



ETHICS IN ACTION: PERSONAL REFLECTIONS OF CANADIAN PSYCHOLOGISTS

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Indigenous Wellness and Healing: My Role as a Helper

Randi L. Sager

My Journey

Hello! hau!¹ tans'it!² My name is Randi Lee Sager; I am Dakota/Saulteaux/Nêhiyaw/Métis. They call me Owl Woman or Hawk Woman, depending on which Elder³ you speak to. I was born in Calgary but raised in Okotoks south of Calgary. I belong to the Muscowpetung Saulteaux Nation Reserve in Fort Qu'Appelle, Saskatchewan in Treaty 4 and have lived and worked as an appreciative visitor on the traditional territory Treaty 7, of the Blackfoot Confederacy.

My father is Dakota/Saulteaux/Nêhiyaw/Métis and German; his father was German, and his mother was Dakota/Saulteaux/Nêhiyaw/Métis who was born in Devils Lake North Dakota. As for my mother, she is Scottish and Dutch. Her father was Scottish, and her mother was Dutch. To say the least, I have a unique cultural background. I also want to state that what I talk about in this chapter is based on what I have learned and experienced. I do not speak on behalf of the Indigenous community.

Although I identify as a Dakota/Saulteaux/Nêhiyaw/Métis woman, I have not always done so. My father's mother, kôkom⁴, and her siblings went to residential school. My great grandmother did everything she could to prevent from this happening. It took the priest, the Indian agent, and the RCMP to take my kokum and her siblings. However, my great grandmother did not let her children go without a fight; in fact, she was arrested for assaulting one of the RCMP officers. From what my father has told me, my kôkom never spoke about what she endured, but her actions spoke louder than her words. My father once told me that his mother chastised him and his siblings for being out in the sun too long, concerned that they would become too dark and look Native. One could assume that my kôkom's experiences in residential school created shame. I believe that

shame was passed down to me by my father unknowingly. My father was attracted to my mother because of her fair skin and as a result I have light skin, but with dark hair. In my younger years, my father encouraged me to lighten my hair and he would also “joke” about me never dating an Indigenous man, telling me in a joking manner they do not have jobs. As I reflect on this, one could assume it was an attempt to conceal my Indigenous identity and to protect me from what he had experienced.

My journey as a Dakota/Saulteaux/Nêhiyaw/Métis woman began in 2010 when I received my status as a Native. Receiving status did not fulfill the emptiness within me; my cultural identity did not come forward until I was in the darkest despair of my eating disorder in 2014. In the next few paragraphs, I will take you on my journey—how I moved from an Indigenous student/researcher to someone who is now on her path to becoming an Indigenous psychologist/helper.

Throughout my childhood, I endured physical, sexual and psychological abuse. During that time, I did the only thing I could. I hid within myself, kept quiet and bottled my emotions. At the age of 14, the way I learned to cope was to control what I ate and purging (self-induced vomiting). By doing this, ED (my eating disorder) came into my life. ED created a false sense of temporary happiness or relief for me, but not without damaging consequences (Ekern, 2012). For several years, I was underweight and malnourished, my immune system was weakened, my teeth were in terrible shape (tooth decay), and my heart was at risk. All this did not matter to me, because purging gave me relief. Unfortunately, my continuous purging created dependency habits. I depended on ED to make me feel better. ED provided a false solution through emotional relief, comfort, and stability (Ekern, 2012).

I went on this way for 20 years and did not think I had a problem. I believed I could stop whenever I wanted to. There were times I did stop, but the moment things became stressful or a significant event occurred (e.g., a death in the family), I resorted to purging, the only way I knew how to cope. In 2014, I finally admitted to myself that I indeed did have an eating disorder. I became aware that I needed to change my story if I wanted to live. I knew I could not overcome my eating disorder on my own and so I went to my Western doctor and he referred me to an Eating Disorder Clinic. During my time at the clinic, I was having difficulties with the treatment, more specifically with group therapy. There was a discrepancy between the facilitators and myself on what the actual problem was in my situation. For example, from my perspective, they were telling me that ED was my enemy, he was the problem, and I should hate him. I had difficulty believing and accepting this and attempted to express my beliefs. However, one of the group facilitators felt I was resisting the treatment and dismissed my point of view. On one occasion, I was instructed to write an “I hate you” letter to ED,

to tell him what I hated about him. In actuality, I did not hate him, I appreciated what he did for me. So, I wrote a thank-you letter instead. Perhaps that is why the facilitators believed I was resistant.

During this time, I felt a pull to my culture, and started to attend ceremonies. These consisted of various things, including Healing Circles, Full Moon Ceremonies, and Cree Grandmother Tea Ceremonies. I also began to speak with an Elder frequently. Soon, after engaging in my Indigenous culture, my eating disorder behaviours ceased. The Western doctors were fascinated with my progress and soon recognized, along with me, that my culture aided in my growth. Shortly after this realization, I became aware of why I had engaged in an eating disorder for so long. ED was not my enemy; instead, he was a friend that protected me from the trauma I had endured. He was my coping mechanism. Once I could recognize this, with the assistance of my Elder organized a conversation between myself (Me) and ED. It went something like this:

Me: “ED, I need to talk to you.”

ED: “Okay, what’s up?”

Me: “You and I have been friends for a long time, right?”

ED: “Yep! You and I have been best buds! Like two peas in a pod! I have been there when no one else was. I helped you when you were in your darkest. I took the pain away for you and gave you control. I did good right?!”

Me: “Yes, you did, I appreciate everything that you did for me. I mean it. Without you, I don’t think I would have survived.”

ED: “Awe shucks, I was only being a good friend, you would have done the same thing for me.”

Me: “Well, that’s what I want to talk to you about. You see, you’ve gotten a little out of control lately; well, to be completely honest, it’s not a little, it’s a lot.”

ED: “Oh? I thought you liked it when I helped.”

Me: “I do! I mean I did. What I mean is that I don’t need your help anymore. It’s actually causing more problems than relief. It’s interfering with my life.”

ED: “I see.”

Me: "As I said, I am very thankful for what you have done for me, but I'm much better now, and you can go to sleep now."

ED: "Well now that you mention it, I am pretty tired. It's been a long journey with you, and I could use the sleep. But what about us? Do you want me gone? Out of your life forever?"

Me: "I'm not asking you to leave. I don't think you could ever leave me. I'm just asking that you go to sleep and let me live my life. You have done enough for me. It's time for me to take actual control of my life."

ED: "I can do that. You know, I'm proud of you. You have done well, and I wish you the best." [*Ed gives a big yawn.*] "I'm going to sleep now, 'kay?"

Me: "Thanks, ED. Thank you for being understanding. Good night."

ED: "Goodnight Small Fry" (Sager, 2018, p 52).

I could not have this conversation with ED until I understood why he entered into my life and understood our relationship. ED saved me, literally. I could not have survived nor coped for that matter without ED. I had a relationship with him, whether they (facilitators) liked it or not. It was not a healthy relationship, but it served its purpose: it allowed me to survive the trauma I had endured. The facilitators could not see past my "resistance." More importantly, they did not respect our relationship. I had a 20-year relationship with ED and only a couple of months with the facilitators. At that moment, I trusted ED more than them.

In my opinion, it was unethical of them to believe they knew what was best for me and not respect my perspective. It appeared they only viewed ED as a disorder and nothing more. From my experience, to assist someone, one must understand the relationship between the individual and whatever disorder it may be. If the relationship is not understood, nor respected, change and growth may not occur. My Elder understood the relationship that I had with ED. However, rather than educating me on how bad ED was for me, she showed me, through our culture, (e.g., storytelling), why ED was so important to me. I learned that ED was there for me when no one else was. He kept me safe. I could not control what was going on in my life during those 20 years, but ED provided that sense of control for me. He kept me alive, and that mattered. I was in survival mode for those 20 years, but the problem came when I no longer was in survivor mode. Our relationship did not work; it was actually harming me. When I had the conversation with ED, we came to an agreement, and by honouring our relationship,

I was able to move forward in my life without ED taking over. Our relationship is still current, but he is asleep. He will from time to time wake up and ask if I need him, but I tell him I'm good, and he goes back to sleep.

I have learned that it is not my job to tell a person the moral of my story; rather it is up to the person what they take away from the story. What I took away from my own story was that I needed to respect and honour my relationship with my eating disorder in order for me to move forward in my healing journey. I have also applied this teaching (learning) to my anxiety, which I call Henry. Professionals may call this externalizing, but I view it as acknowledging my relationship with Henry. I used to hate Henry, I felt he was useless, frustrating—well, to be honest, a pain in the ass. Henry always made a mess of things in my life, questioning my decisions, constantly worried about insignificant things (e.g., how I greeted someone). My grades were also affected by him in having severe test anxiety. It is disheartening to be told that you have a high IQ, but the assessment results do not reflect this due to anxiety being so present.

I have experienced severe anxiety as long as I can remember and have been diagnosed with General Anxiety Disorder. There was a point in time when I could not leave the house without my medication. However, it has been a couple of years since I have had to refill my anti-anxiety medication. What has changed for me was understanding my relationship with Henry in the same way I did with ED. I explored our relationship and once again, became aware that Henry came into my life to protect me. It became apparent to me that Henry was important and that his role was not to intentionally screw me over; he just was doing what he thought was best for me. As with ED, I had a conversation with Henry, telling him that he was no longer in the driver's seat. I said to him that he could be in the car with me, but he was not in charge anymore. I had wanted Henry out of my life for so long, wishing that he did not exist. But once I acknowledged our relationship and understood it, I realized Henry would never be out of my life. Some would call this a form of Acceptance and Commitment therapy; but to me, it is thought of as honouring the relationship that I had with Henry. I spent a lot of time and energy hating Henry, wishing him gone. I had never taken the time to get to know Henry, to understand what he did for me in those early years.

Becoming aware of my relationships with my “disorders” has given me a deeper understanding when working with clients who are battling addictions. I respect and honour their relationships with their addiction/disorders. I do not view them as an “addict” or see addiction as their “disorder”; instead, it is part of them. Similar to my story, their addictions had come into their lives for a reason—a way to cope with whatever they had or were experiencing. When we honour or acknowledge the relationship that they have with their disorder or addiction, it allows them to move forward in their healing journey. It is easier for

some clients than others, but that is because they are at different points in their journey.

In my culture, as a helper, it is customary to share your story. It is a way of demonstrating that healing is possible; but, more importantly, it creates trusting and long-lasting relationship. I told my story within this chapter because, if appropriate, I disclose my story to my clients. I cannot expect them to embark on their healing journey if I do not tell my story. How else could I ask clients to tell their stories if I did not tell mine?

My Role as a Helper (Indigenous Mental Health Therapist)

When I was asked to participate in this book, I first felt great trepidation. I did not think that I could contribute anything of value since I have been working with Indigenous clients only since 2017. Truth be told, I did not feel I had a voice as an author yet. I view myself as someone who has just begun her journey as a helper (Indigenous Mental Health Therapist) and is still learning. As I mentioned earlier, Western medicine/therapy did not work for me; rather, my culture saved my life. When I came to the realization that culture could be used as a form of treatment and be successful, I was astonished. I asked my Elder, “Why is this not an option for Indigenous people? It is so simple, but yet so powerful!” She had this knowing look in her eyes telling me she felt the same way.

Through storytelling, my Elder showed me the relationship that I had with ED and Henry. She also taught me that for me to work on my mind, emotions, and body, I must begin with spirit. What she meant by this is that, when I re-connected with my spirit, it allowed me to connect with my mind, body, and emotions, resulting in harmony and balance within myself, which would then promote wellness and healing. The teachings I received from my Elder were not just for my benefit; she was actually teaching me so I could help others find their path to their healing journey.

In 2017, I started my practicum at a shelter for those experiencing homelessness. Before starting, the selection process for choosing a practicum placement was quite stressful for some. For myself, it was not, because I had known before I applied where I would be going, where I would be needed. I knew that I would be working with those experiencing homelessness and so I trusted my spirit and applied to the agency. During the interview, I identified as being a Dakota/Saulteaux/Nêhiyaw/Métis woman. When asked why I wanted to work with the vulnerable population, I replied that I am not here on this earth to fix people, but instead to be a travel companion on their healing journey—to shed light on their path. I know what it is like to be in the dark and feel utterly alone. I meant every word, and still do to this day.

Gratefully, I was offered a placement, and even though I knew the placement was where I was to be, I was still scared out of my mind about being a “counsellor.” During my first shelter shift, I was rather nervous. However, instead of letting Henry into the driver’s seat, I asked myself, “What do I like to do when Henry is getting to be too much”? Colour. I love to colour. What I discovered through colouring is that it kept Henry entertained and allowed me to focus on the task at hand. So, on my first night, I brought crayons and colouring books and sat in the dining hall unsure of what it would bring. I was worried; well, Henry was worried. He was concerned. What if no one talks to us? What if we end up sitting there the entire night colouring alone? I told myself and Henry there was only one way to find out—just go and do it. I walked into the dining hall looked around and found an empty table. I sat down, took a deep breath and opened my favourite colouring book, *My little pony*, and began to colour. After less than five minutes of sitting there, an Indigenous man from the table across from me asked me what I was doing. I looked up and said with a straight face, “I’m colouring in *My little pony* book.” He proceeded to get up and sit across from me, picked up another colouring book, and began to colour with me. We talked for three hours while colouring. Our conversation was more than rapport building, I was building trust with this man. I did not ask him questions; however, he asked me questions that I answered. I knew that if I was to create trust and a relationship with this person that I also had to share about myself. I knew that he and I were equal at that moment, we were both getting to know each other. Because of our conversation in the dining hall, and several additional colouring interactions over a couple of months, this gentleman asked if we could speak privately in the counselling office. Some would think that after a few months some actual counselling finally was beginning. However, counselling had started in our first conversation. As a helper, I created a relationship and built trust with him, and when he felt safe and ready, he asked to talk privately. In that dining hall, I was in his environment, his home essentially, and I was respectful of his situation. I did not present myself as the “counsellor” but rather just as a person with whom he could have a conversation.

This client provided invaluable teaching that I continue to carry with me. There is no hierarchy in my role, the only difference between us is that I am at a different point in my healing journey. When I sit with clients in the dining hall, I am removing that hierarchy. Often, I have been mistaken for a client because I dressed in clothing that allows me to blend in. I sit with clients while they eat dinner; I will bring my dinner and share what I have brought. They, in kind, do the same. We are not only eating together but creating a trusting relationship. How can a person trust someone right away if they do not know who they are? Where they come from? If we know the same people?

Although there is a sizable Indigenous population in Canada, it is still a small community. More often than not, I will know the same people as clients do. In one instance, it gave a potential client great relief to know that I knew the same people as he did. He felt great trepidation speaking to a counsellor, but once we started to talk about where we came from and found out we knew some of the same people, he became visibly relaxed around me.

During my practicum, other Indigenous clients began to reach out to me. It was not only because I was Indigenous, but also because I was seen in their environment (e.g., dining hall), speaking to other Indigenous clients. What they saw was that others trusted me. It allowed them to trust me. This continues to happen today. I was fortunate for my practicum placement to hire me.

It is crucial for me to be visible and identified in the Indigenous community (Ross, 2014; Shouldice, 2015). As mentioned above, I achieved this by sitting with clients, but also by attending ceremonies and Indigenous events. Whenever there is a ceremony or event, I invite the clients to them. By being visible in the dining hall, or at events/ceremonies, I am seen by clients and community members as a presence. While I am interacting (e.g., partaking in a ceremony) with the community, it allows clients to observe me with other people and with Elders (Shouldice, 2015). By doing this, it allows trust to be built before counselling begins. In the Indigenous culture, the relationships with people who are considered as an authority (e.g., Elders, leaders, knowledge holders) are different than they are in most Western cultures. They live together in the community; they are interconnected with one another (Ross, 2014; Shouldice, 2015).

I enjoy my work immensely because it is not only about being a helper but, even more so, about creating a sense of community to allow growth and healing to occur. When I returned as an employee, I sat with one group of Indigenous clients for three months before any formal “counselling” began (e.g., speaking privately). Some of them have pulled me to the side and asked to speak with me privately. However, with most of them, our conversations occur at the table, with others around in an informal way. It is not your typical counselling setting according to the Western ways, but what I have learned is that sitting with others and telling your story is healing within itself. That table is a community within the shelter. They look after one another, know each other’s stories; but most of all, they trust each other. I took it as a great honour when they each started telling me their stories. I knew that our informal conversations were just as important as formal private conversations were. I also knew they were testing me to see what I would do with their stories. I listened and asked questions, but also shared my story. In a sense, we held informal sharing circles, but I would call it the sharing table. Story sharing is so powerful and is a traditional way of transmitting healing messages (Mushquash, 2014).

In the Indigenous culture, most healing involves working with groups of people together, not individuals. Indigenous clients feel safer sitting with a group of others who have had similar experiences than sitting in front of a single person who may have nothing in common with them (Ross, 2014). For this reason, I held weekly dreamcatcher-making circles for clients who wish to partake. Sharing/healing circles are held to heal physical, emotional, and spiritual injuries. Healing circles signify the cycle of life; all beings are interdependent (Stevenson, 1999). Storytelling circles encourage people within the group to explore their feelings, battles, hopes, worries, joys, and strategies for healing. What I have witnessed is, as feelings are discussed, traumas and fears are explored and expressed, leading to the more profound compassion about how each person has experienced the world (KiiskeeNtum, 1998; McDowell, 2009; Sager, 2018).

Talking does not mean healing. A client can partake in a healing circle and not be expected to talk. Everyone heals differently, and just being part of the healing circle is good medicine. Good medicine is whatever helps you in your healing journey (Portman & Garrett, 2006; Sager, 2018). The central point within a healing circle is that everyone is there to heal in their personal way, and to find comfort knowing that they are not alone as they hear the stories about them.

I have met several people who are comforted just to know that I am available. In other words, they may not seek my assistance right away, but they are comforted to know that I will be there for them when they are ready. I also have learned through the relationships with my clients that me being available to them is crucial. What I mean by this is that regular appointments do not necessarily always work for Indigenous clients. I have learned to have walk-in appointments available to them within my schedule. Allowing them just to show up and speak with me is crucial. This is not a boundary problem; rather, it is respecting our ways of being. We do not make appointments with our Medicine Man, Healers or Elders, we go to them when we need to. I do not view myself as any of these, but rather just as a helper who makes herself available when clients are ready or need to talk that day.

My role as a helper means that there is no specific number of sessions a client may receive. Healing is continuous, and our journey with one another may occur for years. Simply put, there is no end date for our sessions. Healing goes on throughout our life and so why should I limit how many times clients are allowed to have? For some, I may see them a few times, and it will be months or years before I see them again. I do not forget them, I remember them and their story, which solidifies our relationship even more. Others I may see weekly, and it may be only for ten minutes, but those ten minutes are just as significant. I have had clients who no longer see me regularly contact me to update me on their lives and some to ask me to smudge and pray for them. I respect and honour their requests.

The relationship between the client and a helper is interdependent. Our therapeutic relationship is viewed as an essential factor for establishing, maintaining, and promoting mental health and healing in an Indigenous context. There is a level of intimacy and emotional involvement that is needed and helpful to produce a positive response (Sager, 2018; Stewart 2008). My purpose in the relationship is to be as an instrument that plays on the physical, emotional, mental and spiritual dimensions. I do not “give advice,” nor try to change the client. Instead, a story may be told to the client, and in that story, the client attempts to figure out what the message is to them (Ross, 2014; Sager, 2018). Simply put, it is up to the client to understand on their own rather than have me telling them what the message is. Finally, my role as a helper is to be compassionate, empathic, and open-minded towards the client. I listen in a non-judgemental way; but more importantly, I am friendly, people oriented, and familiar with my cultural identity.

wiwiwacis⁵

In this section, I talk about the medicine bag that I carry and use in my role as a helper. During my last year of graduate school, I began my research journey as an Indigenous researcher. I was unsure what my experience would entail; but if nothing else, my research journey was more than an educational one. The year I completed my thesis was one of my most challenging years, but yet it was the most rewarding. I learned so much about myself, especially my spirituality and what is important to me. My thesis research was not only a means to the end of finishing school; rather, the co-researchers (participants) provided me gifts/teachings that I incorporate in my work today as a helper.

My research topic was Indigenous wellness and healing through cultural engagement (Sager, 2018). The research focused on capturing Indigenous people’s experiences with healing and wellness through cultural engagement, with the intent of providing insight about the importance of incorporating cultural engagement into counselling for Indigenous people. It was found that one can encounter wellness and healing through cultural engagement (Sager, 2018). Five individuals who self-identified as belonging to one or more Indigenous groups of North America engaged in a conversation with me concerning their experience with wellness and healing through cultural engagement. Each person gave me a gift or teaching: community, spiritual gifts, spirituality, empowerment, and cultural identity. I now carry these teachings in my medicine bag for well-being and healing, not just for myself but for my clients.

Community

The first teaching that I implement is community. From my research and experience in working with Indigenous clients, I learned that there is a strong desire for community; in other words, a strong desire to belong. I see this at the shelter where Indigenous clients sit together, eat together, and heal together. I have facilitated several events—beading, drumming, ribbon skirt making—all of which have created a sense of community. It is a beautiful thing to witness the healing that occurs in these moments. Words cannot describe what I witness when people come together, helping each other heal in whatever way that they can. We are a collective culture that lives in an individualist society; it is essential that we heal as a community. It allows individuals to feel that they are not alone; that there are others who have had similar experiences. More importantly, community establishes and maintains mental health and healing along with increasing social support for the individual (Kirmayer & Valaskakis, 2009; McCormik, 2009; Renfrey, 1992; Sager, 2018; Stewart, 2008). Simply put, healing together as a community is powerful medicine.

Spiritual Gifts

The next teaching I received was honouring individuals' spiritual gifts. Spiritual gifts can be described as: "One is vision, the ability to see into the future. Other gifts are given to people to be healers, providers, orators, leaders, teachers, or entertainers. Everyone has a gift to be shared with others" (Stonechild & Starblanket, 2016, p. 85). Unfortunately, in Western society, from my experience, spiritual gifts sometimes are mistaken as mental disorders. I have been surprised to meet so many Indigenous clients who have been diagnosed with schizophrenia. For the most part, I would not have thought that they would have been considered to have this mental disorder if they had not disclosed it to me.

Spirituality

The third item in my medicine bag is spirituality. Indigenous spirituality presents a variety of prescribed, positive values and behaviours. It is the moral basis of a culturally derived and holistic concept of individuality, including the nature of relationships to others and the natural world (Grieves, 2008; Sager, 2018). I learned from my Elder that when we connect with another's spirit, we are then able to work on their mind, body, and emotions. The question then becomes, where does one start with spirituality? We simply start with a smudge. With clients who view their culture as essential, we will smudge before we begin our session. Not only does this allow the client to connect with their spirit, but it also allows the client to embark on their healing journey (Hill, 2017; McCabe, 2017; McCormick, 2000; Sager, 2018). Smudging also allows us to set intentions. Think of smudging

as if we are wiping our feet before we enter a house. We are cleansing ourselves. I find before I begin a session, when we begin with a smudge, emotions are not as intense; there are fewer angry outbursts for some and, most importantly, we have created a safe place for someone to let their walls down.

Spirituality is powerful medicine, and what is so beautiful about spirituality is that it is expressed through ceremonies and teachings (McCabe, 2017; Ross, 2014; Sager, 2018). Ceremonies are an instrumental part of our culture, and each and every ceremony is closely connected to spirituality. How I incorporate ceremonies into my practice is to invite clients to ceremonies that I attend. Not only does this strengthen their spirituality, but it also assists clients to increase their sense of belonging (community), cultural identity, empowerment, and resiliency (Hill, 2017; McCabe, 2017; McCormick, 2000; Sager, 2018). Spirituality has taught me that not only does it give a person strength in difficult times, but it also gives us faith—Creator has a plan and to trust and surrender to him.

Empowerment

The next teaching that I incorporate into my work is empowerment, since my role as a helper is not to “heal” someone or “fix” them, but instead is to empower them. I empower my clients by assisting them to engage in their culture and connect to the community. As a result, I have witnessed some of my clients feeling/becoming empowered to face the challenges that come their way rather than giving up. They do not view the challenge before them as a barrier; instead, it is Creator testing them to see if they are committed to embarking on their healing journey. From my experience as a researcher and clinician, it is imperative, if appropriate, incorporating culture into counselling, not only to empower them, but also to support and strengthen their spirituality, cultural identity, and sense of community (Fellner, 2016; LaFromboise et al., 1990; Poonwassie & Charter, 2001; Sager, 2018).

Cultural Identity

The last teaching in my medicine bag is cultural identity. Unfortunately, I have come across several Indigenous clients who have never experienced their culture. One reason for this is attendance at residential/day schools, whether it is the clients themselves or their family members who attended. Many Indigenous clients were raised to be ashamed of who they are. Their experiences and upbringing taught them that being Indigenous was wrong and that engaging their culture was forbidden. Others, who were part of the Sixties Scoop,⁶ shared with me that they were raised in non-Indigenous families and they have no idea who they are as an Indigenous person. They have no knowledge of their Indigenous family, or worse, their tribe and community.

For those who were raised outside of their culture, one of the biggest challenges I have witnessed is not having any sort of cultural identity, or any perceived identity for that matter. All they know is they look Indigenous, but they do not know where they belong or what it is like to be Indigenous. My role as a helper is to provide some guidance on their journey. Several have confided that they are scared to attend ceremony because they fear they do not belong and will not be accepted by the community. I am that bridge for them. I connect them to their culture by guiding them and showing them that by participating in ceremony myself that they are welcome. By doing so, clients are able to explore their roots and engage in their culture, resulting in them experiencing good medicine; experiencing a sense of belonging. But more importantly, embracing their Indigenous identity.

When working with Indigenous clients, it is important to consider cultural identity within the counselling session, as it may be a key component to their overall well-being. Engaging in ceremony or traditional practices permits people to have a way of identity, a way of purpose, and an understanding of what it is like to be an Indigenous person. This leads to the fortification of one's overall well-being (Durie, 1998; Durie, Milroy, & Hunter, 2009; Ross, 2014; Sager, 2018; Stewart, 2008). Knowing who you are is powerful medicine and can be the key to your journey.

Integrity in Relationships

In 2018, a Canadian Psychological task force prepared a report, *Psychology's response to the Truth and Reconciliation Commission of Canada's report* (Canadian Psychological Association, 2018). "The task force created a statement of accountability and responsibility to Indigenous Peoples on behalf of the profession of psychology in Canada and developed guiding principles for psychological practice with Indigenous Peoples in Canada" (CPA, 2018, p. 6). According to the report, there have been many violations of the ethical principles and values of the *Canadian Code of Ethics for Psychologists* (CPA, 2017) in the profession's dealings with Indigenous peoples. Integrity in Relationships is identified as a particularly serious problem in the task force report, as follows:

Psychologists have not, as a profession, engaged in the essential cultural safety and cultural competence training required to reflect on cultural values, implicit biases, and ethnocentrism that dominates the field, in order to engage in these relationships with true integrity" (CPA, 2018, p.9).

As a helper, I have participated in cultural safety and cultural competence training. However, there is limited training available to professional psychology while

working with the Indigenous peoples of Canada. While attending ceremony, I was feeling distressed over the lack of training available. However, as I listened to the Elder speak, it dawned on me that I am in training—ceremony is training. I consulted with the Elder afterward about this revelation. As I spoke, he nodded his head in agreement with what I believed to be accurate. Attending ceremony is not only for personal healing, but it is also training for me as a helper. Not only do I engage in ceremony, but I also engage in ongoing consultation and conversations with Elders, Knowledge Holders, and community members. This allows me to continue to evaluate my experiences (professional and personal), attitudes, culture, beliefs, values, external pressures, and individual needs (CPA, 2017, Preamble, Ethical Decision Making; II.10; III.9).

Within the task force report, several recommendations are made. Many of these, I carry out as a helper, including “Recognize the value and importance of Indigenous epistemologies, and the roles of culture and tradition in the conceptualization of problems and healings” (CPA, 2018, p. 10). I do this by providing culture as a treatment option in the counselling setting. I also “Recognize the importance of the connection to the land within Indigenous concepts of self and healing, and the relevance of the natural environment to healing and treatment” (CPA, 2018, p. 10). Several of my clients report connection to Mother Earth is an essential factor to aid them on their healing journey. Another recommendation that I have been working towards since I became a helper is assisting my clients to achieve “the good life” (*Mino-pimatisiwin*) (CPA, p. 10; Hart, ND). Lastly, I am aware of how vital the role of culture is in health and wellness through empowering clients to reclaim their identity, culture, and ceremony (CPA, 2018).

As I mentioned before, the integrity of relationships within the Indigenous culture is to tell our story. I narrate my story as a mean of demonstrating that healing is possible. Trust is such an essential piece of the therapeutic encounter within the Indigenous culture; I established it in part by detailing my struggles and providing a model for disclosure (Ross, 2014; Sager, 2018; Waldrum et al., 2008). There is no hierarchy in my role as a helper but rather humility. Personal disclosure is a cultural norm. Our relationships are based on mutual respect from shared experiences in life (Ross, 2014). Essentially, my role is to be where the client is and guide them and shine light where they cannot see. If we have not created the relationship, they cannot trust me to guide them through the dark.

Concluding Thoughts

Throughout this chapter, I have taken you on the journey of my story—how I embarked on my own healing journey and embraced my identity as a Dakota/Saulteaux/Néhiyaw/Métis woman. I also talked about my role as a helper and what that entails and shared the teachings that I carry in my medicine bag and

use daily with my clients. Lastly, I spoke about integrity of relationships and what that entails from a helper's perspective. I can only speak on what I have experienced and do not speak on behalf of the Indigenous community. This chapter came from my spirit. What I mean by this is that I worked with my spirit in the writing of this chapter. I also asked my spirits and ancestors to be part of this chapter. After all, they are the ones who govern me daily on this journey as a helper.

I would like to thank you for taking the time to read my story and experiences. Whatever you remember from this story is meant as teaching for you. I do not expect you to retain everything I wrote. Whatever you take away from the chapter is intended for you. *pidamayaye*.⁷

Questions for Reflection

1. How could you as a clinician be an ally for the Indigenous peoples of Canada?
2. What protocols would you have to consider when working with an Indigenous client?
3. What do you believe mental health services need to change to better serve the Indigenous peoples of Canada?
4. As a clinician, how would you protect and honour the integrity of the relationship when working with a client?

NOTES

- 1 Dakota for "Hello."
- 2 Plains (y) Cree greeting meaning "How are you?"
- 3 "An Elder is any person recognized by an Aboriginal community as having knowledge and understanding of the traditional culture of the community including the physical manifestations of the culture of the people and their spiritual and social traditions" (Couture, 2000, p.38).
- 4 Plains (y) Cree for Grandma.
- 5 Plains (y) Cree for medicine bag.
- 6 "The "Sixties Scoop" refers to the large-scale removal or "scooping" of Indigenous children from their homes, communities, and families of birth through the 1960s, and their subsequent adoptions into predominantly non-Indigenous, middle-class families across the United States and Canada" (Sinclair & Dainard, 2016, para. 1).
- 7 Dakota for thank you.

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