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The Use of Indigenous Research Methodologies in Counselling: Responsibility, Respect, Relationality, and Reciprocity

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[See table of contents](#)

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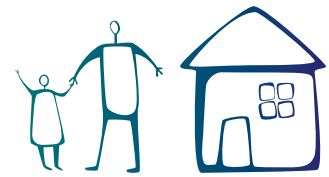
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Article abstract

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Abstract

The values of “Responsibility, Respect, Relationality and Reciprocity (the 4Rs)” in Indigenous research methodologies inform the core principles of Indigenous kinship systems. This is most often understood as the interconnectedness to land, relatives, animals, and spirits. Despite ongoing systems of oppression, Indigenous kinship values have not only survived but continue to demand a rightful place within our education, health, justice, and welfare systems. Through critical self-reflective praxis, I explore how the values of “Responsibility, Respect, Relationality and Reciprocity” that guide Indigenous research methodologies (IRM) can disrupt Western based psychotherapies and counselling practices that too often reproduce harm onto Indigenous peoples. The 4Rs upheld in IRM strengthen kinship by centring the values that promote the beauty and intelligence of Indigenous knowledge systems and generations of knowledge holders.

Keywords: responsibility, respect, relationality, reciprocity, decolonizing, counselling, Indigenous methodologies

Introduction

As a result of the Truth and Reconciliation Commission (TRC) of Canada (2015) *Calls to Action*, the Canadian Psychological Association (CPA) has recently increased its focus on how to better serve Indigenous peoples across Canada (Ansloos, 2019). The TRC (2015) call upon Canadians and peoples living in Canada to urgently improve Indigenous mental and holistic health services. This aims to raise awareness of Indigenous teachings on mental health (Canadian Counselling and Psychotherapy Association, 2016). As a result of the increased awareness of Canada’s colonial history and its devastating and ongoing impacts on the health and well-being of Indigenous peoples, the evidence is pushing for Indigenous sovereignty within government, learning institutions, organizations, and

healthcare providers to re-examine and re-think ways of relating within and to these systems. it offers how we can re-imagine quality care from Indigenous lenses. The emergence of health and wellness research led by Indigenous peoples to address evidence-based disparities in the health and well-being of their own kin and communities. This speaks clearly to the methodological shift required and as called upon us from the TRC (Bedi, 2018; Corrigan Flaminio et al., 2020; Gaudet, 2019; Stewart, 2008; Yu et al., 2019).

A critical re-examination is required on how the TRC (2015) *Calls to Action* are needed and perceived to draw on Indigenous worldviews and encourage scholars, counsellors, and therapists to take a step back and reconsider moving from transactional to relational approaches (Lines & Jardine, 2018). For example, in a study on Indigenous women's economic security and well-being, research showed the importance of examining Indigenous realities "through the lens of community sustenance, relational accountability, harmony and well-being to ensure our collective survival" (Chisan, Bourque, et al., 2016, p. 3). As a Métis woman who has worked in the social work and counselling field for ten years, I have felt, witnessed, enacted and advocated for the necessity of "decolonizing methodologies" at the forefront of systemic change. I have a responsibility to re-examine my internalized colonized lens and to draw on the strength of my experiences, my ancestors, and my Indigenous colleagues, relations, and mentors that can serve to improve Indigenous health and wellness (Anderson, 2006; Corrigan Flaminio et al., 2020; Gaudet 2019; Macdougall, 2017; Smith 2012). By doing so, I am able to affirm the process which Dr. Kim Anderson (2006), Métis Cree scholar, depicts as "... to resist, reclaim, construct and act" (p.16). With this Call to Action (TRC, 2015), this paper will explore my personal and professional process of resisting an office/clinic mindset of counselling, and moving toward a community-engaged relational approach rooted in IRM ethics of cultural care, relevancy and social context.

Drawing on my personal experiences and what I have learned from the Indigenous community members during my one year of service at a not-for-profit organization, I hope to create a better understanding of the urgent need to improve Indigenous mental health services in Canada. To support me in this process, I will draw mainly on Indigenous-led research in an effort to contribute to the advancement of Indigenous peoples' perspectives on health and well-being (McCubbin et al., 2013). Through my personal experience framed within an Indigenous critical theory, which is applied for explicit purposes (Denzin, Lincoln, & Smith, 2008), I hope to give new meaning to what I have learned around what "counselling" for Indigenous peoples is. In doing so, I hope to contribute to the disruption of the dominance of Western-orientated psychotherapies and counselling practices that can be harmful to Indigenous peoples (Ansloos et al., 2019; Bedi, 2018; Bojuwoye & Sodi, 2010; Quinn, 2019; Stewart, 2008; Yu et al., 2019), and offer suggestions for both Indigenous and non-Indigenous counsellors' practices.

Situating the Self

With the growing body of literature on Indigenous research methodologies, I am learning that, as Indigenous peoples, “we no longer need to leave ourselves, our lives, our stories and ways out of the research” (Gaudet, personal communication, May 21, 2020). We can include ourselves in the research process and, more specifically, in counselling sessions because, as Kovach (2009) notes, our experiences are valid and part of our process of doing work “in relation” (p. 67). Kovach (2009) speaks of “self in relation” (p.67), which is a deep acknowledgement of Indigenous worldviews, values and life principles. “Self in relation frames knowledge as co-production located in the developments of ourselves in relation to others” (Smith, 2012, p. xvii), which reframes counselling to a relational perspective that values the dignity of the self. Organizations that continue to use language in referral and intake processes that perpetuate biased, colonial views and harmful stereotypes, does not best serve Indigenous peoples.

My article speaks to the need to re-examine these long-standing systems and processes. An example is placing emphasis on an individual’s “status” or “non-status” and living on or off-reserve to determine the services the individual is entitled to. I continue to honour Indigenous peoples with whom I have come into relation through my work. It is they who teach me about strength and resilience. They teach me about the strength of family and community, of kindness, and of using our hearts to speak (Absolon, 2011). Sharing space for the pain caused by residential schools, child welfare, mental health, poverty and other traumas will be explored throughout this paper, but first I will situate myself as a voice to “resist, who I am not, reclaim, where I have come from, act, what my responsibilities are and construct where I am going” (Anderson, 2006, p. 16). These four principles within my identity (Anderson, 2006) guide my process of decolonization that Dr. Poki Laenui’s (2006) explains through the stages of denial/withdrawal, destruction/eradication, denigration/belittlement/insult, surface accommodation/tokenism and transformation/exploitation.

Suggesting counsellors apply the principles of Laenui and Burgess (2000) in the counselling process can create space for mourning (an essential phase of healing), dreaming (exploring one’s own cultures and aspirations for the future), commitment (release from colonial oppression and committing to the desired direction) and action (proactive steps taken by consensus of the people). Taking from Absolon’s (2011) acknowledgement that research has been part of Indigenous culture through gathering and discovering knowledge, I recognize that counselling is research, and also that my Métis mother, aunties, and grandmothers need to be acknowledged as researchers. My aim is to “move beyond research narratives that limit the possibilities and hope for Indigenous people and communities and move toward desire-based research that recognizes, and sometimes revitalizes, power already held in communities” (Smith, 2012, p. xvii). The method of “storying with peoples and communities” (Windchief & San Pedro, 2019) also merits deep consideration as an effective approach to counselling. Oral tradition is vital in Indigenous culture and holds the belief that “knowledge is of no use if it does not serve relationships” (Anderson, 2016, p. 46). Situating oneself

is a way of being described in Indigenous research methodologies (Absolon, 2011; Kovach, 2010). Gaudet (2019) speaks to how our mothers taught us to way-share where we are from, who we belong to, and our relations. I suggest that counselling begin this way. This has been central to my work with Indigenous peoples throughout my experiences as a counsellor and social worker but also, beyond that, as a Métis woman.

My given name is Nicole Roy and I come from a small farming community in Hoey, Saskatchewan that is part of the surrounding Métis communities: St. Louis, Batoche, Bellevue, St. Laurent, and Duck Lake. I am the sixth generation of Métis Red River women to create and support life along the South Saskatchewan River. I am a mother, a daughter, a sister, a niece. My mother is Carole Roy (Gaudet), who is the daughter of Norma Morrison, who is the daughter of Auxille Lepine, who is the daughter of Marguerite Boucher and Caroline L'Esperance. Church and state practices and policies of assimilation aimed to instill feelings of shame, confusion, and embarrassment within generations of Métis families after 1885 (Campbell, 1983). Given that the strength of our way of life was and is kinship, severing ties with our teachings and ways of being was strategic (Anderson 2016). My Métis existence was not discussed in my family growing up. This demonstrates the dominance of the assimilation (Strega & Brown, 2015). Living in between a Métis and a francophone community, my mother chose to send us four children to the francophone school. It was there that I began to feel like the “other” and experience feelings of shame and failure. Unsettling these myths (shame, “other,” failure) that I had created within myself due to these remaining ties that could not be severed, I found strength, like my ancestors before me, that we as a family and community continue the resistance with our ways of visiting with both the land and with relatives, sharing and caring for each other (Corrigal-Flaminio et al., 2020; Gaudet, 2019).

Having worked in Prince Albert, Saskatchewan, in human immunodeficiency virus (HIV) care and hospital patient care for the last eight years, I made the decision to work in a not-for-profit organization as a new walk-in counsellor in the year of 2019. Excited to work in my own way, free from the constraints of policies and protocols of our healthcare system, this position was to provide an opportunity to go out into the community and learn from the people. I was saddened to find. However, the same power that imposes Western knowledge on our intakes, assessments, and psychotherapies, brought a return of those feelings of shame and failure deep within. This shame further entrenched my complicity with the Western paradigm, which further silenced my discomfort. Although difficult, I am now, more than ever, equipped to resist (Anderson, 2006) these challenges as they do not suit my vision of counselling that honours Indigenous history, teachings, and cultural stories as the core of understanding mental health and healing.

Situating myself is important in my counselling work with Indigenous peoples as knowing where you've been and where you come from in order to know where you're going is interconnected with cultural identity (Simard, 2019). Through sharing, learning-by-doing and visiting with Indigenous peoples (Corrigal Flaminio et al., 2020), community members and through my education, I have

found that reclaiming my cultural identity has brought spiritual awareness, healing, and wellness into my life. This leads me back full circle to the importance of my work with Indigenous peoples as I explore how to incorporate my healing journey of reclaiming the beauty of my Métis identity (Anderson, 2006; Simard, 2019; Quinn, 2019) and relational well-being (McCubbin et al., 2013) into my work with the people. What is important to me is learning from Indigenous peoples whom I meet in my work, including my own relatives, to explore what aspects from the models of counselling do and do not work for them. Introspecting my own participation in any form of oppression ensures I am always reflecting inward on my own lived experiences.

Unpacking my own privileges is also important in situating myself when working with Indigenous peoples as there is a great deal I have not experienced in regards to oppression (Sensoy & DiAngelo, 2012). I have never experienced poverty and food insecurity or overt racial profiling. Having a Catholic upbringing, I recognize the influence religion has had on my ancestors, along with the generational impacts on myself. However, I have parents who have supported and loved me to the best of their ability through all parts of my journey. I have never experienced violence or abuse, but was raised in a patriarchal home. I have never feared homelessness or eviction. I am privileged because I am able to continue my education and because I can pass as a white person. Therefore, I recognize the privilege of identity shifting through my employment, relationships and education, as I have not had to consider internalized oppression surrounding race (Sensoy & DiAngelo, 2012). With this unpacking, I recognize that I will never be able to fully understand some of the challenges that other Indigenous peoples face because of their darker skin, nor do I have experience with the Indian Act, which controls services and resources available to them. However, as a Métis scholar/counsellor, I have a responsibility to use these privileges to dismantle oppressive policies in our systems through kinship networks and “shared mutual responsibility to each other” (Macdougall, 2017, p. 5). It is also my responsibility to speak out about social injustices within my educational setting and profession, which I hope will contribute to improving Indigenous mental health services in Canada. Even more so, I also have the responsibility to learn more about my Métis identity and history with the guidance of my relatives, community, and the Indigenous peoples I serve.

The 4Rs in Indigenous Research Methodology

Understanding the developmental stages of Indigenous Research Methodology (IRM), I recognize the impact colonization has had on psychotherapies and counselling, as well as the influences this has had on my own education and work practice. Wilson (2008) provides a timeline on how Indigenous peoples started developing Indigenous research methodology. The first stage sees Indigenous researchers working solely from a Western paradigm. The second and third stages move toward the integration of both Western and Indigenous paradigms, and the fourth stage has “Indigenous researchers illuminating their own worldview using Indigenous paradigms” (Wilson, 2008, p. 29). My Aunt, Cindy Gaudet, gave me an understanding of this movement when she

explained the difference between completing her master's and doctoral studies. She noted there was very limited research on Indigenous research methodologies (Gaudet, personal communication, May 23, 2020). This clearly shows how Indigenous researchers are breaking new ground and making space within the Western paradigms for their methods (Wilson, 2008). This further suggests an effort to engage Indigenous scholars, counsellors and therapists in our ways of doing and being within our communities. This final stage in IRM affirms the value of contributing my counselling work from an Indigenous lens within the prominent Western based therapies.

As Absolon (2019) provokes, "Indigenous peoples are in a state of resurgence and revitalization. We are recovering, re-emerging and reclaiming our knowledge base" (p. 80). My heart extends to my ancestors, my grandmother, my mother and my aunties who have paved the way for me to resist, reclaim and act as a scholar, counsellor, researcher and especially, as a Métis woman (Anderson, 2006). These women are my teachers, my leaders and my support in my counselling work. They are always with me throughout the counselling process. The tenets of Indigenous methodologies relay the importance of understanding Indigenous peoples as having their own ways of being and doing that need to be respected. These tenets are as follows:

Holistic Indigenous knowledge systems are a legitimate way of knowing. Receptivity and relationships between researcher and participant are (or ought to be) a natural part of the research methodology. Collectivity, as a way of knowing, assumes reciprocity to the community. Indigenous methods, including story, are legitimate ways of sharing knowledge. (Strega & Brown, 2015, p. 53)

Reflecting on these aspects of research, I realize that this is what shapes counselling with Indigenous peoples; that is, understanding and respecting their knowledge systems. I create a trusting relationship by being open to new suggestions and ways of knowing. I contribute to the collective through the sharing of our knowledge and placing emphasis on Indigenous history and stories as being the most valued form of sharing knowledge. These aspects form the foundation of counselling with Indigenous peoples. Equally important is that we recognize that, as human beings, we make mistakes. It is vital to acknowledge when we fail in order to grow from these experiences.

The 4Rs in IRM are "Responsibility, Respect, Relationality and Reciprocity" (Absolon, 2011; Kovach, 2009; Strega & Brown, 2015), and have unknowingly informed my value system and, therefore, my counselling practice. Responsibility in Indigenous research involves demonstrating how research gives back to the individual and collective good and implies knowledge and action in serving others (Kovach, 2009). I have a responsibility to take action against individual and systemic oppression, speak up about social injustices and utilize my privileges to resist, reclaim and act as an Indigenous scholar, counsellor and a Métis woman (Anderson, 2006). As an example of these challenges, when I was working as a clinical social worker in a maternity setting, I witnessed the extreme Child Protection Act allow no contact between mother and child, and no mother's rights after birth. No hold, touch or coo (even with the supervision of at least three nurses in the area) left this mother completely broken. Although First Nation Child and Family Services in Saskatchewan upholds

Indigenous sovereignty within this system, the wait time for an Indigenous advocate leaves many mothers alone in her time of need. The challenge to speak out against this type of injustice can be crippling to a worker, and not speaking out degrades us even more because we know it's wrong and yet must follow system policies.

Respect goes beyond acknowledging cultural competence in that it involves the principles of respecting cultural knowledge, being responsible for carrying out the roles of teacher and learner, having humility in asking permission, and giving thanks in receiving (Absolon, 2011). In counselling, this takes place at the outset in our introduction and in our questioning surrounding the present concern/situation, which is in line with Indigenous research where they respect the space to share in storying (Kovach, 2009). Relationality, from an Indigenous worldview, holds that relationships between all life forms exist within the natural world (Fellner, John, & Cottell, 2016; Kovach, 2009; Stewart & Marshall, 2015). As such, a foundation of trust in counselling is based on having an understanding of the connection between counsellor and participant and making meaning of this special gathering (Absolon, 2011). Ermine (2007) explains the space we occupy when meeting someone new and building a relationship, along with the importance of ethic in this space when in it comes to the capacity to know what harms or enhances our well-being. Reciprocity is not just a political understanding nor an individual act, but the very worldview in which the researcher or counsellor becomes immersed that holds the key to knowing (Absolon, 2011). In counselling, this refers to giving as much as it does to receiving. This may look like meeting in neutral spaces, bringing food/drink, offering sage/smudging practice, as well as ensuring an understanding of the confidentiality and consent of sharing together.

Responsibility in Counselling

You cannot decolonize without having an understanding of colonization, and this is vital when working with Indigenous peoples (Simard, 2016; Stewart & Marshall, 2015; Quinn, 2019). Strega and Brown (2015) explain how research that is related to Indigenous peoples requires “minimally, a critical analysis of colonialism and an understanding of Western scientific research as a mechanism of colonization” (p. 4). This aligns with any work that aims to support, be of service to or help Indigenous peoples, such as counselling. As such, non-Indigenous counsellors working with Indigenous peoples should have a thorough knowledge of how systemic racism that continues to exist today stems from colonization.

Poka Laenui and Hayden Burgess (2000) explains the steps of colonization as:

1. Denial/Withdrawal: The colonial people look down on Indigenous peoples as lacking culture, moral values, and having nothing of social value.
2. Destruction/Eradication: Physically destroying and eradicating all physical representations of the symbols of Indigenous culture.

3. Denigration/Belittlement/Insult: As colonization takes a stronger hold, the new systems created within Indigenous societies such as churches, health and legal systems all join to denigrate, belittle and insult any continuing practices of Indigenous culture.
4. Surface Accommodation/Tokenism: Whatever remnants of culture that have survived the earlier steps are given accommodation. They are tolerated as an exhibition of the colonial regime's sense of leniency.
5. Transformation/Exploitation: The traditional culture that refuses to die or go away is now transformed into the culture of the dominant colonial society, creating exploitative tactics on social, political and economic structures. (pp.150-153)

These steps take a great deal of study, time and effort to fully comprehend, feel, and acknowledge in Canada's living history. It is of value that we not only know about colonization, but about how we can decolonize as well. Therefore, working with Indigenous peoples who live with experiences of intergenerational trauma due to colonial laws, policies and attitudes require the ability to walk alongside one another as human beings (Quinn, 2019). Being part of ceremonies, pow wows, dances, gatherings, and prayer as part of their healing journey is part of counselling—it is part of being in service to one another.

In order to understand Indigenous ways of knowing as scholars, counsellors, and therapists, we need to critically analyze the dominant worldviews of knowledge production in order to first understand colonialism (Sensoy & DiAngelo, 2012; Strega & Brown, 2015). Professions such as social work, child and family welfare, healthcare and psychology have had close relations to colonization and racism, furthering distrust by Indigenous peoples (Fellner et al., 2016; Dutta, 2018). This distrust stems from institutional power that oppresses a group of people through practices, policies and norms (Sensoy & DiAngelo, 2012). In our attempts as scholars and counsellors to alleviate the distrust that Indigenous peoples feel towards our institutions, we need to critically analyze and speak out against the institutional control and ideological domination that continue to oppress them (Sensoy & DiAngelo, 2012). All counsellors, regardless of their cultural identity, should learn their own colonial history, and understand and clarify their own values, assumptions and beliefs regarding mental health and wellness in order to better serve Indigenous peoples (Simard, 2019). It is equally important that the process involves acknowledging positionality of living, thriving, and being visitors on Indigenous peoples' lands. As Tuck & Yang (2012) attest, this acknowledgment must move towards restoration of Indigenous lives and lands.

We must also have critical conversations surrounding “decolonization” in that this vocabulary has been superficially adopted into education, institutions and organizations, which can lead to decolonization becoming a mere metaphor (Tuck & Yang, 2012). An example of this is when institutions mount Indigenous paintings or art and then declare the space as indigenized. When Indigenous peoples' erasure, invisibility or misrepresentation continues in “Decolonize our schools,

Decolonizing methods, or Decolonize student thinking,” we fail to understand what Indigenous peoples want to unsettle and what is unsettling (Tuck & Yang, 2012, p. 1). As the first Indigenous person to be a counsellor at the not-for-profit organization, I felt silenced in my suggestions pertaining to counselling services for Indigenous peoples. Sensoy and DiAngelo (2012) explain how “oppression involves an institutional control, ideological domination and imposition” over a minoritized group (p. 39). Systemic racism persists within organizations that receive funding to increase their reach to Indigenous peoples and to promote their reconciliatory efforts by hiring one Indigenous staff (Ward, Gaudet & McGuire, 2020). In my case, I was a walk-in counsellor. Although increasing access and services to Indigenous peoples is necessary and needed, if there is no sincere engagement in that Indigenous-centered counselling methods and practices are respected and led by Indigenous peoples themselves, there is no structural change. The power relationship upholds the binary of superior and inferior knowledge and people. Without such structural change, we must then ask ourselves who benefits from the one-person walk-in counsellor with a check list? This is a critical question to ensure the new position does not fall to counsellors who use dominant Western-orientated models, as reminded by Bedi (2018), that may not serve the needs of Indigenous peoples. Therefore, whose needs do they serve?

Voicing my concerns in a new position and as the only Indigenous counsellor, I soon realized that real change felt impossible, or that they did not want to change, or possibly did not have the capacity to. I generously gave my time to re-imagining a change and offering it to the decision-making table, such as going out to their homes or meeting for coffee, but this was denied due to either being deemed unsafe (form of stereotyping Indigenous peoples as dangerous), or reasoning that there are not enough “clients” to support the number trajectory of valued counselling work. This form of counselling does not serve Indigenous peoples, which was to be the “real” intention of the grant and creation of this tokenized position (Poka Laenui, 2006). These are some of the isolating challenges I experienced. By isolating, I mean continuing to oppress without any recognition or admission to the ongoing harm; therefore, no dialogue, no growth, and no equity.

Respect in Counselling

Respect allows for the praise, honour, and acknowledgement of Indigenous researchers who resist, transform, and offer us ways to grow the therapeutic practices of counselling with Indigenous peoples by using alternative approaches, theories and methodologies. Incorporating Smith’s (2012) four major stages of Indigenous research being survival, recovery, development, and self-determination into counselling practice enables critical reflection on how to improve Indigenous mental health in Canada. These four stages also contributed to my shifting out of the office and into the community, which connected Indigenous methodologies to my counselling practice. Understanding these stages is a form of respect to the history, traditions, values and beliefs of Indigenous peoples.

Survival

Understanding how Indigenous peoples survived settler contact, IRM looks at the “survival of peoples as physical beings, of languages, of social and spiritual practices, of social relations and of the arts” (Smith, 2012, p. 121). It is critical, as a counsellor working with Indigenous peoples, to take action regarding the basic necessities in life such as housing, food, water, transportation and health. As a social worker for many years, I have witnessed the effects that poverty, homelessness, food insecurity and mental health provision disparities have on health and wellness (Stewart & Marshall, 2015). From a critical social justice lens (Sensoy & DiAngelo, 2012), counselling work means removing ourselves from the office and being visible within the community at shelters, friendship centres, food banks, and other sites in order to unsettle unjust systems, stereotypes and knowledge constructions (Sensoy & DiAngelo, 2012). Being visible within the community by attending gatherings, social action/social justice events, and traditional celebrations is part of my counselling process as I hold myself accountable to the value of respect (Absolon, 2011; Kovach, 2009; Strega & Brown, 2015). This work, however, continues to be invisible within organizations and institutions, thus perpetuating the devaluing of Indigenous scholars and counsellors in our ways of being and doing “work.” Organizations are encouraged to make space for this work as part of the counselling profession with Indigenous peoples, but this does not always happen, or is done poorly, and is not funded to the full capacity it requires.

Recovery

Smith (2012) explains how “recovery is a selective process, often responding to immediate crises rather than a planned approach” (p. 121). Recovery of territories, Indigenous rights, and histories requires recognition within research (Smith, 2012), but also in counselling. Reflectively, the recovery of my Métis identity was through my family connections, stories, and being involved with my community, which brought much needed healing. The Aboriginal Healing and Wellness Strategy (AHWS) in Winnipeg, Manitoba, found that Indigenous peoples had high drop-out rates in school and avoided mainstream mental health services (Quinn, 2019). To address this, the AHWS provided a framework for developing community guidelines for traditional healing, which recognizes that the recovery of cultural identity contributes to healing ourselves (Quinn, 2019; Stewart, 2008; Yu et al., 2019). Through the use of oral traditions, relationships with Elders and cultural leaders, sharing circles, traditional teachings and storytelling, many Indigenous peoples find a sense of belonging (Quinn, 2019; Stewart, 2008). Incorporating visiting and gathering (Gaudet, 2019; Corrigan Flaminio et al., 2020); within this framework, which will be discussed further in this paper, can provide an effective approach to serving the mental health needs of Indigenous peoples.

The recovery phase also requires counsellors to make space for mourning the history of Indigenous peoples (Simard, 2019). Simard’s (2019) article expresses the importance of self-perception in identity and that identity progresses through developmental stages during which the individual gains a

better sense of who he or she is, which leads to a rediscovery of what it means to be Indigenous. It is important for counsellors to start conversations with Indigenous peoples surrounding colonialism, as well as the various forms of oppression and their impact on Indigenous communities. Quinn (2019) suggests professional associations and organizations set aside time for professional education on the impacts of colonialism, the Residential Schooling System, the 60s Scoop, child welfare and other traumas, and to develop and provide culturally sound interventions when working with Indigenous people's healing surrounding identity. One suggestion is that professional education be more focused on why we need to continue to educate on these topics as well, as they are themselves complicit forms of oppression and may cater the "settler to innocence" (Tuck & Yang, 2012). We should, therefore, be guided towards anti-oppressive discussions regarding our professional education (Sensoy & DiAngelo, 2012; Strega & Brown, 2015). However, this also brings many questions regarding who is to provide these teachings and guidance as we want to ensure that cultural competence and responsibility is not thrown completely on Indigenous peoples to educate within these systems. Recovery's initial phase suggests making space for mourning. However, it is also vital not to stay in this mourning for too long as it can hinder moving on to the next phase of development (Simard, 2019).

Recovery also suggests a time for counsellors, scholars and professionals to take a critical look at our institutions' policies, implementation plans, and practices that may be "culturally incongruent" (Bedi, 2018, p. 96), to ensure we are providing best practice and creating change where it is needed. We need to re-examine and rethink how our child welfare, justice, health, and education systems that serve Indigenous peoples contribute to the assurance that we are not continuing to clothe and feed systemic oppression. Again, this is part of my responsibility as an Indigenous scholar, counsellor, and as a self-identifying Métis woman, to learn from Indigenous people's realities and lived experiences (Absolon, 2019). We must also recognize the responsibility of our educational institutions in ensuring our social justice education is not positioned as something "extra" (Sensoy & DiAngelo, 2012). At this level, we hold non-Indigenous scholars responsible for learning about oppression, power and privilege. This education is vital to decolonize the ignorance of intersecting systems that disadvantage groups of people, the refusal to recognize structural and institutional power, and the invalidating claims of oppression as being over-sensitive (Sensoy & DiAngelo, 2012).

Development

The next phase in Indigenous methodologies involves the mobilization and transformation processes (Smith, 2012), and aligns with my shift out of the office and into the community. In order to go out into the community and work alongside Indigenous peoples, counsellors need to understand and use a holistic approach that encompasses relational well-being of the self, individual, family, community, nation, and then society (Absolon, 2019). Holistic theory also recognizes the layers of spiritual, emotional, mental and physical elements that are affected by the historical, social, political and economic layers within our societies (Absolon, 2019). As a counsellor in the community, it is vital

that I relate with the former four layers in my work with Indigenous peoples. For example, a referral is sent to the not-for-profit organization from Child and Family Services regarding children being removed from their homes due to their parents' alcohol abuse and domestic violence. The parents are therefore court-mandated to attend counselling services. According to a Western model of service, the parents would go to the counselling clinic, fill out an intake form (which may be invasive all on its own), and then have an initial meeting. Does the counsellor engage in change theory about addictions? Does the counsellor focus on the violence? What are the pre-imposed judgments on this referral? What information is gathered and what theories and methods are used? We must recognize that standardized testing and assessments that are based on Western standards of mental health and functioning are damaging and inappropriate for Indigenous peoples (Stewart, 2008).

From an Indigenous holistic theory, Absolon (2019) provides a knowledge set for practice that does not compartmentalize human experience as Western models of counselling and psychotherapies tend to do (Bojuwoye & Sodi, 2010). As Absolon articulates, "practitioners that continue to apply psychotherapeutic approaches to practice that omit social and political contexts of Indigenous peoples' realities continue to pathologize, diminish and problematize Indigenous peoples" (2019, p. 10). Therefore, as counsellors, a deeper understanding and self-awareness as to how our practices, testing and assessments can present forms of oppression is needed (Bedi, 2018; Simard, 2019), and open ourselves to alternative approaches of working with Indigenous peoples.

From the example provided above, I would like to share an alternative approach to counselling from the start of the referral and intake process through to the termination of counselling (although, for me, there is never an end to the relationship and responsibilities that come with counselling). Once a referral has been obtained, the organization should honour its responsibility to connect the family with an Indigenous counsellor, whenever possible (Stewart, 2008). As the Indigenous counsellor, I would connect with the family to arrange a time and place to meet that is most convenient and comfortable for them. This can be in their home, a coffee shop, outdoors, or another mutually accessible setting, one that makes space for their comfort. I would also respect whomever the family wishes to be present in our meeting as to ensure a holistic kinship framework as guided by Absolon (2019), that supports all members of the family, the community, and the nation. In doing so, we remove the Westernized nuclear family. Upon our initial meeting, I would, as the counsellor, situate myself by location, education, experiences and reasoning for the visit. From this, we shift into relationality within the counselling session, which will be further discussed in the next paragraphs.

Self-determination

Smith (2012) explores self-determination at the centre of the stages of Respect. Self-determination is utilizing Indigenous methods, frameworks, and guidance provided by Indigenous researchers to affect the changes needed within the Western system. For example, Stewart's (2008) article provides Indigenous mental health counsellors with a voice in raising awareness, taking action

and contributing to the resurgence of Indigenous peoples' traditions and values. Stewart's (2008) interviews with Indigenous counsellors brought the pertinent themes of cultural identity, the holistic approach, and interdependence within the healing process to light, which can involve the counsellor's use of a family tree (genogram), and discussions surrounding colonialism, oppression and cultural identity. By exploring our past, our history and our families through situating ourselves (Absolon, 2011; Absolon, 2019; Kovach, 2009), we encourage the beauty of the individual's cultural identity to finally take center stage.

Self-determination also symbolizes the resilience we have as Indigenous peoples. For myself, it connects me to the beauty of the knowledge of Indigenous researchers, Elders and Aunties, and the community's continued efforts to make change happen. Determination is recognizing the works of Absolon, (2019), Anderson (2016), Corrigan Flaminio et al. (2020), Gaudet (2019), Stewart (2008), and all other Indigenous scholars and researchers that support, teach and guide us to improve our practices. As Anderson (2016) explains, Grandmothers and Aunties taught their young girls that "self-determination is to learn self-worth and self-respect" (p. 244). Through my own experiences of revitalizing my Métis identity, I discovered that my worth and respect was always within me but had been distanced through the negative construction of my ancestors' historical experiences with the white ideal (Anderson, 2016). This knowledge is a gift and can be utilized to improve the mental health and wellness of Indigenous peoples in Canada. Again, my responsibility moves me forward into the community to assist Indigenous peoples to learn self-worth, self-respect and self-determination.

Relationality in Counselling

Relationality in Indigenous research and counselling shows the power of relating and has always been a valued principle within my own lived experience. From a young age, I recognized the importance of aunties, grandparents, cousins, neighbours and friends who provided me with a sense of who I was and was not (Anderson, 2006), and a sense of belonging and knowledge about life. My Aunt Cindy Gaudet's (2019) *The Visiting Way, an Indigenous Methodology in Research* focuses on the significance of kinship and relationality that contributes to our wellness. Visiting and relating is a living practice that "guides the way we conduct ourselves, treat one another and learn from one another, and from the land itself" (Gaudet, 2019, p. 53). She further explains how visiting is political, and how relating is grounded in a cultural, spiritual and social context (Gaudet, 2019). I believe counselling with Indigenous people merits approaches that come from Indigenous researchers and scholars in order to gain a better understanding of what the future of mental health services needs in Canada. Organizations and institutions can better serve Indigenous peoples by honouring Indigenous ways of visiting within the counselling practice (Gaudet, 2019). My Auntie further acknowledges how "returning home," meaning going inward, is "a direct connection to kinship responsibilities" (Gaudet, 2019, p. 53), which encourages visiting as a form of relationality. Counselling can be viewed as a form of ceremony surrounding relationality in the visiting way.

Stewart's (2008) interviews with Indigenous counsellors suggest that healing cannot occur without the community as part of the individual's process. Within my master's program, we were introduced to Stewart and Marshall's (2015) *Counselling Indigenous People in Canada* in Sinacore & Ginsberg's (2015) *Canadian Counselling and Counselling Psychology in the 21st Century*. This chapter still forms a big part of my practicing beliefs as I struggle with Western mental health concepts that do not fit my worldview. As Stewart & Marshall (2015) express, "Counsellors trained in western notions of mental health do not effectively service Indigenous mental health populations and the use of the Western paradigm of mental health in an Indigenous context is a form of continued oppression of Indigenous peoples" (p. 78). Moving forward, counsellors need to have a deeper understanding of holistic theory and approaches (Absolon, 2019; Stewart, 2008), which emphasizes the importance of community in relation to one another. This also connects with the responsibility of non-Indigenous counsellors to learn their own colonial histories, values and beliefs surrounding health and wellness in order to best serve Indigenous peoples (Stewart, 2008).

Reciprocity in Counselling

The importance of reciprocity and respect within Indigenous methodologies (Absolon, 2011; Kovach, 2009) is also connected to my counselling practice. Having healthy snacks, tea/coffee and sage for smudging are ways I ensure I not only make the meeting space comfortable, but am also offering respect, compassion and connection for our sharing. "Reciprocity is a feeling of connectedness and removes the need for empowerment, feelings of separateness or distance and the need to be in charge" (Chilisa, 2012, p. 180). Preparing myself for every encounter I will have during my day of counselling is how I relate, reciprocate, respect and take responsibility. In taking time in the morning in prayer through my smudging, setting my intentions for the day, asking for guidance from my ancestors and acknowledging my family knowledge, I attempt to ensure my heart is open and that I am grounded when going out into the community. This form of ceremonial practice is lacking within our contemporary mental health services and creates another barrier to effectively support Indigenous families and individuals (Bedi, 2018; McCubbin et al., 2013; Stewart, 2008). It is suggested that counsellors learn the techniques in offering these traditional ceremonies from appropriate Elders and Aunties in offering these traditional ceremonies. It is also suggested that institutions and organizations make space for Indigenous counsellors to practice from this traditional framework.

Conclusion

Since joining with the TRC (2015), the CPA (Ansloo et al., 2019) aim to raise awareness surrounding the urgent need to improve Indigenous mental health services in Canada. Reflective of research as counselling, this union's purpose and mission needs to be critically reviewed for accuracy and validity for the betterment of Indigenous mental health. Through "self in relation" (Smith, 2012), I've explored my lived experiences within my family history, and my work within the health and welfare systems, along with my last year as a walk-in counsellor. In writing this paper using a majority of Indigenous

methodology research, I have found that this has been in direct relation to my counselling approach with Indigenous peoples. Through the use of the 4Rs (Absolon, 2011; Kovach, 2009; Strega & Brown, 2015), I have discovered that Indigenous methodology has informed a crucial part of my way of being and doing counselling. Ansloo et al. (2019) acknowledge the need for Indigenous representation within Canada's psychology and psychotherapies institutions, as well as Indigenous scholars to participate in transferring knowledge from an Indigenous worldview. Taking a step farther as a Métis counsellor is to do my work in a good way, as this contributes to the disruption of the power that Western based therapies continue to hold in Canada.

In writing this, I honour and celebrate the beauty of my family's teachings and my ancestors' guidance in the "process to resist, reclaim, construct and act" (Anderson, 2006, p. 16), according to Indigenous methodologies. Using the wealth of Indigenous methodologies, theories and frameworks has enhanced the importance of self-awareness surrounding situating myself, recognizing my privileges, and honouring my learning journey while providing service. These practices can be used as a guide for non-Indigenous counsellors as well. Conversing with Indigenous peoples on their own knowledge of history, making space for mourning within the recovery stages (Simard, 2019), standing up for the development of their own ways of healing (Smith, 2012), and assisting in self-determination (Anderson, 2006), are all aspects that require accountability in our ethics and our counselling work. Through the shift of going out into the community from the clinic setting, I am made visible in relation, in promoting social justice, and in actively engaging to understand the barriers and challenges affecting Indigenous peoples within our mental health system. I am hopeful that through these offerings, I can contribute to a deeper understanding on what Canada believes to be the urgent needs of Indigenous mental health and how to better serve those who require services.

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