

First Peoples Child & Family Review

An Interdisciplinary Journal Honouring the Voices, Perspectives, and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews

Family Counselling as Decolonization: Exploring an Indigenous Social-Constructivist Approach in Clinical Practice

Suzanne Stewart

Volume 4, numéro 2, 2009

URI : <https://id.erudit.org/iderudit/1069330ar>

DOI : <https://doi.org/10.7202/1069330ar>

[Aller au sommaire du numéro](#)

Éditeur(s)

First Nations Child and Family Caring Society of Canada

ISSN

1708-489X (imprimé)

2293-6610 (numérique)

[Découvrir la revue](#)

Citer cet article

Stewart, S. (2009). Family Counselling as Decolonization: Exploring an Indigenous Social-Constructivist Approach in Clinical Practice. *First Peoples Child & Family Review*, 4(2), 62–70. <https://doi.org/10.7202/1069330ar>

Résumé de l'article

In Canada, Indigenous peoples' lives are shaped by relationships with their families. These relationships are defined by traditional Indigenous conceptions of connectedness with the earth, communities, and the many relations that occur within these contexts and are based on what is termed Indigenous ways of knowing. These relationships are also described through a concept of Western social constructivism. Social constructivism is an ideal mate for Indigenous ways of knowing in the practice of family counseling because it recognizes the importance of culture and context in understanding what occurs in human interactions when constructing knowledge based on this understanding. Indigenous ways of knowing have been of recent and growing interest to family mental health practitioners and policy makers who are seeking to support clients in decolonization processes. Family service providers who work in a Western social service or health care setting have an interest in exploring forms of sociocultural theory and practice, such as Indigenous ways of knowing, in order to address and further the practitioner-family interaction and to benefit both individuals and communities in a responsible and sustainable manner. Using current and historical literature, this article presents a summary of issues and guidelines for a hybrid approach that brings together Western and Indigenous approaches for family service workers (such as counselors, social workers, psychologists, and psychiatrists), and a set of guidelines for practical application. Implications of how these practices can positively impact and promote community mental health in the current climate of recovery from colonialism and cultural genocide are presented.

First Peoples Child & Family Review

An Interdisciplinary Journal Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews

Volume 4, Number 1, 2009, pp. 62-70

Family Counseling as Decolonization: Exploring an Indigenous Social-Constructivist Approach in Clinical Practice

Suzanne Stewart^a

^a (Yellowknife Dene) PhD, Assistant Professor of Aboriginal Healing in Counseling Psychology at OISE - University of Toronto, Toronto, Ontario, Canada.

Preface

I work from the position of an Indigenous woman, a parent, a psychologist, and an academic. My identities are created and informed by numerous political, social, and economic contexts that see me as the Other. I am implicated in the dichotomies of oppressor/oppressed, colonizer/colonized, and male/female. These binaries rest on the edifice of notions of race, class, and gender. The colonial experience has been devastating to Indigenous peoples around the world, and presently, recovery and healing is timely and necessary. Resistance, which is a part of decolonization, can be as much a personal struggle, as it is a community struggle. Resistance means breaking through pain and denial. It means unlearning what we as Indigenous people have been taught about ourselves and instead learning to value ourselves. Such emancipatory projects require a critical understanding of the colonial structures of oppression and domination. Resisting colonialism requires a reasoned and critical analysis of the systemic and systematic practices that exclude specific groups from equitable access and participation in mainstream society. The underlying assumptions of ideologies and practices which require an Other thus need to be revealed and challenged. The underlying assumption of this paper is that resistance is possible within colonialism through a deconstruction of the therapeutic relationship that is dominated by Western ethics and ideas and the inclusion of Indigenous ways of knowing.

Questions or correspondence concerning this article may be addressed to:

sstewart@oise.utoronto.ca

Abstract

In Canada, Indigenous peoples' lives are shaped by relationships with their families. These relationships are defined by traditional Indigenous conceptions of connectedness with the earth, communities, and the many relations that occur within these contexts and are based on what is termed Indigenous ways of knowing. These relationships are also described through a concept of Western social constructivism. Social constructivism is an ideal mate for Indigenous ways of knowing in the practice of family counseling because it recognizes the importance of culture and context in understanding what occurs in human interactions when constructing knowledge based on this understanding. Indigenous ways of knowing have been of recent and growing interest to family mental health practitioners and policy makers who are seeking to support clients in decolonization processes. Family service providers who work in a Western social service or health care setting have an interest in exploring forms of sociocultural theory and practice, such as Indigenous ways of knowing, in order to address and further the practitioner-family interaction and to benefit both individuals and communities in a responsible and sustainable manner. Using current and historical literature, this article presents a summary of issues and guidelines for a hybrid approach that brings together Western and Indigenous approaches for family service workers (such as counsellors, social workers, psychologists, and psychiatrists), and a set of guidelines for practical application. Implications of how these practices can positively impact and promote community mental health in the current climate of recovery from colonialism and cultural genocide are presented.

Introduction

Social constructivist therapies are useful approaches for effective and appropriate family counselling with Canadian Indigenous groups because these therapies often give power back to the client through the co-constructed nature of the therapeutic relationship. A return of power to the client is also made in terms of self-determination within the context of the counselling relationship, and

this is particularly useful when dealing with non-Western populations such as Indigenous communities. This Paper will include An extensive review of existing literature on social constructivist family therapy in Indigenous contexts will be made, then an Indigenous perspective will frame a discussion on some of the most salient issues facing counsellors and educators who work with Indigenous families. The issues discussed will include Indigenous psychology/mental health, cross-cultural communication, and theory and practice of social constructivist counselling. Lastly, a list of guidelines for constructivist counsellors who work with Indigenous families will be presented.

Generally, the term *culture* is used in reference to differences that may include but are not limited to ethnic or racial differences in values, language, attitudes, or behaviour (Duncan, 1995). Pederson (1991) offers an alternative to a broad definition of culture with a narrower description that distinguishes between cultural, demographic, and personal constructs as the important facets in differentiating minority from dominant culture. "According to broad definition of culture, multicultural perspective applies to all counseling relationships. Multiculturalism may be described as fourth force (complementary to forces of psychodynamic, behavioral, and humanistic explanations of human behavior) in counseling from its own theoretical perspective" (Pedersen, 1991, p. 6). This definition is most relevant to the counselling processes discussed in this paper because it is related to the key concept of culture as denoting socially constructed difference that is more than just individual difference.

Constructivism focuses on concepts of freedom and responsibility in human existence (Peavey, 1995). Having the freedom to choose can mean shaping your life, though we may not have choice regarding externalities to the self (such as choosing your parents, your gender, living on stolen lands, etc.). The way in which we live and what we become result from our choices (Csikszentmihalyi, 1990). Once this essential freedom is realized and accepted, there must also be an acceptance for the responsibility for directing our lives. The constructivist counsellor begins enacting the change process by creating an atmosphere for the relationship that is caring, open, human, and lastly, always changing. Indigenous clients value these characteristics in a helper, especially one who self-discloses as part of the relationship process (McCormick, 1997). Personal projects, as part of constructivist counselling, are a useful and effective vehicle for change (Mahoney, 1991). Projects can be developed for Indigenous families in a variety of ways. One way is to invite each family member to tell his or her stories, to suggest that they have many stories to tell. This technique of using the client's narrative to self-

explore and discover the meaning clients assign to parts of their stories comprises an approach that is a subset of constructivism called narrative therapy (Mahoney, 1991). Indigenous people are traditionally oral people, whose identities are carried on through generations of story-telling (Trimble & Medicine, 1993). Therefore using narrative therapy with peoples who come from a narrative tradition is both fitting and helpful.

Culture and Psychology

Indigenous cultural variables suggest generalizations across Nations, bands, communities, and even families, to be faulty. The diversity and within group differences of Indigenous peoples in Canada are complex and based in local traditions and cultural norms (Stewart, 2008). There are differences across and within Indigenous communities with respect to levels of involvement in both Western and traditional cultures, language, geographic residence, and socioeconomic status (Garrett & Garrett, 1994; Herring, 1989; Stewart, 2008). However there are some common threads of shared cultural variables that do exist and are relevant to the assessment and intervention of Indigenous families' mental health concerns by helping professionals (DuBray, 1985; Duran, 2006; Sue & Sue, 1990). Some of these shared ideals include the importance of family or community, rules of non-interference, non-competitiveness, sharing, and emotional restraint (Restoule, 1997). The high value placed on the role of the family underscores the importance of examining the social constructivist theory and practice of family counselling as applied to Indigenous families. The constructivist perspective is useful in the context of Indigenous families because for some social constructivist counsellors, therapy is an explicitly political act, where there is an exposing of power and a giving of privilege to the special knowledges of the disenfranchised. Indigenous peoples in Canada have been historically marginalized and disempowered by the dominant culture though forced colonization and assimilation tactics of the federal government that have served to create a legacy of cultural genocide. Social constructivist approaches emphasize identifying and serving the client's goals (Guidano, 1990), whereas research suggests that Western-based therapies in general usually have goals different and unhelpful to those of an Indigenous client (Trimble & Flemming, 1989; McCormick, 1996).

Diversity within Indigenous communities, both urban and rural or reserve, can also be evidenced in varying degrees of traditional cultural commitment among members of a specific Nation based on differences of value orientation, which in the context of family counseling, is particularly apparent in terms of varying family patterns (such as importance of extended family)

and parenting styles (LaFromboise, Trimble, & Mohatt, 1990). However, a prevailing and real sense of identity based on a common worldview and history ties Natives together as a people of many peoples (Herring, 1999; Thomason, 1991). It can also be acknowledged that there exists a high degree of psychological homogeneity and a small amount of shared cultural meanings and standards, which are based on common core values or rules that exist for traditional Natives across Nations and communities (Brant, 1990; DuBray 1985; Restoule 1997; Oswalt 1988; Sue & Sue 1990;).

Ibrahim (1985) and McCormick (1996) suggest that there is a need to understand the worldview and beliefs of a culture prior to applying techniques and theories of healing or helping. Therefore, it is significant that a lack of understanding Indigenous culture, beliefs, values, and spirituality could result in erroneous assumptions in assessment of family or individual mental health problems and the treatment used in dealing with the problem (Duran, 2006; Appleton & Dykeman, 1996). Counselling ought to begin with an exploration of the natural helping styles of a culture before utilizing theories or approaches for members of that culture (Herring, 1999). It is an imperative to “mobilize” the philosophies and healing resources of participants to help them in the healing process (McCormick, 1996, p 165), further, to ignore such worldviews or to impose a different one is to overlook important healing resources and undermine the therapeutic relationship (Appleton & Dykeman, 1996). For example, a traditional healer would almost never treat an individual in isolation (Thomason, 1991), but would rather include the extended family and the community to support and promote the goal of interconnectedness necessary to mental health (Lewis & Ho, 1989). Gone (2004) and Duran (2006) have suggested that using a non-Indigenous approach to healing with Indigenous clients is a continued form of colonial oppression. That is, in order to begin and promote healing, mental approaches with Indigenous clients, including families, should come from Indigenous paradigms of health and wellness such as Indigenous ways of knowing (Stewart, 2008).

Some theories in Western psychosocial development, such as attachment theory (see Neckoway, Brownlee, & Castellán, 2007) and psychosexual development (see Duran, 2006) run antithetical to Indigenous notions of wholistic health and development (Mussell, Cardiff, & White, 2004). Although there appear to be universal aspects, such as cultural and historical contexts, to developmental psychology theory, social and behaviour researchers suggest that the standard process of Western psychosocial development ought to be revised when considered across cultures (Axelson, 1993; Sue & Sue, 1990). The rationale for this consideration is that children and adolescents have to master psychosocial

developmental tasks through *culturally sanctioned socialization*; in essence, this means that social environments and their patterns of interpersonal relationships impact the development of individual thinking, feeling, and behaviour (Sue & Sue, 1990).

Acceptance of Indigenous conceptions of mental health and individual or community development does not affirm or preclude the use of a particular method, such as social constructivism, of mental health intervention. An Indigenous approach to mental health service such as family counseling can be viewed as part of the scientific tradition because an important aspect of the scientific endeavor is the discovery of appropriate methods for investigating the phenomenon of interest (Kim & Berry, 1993). Psychologists and professional helpers should not and cannot be bound to a particular method because culturally different clients bring diverse contexts and histories into counseling (Trimble & Medicine, 1993). The use of multiple methods is recommended to mental health workers to increase the practitioner’s confidence that a particular outcome is valid and not an artifact of a therapeutic method (Berry, 1993). For example, a family therapist may work from a social constructivist framework, but incorporate traditional Indigenous forms of helping and healing such as prayer, use of ceremony, or working together with an Elder or healer, within the counseling setting.

A family counselling approach that includes a culturally-based conception of mental health and healing can contribute to developing forms of *health* services and promotion that respond effectively to the client needs created by the complex history and social context of Canada’s Indigenous peoples (Trimble & Thurman, 2002). Further, traditional knowledge, values, wisdom, and healing practices of *Indigenous* peoples can be used not only to appropriately address and deal with community mental health dysfunction and healing, but as appropriate for non-Native populations, where dominant cultural assumptions and arrogance have historically overlooked and denied the strengths of bringing Indigenous ways of knowing into a counselling model (Kirmayer, Brass, & Tait, 2000). The section will explore the theory behind both social constructivism and Indigenous ways of knowing.

Social Constructivism in Counselling Psychology

In our contemporary global village, which is marked by the incessance of capitalism and multinational aggression, human dilemmas are different than in previous eras. This is especially true for Indigenous families, who presently face both continued oppression and racism and the awesome task of decolonization

and community rebuilding (Green, 1995). Social constructivism inherently assumes that people are always situated, or must be socially located, in a specific context that will shape our lives from that unique perspective (Mahoney, Norcross, Prochaska, & Missar, 1989). When contexts change, narratives will change; Peavy (1998) writes that this does not de-legitimize historical events but simply suggests that as situations change, so do people. Clients' needs in the context of the therapeutic relationship are unique in our age of post-modern critiques of the self, which is marked by a move away from an objective understanding of the self and reality, and away from binary constructions of concepts such as identity, culture, health, etc. Pepper (1942) writes of an assumption of contextualization of historical events, which can only be understood when placed in a context of time and place. An important point is that the meaning changes with context. Therapeutic implications are great with respect to this assumption of the importance of context to personal change. To illustrate, take the example of a story of a specific event as a client understands her life at one point in time (e.g., when she as Indigenous girl is first entering community college at age 19). The story may be told differently at another point or place (e.g., when she is leaving a second abusive relationship at age 35). This in a social constructivist understanding, the proof of truth of a client's story is not if the story corresponds to actual events, but that the meaning and depth the client assigns to that experience is the reality or truth for him or her in that specific context (Mahoney, 1991). This notion is invaluable when dealing with families, where each member can story and re-story together within counseling sessions, gaining insight from other members' perspectives (Gergen, Anderson, & Hoffman, 1996). Understanding contextualization is key in understanding the constructivist approach (Kelly, 1955).

Perspective is also a key aspect of social constructivist theory. For example, my perspective as author of this paper shapes who I am in bringing my ideas and knowledge into interaction with the established theories. The implication is that my role in this integration of theory and self, as my dialogue with families, is reflexive in nature. It is valuable, in the context of constructivism, to perceive the use of social interaction and reflection as tools to propel us down the path of understanding the self. Thus, from a constructivist point of view, counselling is a reflexive social practice, meaning that it occurs through interaction, self-reflection, telling and retelling stories, ideas, feelings, etc. (Neimeyer, 1995). A constructivist framework also assumes value in using the metaphor of self as a central aspect of the therapeutic relationship and process (Mahoney, 1991), and this is a point to which many Indigenous people, in my

experience as a psychotherapist and educator, can relate.

The metaphorical self is constantly evolving, has multiple voices, and is defined by language and memory; self is not an object but is a complex netting of meaning and a metaphorical way of referring to the subjective sense of who we are (Peavy, 1998). It is necessary to state that in reviewing the literature on constructivism, there is much conflict within constructivist thinking about the nature of the self (Guidano, 1990). The only consistent agreement among all constructivists is that while the self cannot be pinned down in one specific way or another, self (by nature) is not a thing that exists as an empirical entity (Mahoney, 1991). That is, the self should not be reified and is in no way accessible through empirical or positivistic testing. The implications of this in context of Indigenous family counselling are twofold: this means that self must then always be changing (since it can't be pinned down); and that self must then be defined through its relationships with others (in the family, for example) if it does not exist objectively as an empirical entity. Thus people have built-in capacity for change, and require relationships to define existence, both of which provide a rich and plentiful ground on which to lay the possibility of positive change in the therapeutic setting. Gergen, Anderson, and Hoffman, (1996) write that individuals change only in the context of the family and the meaning ascribed to them in their familial relationships.

Therefore, the self is a metaphorical expression that organizes meaning with the capacity to interpret, choose, and act in order to effect change. The Indigenous self is closely tied to the land and a sense of spirituality (McCormick, 1996), which encompasses both the self and the environments (i.e., context) as one. When dealing with families it is important to understand that Indigenous youth today often possess a bicultural identity, which includes both traditional beliefs and self-awareness of self-as-context as well as contemporary or more mainstream accounts of self; this bicultural sense of self is usually linked to level of acculturation (Herring, 1999; Wetsit, 1999). Group or cultural identity, according to Trimble and Fleming (1989), is based on each community's history, and knowledge of this history is essential for mental health issues to be effectively addressed with Indigenous families. For example, Indigenous children raised with traditional Indigenous values, beliefs, and systems often enter mainstream society with a set of cultural assumptions and expectations with respect to who they are and how to interact with others in a way that is non-competitive, non-threatening, and based on a sense of collectivity. These assumptions are not those of their non-Indigenous peers and educators, which can cause problems with social interactions and educational testing and assessment (Herring, 1999).

Generations of domination at the hands of colonial governments have caused shame and unworthy feelings for many Indigenous individuals about themselves and their culture (Hodgson, 1990). The long-term effects of oppression and acculturation can be seen in epidemic proportions of low self-esteem within Indigenous families and communities (Weenie, 2000). Green (1995) reports that low self-esteem in First Nations communities is linked to achievement in life, and the ability to adjust to environmental demands. It influences individuals' general states of well being, and produces a diminished sense of self that can breed failure. Low self-esteem coupled with dysfunctional symptomology creates further obstacles to the career development process; therefore career counsellors need to examine the vocational and personal problems, goals, and his or her capacity for successful remediation of these problems, (Johnson, Swartz, & Martin, 1995), and doing so in the family context would be more useful to Indigenous clients. Elder and community leader support in raising self-esteem is a necessity in promoting community mental health and wellness, in addition to support for the healing process by the dominant culture is also required (Martin & Farris, 1994). There is a need for a mental health approach that supports traditional beliefs and healing, as informed by Elders and community leaders, whose input should be solicited in the creation of family mental health intervention programmes and counsellor education (France, 1997; Peavy, 1995; Darou, 1987). Part of the Indigenous tradition is not separating the individual from the family or community context.

Mahoney (1991) writes that self-knowledge is extremely important in counselling, because it and all other types of knowledge are reflexively intertwined. As a professional helper (and philosophical agent), the author is aware that any attempt at complete objectivity in self is not possible, and that understanding the *subjective* nature of the self in relation to others is integral to the counselling relationship and vital to the Indigenous counselling process. The self is capable of changing through the innumerable life projects, which we as active agents pursue through our interactions (relationships) with others, and by our own self-reflection (Guidano, 1990). Peavy (1998) holds that we (i.e., the self) are literally created through our acts; that we are constantly revising our life stories, thereby demonstrating a natural inclination towards change rather than stagnation.

The concept of emotion is also integral to social constructivism in counseling. Emotional experience of the client in their interpersonal relationships, and in their construction and carrying out of life's projects, is a major source of energy in constructing and de-constructing the self (Peavy, 1998). Guidano (1990) suggests that no human change occur without emotion. The author, as a constructivist counsellor, places definite emphasis on the

Indigenous client's emotional experience, in the context of the family, and in the context of colonialization, as the connector in social relations. In this way the author sees the self as seeking meaningful purpose, and this leading to self-construction in counselling, or what is therapeutically known as self-empowerment.

The process constructivist therapy is focussed on the understanding of deep human experiences (Csikszentmihalyi, 1990). In this way, language forms an important component to social constructivist counseling. Through this approach clients, such as Indigenous families, for example, are encouraged to examine their options for change within the context of their social, cultural, and historic realities, which clients themselves identify and create. A constructivist helper assumes that there are multiple realities, not a one-truth-objective reality. We live in a social world that is constructed through our relationships with others, more specifically we co-construct our reality through social relations (Mahoney, 1991). In this social construction of the self in reality, language is one of the key and most salient meaning structure tools (Csikszentmihalyi, 1990). The author proposes two implications for this in the application of theory to practice: the importance of understanding how to work with Indigenous client stories as a way of problem solving, and; the value of examining and respecting the metaphors and language that Indigenous clients might use to describe their lives and themselves.

A central tenant of constructivism is that external reality can never be externally known (Kelly, 1955). That is human, reality results from our own self-organizing capabilities that give order to our experience. Human realities are thus metaphorical and constructed, and constructed mostly through the use of language (Mahoney 1991). Counselling is best understood in this framework as a metaphorical process (Peavy, 1998).

Constructivism works to restore continuity of self that is disrupted by inauthentic living through an attempt to promote holism that will motivate change (Mahoney, 1991). The author suggests that narrative therapy is an apt technique for working with Indigenous families because, in keeping with both the theory and some Indigenous beliefs, knowledge of the world (and self) is socially constructed. Kelly (1955) writes that people construct their realities as they live them, so the act of telling a story can induce client change because the telling adds to the story itself through the possibility of new meaning making.

An overarching goal of social constructivist counselling is effecting human change by changing personal meaning systems, which is formally known as second-order change in this framework (Mahoney, 1991).

The main technique, requires simply that counsellors realize this goal *is* by operating from a second-order change perspective (Mahoney, 1991). What this means for counsellor working with Indigenous families is that the counsellors should consider the client-therapist relationship as dynamic and co-constructed. For example, the counselor might present her/himself to families in a transparent manner, while gathering family histories in a way that is continuous (non-linear) and does not connote an ending to the narrative.

Another way to view the goal of constructivist therapy is as creative rather than corrective (Neimeyer, 1995), which means that the therapeutic relationship exists to create meaning, not to *fix* the client; it is promotion of meaning-making and personal development that effects change here. This fits well with Indigenous goals for therapy, which are not always to seek change, *per se*, but, rather to seek support (Malone, 2000). A few specific techniques that are feasible for employing to effect second-order change with Indigenous families are: a) stream-of-consciousness narrative therapy; and b) facilitating a meaningful account of client/family life or life projects. Bringing the client's attention to selfhood is also a goal for the constructivist therapist (Neimeyer, 1995), which can be accomplished by use of circular questioning (bringing the issue back to the client), and by getting clients to describe self-satisfying rituals (Guidano, 1990), particularly traditional ceremonies and practices, they engage in and asking for understandings of their meanings. Generally, to work from a constructivist framework, the counsellor can exist in the relationship from a credulous approach of curiosity for the client's life and self, with ample use of metaphors and stories in the language and understanding of the client (Neimeyer, 1995).

For constructivists specifically, client change occurs through the storying and restorying of the client's life and life projects (Guidano, 1990). Externalizing problems and meaning making are the precise mechanisms by which the client is enabled to make better sense of self in the world, which leads to change. By emphasizing the active nature of the self, clients are empowered to act (i.e. *to pursue change*) from within the self. By encouraging clients to see reality as a product of personal meanings, change, or at least the possibility for change, is created. Optimum change, in this way, occurs for the client at the core of self, rather than simply peripherally.

Having discussed the distinct and peculiar ways that constructivism can effect client change, let's draw attention the concept of change itself. Human beings' experience of psychological change is highly individualized and is only dubiously defined by a single set of principles, stages, or an operational definition

(Csikszentmihalyi, 1990). To convey the nature and complexities of the experience of change is a vast and complex undertaking, partly because our understanding of change is always changing, and also because the human condition, in our present age, is changing more rapidly than ever (Mahoney, 1991). Change has a way of perpetuating itself in the context of human beings, of each distinct culture. Interestingly, it may be difficult for me as helper to discuss client change, especially in a context of Indigenous families, meaningfully because, according to Mahoney, et al. (1989) therapists' perceptions of change and of how to bring it about are usually different from those of their clients. As a helper operating from a social constructivist perspective and Indigenous perspective, the author offers a central point that the experience of change cannot be separated from the "experience of experience", thus the lived experience of the therapeutic relationship is the catalyst for change.

However, the experience of change is relative to each client and each family within each Nation and cannot be completely separated from the predominately tacit and very personalized experience of self in these contexts.

Guidelines for Practical Applications

Based on the research of existing data and literature, and my own experiences in clinical practices, I have formulated some practical application suggestions to consider when counselling with Indigenous families from a social constructivist approach:

- Conventional and historical approaches to mental health by therapists may be inappropriate for Native individuals and families (Stewart, 2008; Trimble & Flemming, 1989).
- The inclusion of Indigenous definitions of mental health, such as that proposed by Garrett (1999), Herring (1999), McCormick (1996), and Stewart (2008) and traditional Indigenous healing practices form the groundwork for mental health interventions with Indigenous youth, adults, and families.
- Acceptance of Indigenous ways of knowing (psychologies) does not affirm or preclude the use of a particular method (Kim & Berry, 1993).
- An Indigenous counsellor is most effective for Indigenous families, but
- non-Indigenous counsellors can be suitable if appropriately trained in Indigenous local knowledge, philosophy, and spirituality, and possess an attitude that does not conform to stereotypes or romanticizations of Indigenous peoples.
- Indigenous peoples include a wide variety of specific cultures; there is no one Indigenous identity; there are

great *between-* and *within-*group differences.

- Indigenous cultural values often differ in binary opposition with the dominant culture's values of mental health practice, e.g. individualism vs. collectivity.
- Input from local Indigenous community leaders, healers, and Elders as to how counselling is to be implemented with community members is vital—this could be described as forming the crux of Indigenous ways of knowing in counselling context.
- Awareness of the historical realities of colonization and intergenerational trauma associated with the experiences as well as internal/external barriers that Indigenous individuals, families and communities face is foundational to counselling Indigenous clients. Often many clients themselves need to be educated about the links between colonial history and their own personal healing journey.
- Standardized testing and assessment are not appropriate for use with, and potentially damaging to, Indigenous clients and families because they are often based on Western standards of mental health and functioning.
- The role of community and family is usually significant to Indigenous individuals, so family counselling might be more appropriate than individual counselling with Indigenous clients.
- Self-disclosure by the counsellor can be especially effective in rapport building with Indigenous clients, but a demand for a client self-disclosure is considered intrusive.
- All counsellors, regardless of cultural identity, should learn their own colonial histories, clarify their own values, assumptions and beliefs regarding health and wellness so that they may better know where their own understandings fit with the client's cultural paradigm of mental health wellness.

Colonialism and the Co-constructed Relationship

Colonialism is manifested through forces of power that worked and still worked to control Indigenous lands and populations; in such a framework power is accessed when certain cultural forms are made to prevail over others thereby producing racialized and marginalized identities. European supremacy for example is based on the civilized/uncivilized dichotomy, which effectively justifies colonization. The colonizers represent the advanced civilization whereas the colonized represent backward savagery. This conception allows

“ideas about the biological bases of racial inequality” (Said, 1994, p.140). Cultural and racial differences are the defined edges or markers used to subordinate. As markers they are sanctions on the boundary notion of east and west (Said, 1994). The west is superior and strong, and the east is primitive, weak, and in need of salvation. This advanced/backward dichotomy serves to support control and domination (Said, 1994). It is also used to define male/female power relationships. Men epitomize the progressive agents and women are inert, backward looking (Davis, 1985) In parallel to the dichotomies of civilized/uncivilized that colonialism posits. Cesaire (1972) compares colonization with notions of objectification. The Indigenous objectification and the female are objectified and seen as lacking, thus further justifying the relationships of domination and submission. Colonialism throughout the world is sustained with an intimate relationship with education, imperialism, and capitalism. In the Canadian experience, colonialism was carried out through armed conflict, the establishment of residential schools, and the implementation of the Indian Act of 1876. The principles of patriarchy, racism, and sexism, function together to centre power with men and with white people. These principles are the roots of unequal power relationships and give understanding to how certain groups came to be subordinated. Colonialism is organized around male control and a fixated view of the Other. The will to claim and control what is different is the main thrust of colonialism. Colonialism is organized around essentializing notions of race, class, and gender. The dominant group defines what is normal. Colonialism is a social construction; it has no significance on its own as it is defined only in relation to the Other within a social constructivist counseling context (Weenie, 2000). This feature of colonialism creates a space for agency and change.

Conclusion

Post-modern theory is a reaction to what came before, namely, modernity. Modern philosophy holds that truths exist and that the source of truth is through the objectivity of science and its rigorous method. Post-modern theories, such as constructivism hold that there is no one truth, objectivity is at best, a dubious prospect, and that we are active agents of perspectival knowledge. In the field of professional helping this means a greater sense of agency for the client, and a helper who is not expert or leader in the session. When considering counselling across cultures, as in the case of working with Indigenous families, agency and power are huge issues at many different inter and intra-personal levels.

The philosophical differences that sets the constructivist approach, as post-modern theory, apart

from most other counselling theories is that it rejects the notion that helping, and people generally, can be scientifically validated, and that objective reality (i.e. the truth) is questionable. In a sense, this is compatible with Indigenous conceptions of identity as culturally sanctioned, non-linear thinking, and valuing the individual within the family context.

Understanding the systemic problems of applying traditional counselling models to development and counselling procedures for Indigenous groups is only the first step in a long process of renewal, empowerment, and self-determination that Indigenous peoples are seeking. A potential second step, conceived by LaFromboise (1993), is the idea of recruiting Indigenous people to the field of professional helpers. It was also suggested that adding multicultural training for family workers or counsellors, specific to Aboriginal people, and ensuring that all counsellor training includes helping clients build strengths within their natural community networks, including families, and the promotion of involvement in all levels of government and professional organization.

In conclusion, although this fusion of constructivist therapies and Indigenous ways of knowing was developed by the author to support and assist Indigenous families in the counseling process, attention must be drawn to Canadian societal obligations. With creative use of vital cultural information and abolition of all colonization practices, dominant society should give space and autonomy to Indigenous communities in order to facilitate post-colonial healing and recovery. All counsellors—not just those working with Indigenous families—must adopt relevant cross-cultural approaches, such as a constructivist approach, to working with Indigenous families; to do so will help all mental health and community workers to better accomplish the goal of improving the overall quality of mental health interventions practices in Canada and promoting overall health.

References

- Appleton, V.E. & Dykeman, C. (1996). Using art in group counseling with Native American youth. *The Journal for Specialists in Group Work*, 21, 4, 224-231.
- Axelson, J. (1993). *Counseling and development in a multicultural society* (2nd ed.). Monterey, CA: Brooks/Cole.
- Berry, J.W. (1993). Psychology in and of Canada: One small step toward a universal psychology. In *Indigenous psychologies: Research and experience in cultural context*. U. Kim and J.W. Berry (Eds.). Newbury Park: CA: Sage.
- Brant, C.C. (1990). Native ethics and rules of behavior. *Canadian Journal of Psychiatry*, 35, 534-539.
- Neckoway, R., Brownlee, K., & Castellan, B. (2007). IS attachment theory consistent with Aboriginal parenting realities. *First Peoples Child & Family Review*, 3, 2, 65-74.
- Cesaire, A. (1972). Discourse on colonialism. In P. Williams and I. Chrisman (Eds.). *Colonial discourse and post-colonial theory: A reader* (162-171). New York: Columbia University.
- Csikszentmihalyi, M. (1990). *Flow: The psychology of Optimal experience*. New York: Harper Perennial.
- Darou, W. (1987). Counseling the northern Native. *Canadian Journal of Counseling*, 21, 33-41.
- Davis, A. (1985). *Violence Against Women and the Ongoing Challenge of Racism*. Latham, NY: Kitchen Table.
- DuBray, W.H. (1985). American Indian values: Critical factor in casework. *Social Casework: The Journal of Contemporary Social Work*, 66, 30-37.
- Duncan, C.F. (1995). Cross-cultural school consultation. In C.C. Lee, ed., *Counseling for diversity*. Needham Heights, MA: Allyn and Bacon.
- Duran, E. (2006). *Healing the Soul Wound*. New York: Teachers College, Columbia University.
- France, H. (1997). First Nations: Helping and Learning in the Aboriginal Community. *Guidance Counseling*, 12(2), 3-8.
- Garrett, M. T. (1999). Soaring on the wings of the eagle: Well-ness of Native American High school students. *Professional School Counseling*, 3, 1, 57-64.
- Garrett, J.T. and Garrett, M.W. (1994). The path of good medicine: Understanding and counseling Native Americans. *Journal of Multicultural Counseling and Development (Special Issue)*, 22, 134-144.
- Gergen, K.J., Anderson, H. & Hoffman, L. (1996). Is diagnosis a disaster? A constructionist dialogue. In *Handbook of relational diagnosis and dysfunctional family patterns*, F.W. Kaslow (Ed.), pp. 102-118. Oxford, England: John Wiley & Sons.
- Gone, J. (2004). Keeping culture in mind. In *Indigenizing the Academy*, D.A. Mihesuah and A. C. Wilson Eds., (pp 124-142). Lincoln, NE: University of Nebraska Press.
- Green, H. (1995). "May I Walk in Beauty": First Nations and self-esteem. *Guidance Counseling*, 12, 2, 22-26.
- Guidano, V.F. (1990). *The self in Process: Toward a Post-rationalist Cognitive Therapy*. New York: Guilford.
- Herring, R.D. (1989). The American Native family: Dissolution by coercion. *Journal of Multicultural Counseling and Development*, 17, 4-13.
- Herring, R. (1999). *Counseling Native American Indians and Alaska Natives*. Thousand Oaks, CA: Sage.
- Hodgson, M. (1990). Shattering the silence: Working with violence in Native communities. In Laidlaw, T.A. and Malmo, C. (Eds.), *Healing Voices*. P. 33-44. San Francisco: Jossey-Bass Publishers.
- Ibrahim, F.A. (1985). Effective cross-cultural counseling and psychotherapy: A framework. *The Counseling psychologist*, 13, 625-683.
- Johnson, M.J., Swartz, J.L. & Martin, W.E. (1995). Application of Psychological Theories for Career Development with Native American. In Leong, F.T.L. (Ed), *Career*

- Development and Vocational Behavior of Racial and Ethnic Minorities.* (pp.103-131). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Kim, U. & Berry, J.W. (1993). *Indigenous psychologies: Research and experience in cultural context.* Newbury Park: CA: Sage.
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry, 45, 7,* 607-617.
- Kelly, G. (1955). *The Psychology of Personal Constructs.* New York: W.W. Norton.
- LaFromboise, T.D. (1993). American Indian Mental Health Policy. In Atkinson, D.R.,
- LaFromboise, T.D., Trimble, J.E. & Mohatt, J.V. (1990). Counseling Intervention and American Indian tradition: An integrative approach. *Counseling Psychologist, 18,* 628-654.
- Lewis, R. & Ho, M. (1989). Social work with Native Americans. In D. Atkinson, G.
- Morten, and D. Sue (Eds.), *Counselling American Minorities.* Dubuque, IA: Brown.
- Malone, J. (2000). Working with Aboriginal women: Applying feminist therapy in a multicultural counselling context. *Canadian Journal of Counselling, 34(1),* 33-42.
- Mahoney, M. (1991). *Human Change Processes.* New York: Guilford Press.
- Mahoney, M. J., Norcross, J. C., Prochaska, J.O., & Missar, C. D. (1989). Psychological development and optimal psychotherapy: Converging perspectives among clinical psychologists. *Journal of Integrative and Eclectic Psychotherapy, 8,* 251-263.
- Martin, W.E. & Farris, K.K. (1994). A Cultural and Contextual Decision Path to Career Assessment with Native Americans: A Psychological Perspective. *Journal of Career Assessment, 2, 3,* 258-275.
- McCormick, R. (1996). Culturally appropriate means and ends of counselling as described by the First Nations People of British Columbia. *International Journal for the Advancement of Counselling, 18, 3,* 163-172.
- McCormick, R. (1997). Healing through interdependence: The role of connecting in First Nations healing practices. *Canadian Journal of Counselling, 31, 3,* 172-184.
- Mussell, W. J., Cardiff, K., and White, J. (2004). The mental health and well-being of Aboriginal children and youth: Guidance for new approaches and services. Chilliwack, BC: Sal'i'shan Institute.
- Morten, G., and Sue, D.W. (Eds.), *Counselling American minorities: A cross-cultural perspective.* (4th ed.). (p.123-144). Madison, Wisconsin: Brown & Benchmark.
- Neimeyer, R. A. (1995). An invitation to constructivist psychotherapies in Constructivism in Psychotherapy, Neimeyer, R. A. and Mahoney, M.J. (Eds.).
- Raymond Neckoway, Keith Brownlee, & Bruno Castellan (2007). Is attachment theory consistent with Aboriginal parenting realities? *First Peoples Child & Family Review, 4(1),* 47 - 56. Retrieved from: http://www.fncfcs.com/pubs/vol3num2/Neckoway_Brownlee_Castellan_pp65.pdf.
- Oswalt, W.H. (1988). *This land was theirs; A study of North American Indians* (4th ed.). Mountainview, CA: Mayfield.
- Peavy, V. (1998). *Socio-Dynamic Counselling: A constructivist Perspective.* Victoria: Trafford Publishing.
- Pedersen, P.B. (1991). Multiculturalism as a generic approach to counselling. *Journal of Counselling and Development, 70,* 6-12
- Pepper, S. (1942). *World Hypotheses.* Berkely: University of California Press.
- Restoule, B. (1997). Providing services to Aboriginal clients. *Guidance Counselling, 12, 2,* 13-17.
- Said, E. (1994). From orientalism. In P. Williams and I. Chrisman (Eds.). *Colonial discourse and post-colonial theory: A reader* (162-171). New York: Columbia University .
- Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspective on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education, 46, 2,* 12-19.
- Sue, D.W. & Sue, D. (1990). *Counselling the Culturally Different.* New York: John Wiley & Sons.
- Thomason, T. C. (1991). Counselling Native Americans: An introduction for non-Native American counselors. *Journal of Counseling and Development, 69,* 321-327.
- Trimble, J. E. & Flemming, C. (1989). Providing Counseling Services for Native American Indians: Client, Counselor, and Community Characteristics. In *Counseling across cultures, 3rd ed.,* edited by P. Pedersen, J.G. Draguns, W.J. Lonner, and J.E. Trimble. Honolulu: University of Hawaii Press.
- Trimble, J. E. & Medicine, B. (1993). Diversification of American Indians: Forming an Indigenous perspective. In *Indigenous psychologies: Research and experience in cultural context.* U. Kim and J.W. Berry (Eds.). Newbury Park: CA: Sage.
- Trimble, J. E. & Thurman, J. P. (2002). Ethnocultural considerations and strategies for providing counseling services to native American Indians," In P. Pedersen, J. Draguns, W. Lonner and J. Trimble's *Counseling Across Cultures, 5th Ed.,* pp. 53-91. Thousand Oaks, CA: Sage.
- Weenie, A. (2000). Post colonial recovering and healing. In *Learn in beauty: Indigenous education in a new century.* Retrieved from <http://jan.ucc.nau.edu/~jar/LIB/LIB6.htm>.
- Wetsit, D. (1999). Effective Counseling with American Indian Students. In *Next steps: Research and practice to advance Indian education.* Information Analyses.