen at points in her life when she becomes overwhelmed by flashbacks and traumatic memories. Surprised by how much she knows about the seizures and heart attacks and their connection to the abuse she survived in her childhood, Kluane exclaims, "You know this is the first time in my life that I have ever been asked about what I know!"

### *Suicidality: We Are Alone, Together*

From this therapeutic approach and through reflection in session, Kluane and I come to understand her suicidality as a response to the overwhelming grief and loss she has experienced without adequate support from the time she was young. In the context of her confinement in an abusive foster home, she realizes that her desire to end her life was an act of resistance and represented a "way out". It offered a degree of control at a time in her life when she had none. Naming the absolute power that Kluane was subjected to is not mere description, but informed by decolonizing praxis, which requires us to put experiences in context and to name real abuses of power, as opposed to speaking of experiences occurring within the realm of "feelings", as if they occur within the landscape of Kluane's mind as opposed to occurring in the real world where power is wielded, and this child was abused (Reynolds et al., 2014). I then frame Kluane's experience of suicidality and grief within the legacy of colonialism and appeal to the larger group experience as a way of breaking through the deep sense of isolation she felt. "Many of our people struggle their whole lives with wanting to end their own lives", I share with Kluane, "and in this way, we are all alone, together. But in this, and in so many other ways, we are never truly alone".

We then reflect together on the connections between the waves of loss and attack in Kluane's life (i.e. loss of her connection to her parents and her community through the residential school and the Sixties Scoop, loss of a sense of belonging

and culture, confinement and abuse in foster homes, the imposition of Christianity and racism on her person) and those withstood by Indigenous peoples as a whole (i.e. the forcible outlawing of Ceremony in the context of unspeakable losses caused by settler spread diseases and wars, the imposition of reservations and residential schools). Here, the language of *unspeakable losses* is used intentionally by our people because these losses were felt, collectively, in this way, and because it refers to the silencing that happened through colonization. In the context of colonialism, Indigenous individuals today, as well as whole communities over hundreds of years, have been stripped of cultural and traditional supports and ways of coping and left to deal with overwhelming waves of shock, loss, tragedy, and injustice without these vital resources (Brave Heart & DeBruyn, 1998; Duran, 2006). After making these connections, Kluane acknowledges the forces of colonialism in her own life and its destructive disregard for Indigenous lives, and she feels no desire to end her own life. Responsibility has been placed where it belongs. The traditional teaching that our ancestors are always with us helps Kluane connect to a sense of being loved and cared for by the thousands that came before her. Standing with her are her people; she is no longer alone.

#### Note for Non-Indigenous Counsellors

If you are a non-Indigenous counsellor, you could ask your Indigenous client what their Elders would have taught them about the issue of suicidality from a cultural and Indigenous perspective. This is a first step in acknowledging that Indigenous people are differentially impacted by suicidality and that the suicidality in Indigenous communities is a result of colonization and ongoing colonial oppression. It is important to know the history and present-day enactment of colonization. You could mention that many Indigenous organizations hold talking circles and therapy groups on the issue of suicide, which speak specifically to its impact on Indigenous people. Referring Indigenous clients to these supports that can be an invaluable resource in their healing process is a way of supporting their reconnecting to Indigenous culture (Hadjipavlou et al., 2018).

In my work as a settler therapist and supervisor, I, Vikki, work transparently to name my cultural location and privilege, and I invite accountability by enacting a collaborative process that is directed by Indigenous knowledge and justice-doing (Munro, Reynolds, & Townsend, 2017; Reynolds & Polanco, 2012), which means not replicating structures of oppression. I am aware that white supremacy will be at work, and so I need accountable supervision for myself from Indigenous people, activists, practitioners, and scholars. I have written elsewhere about practices of collaboration as a white settler working with Indigenous people and the specific questions I use to make my power transparent and open to critique (Richardson & Reynolds, 2014).

#### Toxic Shame: Hiding in Plain Sight

Kluane is plagued by toxic shame. In session, I often witness this toxic shame as she attempts to hide in plain sight, withdrawing as far as possible into the chair and into herself, bowing her head, covering her face with her hands and hair, and exclaiming with rage-filled frustration her sense of inadequacy. She expresses this sense of inadequacy through an array of negative beliefs about herself. In such moments, I intervene in these negative, distorted beliefs about (her)self (e.g. "I am stupid"; "I am crazy"; "I am a loser") by gently naming the presence of toxic shame and then working with Kluane to widen the frame.

Toxic shame, a complex and multifaceted internal state, is understood within a decolonizing therapeutic framework, as a response to the ways that colonial oppression has overdetermined the life circumstances of Indigenous peoples. Toxic shame is, in part, a result of being forced to hide, most significantly, in plain sight. Learning to *hide in plain sight* is a survival strategy that the great majority of us, as Indigenous people, have developed in response to a colonial context that is life-threatening. As individuals and as whole communities, we learned how to hide our deepest truths, identities, experiences, thoughts, feelings, epistemologies, and spiritual beliefs and practices. In the context of colonization, it was, and is still, not safe to fully be one's authentic Indigenous self. Kluane's ability to conceal her needs, her feelings, and her life experiences was a way that she kept herself safe in a hostile environment. This resistance enabled her to survive her abusive foster home. After acknowledging the presence of toxic shame and reframing its origins, I draw parallels between how Kluane and how our peoples generally have survived. In the context of ongoing attack and the outlawing of Ceremonies, generations of Indigenous people learned to hold the Ceremonies underground, literally, in some cases, but also under cover of darkness or deep in the forests and mountains (Brave Heart & DeBruyn, 1998). The wisdom of hiding is honoured as an act of resistance to the violence and destructiveness of the colonial state and as a strategy for preserving and protecting the sacred within one's individual self and our collective ways of being.

The rage that often accompanies shame is treated as a powerful life force that aims to restore a sense of order and justice when processed and integrated in safety. Kluane realizes that she is not to blame for the crimes that others, namely, settlers, have committed against her. The rage, when connected to the shame, in safety, restores Kluane's sense of integrity and dignity and provides her with clarity about where responsibility for the offences against her person truly lies. Explaining the distinction between healthy shame, which helps us to self-correct behaviour that is harmful to the community, and toxic shame, which is created by abuse and violence, further helps Kluane to identify the shame that belongs with the colonizing forces and to free herself of toxic shame she has carried all her life. The deeply internalized blame for the abuse she endured, which contributes to Kluane's internalized toxic shame, is externalized and transformed into a clear understanding of the colonial processes that caused her suffering. A vital life and self-affirming boundary between who Kluane is and what she has survived has been established. The toxicity of colonization is identified, and the process of externalizing it and healing from it has begun.

Kluane is also moved when I share cultural teachings about how children are seen as gifts, traditionally, in Indigenous societies. These cultural teachings help to counteract the blame, humiliation, and devaluation carried by Kluane. She is held up by cultural knowledge and wisdom in the profound sacredness of her being. Our purpose in these conversations is to make transparent the crazy-making process of colonialism; to highlight the importance of moving away from the dehumanizing things it teaches us about ourselves, as Indigenous peoples; and to move towards the life-affirming teachings of traditional culture.

#### Note for Non-Indigenous Counsellors

If you are a non-Indigenous counsellor, it is important to understand that, for Indigenous people, the issue of toxic shame is one that is intergenerational, historical, and a direct result of hundreds of years of colonial oppression. Internalized toxic shame is one of the ways that colonization inscribes itself on the minds, bodies, hearts, and spirits of Indigenous peoples. We use the term internalized cautiously here, as we know these ideas are “internalized” by being forced down people’s throats. It is a very human response to structural and systemic dehumanization. Many Indigenous people have learned to hide in plain sight in response to the toxic collective shaming that has been part of colonization. Colonization has and still is life-threatening, and it makes it unsafe to be oneself—individually or collectively—as an Indigenous person. Creating a safe and respectful therapeutic place where Indigenous clients can be their authentic and genuine selves, in their pain and in their strengths, is paramount. One way that the foundation of such safety can be established is for the non-Indigenous therapist to skilfully and genuinely acknowledge, in a timely and attuned way, that the shame of colonization resides with settler society and oneself. As a non-Indigenous person living on Turtle Island and benefiting from colonization, you are embedded within a colonial relationship. Own your own peoples’ role in colonization, and communicate directly to your Indigenous client that the shame of colonization is not theirs to carry. Recognizing that Indigenous people are working hard to reclaim the cultural pride that is our birthright, it is always best to connect Indigenous clients up to safe Indigenous practitioners, Elders, knowledge keepers, and organizations. Restoring our connections to each other as Indigenous people is a crucial part of decolonization.

It is important for non-Indigenous practitioners to attend to language practices that invisibilize power and oppression and depoliticize experience, because this leaves Indigenous people individually responsible for the suffering they experience. In this section, the language of being *held up* as opposed to being *supported* is particular to enacting a decolonizing praxis. Support has a different and fairly nonpolitical connotation. We intentionally use language that is more culturally relevant, activist-informed, and in line with an ethics of decolonizing. For example, much that falls under support is well intentioned and apolitical, able to enact charity, but not justice, and can, so easily and unknowingly, replicate oppression.

### *The Connective Power of Politicizing Trauma*

In a decolonizing therapeutic practice, contextualizing trauma symptoms (e.g. loss of memory, toxic shame, self-harming behaviours, suicidality, etc.) as the outcome of colonial violence provides a pathway to being able to relate meaningfully to it while also breaking through the imposed sense of isolation. Politicizing trauma allows Kluane to be identified as part of a collective and a people. The pain Kluane feels is shared with others, and the responsibility for it is handed back to its rightful source, the settler government and other historical and contemporary colonial forces.

Politicizing trauma creates an opening that allows the client to create a new relationship to her suffering and to work to lessen the hold that, an otherwise totalizing colonial oppression, has on her life, relationships, and sense of self (Duran, Firehammer, & Gonzalez, 2008). Kluane understands her experiences as historical, political, social, and specific to a colonial agenda, as opposed to experiences that reflect her worthlessness, unlovableness, rejection, and abandonment. Kluane realizes that it is not because she is unworthy or unlovable that she has existed in a perpetual state of deprivation and pain; rather, she has been subjected to a genocidal political agenda that is dehumanizing. With the help of traditional wisdom and teachings, she is able to see herself as having been a child who was deserving of love, care, and protection. The deprivation is connected to an external context, the foster home and colonialism, as opposed to being understood as a result of personal deficits. This analysis reconnects Kluane to the experiences of Indigenous peoples both within her own nation and beyond it. Her experience becomes one that is common instead of one that is isolated.

#### Note for Non-Indigenous Counsellors

Working to demystify the violence of colonialism and psychology is required by non-Indigenous practitioners who hold intentions to enact decolonizing praxis, which further requires that non-Indigenous practitioners challenge our white supremacist assumptions and learn the real histories of these territories of Turtle Island and the role psychology has played in silencing and masking the violence of the settler state. Psychology is not a neutral project, and it has been used to redefine the problems of political genocide and assimilation as individual psychological failings such as addiction, trauma, multigenerational grief, and attachment disorder. Educating ourselves and other settler practitioners to the political and social realities of power relations between Indigenous communities and settler practitioners makes it possible to begin to create just and dignified relations with Indigenous clients.

One way to politicize trauma is to name and acknowledge that you are non-Indigenous and to invite the client to speak to what that is like for them. This opens up the possibility of discussing the impact of the power differential that exists (given that you are a beneficiary of colonialism) and assessing if this creates any barriers for the client. It also provides a chance for the client to speak to any needs they might have in working with a non-Indigenous counsellor.

### 3. Developing an Internal Sense of Safety: Grounding and Containment Exercises

Enhancing a sense of personal control and choice is an important part of this healing, because a very basic sense of control was taken from Kluane, and from the generations that came before her, through colonialism. Culturally relevant grounding and containment tools are introduced as a way to facilitate a renewed sense of control, agency, and choice.

At the beginning and ending of sessions, and when Kluane becomes flooded and overwhelmed in session, I introduce various grounding and containment exercises to enhance her sense of safety. The first and most quickly available exercise is for grounding. It involves Kluane feeling her feet on the Earth beneath her and her breath inhaling and exhaling the sky. In order to orient Kluane to the *here-and-now*, we locate the four directions through her sense of sight and orientation within the office. According to the protocol, and as an Indigenous counsellor, I respectfully invite Kluane into ceremonial practice. For example, we light sweetgrass to provide a sense of safety and comfort in the moment and to connect Kluane to her ancestors and the land. Grounding in the moment and through Ceremony is used as a way for Kluane to develop a new set of coping tools as an alternative to dissociating.

Kluane's capacity to regulate emotions and to contain distress levels, intrusive thoughts, and flashbacks is further developed through the Canoe Journey containment exercise, which facilitates the development of an internal sense of safety and Kluane's ability to track this sense. In connecting to her ability to track her own sense of safety, Kluane is empowered to assess current life situations and to measure them in terms of her need for safety. From there, she can make decisions and act in her own best interest. This is a concrete way of reconnecting Kluane to the different choices, skills, and capacities available to her. Dissociation becomes only one possible response among many that are accessible to her at this point in her life. Given the importance of being grounded in one's own sense of internal safety, we end our sessions with the Canoe Journey (visualization exercise).

#### *The Canoe Journey*

I ask Kluane to feel her feet on the ground and to connect to her breath. When she is ready, I guide her through the visualization. In the visualization, I lead Kluane away from the counselling office onto a forest path. As she walks down this path, I ask her to notice the light streaming through the trees, the sounds of the birds singing, and the rustling of the leaves as the wind blows through them. At the end of the forest trail is a river and a large strong, sturdy cedar canoe constructed in the traditional way of the territory. I invite Kluane to step into the canoe.

I visually lead Kluane down the peaceful, calm, and gentle waterway in the sturdy, strong, and balanced canoe and draw her attention to the thousands of ancestors that follow behind her in their canoes. I ask her to take in how the river is there

carrying her and her ancestors "home". As the canoe reaches the shore of a calm and peaceful island, I ask Kluane to step out of the canoe and explain that there is one place that needs to be visited before going to meet her ancestors in the "safe place". And this place is far away, on the opposite side of the island. I visually lead Kluane to the other side of the island. Kluane arrives at a waterfall where I invite her to wash her hands of any of the burdens that she carries that are not hers. I ask her to wash away the guilt, the shame, the degradation, the chaos, and the heaviness of colonization. She describes the water turning black as she does this. She watches as the flow of water carries the darkness away. I then invite Kluane to put all of the pain in a basket; she places all of her burdens there. Her grief, anger, rage, fear, disgust, and loneliness are gently placed in the basket, which I guide her to put on a sturdy ancient healing rock at the base of the waterfall. I explain in a calm and soothing voice that the water will soothe her old pain, that the sun will bring new light to it, that the winds will breathe new life into it, and that the trees will protect and guard it. Her young wounds and old pain are being held, honoured, and protected by the greater forces of Creation.

Once this step is complete, Kluane walks to the other side of the island through a trail, taking in all of her surroundings as she does this. I describe to her the sounds and sights of the forest, and I call out to her to listen to the drumming and singing that is off in the distance. As she walks further down the path, I explain that her ancestors have gathered at her final destination and are singing to her a welcoming song from her culture. As she walks closer to the peaceful place, the drums and the voices get louder. She can hear them clearly now. Kluane walks through the rest of the trail to a parting in the forest, and she is met by hundreds of ancestors. I ask her to take in how happy they are to see her. I ask her to take in that the songs that her ancestors sing to her have been sung for thousands of years. These songs come from the many hearts that are deeply connected to hers. I then ask her to notice the loving, joyful, soft, and kind expressions on their faces. She has arrived home to her people, I affirm. And they are celebrating her arrival.

In this place, the ancestors have prepared for her everything she needs: a warm place to sleep, her favourite traditional foods, stories to tell as she rests, and a sacred fire. I turn her attention to the ancestors who are keeping the camp safe and emphasize that she is loved, protected, seen, felt, understood, accepted, honoured, and taken care of here in this calm and peaceful place. After some time of sensing and taking in the presence of her ancestors and the forest, I guide Kluane back to awareness in the counselling office by guiding her back to the canoe and down the river through the forest and into the counselling office. I ask her to bring movement, slowly, to her hands, shoulders, feet, and legs, and to open her eyes when she is ready. I encourage her to connect to her breath and orient to the *here-and-now* by naming five things she sees, hears, feels, and smells around the office.

The significance of this therapeutic exercise is to connect Kluane to a sense of internal safety. This is done by soothing and calming both her survival system and her attachment system through emphasizing, in various ways, the loving, kind, and protective connections and supports of her ancestors and of All My Relations, all Creation. The purpose of asking her to sense the ancestral kindness and the presence

of nature is to contribute to the creation of a new relational imprint and new experiences of internal safety and calmness. This allows the survival and attachment systems to rest, reset, and regulate, which is an important aspect of trauma recovery.

#### Note for Non-Indigenous Counsellors

If you are a non-Indigenous counsellor, it is important not to invoke the culturally specific teachings, metaphors, and techniques in the visualization described above. To do so would be an act of cultural appropriation and would replicate colonial dynamics that run counter to the purpose of the exercise, which is to foster a sense of internal safety through the use of cultural knowledge and connection (Reynolds & Kelly, 2018). Cultural appropriation, with its direct roots in colonialism, activates traumatic experiences and does not offer or provide any comfort or support to Indigenous peoples. Alternatively, a non-Indigenous counsellor could ask their Indigenous clients to describe for themselves a place where they feel safe and connected and to provide openness, time, and support in session for this type of exploration.

#### 4. Reconnecting to “All My Relations:” Safety and Care in the World Around Us

In addition to connecting to a sense of internal safety using culturally informed grounding and containment practices, Kluane also has the opportunity to connect to an external sense of safety and worth by learning traditional teachings and participating in Ceremony with safe and respectful Elders and knowledge keepers.

#### Culturally Relevant Ways of Speaking to Attachment Disruption

In this approach, *attachment* is seen as one's connection and sacred relationship to Creation/Creator/Great Spirit/Great Mystery; to the Great Spirit of our ancestors; to Mother Earth, Father Sky, Grandmother Moon, and Grandfather Sun; and to the waterways, the animals, the plants/medicines, and the life-giving spirits, known to Indigenous people as *All Our Relations*, a concept that speaks to the interconnectedness of all things. This stands in stark contrast to a psychocolonizing approach that centres on individual nuclear families, whose structure and organization are deeply Eurocentric and heteropatriarchal.

This culturally relevant approach is about fostering a sense of reconnection to Kluane's place in the world. As a result, Elders and knowledge keepers relay messages about how the Earth never lets us go; how the trees, known as grandmothers, recognize us and are happy to see us; as well as how the water is able to take burdens from us and replace them with restorative direction, guidance, and healing. Kluane learns that all the river, lake, and ocean spirits are uplifted when we visit. The land recognizes and cares for us and is, and always has been, there for us even if we are

removed and dislocated from our own traditional territories. The point of this indigenizing approach is to reconnect Kluane to the cultural knowledge and wisdom that were stolen and to restore her relationship to an Indigenous worldview.

Over the course of her life, Kluane has distanced herself from partners, friends, relatives, and coworkers, because she did not want to feel like she owed anyone anything or could be owned, controlled, or dominated by anyone. Distance and isolation met her need for safety more effectively than did interpersonal closeness. Part of this aspect of therapy involves recognizing how colonial oppression informs her experience of current relationships. For instance, Kluane recognizes the feeling of owing and being owned as having historical resonances directly related to colonialism in general and, more specifically, to her own experience of foster care. Historically, Indigenous peoples were defined under Canadian law as *wards of the state*, as were children in Indian residential schools and in foster care. However, there are relationships—with the Earth, the trees, the waterways, and the moon—that Indigenous people can experience as safe, loving, supportive, consistent, ever-present, and protective. Experiencing these is a primary way of experiencing relationship outside of the colonial model, where relationship is based on exploitation and domination. This is a first and significant step in healing the attachment disruption caused by colonialism and restoring a sense of place, belonging, value, and connection through introducing Indigenous worldviews and traditional teachings.

#### Note for Non-Indigenous Counsellors

If you are a non-Indigenous counsellor, it is vital to understand that the teachings articulated above are traditional and are culturally specific to Indigenous peoples. It is important that non-Indigenous counsellors do not use traditional Indigenous teachings as this would be an additional act of cultural appropriation that would defeat the creation of a genuine and accountable therapeutic relationship that is based on principles of safety and respect.

Non-Indigenous practitioners must be critical of the use of the language of attachment disruption and the diagnosis of attachment disorder when naming experiences of Indigenous children who have histories of political kidnappings and forceful removals from their families and communities to “residential schools”. Many Indigenous clients labelled with “attachment disorder” have had histories of multiple placements in foster homes and government facilities that did not deliver belonging and safety. Locating the political problem of apprehended Indigenous youth as a psychological personal failing obscures this violence. This is especially true given how primary, respectful, reciprocal, and balanced relationships are in Indigenous cultures. Naming the Indigenous person as owning the relational problem is a reversal of these realities. The symptoms Indigenous people show up with is an indication of the problem of the settler state, not the problem of Indigenous people.

## *The Role of Ceremony*

At this point, it is important to state explicitly that Kluane participated in Ceremonies that were not geared directly towards addressing her dissociation. Ceremony can be an empowering and powerful gift in reconnecting to Indigenous cultural practices and a grounded sense of Indigenous identity. It is important that Ceremony is conducted in accordance with protocol by safe Indigenous leaders of Ceremony, and both the leader of the Ceremony and the client are aware that there is a major difference between spirit and dissociated parts of self. For instance, Kluane shares that, in the wake of ongoing childhood trauma, she would often hear *spirit voices*, which, if not understood as a sign of traumatic activation and dissociation, might easily be mistaken for spiritual experience. If the Indigenous leader of Ceremony is not aware that dissociation often involves a client having experiences described as *visions* or as having *spirit voices* speaking to them, the client may be left in a dissociative state throughout the course of the Ceremony. Rather than feeling grounded and free after a Ceremony, the risk is that the client is left overwhelmed and disconnected, re-experiencing pain and helplessness from the past, instead of spiritual peace and power in the present.

After a year of working together, Kluane begins to participate in certain Ceremonies that she deems safe. Kluane discloses different experiences of being sexually violated by at least three different individuals charged with leading Ceremonies. The possibility of a lack of safety in Ceremony must be acknowledged while, at the same time, placing the actions of those who violated Kluane within the larger context of colonization. Ceremony itself is not unsafe, but sometimes people who lead, or participate, in Ceremony act out the colonizing practices to which they were subjected (e.g. physical and sexual violence perpetuated by clergy in residential school). We prepare for Kluane's participation in Ceremonies by discussing safety and the credibility of the Elders leading it. Different factors allow Kluane to track her own sense of safety during the preparation of the Ceremony: Kluane invites me to be present, she knows the Elder leading it, and has a good sense of the other participants and whether she feels safe with, and respected by, them. She also knows that she is free to do whatever she needs to do to take care of herself during the Ceremony, even if this means taking a break or ending her participation. Kluane knows the other participants in the Ceremony and has determined that the type of Ceremony is safe enough for her participation and that she has choices and supports within it.

For Kluane, it is important that she participates in Ceremonies that are conducted in the full light of day and out in the open (as opposed to being in dark and more confined places). This way she can remain more confidently oriented to the present and to the environment, which significantly lessens her chances of becoming over-

whelmed and possibly coping with that feeling by dissociating. After much reflection and deliberation, Kluane decides that she would feel safe doing Smudge Ceremonies, a Condolence Ceremony to honour her deceased relatives, a Brushing Down Ceremony, and a Casting Off Ceremony led by familiar Elders in the safety of a group she trusts.

Kluane is empowered by the sense of a safe and supportive connection to traditional spirituality and culture, to a group of Indigenous peers, to Elders, to All Our Relations, and to herself as an Indigenous person. Kluane describes the significance of safe Ceremonies in "finding the path home". Connecting to traditional teachings and Ceremony provides Kluane with a sense of belonging for the first time in her life.

### **Note for Non-Indigenous Counsellors**

It is vital that non-Indigenous counsellors not assume a right to suggest or to participate in any Indigenous Ceremony. Instead, you can ask the client about what Ceremonies they have found helpful and what teachings about the Ceremony have been shared with them by the Elders. If the client does not find these enquiries useful, you can ask if they have a way to connect with the Elders now. If not, you can ask permission to help them find Indigenous workers who can connect them with Elders.

Enacting respectful relationships between settler practitioners and Indigenous people, which do not transgress and which resist cultural appropriation, is part of the way out of replicating colonial violence. For Indigenous clients to witness powerful settler practitioners accountably name and resist abuses of power by consciously not appropriating knowledge and deliberately honouring that there are Ceremonies and teachings that we, as settler practitioners, are not invited into, we cocreate respectful boundaries and enact a decolonizing praxis that walks its talk. This structures in an element of cultural safety, which is not just something to get over before doing "the real work": Structuring accountability and safety is the work (Richardson & Reynolds, 2014).

## **5. Coming Full Circle: Valuation of Self Relationally and in the Heart of Culture**

The final therapeutic response that will be highlighted supports clients in finding their way back to holding their own Ceremonies. For Kluane, coming full circle means engaging in a process of discovering the ancestral cultural knowledge handed down through the ages and affirming her place in an Indigenous lineage that continues into the future. Kluane learns how to acknowledge and nourish the spirits around her ceremonially and how to offer respect to the natural world that provides for her.

Kluane also learns how to connect with her deceased daughter through holding Ceremony on important anniversaries. In so doing, Kluane affirms her own vital spiritual and cultural role as a leader of Ceremony and steps into her power to restore traditional practices for future generations.

## Conclusion

Our experience has taught us that creating and enacting indigenized and decolonized therapeutic practice decrease dissociation. Since beginning this work, Kluane has not made another suicide attempt, she has stopped using alcohol and Valium, and she has stopped cutting herself. Instead, she works to connect to dissociated feelings, experiences, sensations, behaviours, and memories and uses different culturally relevant grounding and containment tools learned in therapy to cope with feeling overwhelmed. She also practices various Ceremonies on a weekly basis. Kluane spoke of what a great honour it was to hear the Indigenous counsellor refer to her as an important person, as a dislocated and disinherited knowledge keeper, medicine person, and healer. Such descriptions defy the pathologizing and colonizing diagnoses that framed Kluane as a damaged, traumatized, and broken person. Leading Ceremonies for herself is a way Kluane can acknowledge the truth of this for herself.

The indigenized and decolonized therapeutic practices featured in this chapter focus on reconnection as a way of responding to colonial violence. Decolonized and indigenized trauma work aims to restore and create connection on multiple relational levels involving the individual, the group, and the larger community. Connection and reconnection occurred with Kluane's self, with her Indigenous counsellor, with the larger historic Indigenous collective, with current Indigenous culture and community, and with All My Relations (land, spirit, ancestors). The discussed practices include the following:

1. Acknowledging how clients are dislocated and disinherited from important cultural roles and knowledge, while
2. Honouring how the ancestral inheritances they embody are still strong and alive.
3. Truth-telling as represented by attending to the politicized sociohistorical context of the client's lived experience.
4. Locating dissociation in colonial processes that cause disconnection and unbearable suffering.
5. Connecting to internal and external safety for the client through helping her acquire culturally relevant tools and resources.
6. Helping clients integrate Ceremony into their lives.
7. Connecting them to safe community and cultural practices.

## Questions for Reflection or Discussion

These questions invite *Indigenous practitioners* to set intentions for indigenizing and decolonizing therapeutic responses to their Indigenous clients' trauma-related suffering.

1. What resonates with you about the work reported here? How do you relate personally, culturally, and therapeutically with these ideas?
2. What specific traditions do you bring to your work? What protocols, teachings, Ceremonies, and practices have you found useful in responding to trauma?
3. What other approaches do you engage with to respond to colonialism?

The following questions offer a framework for *therapists who are non-Indigenous* to begin to investigate their *relationships to colonization* and to develop accountable responses to it. Dialogues that emerge from the following questions can be engaged with peers, during clinical supervision, with teams, and within wider organizations.

4. How am I positioning myself, individually and collectively, on Indigenous territories? How might I act in accord with the protocols of the Indigenous communities on whose land I live and work?
5. How can I bring an awareness of present and historical colonialism to all of my work, even when working with other non-Indigenous persons? How do we collectively, and individually, name and try to unsettle settler privilege (Regan, 2010)?
6. How might we (as individual practitioners, organizations, and professions) address the colonialism entrenched in the traditions of therapeutic and community practice?
7. How might we be directed by, and accountable to, Indigenous people in our work?
8. How are we able to enact genuine inclusivity (Sin & Yan, 2003) and authentic partnership, rather than tokenism, in including Indigenous people?
9. How are we participating (overtly, covertly, unintentionally, or with ethical blindness) in the psycholonization of Indigenous people? In what ways do we perpetrate colonialism and oppression and construct Indigenous people, families, and communities as unwell, broken, and incapable?
10. Given that, as non-Indigenous people, Ceremony is not ours to share, how can we be informed by this indigenizing work and be more useful to the Indigenous people we see in our work in accountable ways that don't appropriate Indigenous knowledge?

## Learning Activities

These learning activities are for *Indigenous counsellors*:

1. In groups, we invite you to share in a circle the different teachings, metaphors, imagery, and techniques that you have called on to help your Indigenous clients restore their relationships to Indigenous culture, history, and identity.
2. In groups, we invite you to share with one another the ways that you have witnessed how colonialism and its *crazy-making* processes directly contribute to your Indigenous clients' presenting concerns and distress.

These learning activities are for *non-Indigenous counsellors*:

1. As a team, or individually, create a list of therapeutic questions that you can ask Indigenous clients that centre them as the experts on their own history and in recognizing the connections between colonial processes, their presenting concerns, and the distress they experience.
2. As a team or individually, brainstorm a list of Indigenous Elders that could come and speak about the impact of colonialism to Indigenous clients who access your program and find the local protocols for both approaching and inviting an Elder to do so.

## References

- Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 60–82. <https://doi.org/10.5820/aian.0802.1998.60>.
- Briere, J. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation and treatment*. Thousand Oaks, CA: Sage.
- Chrisjohn, R., & Young, S. (1997). *The circle game: Shadow and substance in the residential school experience in Canada*. Penticton, BC: Theytus Books.
- Coates, L., & Wade, A. (2007). Language and violence: Analysis of four discursive operations. *Journal of Family Violence*, 22, 511–522. <https://doi.org/10.1007/s10896-007-9082-2>.
- Collins, S., & Arthur, N. (2010a). Culture-infused counselling: A fresh look at a classic framework of multicultural counseling competencies. *Counselling Psychology Quarterly*, 23(2), 203–216. <https://doi.org/10.1080/09515071003798204>.
- Collins, S., & Arthur, N. (2010b). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly*, 23, 217–233. <https://doi.org/10.1080/09515071003798212>.
- Defehr, J. N. (2017). Navigating psychiatric truth claims in collaborative practice: A proposal for radical critical mental health awareness. *Journal of Systemic Therapies*, 36(3), 27–38. <https://doi.org/10.1521/jsyt.2017.36.3.27>.
- Dupuis-Rossi, R. (2011). *Indigenist approaches to healing Indigenous historical trauma*. Unpublished master's thesis. California State University, Los Angeles.
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native peoples*. New York: Teachers College Press.
- Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counseling & Development*, 86, 288–295. <https://doi.org/10.1002/j.1556-6678.2008.tb00511.x>.

- Feldthusen, B. (2007). Civil liability for sexual assault in Aboriginal residential schools: The baker did it. *Canadian Journal of Law and Society*, 22(1), 61–91. <https://doi.org/10.1017/S0829320100009121>.
- Hadjipavlou, G., Varcoe, C., Tu, D., Dehoney, J., Price, R., Browne, A. J. (2018, May 22). "All my relations": experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner city primary care partnership for mental health and well-being. *CMAJ*, 190, E608–E615. <https://doi.org/10.1503/cmaj.171390>.
- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York: Basic Books.
- McFarlane, P., & Schabus, N. (Eds.). (2017). *Whose land is it anyway? A manual for decolonization*. Vancouver, BC: Federation of Post-Secondary Educators of BC.
- Miller, J. R. (1996). *Shingwauk's vision: A history of native residential schools*. Toronto, ON: University of Toronto Press.
- Munro, A., Reynolds, V., & Townsend, M. (2017). Youth wisdom, harm reduction & housing first: RainCity housing's queer & trans youth housing project. In A. Abramovich & J. Shelton (Eds.), *Where am I going to go? Intersectional approaches to ending LGBTQ2S youth homelessness in Canada & the US* (pp. 135–154). Toronto, ON: Canadian Observatory on Homelessness.
- Regan, P. (2010). *Unsettling the settler within: Indian residential schools, truth telling, and reconciliation in Canada*. Vancouver, BC: UBC Press.
- Reynolds, V. (2010). Doing justice: A witnessing stance in therapeutic work alongside survivors of torture and political violence. In J. Raskin, S. Bridges, & R. Neimeyer (Eds.), *Studies in meaning 4: Constructivist perspectives on theory, practice, and social justice* (pp. 157–184). New York: Pace University Press.
- Reynolds, V., "Bahman," Hammoud-Beckett, S., Sanders, C. J., & Haworth, G. (2014, June). Poetic resistance: Bahman's resistance to torture and political violence. *International Journal of Narrative Therapy and Community Work*, 2, 1–15. Retrieved from <http://dulwichcentre.com.au/publications/international-journal-narrative-therapy/>
- Reynolds, V., & Hammoud-Beckett, S. (2018). Social justice activism and therapy: Tensions, points of connection, and hopeful scepticism. In C. Audet & D. Paré (Eds.), *Social justice and counselling*. New York: Routledge.
- Reynolds, V., & Kelly, J. (2018). Beyond trans tolerance and trans inclusion: Contributing to transformative spaces in an all genders youth, live-in, substance-misuse programme. *Context*, 155, 37–40.
- Reynolds, V., & Polanco, M. (2012). An ethical stance for justice-doing in community work and therapy. *Journal of Systemic Therapies*, 31(4) 18–33. <https://doi.org/10.1521/jsyt.2012.31.4.18>.
- Richardson, C., & Reynolds, V. (2014). Structuring safety in therapeutic work alongside Indigenous survivors of residential schools. *Canadian Journal of Native Studies*, 34(2), 147–164. Retrieved from <https://www.brandonu.ca/native-studies/cjns/>
- Richardson, C., & Wade, A. (2008). Taking resistance seriously: A response-based approach to social work in cases of violence against Indigenous women. In S. Strega & J. Carrière (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg, MB: Fernwood.
- Richardson, C., & Wade, A. (2010). Islands of safety: Restoring dignity in violence-prevention work with Indigenous families. *First Peoples Child and Family Review*, 5(1), 137–155. Retrieved from <http://journals.sfu.ca/fpcfr/>
- Sin, R., & Yan, M. (2003). Margins as centres: A theory of social inclusion in anti-oppression social work. In W. Shera (Ed.), *Emerging perspectives on anti-oppression social work* (pp. 25–41). Toronto, ON: Canadian Scholar's Press.
- Thomas, R. (2005). Honoring the oral traditions of my ancestors through storytelling. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, Indigenous and anti-oppressive approaches* (pp. 237–254). Toronto, ON: Canadian Scholars Press.
- Todd, N., & Wade, A. (1994). Domination, deficiency and psychotherapy. *The Calgary Participant*, 4(1), 37–46.
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19, 23–49. Retrieved from <https://link.springer.com/journal/10591>

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Nancy Arthur  
Editor

# Counselling in Cultural Contexts

Identities and Social Justice

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## Preface

Since the 1970s, there has been an abundance of literature published about the importance of multicultural counselling. As the field of multicultural counselling evolves, there is growing appreciation for the complexities of cultural contexts, social locations, and intersections of people’s identities. Social processes are influential in determining how people are positioned in society with more or less privilege and disadvantage. The incorporation of social justice into multicultural counselling has been a welcome change to consider how counsellors can be more active in addressing structural and social change. Counsellors have ethical responsibilities to gain understanding about the culture – their own and the cultures of other people – and the influences of social structures and systems on clients’ presenting issues.

Despite advances in the field, there are fewer resources available that focus on *how* to engage clients in multicultural counselling through taking into consideration contexts, social locations, and social justice. This book expands on the original model of culture-infused counselling (CIC) (Collins & Arthur, 2010a, 2010b) to demonstrate how counsellors apply the concepts in the revised CIC framework outlined in Chap. 2. One of the distinguishing aspects of the revised framework is the degree of reflection encouraged of practitioners in the four domains: reflection about personal cultural identities, reflection about the identities of other people, reflection about cultural context and social location for building an effective working alliance, and reflection about social justice as a foundation for counsellor roles and responsibilities. Although previous versions of the CIC model have emphasized multicultural counselling with non-dominant populations, a point of departure taken in this book is a more inclusive approach to multicultural counselling with all clients, in consideration of their relative experiences of privilege and/or disadvantage. Counsellors are invited to use systemic thinking for case conceptualization and intervention planning. Given that many external influences are relevant for people’s presenting issues, counsellors must be prepared to conceptualize and act on multiple levels of interventions to address social inequities and to foster social justice. The chapters in this book set the stage for considering how counsellors work directly

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