

**Weaving Narrative Therapy into a Decolonizing
Approach to Counselling:
A Collaborative Narrative Exploration of Indigenous
Healing in Canada**

**by
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Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

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Abstract

This research explores how narrative therapy lends itself to a decolonizing approach to counselling work with Indigenous people in Canada. Preliminary areas of alignment between Indigenous wholism and narrative therapy literature are identified. Given the limited scholarship on narrative therapy in Canadian contexts, professional experiences of narrative practice with Indigenous people were sought using an adapted method of collaborative narrative inquiry. Arvay's (2003) method was adapted to include Indigenous research principles. Three narratives are presented: two qualitative interviews were conducted with mental health professionals who practice narrative therapy with Indigenous clients. I include my narrative from the perspective of an Indigenous counsellor who was trained in narrative therapy. Stories reveal ways narrative therapy has supported decolonizing these professionals' practice, as well as areas of Indigenous healing that are not sufficiently attended to within a narrative approach (e.g., spirituality and embodied experiences). Implications for a decolonizing approach to counselling are discussed.

Keywords: Decolonization; Indigenous research methods; Indigenous wholism; Narrative therapy; Narrative inquiry; Counselling

Dedication

I would like to dedicate this work to Indigenous people who are suffering, who feel lost, hopeless and helpless. You are not alone, and you matter. I would also like to dedicate this work to those who are healing, reclaiming their identity, knowledge systems and practices. Indigenous resistance is powerful. Finally, I would like to dedicate this work to the healers, those who are culturally-based and those who are not, who support Indigenous healing and decolonial efforts. I appreciate the demanding work you do.

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List of Acronyms

CNI	Collaborative Narrative Inquiry
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, 5 th edition
IRMs	Indigenous Research Methods
TRC	Truth and Reconciliation Commission

Chapter 1. Introduction

“it is extremely rare and unusual when indigenous accounts are accepted and acknowledged as valid interpretations of what has taken place. And yet, the need to tell our stories remains the powerful imperative of a powerful form of resistance” (Smith, 2012, p. 36).

In recent years, there has been increasing awareness about Indigenous peoples' experiences of colonization and marginalization within Canada, particularly with the idea of reconciliation gaining attention in media and politics. At last, a window to publicly acknowledge stories of trauma amongst Indigenous people seems to be opening. With such stories brought forward, there has inevitably been a need to discuss ways of healing historical/multigenerational/colonial trauma and a call to recognize not only the problems Indigenous people face, but their resilience as well (McCormick, 1998). Although Indigenous healing can come in many forms, such as methods rooted in traditional cultural practices, some Indigenous people in Canada have opted to engage in counselling as part of their healing journey. In order to best support the latter therapeutic process, it is imperative that the nature of the counselling services be carefully considered when working with Indigenous clients, families and communities (Duran, 2006; McCormick, 1998).

Given complex contextual factors, such as a history of colonization and assimilative practices like the Indian Residential Schools system, therapists need to reflect on their approach when working with Indigenous clients (Poonwassie & Charter, 2001). Furthermore, seeing as mental health practitioners “hold social control” with their professional position (Duran, 2006, p.9), it becomes especially important for counsellors to question whether their practice unintentionally perpetuates systemic violence by undermining or patronizing Indigenous worldviews and understandings of health. Eduardo Duran, a psychologist who works in Native American communities and specializes in historical trauma, describes systemic violence as the subtle and overt violence perpetuated by systems/agencies/institutions seeking to maintain and exert power at the expense of others' wellbeing (2006). Systemic violence shows up in policies and practices, such as staff hiring and retainment (e.g. hiring service providers that are not culturally competent), implementation of strictly Eurocentric models of

treatment and inadequate resource allocation (e.g. funding, programming), to name a few (Duran, 2006). He also maintains that epistemic violence impedes the mental health profession and argues that the field has been “instrumental in fostering the colonial ideation of Native Peoples all over the world” (Duran, 2006, p.1). This standpoint refers to mental health fields, such as clinical and counselling psychology, privileging their forms of knowledge over Indigenous knowledge systems and forcing their understandings of health onto Indigenous clients for these ideas to be internalized (Duran, 2006). An example of epistemic violence is when practitioners impose diagnostic labels onto their Indigenous clients who might have very different understandings of their experiences or struggles. Another example is when “empirically tested therapies” are solely based in Euro-American worldviews and cited as “best practices” over Indigenous cultural healing methods. In such instances, colonial ideas are being fed to Indigenous people through the mental health system, which is a form of violence against Indigenous worldviews (Duran, 2006).

As an Indigenous woman and aspiring practitioner, I recognize the aforementioned flaws within the mental health system as it pertains to Indigenous populations. I was born in a remote Cree community in Eastern James Bay and have accessed mental health services that are based in Eurocentric models of therapy. I have also experienced the benefits of reconnecting with *Eeyou* culture and spending time on my traditional land. Furthermore, I have worked within mental health services in an urban Indigenous community and have worked on community-based projects in my territory. Therefore, I am acquainted with the need to improve mental health services by making them more relevant, culturally safe and empowering to Indigenous people. Given my particular positionality, I am also familiar with the potential oppressive nature mental health services can hold. Although I acknowledge counselling services are but one means of healing, I believe this therapeutic avenue should effectively and safely support Indigenous clients if they choose it. As such, I hold the same position as Linklater in that “there is a clear need to address the issues of culturally inadequate care that Indigenous peoples often encounter while seeking to address their trauma and particularly while accessing the mental health system” (2014, p. 20). Since deciding to pursue counselling psychology as my career path, I have experienced tensions between Indigenous and Euro-Canadian worldviews. The more I engage with community and culture-based approaches, the more discomfort I experience finding my place within counselling

psychology- especially theoretically. *How can I honour Indigenous worldviews in my counselling training and practice? Is there a psychotherapeutic approach that might bridge these divergent worldviews?*

When therapies prove less than effective, the blame is often placed on Indigenous clients, rather than on the service delivery system itself (Duran & Duran, 1995). Similarly, in speaking on behalf of professionals, psychiatrist and neuropsychologist Lewis Mehl-Madrona writes:

When our preferred story doesn't work, we tend to blame the client, saying that they are treatment resistant, noncompliant, or just don't want to get better. Instead, we need to recognize that our story may just insufficiently match our patient's story, and that we need to look for other stories than the one that has become our default mode" (2007, p.156).

Mehl-Madrona has worked to bridge Indigenous peoples' stories within the health and mental health fields by advocating for their ways of healing and incorporating narrative medicine into his practice. Unfortunately, many service providers and systemic structures do not question whether their services make intuitive sense to the client, which Duran argues is needed for therapy to be effective (2006). Furthermore, instead of looking for alternative stories or approaches to therapy, the mental health field has merely adjusted its default mode to looking at "cross-cultural" adaptations of Eurocentric therapeutic models (e.g. "culturally adapted" Cognitive Behavioral Therapy) or offering "cultural safety" training for professionals working with certain populations (e.g. Indigenous). In such cases, however, the question of services making intuitive sense to Indigenous clients can remain for the mere fact that they are still based in Euro-Canadian understandings of health and illness.

Rather than merely requiring that practitioners undergo short trainings on cultural safety issues, perhaps one of the most appropriate ways of ensuring that Indigenous people in Canada receive culturally adequate counselling services is to base such services in Indigenous worldviews. After all, there is extensive scholarship exploring the links between culture, including worldviews, and Indigenous mental health (McCabe, 2007; Radu, 2015; Waldegrave, 2009; Waldram, 2008). Charles Waldegrave, one of the founders of Just Therapy, for instance, argues: "when people's cultures are honored, their sense of belonging is also honored and that enhances their experience of well-being" (2009, p. 98). In this sense, Indigenous wholistic theory is a good start as an

approach to working with Indigenous clients because it allows healing on various levels by connecting Indigenous people with a sense of cultural identity and respecting their unique worldviews, thus countering the negative impacts of colonization. Unlike most Euro-Canadian approaches to psychotherapy, however, there is no clear outline for an Indigenous wholistic process of therapy. As such, working in an integrative fashion and drawing on techniques outlined in a compatible and respectful framework could give the therapeutic process direction, as well as strengthen and widen its applicability/accessibility. Considering that “the oral tradition of Canadian First Nations people lends itself towards a rich cultural predisposition to meaning-making through narrative” (Denis-Friske, 2013, p. 1), one framework that emerges as a good fit is narrative therapy, however there is a very limited number of publications on the topic in Canada. Therefore, my research has focused on exploring the following question: How can narrative therapy lend itself to a decolonizing approach to counselling when working with Indigenous clients in Canada?

Introducing terminology

Before delving deeper into a review of the literature and the presentation of my research, I would like to dedicate some space to discuss some central terms used in my writing. Although language helps us to communicate within and outside of research contexts, it also can hold very different meanings for each individual and distinct communities. Therefore, I share my interpretation of these terms’ meaning in hopes that the ideas in this manuscript are better understood and so that I, as an Indigenous researcher, am better understood. In writing this section, I am also trying to consider the vastly different experiences of readers. It is a delicate balance to give enough information for readers who are less familiar with the research topics presented herein to follow my rationale, all the while honouring the fact that this work reflects the embodied experiences of other readers (i.e. Indigenous readers). My intention in writing this piece is to raise awareness amongst practitioners and researchers who may be less familiar with Indigenous mental health and/or with decolonization issues. To fulfill this intention, I strive to write in a way that does not assume extensive prior knowledge of these areas. I also acknowledge that the burden to educate non-Indigenous people often falls on Indigenous people. I have found this depleting myself, but often wonder, if not us, then

who? For these reasons, I have chosen to write the following section, describing terms central to this research.

Throughout the presentation of my research, I use the terms “Indigenous”, “Native” and “Aboriginal”, when referring to First Nations (status and non-status Indians as defined in the Indian Act), Métis and Inuit peoples whose traditional and ancestral lands encompass (yet are not limited to) territory that is now commonly known as Canada. The term Aboriginal is another umbrella term that is more frequently used in the literature before 2014 and also includes First Nations, Métis, and Inuit peoples. Unless directly quoting other sources or referring to a specific cultural group, the term “Indigenous” will be used. I acknowledge the limits in using such vast terms, such as their failure to convey the diversity of the distinct peoples that encompass them. My intention is not to purposefully engage in “glossing”, working under the assumption that distinct Nations are the exact same culturally (Duran, 2006), nor to undermine the unique cultures, languages, territories, rights and experiences respective to each nation. Rather, I am trying to work within the scope of this manuscript, which is intended to be a starting point of discussion and a contribution to an underrepresented area in counselling literature. I hope the terms serve their purpose by conveying what are perhaps some common experiences between these groups in dealing with the effects of colonization, particularly as they pertain to mental health services. It is my hope and belief that such topics can then be explored in community-specific contexts.

Furthermore, my research centres decolonization in its topic, process and aim. I refer here to the long-term process of Indigenous people resisting colonialism. I understand this as a cultural, political and theoretical movement involving Indigenous revitalization and self-determination, an awareness and critical analysis of the impacts of colonization on Aboriginal people, a focus on Indigenous perspectives and self-determined concerns, as well as an active challenge to colonial oppression and systems that have changed Indigenous thought and way of life (Linklater, 2014; Smith, 2012). Having made that statement, I would like to acknowledge not only the limits of using the English language in the presentation of my research, but also its written form, to convey Indigenous knowledge and principles. Though this medium feels at odds with the spirit of decolonization in terms of language revitalization efforts for example, it also represents challenges in navigating colonial spaces like universities and compromises sometimes needed in order for Indigenous research to reach a wider audience within academia. I

hope some of the strategies employed in my research embody decolonial efforts in other ways and help compensate for this limitation.

Finally, I do not use the term “participant” throughout the text. Instead, those who contributed to this research process by sharing their stories of narrative practice, are referred to as storytellers or co-investigators. The first term reflects language used in Indigenous research, whereas the second is based in collaborative narrative inquiry terminology (Arvay, 2003). To me, these latter terms better symbolize the insider knowledge these people hold, the respect I have for their stories and the invaluable contribution they made to this manuscript. Overall, the terms “storyteller” and “co-investigator” are a better representation of the relationship we built and what this research stands for. Co-investigators’ contributions are also acknowledged by using their names in this project- a choice both storytellers opted for. For a more comprehensive overview of the terms used in this manuscript, please refer to the Research Terminology Guide (Table 1).

Table 1. Research Terminology Guide (Adapted from Galla & Goodwill, 2017)

Terminology used in Collaborative Narrative Inquiry	Indigenous Concepts in Research Practice	Widely Used Terminology in Research Design
Co-investigator	Storyteller	Participant
Researcher	Listener/Reader	Researcher
Collaborative Interview/Conversation	Storytelling/Conversation	Narrative Interview
Video/audio recordings	Unedited story video/ audio files	Raw Data
Transcripts	Transcribed Stories	Data
Interpretive Readings/ Collaborative Interpretation/ Meaning making	Meaning making/ Co-constructing knowledge	Data Analysis
Research Narratives/ Narrative accounts	Written Stories	Results
Sharing Narratives/Stories	Sharing Knowledge/ Sharing Stories	Sharing information/ Dissemination of results
Reflexivity	Inward knowing	Positionality

Introducing style

I acknowledge that, for the most part, my writing style differs from a large body of mental health research. To some readers, my writing voice might seem “passive”. Other times, I might be including “too much” of myself into the presentation of my research than is traditionally accepted within the field (i.e. use of first person point of view rather than objectifying third person). I would like to note that although my style does come naturally, I also intentionally chose to keep it as is. In reflecting on some feedback that I received about my writing, I realized that not only did my style showcase aspects of my cultural background, but it distinctly reflects my research topic as well. From an Indigenous research methods stance, for instance, I purposefully introduce myself into the research because I have an understanding that I am in relation with all aspects of my research: the storytellers, the topic, the readers, the peoples discussed in it, the land I write on and about, as well as all the elements surrounding it. I am accountable to all these aspects and I must introduce myself so that others can determine my trustworthiness and the trustworthiness of my work. I hold the view that my story cannot be separated from the ones presented in this manuscript. The “passive” tone, in turn, reflects humility in a cultural sense, but also embodies a narrative use of language. For instance, the subjunctive mood is often employed within a narrative approach in order to adopt a stance of supposition, not certainty, to allow space for multiple perspectives or meanings (Lyness, 2002). This all comes across in my writing style.

Chapter 2. Literature Review

Indigenous peoples in Canada have faced and continue to face colonial violence in forms of systemic and epistemic violence, which has practical implications for counsellors working with Indigenous individuals, families and communities (Duran, 2006). Therapists need to reflect on ways they can honour Indigenous worldviews and begin to decolonize their practice in order to address inequities in mental health and provide meaningful and effective services. Indigenous Wholistic theory is an example of a helping theory that centres Indigenous worldviews and Indigenous healing (Absolon, 2010). This theory does not clearly outline a process of therapy though. Furthermore, given that Indigenous Wholistic theory upholds views and understandings that are quite different from those of mainstream Euro-Canadian modalities in counselling psychology, Indigenous Wholistic theory might not feel accessible to some counsellors. Narrative therapy, therefore, is a theory I am exploring for its bridging potential.

In this chapter, I begin by reviewing Indigenous Wholistic theory, including literature on Indigenous epistemologies, wellness and healing. I present how the process of therapy, the change process and the counsellor's role are viewed within Indigenous Wholistic theory, as well as the applicability of this approach. Throughout some of these sections, I weave in narrative therapy literature. In doing so, I discuss preliminary areas of alignment between these approaches in the context of decolonizing counselling services. Then, I overview research published specifically on narrative therapy practice within Indigenous contexts in North America (e.g. United States and Canada). Finally, I highlight some gaps in Canadian counselling psychology research in relation to the research question.

Indigenous Wholistic Theory in Context

Indigenous Wholistic theory was brought in academia by Anishinaabe researcher Kathy Absolon (2010) to inform Indigenous social work practice. Though Absolon (2010) did not develop the long-standing knowledge set or cultural teachings that underlie Indigenous Wholistic theory, such as the teachings of the Medicine Wheel, she recognized a need for responsive contemporary social work practice that is based in Indigenous worldviews. Absolon (2010) introduced this anti-colonial framework to

address a gap in social work theory and practice. I present Absolon's (2010) theoretical concepts and how they can inform counselling practice here. Unlike Euro-Canadian approaches to therapy, Indigenous Wholistic theory centres Indigenous understandings of wellness, such as a circular framework that represents a balance of mental, physical, emotional and spiritual elements (Absolon, 2010). Furthermore, it facilitates Indigenizing and decolonizing efforts by advocating for reconnecting with, relearning and reclaiming traditional practices and community teachings (Absolon, 2010).

As the term implies, Indigenous wholistic theory views human nature from a wholistic perspective. Absolon (2010) further describes Indigenous theory of practice as multidimensional, referring to the Medicine Wheel teaching to illustrate the spiritual, emotional, mental and physical elements of being. In this respect, it differs from most Euro-Canadian psychotherapy approaches, which tend to understand and describe human nature using the Cartesian mind-body split. Absolon (2010) writes that Indigenous Wholistic theory is derived from Indigenous knowledge, which is:

lived knowledge, experiential knowledge and enacted knowledge. It is cyclical and circular, and follows the natural laws of creation. Indigenous knowledge is earth centered with ecology-based philosophies derived out of respect for the harmony and balance within all living beings of creation. Indigenous knowledge occupied itself with the past, present and future (p.81).

Basing herself on this knowledge, she describes Indigenous wholistic theory as "whole, ecological, cyclical and relational" (Absolon, 2010, p. 76). Shirley Turcotte (2012), Métis knowledge keeper and registered clinical counsellor specializing in complex trauma, echoed these themes in her description of an Aboriginal approach to psychotherapy. According to Indigenous wholistic theory, the concept of self is relational in that it exists within an interconnected context of family, community and nature (Absolon, 2010). Turcotte (2012) further highlights that clients are understood as being connected to previous generations, all the while taking future generations into account. This understanding of human nature is distinct compared to that of Euro-Canadian mainstream views, which tend to adopt more individualistic views of self. The collective self, on the other hand, accounts for the collective experience that Duran (2006) refers to as the "soul wound" (i.e. intergenerational trauma). While exploring this concept, Duran (2006) shares community understandings that when the earth is wounded, the caretakers of the earth are hurt at a deep soul level as well. The concept of "soul wound"

also encompasses the notion of collective healing. All in all, the term touches on how relationality extends beyond physical human relationships.

Though I present its ideas, I want to clarify that I do not claim to be an expert on Indigenous Wholistic theory. As Absolon (2010) explains, the learning process of Indigenous Wholistic theory's underlying knowledge set is long. She acknowledges that she is still learning about this knowledge after many years and that even she feels insufficiently equipped to discuss its elements (Absolon, 2010). Her feelings of inadequacy resonate with me because, although my journey of reconnecting to my *Eeyou* (Cree) roots started in my adolescence, I have a lot to relearn myself. Nonetheless, despite my relatively limited knowledge in traditional cultural teachings, I do recognize their invaluable place in Indigenous peoples' lives, including my own. Therefore, I want to help advocate for exploring the relationships and alignment of narrative and Indigenous wholistic theory. I also want to acknowledge that not all Indigenous people connect with the Medicine Wheel teachings that are central to Indigenous Wholistic theory. Many do, and often even while the Medicine Wheel teaching may not stem from their Nation specifically, they can connect with some of the underlying worldviews and values. Therefore, I argue that Indigenous Wholistic theory can still resonate with a wide audience amongst Indigenous peoples.

Another distinctive aspect of Indigenous wholistic theory is that it is explicitly concerned with the historical, political, sociological and economic contexts that affect Indigenous well-being (Absolon, 2010). Therefore, in order to truly understand Indigenous Wholistic theory's orientation and intention, it is imperative to understand the historical and sociopolitical contexts out of which it emerges. Though the main focus of this thesis is not historical in nature, I will mention briefly that Indigenous people have faced spiritual and cultural genocide, theft of land and resources, and historical trauma through colonization and attempts at acculturation, including the implementation of the Indian Residential School System (Rybak & Decker-Fitts, 2009). The impacts of colonization are still felt today and some of these issues, such as land claims and governance rights, are ongoing. Furthermore, Indigenous people are marginalized at multiple levels of Canadian society (e.g. individual, community, systemic), therefore face serious economic, educational, legal and health inequities and injustices, to name a few. My brief mention of these experiences (which is by no means exhaustive) is not to

diminish their major impacts on the Indigenous experience, but rather to place onus on the reader to follow up on events that are fundamental learnings.

Indigenous wholistic theory recognizes the impacts of colonization and their effect on Indigenous well-being. It acknowledges that persistent attacks on Indigenous worldviews and traditional values have created imbalance by disrupting the very foundation of Indigenous health (Absolon, 2010). For instance, Absolon eloquently states that “as earth based and earth centred peoples, a forced disconnection from our land would naturally create imbalance and disease among the people. Our reactions to these conditions are then understandable” (2010, p.76). Indigenous wholistic theory therefore seeks to normalize difficulties experienced by Indigenous peoples by highlighting the context out of which they stem. As such, Indigenous wholistic theory seeks to address issues such as internalized racism and colonialism, as well as lateral violence (Absolon, 2010).

Absolon (2010, p.74) clearly highlights that one of the main strengths of Indigenous wholistic theory is that it “forms a framework to ‘indigenize’ [Indigenous] thoughts and actions into active healing processes that simultaneously decolonize and indigenize”. This approach advocates for Indigenous people, including practitioners, to reclaim their Indigenous forms of knowledge, spirit and identity; know their history; as well as to relearn and practice their cultural teachings (Absolon, 2010). One of the ways in which it attempts to do this is by incorporating traditional methods of helping and healing, such as storytelling, teaching and sharing circles, participation in ceremonies, and role modeling (Poonwassie & Charter, 2001). It also recognizes the importance of dreams, visions and the use of medicines (Absolon, 2010). Such “culture-based activities and services build positive identity and strengthen relationality by creating a sense of belonging and responsibility for the collective” (Radu, 2015). As such, incorporating traditional methods of healing is an integral part of the therapeutic process of change for many Indigenous clients. In doing so, this theoretical approach helps restore pride and positive identity, as well as strengthens self-confidence in First Nations individuals (Radu, 2015). Beyond that, it improves family ties and reflects collective views upheld by certain communities (Radu, 2015). Poonwassie and Charter articulate this argument well by stating that

initiatives which originate in Aboriginal communities and which espouse those communities' worldviews, cultural imperatives, and traditional approaches have proven to be most successful in meeting their peoples' needs and in facilitating change (2001, p.69).

Overall, Indigenous wholistic theory represents such an initiative. Furthermore, it addresses the lack of culturally relevant practices for Indigenous clients, which has been emphasized in the literature (Duran, 2006; McCormick, 1998; Linklater, 2014).

McCormick, for instance, an Indigenous health researcher from the Kanienkehaka Nation, has highlighted the need for a theoretical framework that incorporates Indigenous worldviews and values, while also integrating recommendations made by research literature (1998, p. 291). He has also commented on the general direction the literature has taken thus far, in that little emphasis has been put on the strengths of First Nations. He argues that “to continuously focus on the ‘pathology’ of any one culture while ignoring the natural healing resources of that culture is to continue to disenfranchise and disempower” (McCormick, 1998, p. 292). His point highlights another strength of Indigenous wholistic theory: its aim is to empower, not to pathologize Indigenous people.

Indigenous wellness

Indigenous wholistic theory is grounded in Indigenous understandings of health, or wellness. In many Indigenous cultures, health does not translate to simply being in absence of illness, instead it refers to “being empowered through knowledge of illness and/or honest self-awareness” (Yurkovich & Lattergrass, 2008, p.448). Health can be understood as encompassing harmony and control over the spiritual, emotional, physical and mental realms (Absolon, 2010; Yurkovich & Lattergrass, 2008). When Absolon speaks of these four aspects of being, she writes that they “interrelate, interconnect and are interdependent. Any change or movement in one area will affect the whole” (2010, p.78). As such, according to this approach, when people experience distress or illness, it is due to an imbalance or loss of control in one or more of these aspects (Yurkovich & Lattergrass, 2008). If even only one of these elements is not nurtured, it will impact the functioning of the others and thus a person’s overall health, including their mental health (Absolon, 2010; Poonwassie & Charter, 2001). Absolon (2010) further adds that imbalance, then, shows up in symptoms that professionals commonly refer to as presenting problems, which can be identified at the individual, family or community level.

This perception of wellness, which is based in balance, is a stark contrast to the understanding of mental illness as described by the DSM-V. Therefore, another one of Indigenous wholistic theory's strengths is that it does not label and categorize people as disordered. Rather, it emphasizes a human capacity to achieve and maintain balance.

Change process

According to an Indigenous Wholistic perspective, the change process is referred to as a healing process. For instance, within the Cree community of Chisasibi, healing is described as a "transformative and continuous process. It is transformative in the sense that the objective is not necessarily to 'cure' the individual in the biomedical sense, but to empower them to make the right choices in life" (Radu, 2015). Furthermore, Radu explains that "change doesn't happen overnight and as a learning process, new knowledge is internalized in a gradual, cumulative and incremental way" (2015).

It has been indicated by some Indigenous community members and traditional healers that change needs to come from within the person seeking healing (McCabe, 2007). Although McCabe's study examined the relationship between clients and traditional healers, McCabe found that "clients are expected to bring a readiness to heal, willingness to look into inner and unknown self, and openness to the lessons inherent in their lived lives" (2007, p.157). In other words, there is a sense of agency and responsibility that the client needs to possess and/or work toward. The same expectation can apply to the psychotherapeutic process as well. Some may view this notion of individual agency as being at odds with a relational view of humans, however Waldegrave argues that there should "be room for contradictions, as some will hold for example, a strong collective sense of family and at the same time be resolute about their commitment to their individual self-determination (2009, p. 88). Hart (2010) refers to the idea of respectful individualism which not only means acting on self-expression, but also means acting on the needs of the community.

As such, there exists another layer to Indigenous healing beyond the individual and beyond the healer-client relationship: that of community. The importance of community in Indigenous healing has been supported throughout the literature (McCabe, 2007; McCormick, 1997). For example, McCabe (2007) pointed out that a person's

community, which also encompasses ancestral spirits, and family members are fundamentally connected to his/her wellness. Moreover, McCormick indicated that for the 50 Indigenous people who participated in his qualitative research on the facilitation of their healing, the importance of bonding with family, community, culture, nature and spirituality were necessary components in effective healing (1997). Likewise, Waldram has described that healing is “ultimately about hope for the individual, the family, the community, and the future” (2008, p. 7). Therefore, although there is an emphasis on individual responsibility, change is not limited to the client when counselling from an Indigenous wholistic perspective. The change process extends beyond the individual and becomes a community and collective process (Radu, 2015). This understanding is often neglected by other psychotherapeutic theories. Even approaches that do take the importance of community into account, such as Individual Psychology, the concept of community does not usually encompass the spiritual aspect of past generations.

Counsellor’s role

In using an approach of Indigenous wholism, the counsellor’s role throughout the healing process is one that can be viewed as quite unique compared to other traditions of psychotherapy. Absolon, for instance, argues that Indigenous wholistic theory “calls for practitioners to become critically literate and critical educators to their clients to begin teaching individuals, families and communities about the colonization of Indigenous peoples on their own land” (2010, p.82). The sociopolitical context is indeed crucial to understand when working with Indigenous clients. However, I would argue that in respect to client education, caution is warranted. In my opinion, this should be used to help clients contextualize events only when appropriate as it could otherwise risk instilling a sense of helplessness, be viewed as the therapist pushing a political agenda or come off as patronizing. Furthermore, like Anderson (2016), she mentions the idea of needing to *reclaim*. In this context, Absolon (2010) is referring to the need for wholistic practitioners to remember, to relearn and to return to wholistic knowledges (i.e. teachings and practices).

Poonwassie and Charter (2001) underline the need for practitioners to re-evaluate and think critically about their role of “expert” when working in an Indigenous context and what adopting such a role might mean to the client. Furthermore, unlike many psychotherapeutic approaches, self-disclosure on the counsellor’s part may be

viewed as more appropriate and actually encouraged from this perspective. For instance, in Waldram's 2008 compilation of studies using Aboriginal approaches to therapy, he found that:

The holistic program environment of the various programs encouraged an interaction between therapists and clients that was bidirectional: therapists were simultaneously patients learning from their clients as they continued on their own healing journey; and clients were simultaneously therapists offering their own troubled life experiences as a reflective tool for self-healing by the therapists. (p.7)

This description reflects the importance of story-telling and value of sharing within Indigenous communities. It may also offer a different perspective on the ethics behind counsellor self-disclosure.

Applicability of Indigenous Wholistic Theory

The existing literature on Indigenous wholism is quite limited. Perhaps the lack of research literature speaks to the fact that Indigenous wholism may not lend itself well to evidence-based research in the first place. I would argue that this may not necessarily be a reflection of the theory's weakness, rather a reflection of a limitation within the field of psychotherapy. It may be that qualitative research and case studies need to be valued and recognized as equally valid research within the field, in order to reflect cultural differences and needs of particular groups.

Moreover, the sparse scholarship that does discuss counselling theories based in Indigenous worldviews focuses on services catered to Indigenous populations. Therefore, the applicability of Indigenous wholistic theory to populations other than Indigenous ones is unknown and in fact may be quite limited. Thus, integrating narrative therapy, which traditionally uses ethnic-neutral language (Payne, 2006), would help widen its applicability, both within and beyond Indigenous populations.

It is also important to underline that although Indigenous wholistic theory is likely most beneficial to Indigenous populations, not all Indigenous clients will necessarily relate to this approach. As Poonwassie and Charter (2001) highlight, some, due to acculturation and/or personal choices, might not connect to traditional belief systems or practices. Waldram (2008) eloquently expresses this point in his book:

There is no singular Aboriginal client, as there is no singular Aboriginal individual. Some clients are very firmly entrenched in Aboriginal cultural experiences; others, however, have had extensive experience with the broader, non-Aboriginal influences of mainstream Canada. One legacy of the residential school and substitute care systems for Aboriginal people has been the lack of Aboriginal cultural experiences for many. These individuals are not culture-less, as many popular accounts of Aboriginal experience might suggest; rather, they simply have had little or no experience in an Aboriginal cultural milieu, especially during initial developmental stages. (p.4)

One of the downfalls of theorizing an Indigenous framework, as with most therapies aimed at catering to specific populations, then, is despite its relevance to some, it may encourage practitioners to adopt a bias that this theoretical approach will resonate with all Indigenous clients and cultures. Although some Indigenous cultures may relate to the four aspects of the Medicine Wheel, not all do. I think, however, that it is a counsellor's responsibility to be aware that biases can occur when working with any client from any theoretical approach. Certain approaches will work for certain individuals.

Limitations of Indigenous Wholistic theory

Indigenous wholistic theory does not clearly outline a process of therapy, unlike most Eurocentric theoretical approaches to psychotherapy. Nonetheless, the assumptions generating from this worldview do shape the therapeutic process. Turcotte (2012), for instance, highlights that from this perspective, the symptoms experienced by the client are not necessarily viewed as trauma belonging to the client, rather as something coming "through" the client. Therefore, when implementing this framework, the questions guiding Aboriginal psychotherapy can look quite different than those directing other theoretical orientations (Turcotte, 2012). For example, instead of encouraging the client to frame concepts in terms of "I", "me" or "my" feelings, she states that therapy would examine how "there are these feelings/symptoms there" and how they relate to the individual's life (Turcotte, 2012).

Considering that there is little structure to the process of therapy in working with Indigenous wholistic theory, integrating a framework that provides more direction to the therapeutic process would be useful. Otherwise, the concepts underlying Indigenous wholistic theory might not feel accessible to many practitioners and might be lost in their practice with Indigenous clients. It would be especially important to work with an

approach that does not undermine or patronize Indigenous worldviews and understandings of health, given the historical context of colonization and current policies concerning Indigenous people that perpetuate systemic violence.

Process of therapy: Rationale for integrating narrative therapy

Narrative therapy seems to compliment Indigenous worldviews and would be worth exploring further within the context of a decolonizing approach to counselling. In only reviewing the literature, narrative therapy appears to create a therapeutic space that could support some aspects of Indigenous wholism. Firstly, it shares a common goal of empowering people by challenging systemic power. Payne, for instance, describes the “political dimension of narrative therapy, the proposal of therapy as a means of assisting persons to counteract the effects of overt or invisible power relations on their lives” (2006, p. 35). It does so by paying close attention to the type of language used in therapy. For instance, a narrative approach avoids the use of power-based language, such as that of the medical model (Payne, 2006). It also strives to employ language that respects the human experience of people, like by reflecting their choice of wording (Payne, 2006). Secondly, similar to Turcotte’s (2012) description of how concepts are framed from an Indigenous perspective, narrative therapy attempts to externalize the problems people face. For example, it views problems as “having an effect on the person” (Payne, 2006, p.12). Thus, a narrative approach would keep in line with Indigenous views of health and would not pathologize Indigenous individuals. Thirdly, given narrative therapy’s stance of curiosity, focus on lived knowledge and inclination to exploring multiple meanings (Lyness, 2002), perhaps it could help therapists refrain from making generalized assumptions about distinct Indigenous cultures and encourage therapists to focus on individual expressions of/(dis)connections to culture. Narrative therapy could then be a manner of beginning the therapeutic journey with a person, while allowing the counsellor to gauge how much they connect with their Indigenous roots. Fourth, seeing as many Indigenous cultures employ oral traditions such as storytelling, narrative therapy would provide a process of therapy that is culturally relevant to a wide range of this population (Denis-Friske, 2013). Given these promising parallels, it would be helpful to hear about the experiences of counsellors already practicing narrative therapy with Indigenous clients to better understand how these approaches might/might not fit together.

I believe that working from an integrative approach using narrative therapy might allow space for Indigenous understandings of healing. The narrative approach seeks to understand the person's *experience* of a problem or of several of them, which parallels Indigenous wholism well. Furthermore, it is mindful of the context out of which the person is experiencing the particular problem and leaves the space for that person to tell their story. As such, all aspects described in the Medicine Wheel can be brought forth to the counsellor, if the person chooses to do so and if the person believes they possess these aspects (e.g. whether or not they view themselves as a spiritual being). Moreover, narrative therapy is flexible in respect the length and structure of sessions (Payne, 2006). As Payne (2006) mentions, it is not a "brief therapy" which, in my opinion, will allow for the complexity of some issues experienced by Indigenous communities, such as multigenerational trauma, to be addressed with proper time and attention. Considering these potential areas of alignment, it would be valuable to hear about practitioners' experiences employing a narrative approach in the context of Indigenous understandings of healing.

Narrative therapy and Indigenous people in North America

Although there is some literature on the benefits of narrative therapy with Indigenous clients, families and communities in Australia and New Zealand (Smith, O'Grady, Cubillo & Cavanagh, 2017), there is minimal literature within North America. Repeated literature reviews using the databases PsychINFO, PsychARTICLES and Academic Search Premier were conducted using the search terms "narrative therapy" and "indigenous or native or aboriginal or first nations or metis or inuit" and "counselling or therapy or psychotherapy or healing or mental health". The search yielded 53 publications: 34 peer-reviewed articles (including 3 article reviews, 1 editorial and 1 memorial), 13 books, 3 book reviews and 3 dissertations. For the purposes of this research, only research involving North American Indigenous peoples and narrative therapy are discussed. After screening publication titles and abstracts to include only peer-reviewed publications detailing a narrative approach to therapy (i.e. not just research methodology/study design) within Canada and the United States, 3 peer-reviewed journal articles and one doctoral dissertation remained. I included publications that discussed narrative practice, even if the underlying theory was not discussed at length, because my research question is also concerned with the implementation of

narrative therapy with Indigenous people in Canada- not just its theoretical assumptions. Given the limited literature I had to work with, particularly within a Canadian context, I also include a peer-reviewed article found using the SFU library catalogue while searching “narrative therapy first nations counselling” (Denis-Friske, 2013). The aforementioned publications will be presented below.

In his paper detailing the Neighboring Communities Project (NCP), Cooper (2011) found long-lasting effects of narrative community practice (i.e. ripples) with community members from New Caledonia and Six Nations who experienced conflict. The tension stemmed from lands rights issues and escalated after provincial police action was taken against peaceful protests that interfered with the construction of a housing development on disputed land. In response to this growing tension, the NCP formed a team comprised of members from both communities and explored counter-stories (e.g. common ground) through community gatherings, events, meetings and ceremonies. The ripples Cooper (2011) discusses are initiatives such as a Pen Pal Project and Women’s Gatherings, which represented a foundation of a growing relationship between the communities and a way to challenge the master narrative of conflict portrayed by the media (Cooper, 2011). The outcome of this project offers some promising direction for narrative community interventions in Canada, however its aim was mainly to discuss the ripples of the project and was not focused on a counselling process per se.

Denis-Friske (2013), on the other hand, reviewed literature on Indigenous oral tradition and narrative therapy use. In her paper, she applied the main precepts of this therapy to the action of conducting therapy with Indigenous people in Canada (Denis-Friske, 2013). She articulated how narrative therapy can support work with Indigenous adolescents, with the central themes being: attention to dominant discourses, understanding identity, and empowering people through exploration of stories that hold personal meanings (Denis-Friske, 2013). She argued that dominant narratives within Canadian society are infused with efforts of forced assimilation and cultural genocide, and that these negatively impact First Nations youth. Denis-Friske (2013) outlined that narrative therapy techniques can re-story genocidal Canadian narratives and determine effective, culturally sensitive modes of counselling.

Only one doctoral dissertation (Martin, 2012), however, advocated for the use of a hybrid approach including narrative therapy techniques and traditional Native American storytelling, much like this manuscript. In her study, using an interpretive phenomenological methodology, Martin (2012) interviewed six Native American women who were willing to discuss mental health with a focus on historical trauma. She inquired about their thoughts on the efficacy of some therapeutic techniques, including a narrative approach. They found the storytelling aspect of narrative therapy particularly appealing, especially in contextualizing stories of trauma (Martin, 2012). Overall, participants offered suggestions for what they thought would make a therapeutic process more effective, such as doing the work in people's homes rather than at stigmatized spaces like mental health clinics, avoiding the label "therapy" and involving mediums such as groups where people can both listen to and tell stories (Martin, 2012). Generally, participants had positive opinions of the researcher's proposed narrative healing approach (Martin, 2012).

Lyness (2002) reviewed narrative therapy's potential when working with Native Alaskans in the context of alcohol use, while Haring (2013) focused on tobacco cessation with Native Americans. Lyness (2002) reflected on some theoretical benefits to using a narrative approach by outlining its theoretical assumptions, providing a list of narrative questions that could be useful to exploring ways to deconstruct the problem story of alcohol, and discussing treatment implications, such as suggested modifications to the Alcoholics Anonymous model. Though Lyness (2002) briefly touched on traditional methods of healing in Native American and Alaskan communities and the lack of literature focusing on resilience factors, this was not the main focus of the paper. Haring's (2013) article on the other hand, focused on commercial/recreational (i.e. non-ceremonial) tobacco use amongst Native Americans. Haring (2013) argued that narrative therapy is a culturally aware approach (e.g. collaborative, aligned with storytelling practices) and that it can be used as a promising intervention tool for recreational tobacco cessation. Haring (2013) proposed the "Success Journal", an instrument used to document successful actions and reflections related to overcoming tobacco cravings. It is based on a five-step narrative model of: externalizing, reconstructing stories, searching for alternate stories, constructing preferred stories, and using narrative endings (i.e. reflecting on successes). For each one of these principles,

Haring (2013) provides examples of narrative questions that can support exploring tobacco use stories.

Although the aforementioned studies agree that narrative therapy holds a promising place within an Indigenous context in North America, there are very few articles published and only two focused on the Canadian experience. Therefore, there is a need to explore how this model fits within the Indigenous context in Canada. Furthermore, given that much of the academic literature pertaining to Indigenous mental health has largely been framed from Eurocentric models of mental health, one of the aims of my study was to contribute to the liberation discourse used in Duran's (2006) work. As such, I proposed to explore how narrative therapy can lend itself to a decolonizing approach to counselling Indigenous clients in Canada in order to address these gaps in the literature. Unlike Martin's (2012) dissertation research, my research offers a different perspective by exploring the overall experience of mental health service providers who have practiced narrative therapy, not community members accessing services.

Chapter 3. Methods

Research Purpose and Question

Indigenous counselling represents a largely under-published field in Canada. Even rarer still, are research projects led by Indigenous researchers looking at counselling approaches that incorporate or are based in Indigenous ways/understandings of healing. I wished for my thesis to be a part of the growing movement aiming to offer counselling methods that do not undermine Indigenous worldviews and a body of work that contributes to Indigenous representation in research. Therefore, the purpose of my research was to explore an alternative method to counselling Indigenous people, one where a narrative approach was grounded in Indigenous wholism. I hope that my thesis offers counsellors working with Indigenous people in Canada space to reflect on their practice when considering the following question: how can narrative therapy lend itself to a decolonizing approach to counselling when working with Indigenous clients? Most of all, my hope has been to carry out this task with grace, respect and honour of all Creation.

Now that the research question and purpose have been contextualized, I will present how the research unfolded. I will start with a narrative account of how I came to design the research, which speaks to some challenges navigating academia as an Indigenous graduate student. Then, I will introduce myself in relation to my role as researcher (i.e. listener/reader/writer) because this is a key part of Indigenous research and also represents self-reflexive practice within narrative inquiry. In the sections that follow, I will discuss the methods employed, including principles underlying Indigenous research methods, the steps involved in collaborative narrative inquiry as outlined by Arvay (2003) and the ways this process was adapted to better reflect an Indigenous paradigm.

Research design: A narrative account

In trying to establish the methods section of my proposal, I was confronted with the conflict of becoming an Indigenous researcher. At times, I feel like the terms “Indigenous” and “researcher” are difficult to bridge in that they represent such opposing

worldviews. Though I am aware the struggle of conducting Indigenous research within the academic setting isn't unique to my experience (Kovach, 2005; Smith, 2012; Wilson, 2001), it is one that is challenging to sit with nonetheless. In tuning into this discomfort, I came to the realization that the difficulty in situating myself theoretically rested in me only partially relating to some of the most prominent paradigms as outlined in qualitative research methods textbooks (i.e. Creswell, 2007; Guba & Lincoln, 2005) because they do not entirely reflect Indigenous epistemologies.

While critical theory, narrative research and participatory action research each have something to contribute to merging Indigenous perspectives with research, I became aware that I was trying to fit myself in a "box" of "acceptable" and "legitimate" epistemologies according to academia. Shawn Wilson (2001), an Opaskwayak Cree community psychologist and researcher specializing in Indigenous philosophies and research paradigms, outlines some of the ways certain aspects of these approaches, as well as constructionism, overlap with Indigenous perspectives. Much like him, I couldn't help but feel they were incomplete in some respect. So, I returned to Hart's (2010) article, one of the few paradigms that instinctively made sense to me. After all, my goal was to base my research in Indigenous epistemologies and decolonization literature from a theoretical standpoint, therefore wouldn't it make sense to extend this to my methodology as well? As Creswell (2007) argues, qualitative researchers are supposed to select a stance on the five philosophical assumptions (ontology, epistemology, axiology, rhetorical and methodological), which will have "practical implications for designing and conducting research" (p.15).

Kovach (2005) states: "The challenge for Indigenous research will be to stay true to its own respective theoretical roots of what counts as emancipatory as it ventures into mainstream academia" (p. 21). In this sense, I was reminded to stay true to my own roots. I was also reminded by this Indigenous research methodologies scholar, that concessions are continuously made in the context of doing Indigenous research in academic institutions, such as in the very act of *writing* stories (Kovach, 2009). I was finding it challenging to operate from a solely Indigenous research method because it is an emerging area in academia and there are few resources that describe its concrete application (if such a thing could ever exist). Given that my research topic argues for a merging of narrative therapy and Indigenous wholism, I employed a similar framework to my research methods (i.e. hybrid of Indigenous research methods and collaborative

narrative inquiry). After all, the leading scholar of decolonizing research herself, Linda Tuhiwai Smith (2012) writes: “decolonization, however, does not mean and has not meant a total rejection of all theory or research or Western knowledge. Rather, it is about centring our concerns and world views and then coming to know and understand theory and research from our own perspectives and for our own purposes” (p. 41). I believe my study will reflect this view of research.

Perhaps later in my role as researcher, I will be able to create a space for myself that reflects what Wilson (2001) argues: that merely approaching research from an Indigenous perspective is insufficient because Indigenous research is a merit of its own (Wilson, 2001). Until then, through his writings, Wilson (2001) nonetheless encouraged me to approach my work from an Indigenous *paradigm* given that it constitutes a fundamentally different ontology, epistemology, axiology and methodology from dominant ones. Hart (2010) builds his paradigm off of the same argument that “generalized mainstream Indigenous ontology” and “generalized mainstream Amer-European ontology” differ significantly enough to warrant a separate Indigenous paradigm (p.7).

Myself – The Researcher

As I embarked on this research path, which was a relatively new path to me, I often felt paralyzed. I was cognisant of the oppressive reputation research has within Indigenous communities, including my own, and I was fearful of unintentionally repeating harmful practices. In this sense, I was especially aware of the relational aspect of Indigenous research that Kovach (2005; 2009) and Wilson (2001) refer to. I was mindful of my accountability to the people I write my research about, and this awareness felt debilitating at times. I often wondered: *Who am I to take on this task and how could I possibly do it justice? How do I remain accountable to my home community, while studying on the other side of the country?* As an Indigenous scholar entering this new space, I was well aware of the challenges that Smith refers to in doing so (2012). She outlines that “there is a whole array of issues about the ways we relate inside and outside of our own communities, inside and outside the academy, and between all those different worlds” (Smith, 2012, p.14). Despite the intimidating nature of accountability, such as facing criticism from different fronts, it was something I nonetheless welcomed and have been grateful for. My aim was to remain humble through this research journey.

Knowing that about myself, I wondered how then, would I defend my thesis without conveying that I was claiming ownership of the knowledge I am sharing? As Wilson argues, “knowledge and peoples will cease to be objectified when researchers fulfill their role in the research relationship through their methodology” (2001, p.177). His statement added more weight to the burden I already felt.

Perhaps the responsibility I felt, stemmed from or was heightened by my research position, which is multilayered and fluid. Teasing out my identity in this sense was not an easy task. Throughout my life, I have tried to make sense of my mixed heritage. *Am I Cree or Euro-Canadian?* I’ve often been asked about my ethnic background and I’ve wondered how to define it myself. Having moved out West for my graduate studies, I started to feel even more lost. *I am far away from my roots, disconnected from the two places I call home.* Deciding to take on a thesis and needing to situate myself as a researcher also put my existential questions at the forefront: *am I an insider or an outsider, in relation to what and according to whom?*

Though I engaged in this exercise of self-reflexivity, I think it is also important for me to highlight that the answer to *Who Am I?* is relative. The answer I present here, of course, describes the journey of how I came to understand myself at a particular point in time. That understanding is also likely to continue to evolve. Since deciding to do this research, engaging in the process, and writing it up, my understanding of my identity grew. At the early stages of my research, I had already experienced research as being transformative in this respect (Hart, 2010). Not only is the answer relative to time, but it is also relative to whom you ask. For instance, the perception I have of myself might not coincide with others’ opinions of me. Then, there is the matter of place: Depending on where I am geographically, especially when I am in either one of my hometowns, I can feel much more (dis)connected to the aspects of my identity that relate to that place. When I am elsewhere, such as on unceded Coast Salish territory where I conducted the research, I notice that the terms *Eeyou* and *Montrealer* stand out to me even more with the physical distance because it becomes more apparent how those terms are uniquely connected to the places they originate from. So, rather than trying to understand my positionality from an “insider” and “outsider” perspective like I initially attempted to do, I will speak to the different layers to my identity and the spaces in between instead (Dwyer & Buckle, 2009; Smith, 2012). I believe this will better unpack my positionality in regard to my research process. As a guide, I am referring to Indigenous scholar Kim Anderson’s

(2016) “*Who Am I?*” figure. Although this is a complex question to tackle, I will do my best to situate myself.

Who am I?

When I reflect on my identity the first thing that comes to mind, aside from my relational roles (i.e. sister, daughter, auntie, wife, friend, etc.), is that I am Indigenous. This understanding of myself can be further deconstructed into my *Eeyou* (i.e. Eastern James Bay Cree) and Eastern European (Estonian, Polish and Russian) roots though. I think it’s important for me to break down the term Indigenous, which is a vast term, because of my upbringing: I was born in Chisasibi, a remote Cree community in Eastern James Bay, but I was mainly raised in Montreal. I grew up with my maternal family (whose surname I carry) celebrating Catholic holidays and attending mass for these special occasions, doing ballet, and being fluently bilingual in English and French. I am not a fluent speaker in Cree, unlike my paternal family members who were raised/live in Chisasibi. Then, from the age of twelve, I started reintegrating into my community and spending time on my family’s trapline (traditional family territory, where we have camps to hunt, trap, fish and live on the land), where I could be exposed to traditional teachings and family stories. Through this process I even found a spiritual connection that resonated with me for the first time in my life. Initially, I thought my renewed connection with my birthplace and my family there would facilitate how I identify myself, however having two homes based in different worldviews can sometimes complicate the act of defining myself. For this reason, I feel the term Indigenous, encompasses all the experiences from my upbringing and offers me some comfort when needing to situate myself.

Next, there are layers of my being that relate to my graduate training: researcher and counsellor. These are relatively new aspects of my identity. They are also largely based in Euro-Canadian worldviews, institutions and systems. This has become more and more apparent to me, the more I connect to my *Eeyou* roots. My identity as an Indigenous woman informs other parts of my being, like those of researcher and counsellor. For instance, I’ve noticed that despite growing up and studying in urban cities outside of my traditional territory, I have different understandings and experiences from colleagues who have never set foot or spent time beyond working in an Indigenous community. I have different understandings of wellness, healing, knowledge and

learning, to name a few. Furthermore, I have listened to stories about how professionals, like researchers and therapists, have done their work in communities, sometimes in problematic ways - I have also witnessed this firsthand. I have a personal connection to the work I am doing when it involves an Indigenous community, particularly the one I was born into. Therefore, I believe that I feel the responsibility of research and practice differently than some. This is why I am learning how to merge my experiences as an Indigenous woman into my roles of researcher and counsellor, to create a safe space for sharing knowledge and facilitating healing.

Thinking about these layers of my being and how they interact with one another, I decided to reflect on four aspects of my identity that stand out to me and felt relevant to this research process: *Eeyou, Montrealer (encompassing Euro-Canadian identity, but distinct from other urban areas in Canada in a sociocultural and political sense), Researcher and Counsellor*. Therefore, I filled out each section of Anderson's (2016) diagram from these four lenses. Anderson's model of the reconstruction of Native Womanhood fit this process because it allowed me to foreground an Indigenous paradigm wherever I could in my research. The model emerged from Anderson's research with forty Indigenous women who were experiencing trauma, which she identified as stemming from a legacy of colonialism, needing to be resisted (Anderson, 2016). The model is based on her interviews with those women, Indigenous feminist and decolonization literature, as well as her work with Sylvia Maracle, who articulated the questions that structure Anderson's (2016) book and diagram. Although engaging in this reflexive exercise using Anderson's (2016) model did help tease out certain aspects of my identity, it further showcased how intertwined these levels are as well. In the following paragraphs, I present each section of the diagram. Though they appear in an order, my understanding is that they are circular, interdependent and overlap at times. I have only organized them this way to facilitate the flow of reading.

Version 1
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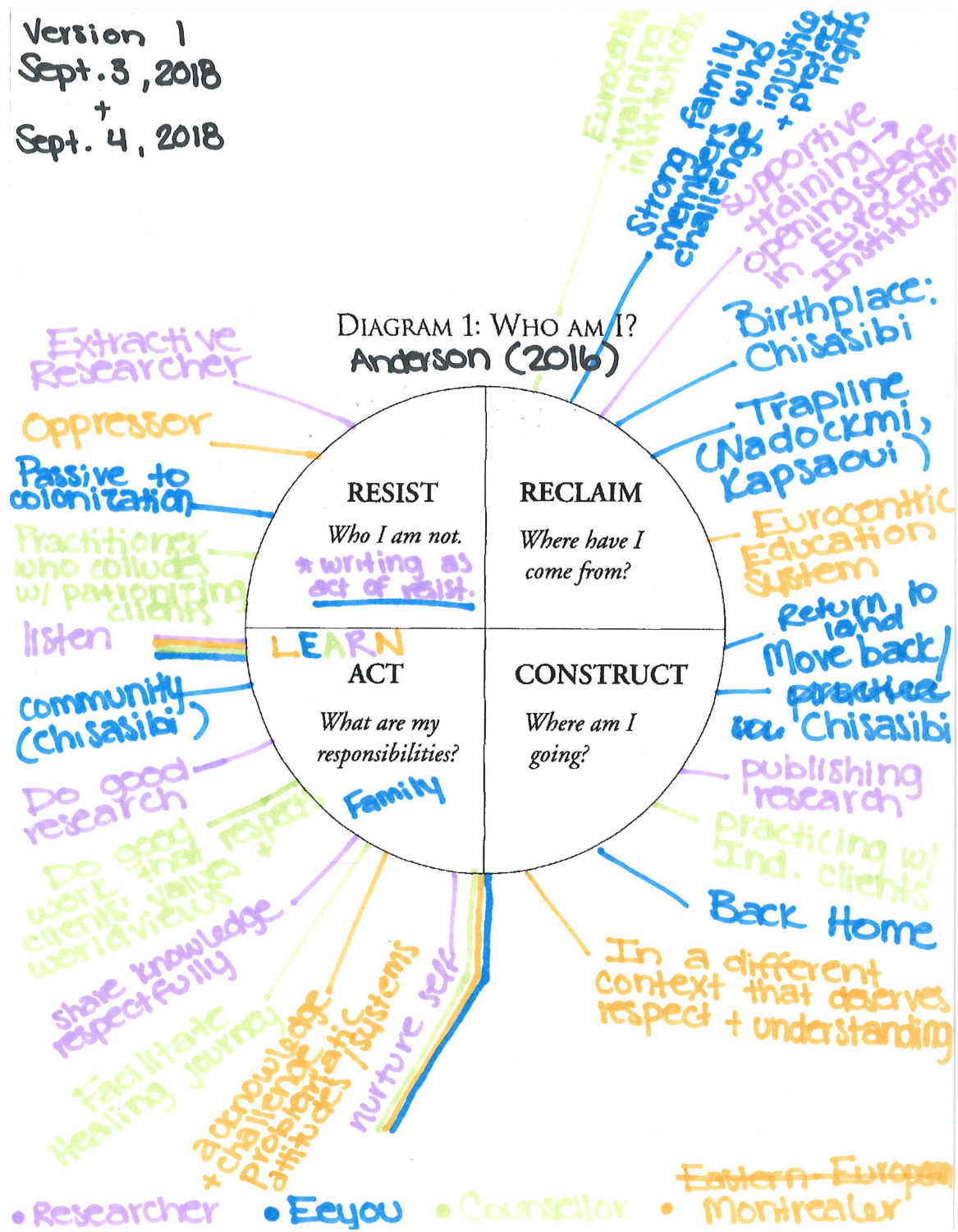


Figure 1. Who am I? Reflexive Writing Diagram

Reclaim (Where have I come from?)

I come from a diverse background therefore have many traditions. The most urgent and meaningful traditions and places for me to reclaim, however, relate to my *Eeyou* background because these have been and continue to be the most threatened by colonization. Though my professional and urban traditions are not ones I feel I need to reclaim in this sense, I did include them in the diagram as contextual reminders of Eurocentric influences on my identity. For instance, a large part of my learning has been in colonial education systems and I think that is important to acknowledge. I believe that in doing so, I am engaging in a process of decolonization which only reinforces my ability to reclaim *Eeyou* traditions. It also allows me to appreciate supportive experiences that facilitated the reclaiming of these traditions within colonial systems (e.g. having had supportive research supervisors).

Construct (Where am I going?)

In reclaiming *Eeyou* traditions, I am trying to construct positive identities as a researcher and counsellor by designing/publishing research and developing a counselling practice that honour *Eeyou* teachings. I am preparing to return to the homes where I grew up: moving back to Montreal to continue my doctoral studies in counselling psychology and then returning to *Eeyou Istchee* to practice. I imagine these paths are likely to cross as well. Knowing that I will continue to navigate academic and professional spaces that privilege Euro-Canadian worldviews, it will be all the more important for me to reflect on my responsibilities toward *Eeyou Istchee* and the wider Indigenous community.

Act (What are my responsibilities?)

My responsibilities as an *Eeyou* are particularly toward community (e.g. Chisasibi, *Eeyou Istchee*, Indigenous community) and family. As a counsellor, my responsibilities are to act by facilitating people's healing journey in a way that respects their values and worldviews. As a researcher, I have the responsibility to do good research that shares knowledge respectfully and makes a difference (e.g. by making recommendations). As a Montrealer, it will be my continuous task to honour Indigenous contexts that I work and live in, contexts that deserve respect and understanding. In relation to all aspects of my identity, I found that I have the responsibilities to listen, learn and nurture myself.

Resist (Who I am not)

To me, writing this thesis was an act of resistance (Anderson, 2016). It was a way of resisting negative definitions of all aspects of my being, like that of a Euro-Canadian settler (Montrealer) unwilling to recognize oppression, an extractive researcher, a practitioner colluding with colonial systems, and an *Eeyou* passive to colonization. Writing was also a way for me to remember and to reconnect with my teachings. Furthermore, it was a way for me to construct positive identities as a researcher and counsellor by creating a unique space for myself in and beyond my graduate training, all the while keeping my responsibilities to my community and that of the larger Indigenous community in mind (Anderson, 2016).

I think it is also worth me clarifying this idea of multilayered positionality further, in that it has not just been a source of stress. As I mentioned earlier, it also reinforced the notion of relational responsibility (Hart, 2010), which I believe (hope) held me accountable for conducting research in the best way possible. After all, “research is not just something that’s out there: it’s something that you’re building for yourself and for your community” (Wilson, 2001, p.179). There are several communities I wished to support and to honour through my research. I aspired to contribute to the counselling community in a way that can hopefully offer therapists working with Indigenous clients an opportunity for reflection and the space for approaching their practice in a new way, if needed. I also hoped to support the larger Indigenous community by advocating for their right to engage in a healing process that is not only respectful of, but also based in their worldviews. Furthermore, I wanted to honour my home community by respecting its teachings and by incorporating these into my graduate training as much as possible. Lastly, I hope to offer professional services that honour my teachings and my community.

Hopefully this gives you, the reader, a better sense of my personal and research stories, including the intentions behind this project. Now that I have put that information forward, I trust that you are gaging my trustworthiness as a researcher. Next, I would like to describe the research process itself so that you can evaluate the trustworthiness of the work I am presenting.

Indigenous Research Paradigm and Methods

In line with a decolonizing approach to research, I wanted to employ some concepts of an Indigenous research paradigm to the collaborative narrative method developed by Arvay (2003). Overall, I approached my research with guiding principles of: Indigenous control over research, respect for individuals and community, reciprocity and responsibility, respect and safety, non-intrusiveness, deep listening and hearing more than with the ears, reflective non-judgment, honouring what is shared, awareness and connection between logic of mind and feelings of the heart (holism), self-awareness, and subjectivity (Hart, 2010). The principle of relationality also guides this research (Wilson, 2008; Galla & Goodwill, 2017).

In delving into an Indigenous paradigm to help guide my research, I finally felt there was scholarly literature validating the teachings I've accumulated throughout my life that were most often discouraged in predominant research discourse: the place of dreams, visions, intuition and spirituality. For instance, Hart's point of needing to engage in "deep listening and hearing with more than the ears, where one would carefully listen and pay attention to how his/her heart and sense of being is emotionally and spiritually moved" (2010, p. 10) reflects how I wanted to approach my interviews. It embodied a way of being that reflects my values and goes beyond most prescribed methods of interviewing, even within qualitative research. I incorporated dreams, visions and ceremonial experiences into my research as long as they related to the work I was doing (Hart, 2010). Though I will not explicitly discuss how these aspects showed up in my research process given their sacred nature and potential to be misunderstood/misused/appropriated, they were an integral part of my research journey and a way for me to honour my tribal epistemology (Kovach, 2009). Throughout my life I have been encouraged to pay attention to such events and I have learned to do so, therefore it felt unnatural and unfortunate to dismiss this inward knowledge in my research process.

Some other ways I enacted these principles are reflected in how I carried out the work. For example, I would only engage in the research process when I felt up to the task (i.e. Kovach's question: "Am I up for the journey?"). This meant, constantly checking in with myself and respecting the need to take breaks. I only wanted to engage with the material, whether it was writing a literature review, or more importantly, handling

people's stories, when I was in good mind, body and spirit. Given how closely the topic and content of my research ties into my personal experiences, it felt too heavy to engage with at times. In such instances, I would listen to myself and find ways to replenish myself (e.g. get a good night rest, connect with others, spend time outdoors, smudge).

Like Hart (2010), using an Indigenous paradigm to guide my research is/was my way of ensuring that I am not "leaving [my] indigeniety at the door" (p.1) as I entered the academic world, as well as my way of attempting to surpass the idea of producing respectful and culturally sensitive research. Hart (2010) provided a clear synthesis of the main characteristics of Indigenous worldviews and ties them into his research paradigm. He also identified my sentiments towards how Indigenous worldviews are marginalized within academia: "Society demands that we either achieve within this Eurocentric model of education or live a life of poverty and welfare as the uneducated and unemployed or unemployable. Thus, in one way or another, we are regularly forced to validate the colonialists' mythology" (p. 4). Although he is referring to the social work discipline in his article, the same argument can be made for the field of counselling psychology. Duran and Duran (2000) have made similar criticisms within the field of psychology, arguing that cross-cultural discourse is "neocolonial" in that it is "generating healing knowledge from the lifeworld of the colonist" which invalidates other legitimate forms of knowledge (2000, p.88). I hope to continue resisting this trend in counselling psychology.

Collaborative Narrative Inquiry

Collaborative Narrative Inquiry (CNI) is embedded in narrative, social constructionist and post-structuralist epistemologies (Arvay, 2003). It seeks to do research in a way that embodies peoples' voices, with the aim to "be collaborative, to attend to power relations within research and to deal with issues around voice and representation" (Arvay, 2003). In line with a conversation as method approach (Kovach, 2010), CNI focuses on a relational and highly reflexive research approach, that is dialogical and collaborative (Arvay, 2003). CNI is based in the idea that knowledge is co-constructed, in that it includes several perspectives, and that meanings are debatable depending on context. In respect to these latter points, it differs from Indigenous epistemologies. Within Indigenous worldviews, there are multiple truths and the interpretations of these truths depend on individual experiences (Hart, 2010). Though

these might sound similar, Indigenous understandings of knowledge are that it is relational, in that knowledge belongs to all of Creation, not to individuals (Wilson, 2008).

Although CNI is not grounded in Indigenous epistemologies, its research aims nonetheless indicated to me that it might be a respectful bridging method for a new researcher like myself engaging in Indigenous research. Furthermore, CNI appears to pay attention to aspects of research that are highlighted by decolonizing research methods scholars, hinting to me that it fit with the aim of my research. Wendt and Gone (2012), for instance, noted ways that qualitative methods can potentially be decolonizing. The authors argued that qualitative methods can contribute to a decolonizing methodology by: contextualizing colonization, paying attention to culture in a nuanced way (e.g. with the use of reflexivity), providing thicker descriptions of cultural meanings that are locally relevant, and publishing voices using people's own words (Wendt & Gone, 2012). All of these points were possible with CNI.

CNI (Arvay, 2003) has seven stages outlined in its process: setting the stage (the reflexive preliminary interview), the performance (co-constructing the research interview), the transcription process, four collaborative interpretive readings of the transcript, the interpretive interview (a collaborative interpretation of the text), writing the narratives, and finally, sharing the story. Each stage will be further elaborated on in the upcoming section.

The Research Process Enacted

The conceptual framework to my research question (i.e. How can narrative therapy lend itself to a decolonizing approach to counselling when working with Indigenous clients in Canada?) was informed by reviewing literature on decolonizing approaches to therapy and research, narrative therapy, as well as Indigenous epistemologies. To support the generated framework, I obtained narrative training through the Vancouver School of Narrative Therapy (i.e. Foundations level training), as well as underwent narrative therapy myself. Throughout these processes, I engaged in reflexive writing (i.e. journaling), keeping Anderson's (2016) model of the reconstruction of Native Womanhood in mind. Thus, throughout my research process, I was reflecting on ways to resist (i.e. Who I am not), reclaim (i.e. Where have I come from?), construct (i.e. Where am I going?) and act (i.e. What are my responsibilities?) (Anderson, 2016).

My reflexive writing was further guided by other key questions identified within Indigenous research literature (see Appendix A for full list of questions). Lastly, the conceptual piece of my thesis was informed by qualitative interviews with narrative practitioners using an adapted method of collaborative narrative inquiry (Arvey, 2003) which incorporated Indigenous Research Methods principles.

Storytellers

Overall, two storytellers practicing on unceded Coast Salish territory agreed to participate in all steps of the research. Both storytellers met the study's criteria in that they are mental health service providers registered with a professional body who received formal training in narrative therapy, work with Indigenous people and have implemented narrative techniques within their practice. Though it was not required of co-investigators to do so, it is worth mentioning that neither one of the storytellers identified as Indigenous to Canada. Though they might not be able to speak to the Indigenous experience first-hand, their stories convey a thick description of their understanding of decolonization and their role in supporting the Indigenous people they work with.

I exchanged e-mails and met with one other practitioner to discuss the project (i.e. pre-interview conversation), however the person felt they did not have the time to engage in the research process at the time. Instead, they offered to help share the study information with their professional network as their contribution to the project.

Inviting stories to be shared (recruitment)

Initial email and telephone screening

Storytellers were recruited using the snowball sampling method. In other words, potential co-investigators were identified through informal networking with colleagues and narrative training centres, each of whom helped share the recruitment material (i.e. recruitment email/poster). The recruitment material was also shared on social media (i.e. posted to Facebook groups with a narrative therapy or counselling focus, posted on an SFU blog calling for research participants). Potential co-investigators contacted me directly via email if they were interested in participating in the project.

In order to align with Indigenous research methods, I kept in mind the fact that the relational quality of this step was particularly important (Kovach, 2009). As such, prior to conducting the interview, I exchanged a minimum of one email and one telephone call with each person in order to help build rapport. Once prospective co-investigators responded to recruitment material, I contacted them by e-mail to schedule a telephone screening. After prospective co-investigators were screened, an interview was scheduled if they were eligible and interested in participating in the study. The telephone call was also an opportunity to address any questions or concerns about potentially being involved with the project. As an attempt to encourage co-investigators to share their stories in relation to the research questions and an opportunity to consider what they wanted to share (Kovach, 2009), I then emailed the discussion questions to co-investigators ahead of time. I also sent them an electronic copy of the consent form in the same email.

Pre-interview conversation (i.e. "Setting the Stage")

Pre-interview conversations took place in a privately booked room on one of the SFU campuses or at a negotiated alternative location (e.g. storyteller's office). As suggested by Arvay (2003), before starting the interview, I introduced myself and offered to share some of my background related to the research, such as the values guiding the project and research process, in order to build rapport (see Pre-Interview Conversation Guide). This step was also intended to help establish trustworthiness within the relationship with the co-investigator (Kovach, 2009). I was also hoping that by sharing some of my story, I could bring in a sense of reciprocity and sense of safety in sharing within the relationship. Furthermore, the pre-interview conversation was an opportunity to go over the research process again in more detail and to address any concerns/questions the co-investigators had. As a last step to this part of the pre-interview process, informed consent was reviewed. As a way to demonstrate respect for storytellers and to honour the stories shared, co-investigators determined the extent they were involved in the project (e.g. they decided how many steps they wanted to participate in and for how long we would meet) and how they would be identified within the sharing of the stories (e.g. having their name tied to their story or generally associated with the project, using a pseudonym). I checked in about these points throughout the research, knowing that consent is an ongoing process (Kovach, 2009).

In outlining her method, Arvay (2003) cautions those interested in doing CNI that co-investigators may choose to drop out once the stages of research have been reviewed, because of the time commitment involved with this process. As previously mentioned, this was the case with one practitioner I met with. Nonetheless, I appreciated having had the chance to connect with them in person.

Storytelling (interviews)

Arvay (2003) refers to this stage as the “performance”, a term that shares common themes with Indigenous understandings of storytelling. I also used conversation as method principles such as informality and flexibility (Kovach, 2010). For instance, conversations took place while sharing a cup of tea and snacks I provided. Interviews followed immediately after the pre-interview conversation (see attached Conversation Guide for format) and were video-recorded. Co-investigators were also given the option to have interviews only audio-recorded. Video recordings allowed me to take minimal notes on non-verbal aspects of the conversation while the co-investigator shared their story, giving more space for me to listen intently as per Indigenous listening methods. Video-recordings also provided a richer reference for the transcription process, allowing me to notice relational cues.

During the storytelling process, co-investigators were invited to share their experience integrating narrative therapy into their practice with Indigenous clients. Interviews reflected an open-structured conversation method guided by five research questions (see attached Discussion Questions). The sequence of discussion questions was loosely followed at times, in order to allow the co-investigator the opportunity to share their story with minimal interruption, as per Indigenous research methods principles (Kovach, 2009). Fluidity of the story was respected so that more power lies with the storyteller (Kovach, 2009). At times, I would respond to the stories, relying on my intuition to find natural pauses in their storying, and share my understandings when it felt right to do so (Kovach, 2009). I was actively listening, not just with my ears, but with my heart as well (Hart, 2010; Kovach, 2009). I was deeply moved during moments of the storytelling process and shared this at times with the storyteller. On several occasions, I shared how certain themes resonated with my personal story, in a way that enacted reciprocity and safety within the relationship.

Transcription

As a first step to the data analysis process, I transcribed interviews based on multiple listening/viewings of the video-recordings. I was the only one involved in the transcription process, as a means to protect co-investigators' stories (Kovach, 2009). I transcribed the recordings in a way that closely adhered to the spoken word and respected the co-investigator's choice of identification/acknowledgment (i.e. use of pseudonym or real name). I also paid attention to the non-verbal aspects of the dialogue and information about features of speech (i.e. tone, pace, silence) because they help to shape how a text is interpreted. Furthermore, the transcriptions included the interactions between the co-investigators and I. Although I initially planned to structure transcripts into phrases and stanzas as outlined by Gee (1986, 2010) and Reissman (1993) like Arvay (2003) incorporates into her method, I opted not to do this in order to meet tight timelines. Unlike what Arvay (2003) recommends in her process, I handed storytellers what she refers to as a "draft" transcript. I chose to do this because of time constraints, ease of reading, and as a print-friendlier option (i.e. showing respect for nature).

Interpretive Reading(s)

Each co-investigator was invited to do a series of interpretative readings on their transcribed story. Co-investigators were given space to decide how many readings they wanted to do (i.e. up to four) or felt they had time for. Both co-investigators chose to collaborate in the meaning-making process of their story. They received a hard copy of their transcript, a guide for doing the readings (see attached Guide for Interpretive Readings), as well as highlighters which I dropped off to the co-investigator personally. I also participated in this process and applied the same reading(s) as the co-investigators to my own copy of their transcribed story. Interpretive readings were done in our respective homes. I did an additional reading alone, that of reading for researcher interactions (i.e. interpreting the self of the researcher in the transcript). During this final reading, rather than doing the same readings described above to myself, I journaled about my experience listening to their story. Writing in this way, was more in line with the reflexive writing I was already doing throughout the preliminary stages of the research process (i.e. training, client sessions). Finally, I also made note of aspects of the story that I was unclear about and sections of the transcript that seemed particularly salient to

me. I brought these notes and questions with me to follow-up on during the collaborative interpretation meeting.

Storytellers read through their transcribed story fully at least once. Neither of the co-investigators applied all the interpretive readings to their story in as much detail as on the guide. Rather, they highlighted key areas with colours respective to each of the readings and made some interpretive notes, corrections and clarifications as they saw fit. One co-investigator made notes of her interpretations and highlighted sections up to roughly half of her transcribed story. Another co-investigator highlighted sections and made notes up to the end of her transcribed story but in less detail, as she pointed out to me.

Collaborative Interpretation meeting

This step involved a second in-person meeting with each co-investigator. Both co-investigators chose to have their meeting at their respective offices. I met each co-investigator for two to two and a half hours to discuss the meanings in their story (see appendix M for a more detailed format of meeting). We listened and responded to one another's interpretations (i.e. notes from interpretive readings) of the transcribed interview. I made sure to follow the co-investigator's lead when going over the transcript and provided more direction when explicitly requested. I also conveyed that I was checking in about to meanings they made of their story and that I was not there to refute their interpretations. When I shared interpretations, I tried to do so by adopting a stance of curiosity and by demonstrating respect for the insider knowledge of the storyteller. For the most part, we sat side by side and had our transcripts visible to one another. At times, when the storyteller was clarifying an interpretation, their story would unfold further, as if picking up from the first meeting. This second meeting was also recorded, as recommended by Arvay (2003).

Producing the narrative

As a first step to producing the narrative, I summarized the Collaborative Interpretation meeting by referring to recordings and notes from that meeting. I transcribed sections that provided complimentary information to the story told in the first meeting. I then placed the events in the co-investigator's transcribed story in sequential

and temporal order to make one cohesive text. I wrote up the narrative as a first-person account so as to honour the embodiment of the story (Arvay, 2003) and tried to stay as close to the storyteller's use of wording as much as possible (Wendt & Gone, 2012). Thanks to this process, particularly the interpretive readings meetings, the written narratives represent a "joint construction" in that they incorporate co-investigators' understandings of their stories, not just mine (Arvay, 2003).

Responding to the narrative and closing

Co-investigators were invited to meet a final time in order to read and respond to their written story. Co-investigators had the option to meet in person or to respond to the narrative via telephone. One storyteller agreed to meet in person, however the meeting had to be continued over a telephone call the following day because we had insufficient time to go over the full narrative in person. The second storyteller chose to have their meeting via telephone. During this step, I invited the co-investigator's feedback upon reading their narrative, including any edits they wanted to make to their story. I incorporate further details and reflections on the outcome of those conversations in the next chapters. Furthermore, this was another opportunity for me to check-in about how the storytellers wished to be acknowledged in the research, if at all. By the end of the research process, both storytellers chose to have their name associated with their narrative.

Unlike outlined in Arvay's (2003) method, I included a closing process with each storyteller, as part of a cultural protocol. I felt this was an important piece to honour the relationship built throughout the research process. I thanked co-investigators for sharing their stories and time with me and offered them a gift as a symbol of my gratitude. Storytellers were offered a bag of tea and a sweetgrass soap. Each of these gifts were hand-crafted by Indigenous owned companies: one company is located in Coast Salish territory and the other in Kanien'kehá:ka (Mohawk) territory. I also included a personalized card, with a photograph taken within *Eeyou Istchee*. I chose these gifts because they each represented the lands that shaped my learning and research process: my two homes on the East coast, Tiohtiá:ke (Montreal) and Chisasibi, and my stay as an SFU student/guest on unceded Coast Salish territory. In addition, a \$25.00 donation to an Indigenous organization of the storyteller's choice was made in their honour. My intention behind this closing piece was to enact values of reciprocity to the

storytellers and to the larger Indigenous community. I also wanted to close our work in a good way.

Chapter 4. Written Stories

In this chapter I present the written narratives of storytellers. For me, this is where my research came to life: in listening to stories, engaging in conversations, in being in relationship with the storytellers and the knowledge they shared. The written narratives are a joint construction that centre the storyteller's interpretations, meanings and language. They also represent my interpretation of their story in the way they are written: I've re-arranged sections, for instance temporally, for ease of reading. I removed non-verbal cues and integrated them into the text in a way I felt conveyed the spirit of our conversations as much as possible. At the end of each narrative, I discuss my interpretations of how stories were told, the context of the storytelling and conversations that complemented the written narrative. For instance, I share my interpretation of returning the narrative to the storytellers. These subsections are also meant to be an emotional grounding opportunity for you, the reader, given the nature of the stories and their live content. I also include my story in relation to the research question as a third narrative. My rationale for including this third narrative is twofold. First, it offers the unique perspective of an Indigenous counsellor coming into narrative practice with a personal connection to decolonizing counselling approaches. Second, I continue to uphold the use of an Indigenous research paradigm by not only introducing myself as a researcher, but as a storyteller as well (Wilson, 2008).

KATYA

I am not Indigenous to this land, though I do have Aboriginal roots related to my country of origin. I am a visitor on this land. Therefore, I am part of the culture of people who came and live on this land. A few years ago, I didn't see it that way. I resisted that idea a lot in conversations with a colleague because I thought, as an immigrant, I didn't fall into that category of settlers. Now, as difficult as it can be to see myself in that way, I can and do acknowledge that I am a settler. I experience tension between those parts of myself. There's tension because being a settler means that I am part of a system that I don't want to be a part of. It takes a lot of emotional labour to say that I am part of a system that causes so much harm. But I think there's a difference between being a part of the system and not acknowledging it, versus being a part of the system and acknowledging it. For me, there is more peace and comfort in **knowing** that I am a part

of it. It's also recognizing that, unlike Indigenous people, I have a choice in how I interact with the system and whether or not I advocate for Indigenous rights.

Coming to practice narrative therapy with Indigenous clients

My relationship with narrative therapy has been changing over time. It's been shaped by various experiences with narrative therapy: as a trainee, a client, a therapist. How I bring it into practice has been evolving as well. I feel like I was practicing mostly narrative at some point, but it has shifted over the years. I imagine that my practice will continue to grow, even after this experience of sharing my story.

Narrative workshop during MA

I was first introduced to narrative therapy when I took a one-day workshop during my Master's program. It wasn't quite what I was expecting from the title, so I actually didn't quite like the presentation. I felt disappointed in a way because it seemed like I was already asking those types of questions and I was expecting more from the workshop. I was hoping to get something new out of that experience, perhaps a list of questions that I could take away and use in my practice. That's not what that workshop was about though.

Diversity class- Duran's book/working with narrative therapist

During my graduate training, we weren't really exposed to First Nations culture. Despite having a course on diversity issues, there were no discussions on things to be aware of in practice with Indigenous people specifically. I wondered if maybe I didn't catch it at the time, but reflecting back on it, we didn't explore it much. For example, we read Eduardo Duran's book "Healing the Soul Wound". I have an interesting relationship with his book. I started out hating the book because I didn't understand it and I questioned everything in it. So even though we were working with that book, it was like we were expected to know the history. But I didn't. If I was aware of the culture and the history that Duran referred to, it would have made so much more sense at the time. This is where I feel let down by my education: I finished high school here and I have a Master's. I think systems should be embarrassed of that because I believe it's an education we should all have.

Around the same time, I was working with a narrative therapist for about a year to help deal with the stress of my program and some personal challenges as well. I had mixed feelings about it because sometimes I didn't want to be asked questions, I just wanted to let things out and tell my story. For the first six months, I was not ready for the questions. I needed to experience the emotions. When I was finally in a place to experience the narrative approach in therapy, it was blowing my mind how I was changing the way I saw things. Then, at some point, I didn't feel like it was working anymore. I felt like I saw things from another perspective, but I did not **feel** it from that perspective.

Grief and loss class/working with narrative therapist

We also used Hedtke's book on re-membering grief in another graduate course of mine. I connected with that class a lot and I just fell in love with the presentation of it. There, I was gaining so many new perspectives. The questions they asked, the view of death, like the ongoing connection with people who have passed on, were so different. For me, personally, those ideas restructured my relationships with **my** loved ones who passed, as well as with those who lived on the other side of the world. The warm feeling I got when I was introduced to another way of seeing those relationships is what really drew me more into narrative therapy.

End of MA – narrative training

A year after I graduated from my Master's program, I joined my colleague and attended a three day workshop on narrative training. I enjoyed it more than the first workshop I did. During this training, I realized that I was already naturally applying some of the ideas of narrative therapy, particularly how we relate to mental health. For instance, I was already asking clients 'How would you describe your depression? What is your relationship with anger?'. I think the way I saw the world, in that we all relate to things and approach the world differently, brought me to ask these types of questions when I entered the helping field. That, and the fact that I already had a natural curiosity about **how** we view the world.

Despite these areas of alignment, I decided not to continue with more formal narrative training after that. I felt like I had gotten what I could out of it for my practice and I didn't agree with certain aspects being presented. For example, one idea that

didn't feel quite right for me, was the notion of standing against the problem. There was too much emphasis on that. I feel like by doing so, we're not recognizing that particular aspect in the person's life and that we're trying to make it a bad thing. I prefer to ask **how** clients would like to change that relationship. I like to ask: 'What if you had a different type of relationship with it, how would that be? What if the depression was there to protect you in some way? What if it had something to offer? What would that be?'

I also felt frustrated and disconnected during the training because I got the sense that narrative therapy was being glorified as **the** way of doing therapy. Though I think it's part of it, it's not **all** of it. For those reasons, I wasn't getting the same feeling I got during my graduate course on re-membering grief. But a lot of the ideas from the training were really quite amazing.

Conversations with colleague/working with First Nations client/deep healing work

My colleague, on the other hand, decided to continue their narrative training. We were able to have many discussions about it. I got a lot from those conversations, which often shifted my perspective and encouraged my curiosity. Our conversations were just so inspiring. For instance, I was amazed by their diligence with letter writing. I had done some letter writing myself, but not after every session as they were doing. In this sense, my experience didn't come from a lot of training, it came largely from conversations. Therefore, I may be missing something or have a different perspective from pure narrative therapy. But I think that was also part of my journey: figuring out my own interpretation of narrative therapy after getting a base of it. For me, narrative therapy is how we construct our ideas and how we see the world, and how a lot of that comes from our family, or society, and how that can be part of the problem. The way that I see narrative, is beginning to deconstruct those ideas. You start to deconstruct the ideas and the views that do not work for you anymore. The biggest point that I took away from narrative therapy is that **you** are not the problem, the problem is the problem! Although I got those main ideas from the narrative therapy training, a lot of my learning was through conversations and my own work.

In terms of my practice, one of the first Indigenous clients I was working with outside of my Master's program was not connected to their culture at all. So, I started doing some research, which opened up all this information which was new to me. I was

becoming more familiar with issues surrounding colonization. At the same time, that's where narrative therapy started coming in and was really helpful.

After I finished my Master's program, a lot of my own trauma began to show up. I tried different types of therapy and nothing seemed to work. So, I decided to emerge myself in different healing modalities, such as spiritual and ancestral work, as well as work to deal with leaving my country and coming to Canada. This was transformative. After engaging in my deep healing work, I started trusting my own knowing over what research was saying, unlike during my studies. That in turn led to trusting my clients more.

Picking up "Healing the Soul Wound" again

Once I went through this personal journey, I picked up Duran's "Healing the Soul Wound" again, some two or three years after my program was done. It was an entirely different experience from the first time I read it. I loved it and I wanted to take it all in. I loved every single sentence! I was struck by how my relationship with it changed. At the same time, I realized that a lot of the questions he presented in the book were narrative questions. I think understanding different treatment approaches and worldviews contributed to my newfound appreciation for this book.

Starting to learn about racism and oppression

About three years ago, I began looking into racism work with people of color. Though this research wasn't specific to Indigenous people, it did eventually translate to my work with First Nations clients. I was drawn to people who were advocates and who had strong voices.

Learning about the history of colonization in Canada

Then, somehow, I started seeing more and more First Nations clients. When I was first learning about Indigenous issues in Canada, I was shocked. I was shocked and upset that I finished high school here, have the level of education I do, and never learned about the history before. I questioned whether I was simply not taking it in, but I feel like there was actually no information, no discussions about it during my graduate training. The knowledge I'm gaining really came from my initiatives to learn about the topic, from my interactions with people and from listening to their stories. I was open to

learning about all of this and then it all deepened when I started seeing more First Nations clients. I really started feeling it, not just on a cognitive level. For that reason, I think that narrative therapy and my understanding of the issues First Nations people face have been progressing in parallel for me.

Four aspects of practice

When I think of my current practice with Indigenous clients, I see it as encompassing four aspects: the history of the people, narrative therapy, somatic therapy, and a spiritual aspect. Through my practice, I'm attempting to offer clients something I found was missing in my personal experiences accessing services. It's really hard to find someone who can incorporate all those aspects. So I wouldn't say that I **just** use narrative therapy, but I think I use it in other modalities that I also bring into session.

Generally, I will introduce an approach used in my practice by saying: 'This is how narrative/somatic experiencing/mindfulness works'. In that discussion, I always talk about how any one of those approaches is based in a theory. None of those theories are proven and theories are challenged all the time. For instance, twenty years ago, therapy looked completely different than it does now. So, I'll introduce the approach and follow by asking: 'What do you feel would work for you, right now?'. Sometimes we'll have this discussion in the beginning, but we'll also have it every session. Therefore, my approach to therapy can look different from session to session. At times, I will just sit and let them talk, without asking any questions. Regardless, I will start by asking them what they need that day. Then, I ask people to connect: 'What is your heart saying? What is your womb saying? What is your **body** saying? What is your mind saying?' and sometimes it's different things. In that case, we can ask each one: 'what do I need today?'. That's how I bridge all the trainings that I have with narrative therapy.

The history of the people (decolonial practices)

I find a big question for me to consider when working with First Nations mental health is: 'Where is this coming from?'. Especially when working with addiction, with violence, or with sexual abuse. It's about asking clients: 'When did this first happen for you, for your family?'. It didn't just happen. So that question makes people think because we start kind of digging and unravelling some things. That's the purpose of that question

for me: it highlights that it didn't just start with you, or with your parents. It helps people who internalize all those things. It helps to realize that this is societal, this is the impact of colonization, genocide, and all of the trauma.

Before we go digging, though, it's important to consider all the resources available to the person at that time: whether they have financial, emotional, or social resources. I like to use the metaphor of dandelions to illustrate this:

Client: I have dandelions in my backyard and I don't want them there.

Me: Okay, one thing we can do is to go pick the dandelions. We can pick the yellow parts so you don't see the yellow flowers.

That's where the tools come in.

Client: What are the breathing or mindfulness tools that I can use?

But the thing is, with that, you have to go and every morning you have to have to pick the yellow flowers. Sometimes that's all the resources you have. Another thing we can do is to go talk to the neighbor about the dandelions that you don't like. It doesn't solve the problem, the dandelions are still there, but you feel a little bit better after talking about it. Again, that's all the resources you have. And if we go **digging**, we need a lot of time and a lot of tools to dig. We need to get down on our knees, we need to get our hands dirty, we need to go all the way to the root, which leaves all these black holes in your yard. Then, we need to take care of those holes. So, we're not going to be digging if you don't have time and energy to do it. I once had someone point out that you could just change the chemistry of the soil, which would stop the dandelions from growing altogether. Change the environment, and things will change. I see my role in changing the environment as standing up, speaking up and being an ally. I see it as continuing the work beyond the counselling session and interacting with the world. That's something I can be a part of.

Working in this way shows up differently for everyone. Some First Nations clients that I work with are not aware of their own history. They haven't had the chance to find out, so there is a lot of internalization in that case. I guess this is where it's important to know the history, for myself. Sometimes the questions are kind of like bread crumbs leading them to that. I'm not telling them, I'm just asking the questions to gently widen their view. It can take a while, and sometimes people get stuck. Sometimes they can't

widen it anymore because they don't want to hear about those horrible things. It's a lot to process and it can be traumatic. I know that's been true for me in learning about my history. When they can't go any further, we start working with whatever we opened up. So narrative questions can be helpful in gauging their readiness to learn. I love that it's not me saying 'well, this is what happened for your people'. It's me just asking questions. And often people go and they start asking questions and they find out for themselves. I think it's so powerful for someone to get those answers from their own community, from their own family rather than me telling them. I can think of a personal example when, during my undergrad, I learned about the history of genocide against my people through reading and research, but none of that had the same impact as me talking to family members who survived those events. There's something ceremonial about going to speak to your ancestors, to your parent, to your grandparent. I don't want to take that away. Respecting that allows us to invite culture, community and at times ceremony into the therapy process.

On the flip side, there are people who are so very, very aware of the history of discrimination, ongoing prosecution, colonization and racism. In those cases, there are different questions that need to be asked because the same question can just bring a lot more anger than they already live with. And if we're both just in this place of anger together, it's no longer supportive. Sometimes, knowing about **all** the past and current injustices instills not only anger, but a sense of helplessness as well. I find this is where narrative is very effective. It's a question of 'well, how can we change that relationship? Do you want to change that relationship? If it could be any different, how would that be different?' versus 'okay you're angry, let's come up with some tools in dealing with this anger'. I feel like I have no right to even suggest that or to come up with the tools to calm you down. Other times clients come in and they're completely defeated. So that's where questions are not to explore, but more to heal, or to strengthen, or to resist. With some clients, we talk a lot about decolonization and see how their choices can be reframed as acts of resistance. For instance, I could ask: 'How is you just being kind to yourself and taking care of yourself resisting colonization?'

Narrative therapy

Narrative therapy is not really a technique in my opinion. I feel like it's the way we see the world, and the way we approach the world. It's also the understanding that

maybe the way that I relate to something is not necessarily how you are going to relate to something. That crosses like gender and cultural background. It's basically that curiosity and the worldview that we have relationships with people, with ourselves, but also with aspects of ourselves. I think that's where it fits so well with Indigenous clients because I don't come up as an expert. I'm asking questions and being curious about the way they see the world, and the way **they** see the problems that they're bringing into sessions, and how they would like those to change. At the same time, I think this way of approaching therapy allows space to acknowledge the power imbalance in the therapeutic relationship, which is all the more present when working with Indigenous people. With me being non-Indigenous to this land, that's all the more important for me to acknowledge. Narrative therapy allows for a shift of power because clients are the expert in their life, in their reality, in their experiences. In those moments, we're not just accepting whatever has just been given to us, such as a diagnosis. Instead, we're exploring and asking more questions about it. It's as though my curiosity sparks their curiosity. People often share after the fact, that one question shifted so much. Yet it's not like I provided an answer or a solution, nor that we **found** the answer or solution in the session. It was just one question that started shifting things. That's what I find so amazing about this approach.

Another way I use narrative therapy is in dreamwork. In those instances, it's not as if clients are telling me the dream and I'm analyzing it. It's more about asking narrative questions, such as: 'What was your sense of the dream? What was your relationship to that object?'. We could work with actually embodying the object too, like a house for example: 'If you were the house, what would the house do? What would the house say?' and explore how that feels. I could also ask: 'What is its needs?'. I think clients like dreamwork. It can be useful when exploring nightmares.

I think narrative therapy also allows for conversations about the system to come forward, including acknowledging my part in the system. Those discussions are like planting seeds that grow over time because people can often dismiss my role in the system at first. Still, I think that's part of decolonizing practices and one of the most important things I can offer clients. We can also talk about dealing with systemic injustice. It's not impossible but it takes so much energy to **fight** the system, so sometimes not fighting it is what we need to do. That's where narrative can help look at the relationship with the system: if we can't change that, then what can we change?

Navigating that is so hard and I have to be transparent in saying: 'I want to ask you how you can change your relationship with trauma, or depression, or addiction'. That's the question that I want to ask because I feel like we can't do anything with the system. At the same time, I also realize that asking **that** could be viewed as brushing off the system, when really, that's what needs to change. When you're working with Indigenous people, it's not just about what happened in the past and the impacts that that's having on their lives, it's also about what continues to happen. I can almost equate it with someone who has been abused as a child and now they're in an abusive relationship that they cannot leave. We see people abused by the system in the past and they're still in that abusive relationship -they have nowhere to go. It becomes so much more complicated to navigate.

Somatic therapy

I incorporate somatic therapy in my approach because the narrative literature that I've come across pertaining to trauma doesn't really go into the body. So that's where I borrow from my somatic training, which focuses on releasing trauma through the nervous system. It's interesting though because I think that these approaches can be used so well together. I think that narrative operates from a very cognitive space and for some people that isn't enough to shift things, so we can get stuck in the same loop. For instance, if trauma is stuck in the body, that's where I think narrative is not helpful unless it's used in a specific way to work with the body or nervous system. On the other hand, sometimes only working with somatic experiencing isn't sufficient either because you need to tell your story. I'm aware from my own experience working with a somatic therapist, that sometimes you don't want to go in the body. Especially with people who have experienced a lot of trauma, it can feel unsafe for them to be in their body or it can take a while to feel anything. If I'm only using somatic and inviting them into their body, it can be like inviting them to a scary house where abuse happened. Their response is: 'I'm not going there'.

I take that into account when integrating somatic and narrative approaches. First, I will negotiate with the client, so to speak. I will say: 'Sometimes when you talk, I notice things. I notice your body talking as well. So, you're telling me a story but your body is saying something as well. I'm interested in **both** stories. Would you like to hear both stories as well and find resources in the body? Because sometimes the cognitive story is

different from what your body is saying'. I might also ask: 'I'm wondering, what is your body saying right now? If it had a voice, what would it say?'. Other times, I might encourage the client to step away from all the meaning making and invite them to just be with the body. Sometimes they are able to be with it, but sometimes they are not. We might then have a narrative discussion about their relationship with their body and what their body is saying. And then we will step away from the narrative in order for the body to express itself. The moment we step into that cognitive space and try to make meaning of the feeling, it's no longer being felt, which means it's not going to release. So that's where, sometimes we want to let things flow and release so we can, not only know cognitively, but we can also **be** that in our bodies. Sometimes we go into the body to find resources, other times we find resources through narrative exploration. Sometimes we process trauma through the story, and other times through the body.

Spiritual aspect

'Spirituality' can be a very loaded word. So much so, that I don't even usually use that word with clients. Rather, I'll start with dream exploration. Sometimes, I'll ask them how they got through a horrible situation that they're discussing in session. Very often, that's how that conversation will come forward. Other times, I'll ask if they're interested in very simple practices, like setting an intention and finding an object that represents that intention. When I think of 'spirituality', I think it's whenever you connect to something that's greater than you. **For me**, that's being in nature. That's my spiritual practice. That's when I feel most connected to myself, and to something... greater. My understanding of spirituality refers to the practices that help you feel like you're not alone. Not just in human ways, but in the universe, you are not alone. I used to say that I don't have a goal as a therapist, that I don't have an agenda. But maybe I do: maybe part of **my** message is that connection with nature, connection with something greater than us, whatever that means, for each person, is healing and supportive. I invite clients into that space. Whether they will come into it or not? That's a different question, but I do invite them into that place. I invite them to find connections in their community, when possible, and to do that spiritual work within their community if they express interest in pursuing those avenues.

Narrative therapy is so beautiful, especially when it comes to spirituality, because there are no assumptions. What one person believes, another person doesn't have to

believe, and vice-versa. There is no imposition of beliefs. I like to refer to something I call that 'evidence-based spirituality' in my practice. I'm not referring to the research literature on spirituality. I'm talking about using the narrative questions to **test** and explore the impact certain practices have on a person. If the practice makes the person feel connected and makes them feel lighter, there is your evidence-base. I find narrative is a safe way to introduce those discussions. Sometimes people feel safest talking about it in session, and they will not talk about it anywhere else. Which, for me, has been my own journey as well.

Closing

All in all, doing therapy with First Nations clients is the heaviest work that I do. Not with everyone, but with some people, it's the heaviest work because I **so** want to help. I will try to find a lawyer, or get in touch with contacts about free legal services, or look into the law myself. To some, this might be considered stepping outside of my role as a therapist, but to me, it's a matter of ethical practice. I acknowledge in order to practice ethically, it's also important for me to have a supervisor who is very aware of the culture and history, and who is Indigenous themselves. At this time, I don't have that someone – though I'm looking. It is a work in progress because I feel like I need to really connect with that person. There are times when I can't find that support for my clients and it's absolutely heartbreaking. I feel such deep empathy for some clients' stories that I can't help but tear up talking about it. I carry their stories with me. Sometimes I feel hopeless and I know that I'm only witnessing their story. I'm not living it. So I can't even imagine what it's like for them. I have such admiration and respect for their journey and knowledge. That's why I use narrative therapy for myself before sessions, as a practice of self-care. I ask myself: 'What do I need?'. Sometimes I might weave in a spiritual aspect, such as asking myself what supports I need in the room with me. For each client that comes in, I'll just check with myself because each client touches on something and can potentially trigger something. So that's how I use narrative therapy for myself and for my clients in my practice.

Reader/Listener Interpretations

Katya was the first storyteller I met with. During the screening process, I learned she works in private practice and works with a number of Indigenous clients. We met at

her office for all of our meetings. In listening to Katya's story, I felt deeply moved by her sincerity and the empathy she embodied. She told her story in a way that weaved in and out of the discussion questions. Rather than answering the discussion questions directly, she hinted to them in her story, for the listener to uncover. The subheadings I used in writing Katya's narrative were ones she identified while first sharing her story (i.e. four areas of practice) and also during the interpretive readings meeting (i.e. subheadings of coming to practice narrative therapy). I wanted to honour her views and used those to structure her story.

When we met for the second time to go over our interpretive readings, Katya shared she felt her story was "scattered". She noted that the transcribed story was painful to read at times, like when she noticed she was using language that she felt downplayed the severity of events she was speaking about (e.g. using words like "injustice" instead of "genocide"). I was surprised by how hard she was on herself because I felt she was very caring and that her language reflected that. I felt that came across in how she told her story too: She spoke calmly, sometimes in a low voice and often paused, sitting with silence. At times I sensed hesitance or caution, other times I sensed deep reflection. Still, I did not contest her experience because it was hers and that needed to be respected. I simply shared how my experience of witnessing and reading her story was different. I shared how I felt there was a lot of rich content in her story and that many aspects resonated with me.

On a couple of occasions, Katya mentioned that the research I was doing required a lot of work on my part. At first, I acknowledged the time required in the transcription process, which is one aspect she referred to. Once I was home, I wished I had expanded in a way that contextualized the work further. So, in our closing meeting, I shared that much like how she views ethical practice as needing time and care, or that others might perceive it as being time consuming, this is how I view ethical research can be done. I felt we connected with our understandings of what good work entails both in practice and research.

I found Katya's story especially descriptive of her practice. She gave examples of narrative questions related to concepts she was discussing and how that would translate into her work. This helped me imagine what it would be like to sit in the room with her as a client. As I pictured myself in that role, I felt deep gratitude for her approach to working

with Indigenous people. I felt she approached her practice wholistically and that she takes care of her mind, body and spirit as well as her clients’.

When Katya began to read her story, she said she felt like crying and did not know why. I saw this as an opportunity to share how I had a similar experience reading it aloud to myself before our meeting. Once she read her written narrative completely, she expressed that it was beautifully written and that points were tied together nicely. She shared edits such as points to add clarification and references she felt would better protect third parties. I made all the edits Katya requested. Initially, Katya was unsure as to whether she wanted her name associated with her story. So, I wrote her narrative in a way that fully protected her identity. In the end, she chose to have her name included with her story. So, we added a couple more aspects to her written narrative, like the fact that she identifies as Aboriginal. She shared identifying as such was an important aspect for her- it felt important for me to include as well. I did not incorporate that information in the first version because I did not want to compromise her desire to remain anonymous.

There is a moment that I will always cherish about our time together: a flock of geese called as we sat down for our first conversation. My face lit up and I pointed out what I was hearing to Katya. In true narrative fashion, she asked what that symbolized for me, so I shared the meaning with her. Then, she shared a story about geese too. During the closing of our research process, she mentioned that moment again. We spoke about it some more and in the end, she thanked me for that *gift*. Her choice of words in referring to my story conveyed to me that she truly understood the nature of what I shared with her. She also said it in such a sincere way. To me, this showcased how powerful language can be in validating a person’s experience and worldviews. *I hear the geese calling outside my window as I write this.*

KARINA

I’m karina. I am a social worker by trade with a deep interest in counselling. I’m originally from Ottawa, which is on unceded Algonquian territory. I’m of French Canadian and Slavic descent. I have moved around a lot: Most recently from Toronto, before that, Victoria, Edmonton, France, Ottawa. I have been around in Vancouver on this territory for about seven years now.

Coming to practice narrative therapy

I was first introduced to narrative therapy when I was working in Toronto where I went to do a Master's in Anthropology and Indigenous Health. Part of the reason why I ended up doing that degree was because I was doing antiracism education work in Edmonton. I had some incredible mentors in Edmonton and we worked mainly in schools and had received a number of grants based on the idea that racism was a mental health issue. I would see that very frequently with the folk that I was working with, both in terms of suicide rates due to racist bullying in schools and harassment of community members because of racism. It was taking huge tolls on the communities I was working with, so I was interested in making more sense of that. At the same time, the Truth and Reconciliation Commission stuff was going on. They hadn't started the proceedings yet, but they were talking about what they were planning on doing and before that, mass grave sites were showing up. So, I had focused on just educating myself, on much of the history that I had not learned.

Then, based on that experience, and my interests in mental health and substance use, I had gotten a job related to addiction and mental health in Toronto. I don't remember signing up necessarily for this particular role, but I was in this position where I was part working at a nicotine clinic, and part working with Indigenous communities to support creating more dialogue, as well as trying to create culturally relevant resources around commercial tobacco use. The position was actually intended for an Indigenous person, but there was no one to fill it at the time because the Indigenous applicants did not have the professional credentials required. After my position ended there, I tried to get an Indigenous worker to fill in. I could go at length in terms of why that position didn't make sense and how the centre wasn't actually interested in talking about history or decolonizing approaches and all of that jazz, **but** the question is around how I got to narrative. So, as we were trying to work with an Indigenous educator to create this curriculum, I was also looking for resources on similar topics across Canada. I had come across this one resource made in Saskatchewan. Much of the resource, on top of journaling exercises you could do, also had...stories! From people in the community, elders, adults, children, that just said: 'This is my experience with tobacco' and 'this is my relationship to tobacco'. It was really incredible. So, I was trying to work with the educator to see if this could inform what we were doing. I remember getting feedback from one person that it seemed very narrative, but I didn't

know what that meant. I was also holding these circles as part of my work and I would ask people: *What's your relationship to tobacco?* and I kept getting this feedback saying: *that's very narrative*. Again, I had no idea what this was at the time because I wasn't completely familiar with different modalities other than motivational interviewing.

After that job, I discovered I wanted to work with people more and do less research, writing reports, and planning conferences. I wanted to try to operationalize what I had learned and written about. I wanted to apply those constructs. So, I went and pursued my Master's in Social Work here in Vancouver. I chose a university on the West coast over the East coast partly because the politically active Indigenous presence here stood out to me. I was particularly interested in finding out what this narrative business was all about, so I was looking up resources and talking to people about it. I became more and more interested because I discovered that a lot of the resources I was finding were citing anthropologists, which was already my educational background. I could see some things that were drawing me to narrative therapy: anti-individualism, it gave more context, it was not pathologizing or medicalizing, and it was very sociocultural. It was very supportive of taking those types of approaches to understanding people's mental wellness. That led me to take a narrative training while I was still doing my Master's. Lots of what I was learning at the training sounded **great**, especially theoretically. My initial reaction was: *Yeah! Postmodernism, that's great! All of this is amazing!* Then as I was doing my practicum, I felt like it was very hard to put into practice. For me, it felt like there was this linguistic divide, or I don't know how to describe it. It felt like I needed this phenomenal mastery over the language, that I didn't feel like I could access. Still, I kept trying to practice narrative. Within my own MSW thesis research, which focused a lot on decolonizing approaches to mental health and substance use counselling, narrative was a big part of that. I also talked about how narrative came to be and whether there were certain parts that had actually been appropriated from practices that folk had been doing for millennia. I was writing about all of that and trying to make sense of it.

I continued trying to bring narrative therapy into my practice, even after the Master's. I did more trainings with a couple of centres, kept reading, and kept trying to find like-minded people to talk to about it. I've felt like I've constantly struggled to find ways to incorporate it though, especially with my clients in the Downtown Eastside. So, sometimes it feels like I'm just using nuggets of narrative therapy, key questions and certain types of approaches. At times, I've actually had to distance myself from narrative

therapy because I was getting so frustrated with what felt like the inaccessibility of it. Even as a person with comparable levels of education, I felt like I couldn't participate in professional conversations focused on narrative therapy. Some of it felt elitist to me in that sense. So, there have been times where I've felt very good about it, other times where I've felt I've had to create distance. At the same time, I've also discovered other people in the community who said that the whole heart of narrative is supposed to be accessibility and so, if people are practicing elitist ways, that's not helpful to lots of people. It's not helpful to lots of communities. The people I've heard that say things like that are Indigenous folk, and work in Indigenous communities. So, I have reason to believe it's... **doable**. It's just that some of the approaches, some of the teaching that I've received from cis-white folk, have not landed well for me.

Further challenges in practicing narrative therapy

Different questions with answers that can't always be accessed

I feel like there have been times where narrative approaches have been challenging, just because of the emphasis on very different questions. Sometimes I'm not sure: *is it the way I'm asking? Is it because this is a very different question than people are used to? Is it some cognitive stuff?* Which also happens with a lot of my peoples. I can appreciate when people have a puzzled reaction to some narrative questions I ask because I have been on the other side: I've done the advanced training and I volunteered to be the human at the front for live demonstrations. With that experience, I discovered that as soon as the emotions came up, it made it so much harder to try and engage in the intellectual process of narrative therapy when you're triggered. Even though students would be asking these **beautiful** questions. *I can't even access how I would answer that right now. I need to ground myself because I'm starting to feel quite emotional because of the content. I need to read the question, think about it, and come back to you in ninety minutes.* So even doing that, made it clear to me that some of these questions just will not land. Based on people's intellectual capacities, or having gotten to an emotional place, some of your capacities are a bit off line to even engage with this material. It can draw you out of the embodied experience. One of the training centres was helpful with that because they were really big on somatics. I did start taking somatic experiencing. Sometimes I feel like I can blend the two a little bit more. You know, something as simple as: *hey, I notice your foot is tapping. What do you*

think your foot would want to tell me right now? That has been helpful. Trying to keep it as simple as I can.

Narrative therapy can be heady

So, in some ways I feel like narrative can be very heady. I don't feel like it has to be, but often when I'm exposed to the teachings, it ends up being these more theoretical conversations. I just can't do that orally and that might just be my own possible learning disabilities or whatever. When it starts to become heady like that, I actually need to see the words in order to be able to think about it and be able to respond to a narrative question. So, it makes it very hard for me to actually do it in the moment with a client across from me. A major question for me, then, has been how to get around that headiness. To do that, I try to keep boiling it down to the main ideas, like using externalizing language that puts someone in relationship to the depression, to the anxiety, or to the gross feelings. I also try to pick up on when people are sharing stories that are not as spoken or might be preferred identities. I try to listen for those and then try to ask them to elaborate and give more detail on those particular preferred identities that you hear less of. I don't feel like that has to be really complicated language, per se.

What about the spiritual?

The spiritual didn't come up much in narrative literature either, yet it is an aspect that shows up a lot in my work with folk. I have a number of people that have either more traditional approaches, a few that are with specific churches, and a few just kind of keep it undefined. It's not that I need prescriptive questions or anything like that, it's not **that** hard to try and bring that stuff in, especially if they've already brought that into the room. Then I can just ask: *well, what is your reference [e.g. goddess/king]? What would [personal reference for spiritual belief] do in this situation? What would you want them to say to you right now? What do you think they would say to you right now?* something like that. It's not challenging, but it's just not really part of a lot of white western counselling modalities. And I consider myself a spiritual person too. That's a huge part of my own wellness and healing and transformation, so I feel like there's a pretty big gap there. Ultimately, if narrative was going to be the approach that made the most sense in working with Indigenous people, I would have liked to have been able to find more Indigenous healers and educators actually talking about the approach and whether it

was working for them or not. And I just felt like I couldn't find that, which made me question: *okay, is this appropriate or not then?* I still can't answer that.

Narrative therapy as supportive to practice

Nonetheless, I do feel like narrative has been supportive because a lot of the ethics that it talks about align with my own: the searching, the contextualizing, the de-pathologizing. I think there is lots of space and place for appreciating difference within this approach or being critical of dominant society and culture within narrative. It's good at being critical about the field of medicine, including the medical system. I feel like there's a social justice aspect to it, which might be more obvious within Just Therapy because it actually says that it's about justice. Additionally, there's the idea that people are an expert in their own lives and that they have all this incredible insider knowledge. In terms of my role, that means that I'm ultimately just here to support them, to identify, uncover and explore those stories, identities and meanings.

Personal ethics

I grew up largely in French, which may not seem like a big deal. When you are surrounded by English though, it makes this question of belonging so obvious: It showcases how certain realities are not acknowledged and the impacts that has on your own sense of wellbeing, belonging, or identity. It's not to say that I had this incredibly hard experience, but I feel like there was a certain constellation of factors that made me appreciate that contextual, social and cultural aspects are all very important to making sense of what we have access to and how that impacts our lives. I think that contributed to this idea of not blaming the individual or providing context to making sense of someone's experience. I have all kinds of uncomfortable, critical experiences with the medical system that make me wary of the approaches within medicine. For example, this idea of fixing or curing people, or that someone's to blame, or that they made bad choices.

I deliberately chose social work over counselling because of my educational background in anthropology which was largely sociocultural. I wanted to continue to take very a social lens to talking about mental wellness or working with people with mental wellness. That particular perspective I think comes from appreciating my family's context with intergenerational trauma and how that impacted my own family. Instead of blaming

the one individual in my family that was a source of a lot of pain, recognizing that there had been this whole lineage of garbage that had led to that place. It also comes from my own experiences with gender: how that meant a very different experience within my own family, within different contexts, within different cities as I moved around- how that played out, impacted the types of experiences that I had and the type of harassment I experienced. It comes from recognizing that the privilege I grew up with meant that I had access to education. I had access to supports that some of my other friends did not have access to. Recognizing that it wasn't because I was a better or smarter human- that it was just that I had these resources that others did not have. Again, how I came to those ethics is partly because of my own experiences and then having incredible diversity of humans in my life that have had more adverse experiences than I: wanting to better understand, become less ignorant of injustice and be in solidarity with them. That has brought me to social justice ethics as well. Tackling and unlearning ignorance for myself and others has meant disrupting many dinners and making those gatherings uncomfortable. It has meant disrupting friendships as well. I used to get really upset and worked up in conversation and realized pretty quickly that people don't listen in those instances. It's necessary to get the message across and sometimes that one moment is the only time I might have to get a message across. So, I've had to approach conversations differently.

There was another key experience at one of the narrative conferences I attended that made me feel very differently about what's possible when you take a different approach, and how validating and helpful that can be: Lorraine Hedtke's grief work. I remember, the first time I sat through one of her workshops, I had lost a loved one- it's a loss that's still painful to talk about to this day. I was sitting through that workshop and **bawling**, because... the videos we were watching and the list of narrative questions she provided just felt **so much better** than all of my experiences with counselling around that death. Because... a lot of grief psychology is... I'd say **pretty awful**. It's largely surrounded by this idea that you need to go through this particular grief pattern and that it somehow looks so clean and nice, and after three months you're supposed to be cured of your grief. Or, that you're supposed to ultimately move on and let go of this human being that is an immense source of... love in your life... It just didn't make sense. At least not for me. So, to be exposed to that list and to feel the impact of those questions on me, versus what I had experienced, was also transformative.

Narrative strengths in practice with Indigenous women

There's a lot of conversations that I have with Indigenous women that I work with around blame and shame. Women will be blaming themselves for the violence that happened in their family, for all the intergenerational pain that they're carrying, or for their children getting taken away, which is usually the hugest part of the pain in the room. So, working with them to try to acknowledge, or see, or appreciate that it's not their own failures. That there's this much larger context, which for me is super important. I feel like those approaches have been important to lift some of the blame that the folk I'm working with speak to. Narrative has also been helpful to identify some of these preferred identities, like identities tied to traditional practices. Exploring what skills are needed within that identity, who supports them in becoming and embracing that identity, who wouldn't be surprised that they still hold that identity dear despite being disconnected from community, and how some of those skills get carried over into their everyday life. In those ways, I feel like narrative has been helpful to provide context to the pain that people are describing, to identify preferred identities, and to support a community of people that recognize these things.

Narrative group work

When I was doing my own MSW research, I kept discovering things like the Just Therapy team or how there was comparability with Indigenous storytelling practices, and all of those things were done in group contexts. It was really confusing to me that narrative therapy kept talking about anti-individualism and yet, each time we talked about practicing with folk, it would usually be one-on-one! I don't think everyone wants to do group counselling and not everyone wants to necessarily do individual counselling, but a lot of what I was hearing from the literature, research and conversations with Indigenous approaches highlighted a collective approach. That wasn't talked about within a lot of the narrative literature. The one thing I could find was around the anti-anorexia league and that seemed really cool but there was so very little on that and it was not exactly what I was looking for anyway. So, I feel like there was not enough emphasis on the collective within narrative therapy.

At one point, I actually did try to do a narrative group for women I worked with in the Downtown Eastside. I was trying to bring in the elements I felt were missing within a

narrative approach. It still felt like my attempts at working with the content were a bit challenging for the folk that I was working with. What I ended up doing was trying to bring in a handful of narrative questions, like two or three, on a particular topic. Maybe that week it was spirituality, or another week was about noticing your body, and then I would try to get them to collage, or draw, or make art, as a way of expressing a response to these questions. For example: *How do you invite more hope into your everyday life?* or something like that. Then they would write poetry or do collages. Some of the people that came said that the group was amazing and that this should happen more often, that they hadn't heard these kinds of questions or experienced these approaches before. They started to be really sweet with each other and support each other in getting there, and just being present in the group. So, some of it was good, whereas some of it just looked really great on paper. I feel like that's just narrative: it sounds really good and looks really good... but it doesn't always land.

I was really keen on trying to bring in more interesting, accessible, and helpful groups because I personally think groups are amazing. From a social perspective, it's bringing people together: it decreases social isolation, it can help create bonds, you get to notice patterns amongst people and their stories and then trying to make sense of those together. It allows you to be able to put those stories in a context too: *it's not crazy that all of you have been silenced about your experiences of sexualized violence. Here is the society and culture we live in!* Also, if you want to talk about numbers, it's more cost effective, right? That was my inclination to try to do that, but it didn't happen. I had actually applied for a grant at one point to work with Aboriginal health to bring in one of their elders and try to work with some of these approaches. I did quite a bit of citing Indigenous storytelling approaches and then citing narrative therapy approaches but the feedback I got back was that it was not Indigenous enough. So, I was like: *okay, well maybe that's it then! Maybe it's not Indigenous, maybe I can't do this.* We never went ahead but I feel that if you were doing it in a group, maybe having capacity to do ceremony or maybe having an elder there while also using some narrative questions... could be a way for it? I don't know. Or maybe I'm not Indigenous so I can't do it! And what do I do then if folk want culturally safe counselling/group options when half of our clients are Indigenous? I hear the fact that I'm not Indigenous all the time. People request to work with Indigenous practitioners but often they do not have the credentials and are seen by the system as less equipped which is frustrating. I try to navigate that

by bringing in Indigenous workers from other community resources to our women's nights so that the women can become familiar with them. I also offer to connect clients with other workers than myself in case they prefer that option.

Contextual elements present in practice

Part of my job has allowed for outreach. Because women do not always feel safe to come into the clinics, it has meant meeting a lot of more marginalized women on the outside of the clinic. Also, in working with some of the Indigenous women I know, being able to acknowledge that clinical spaces have not always been safe or that they remind people of institutional spaces like sanitoriums, residential schools, prisons, or whatever the **crap**. So, being able to acknowledge that, share with my team, and advocate for the fact that I need to meet people on the outside of the clinic. That has meant meeting some people at their home, which are often Single Room Occupancies. It's also meant meeting people in parks! People also have these particular ideas of what counselling will look like: wondering if I will sit across from them and psychoanalyze them the whole time. Some of being able to sit outside also gives people the grounding capacity: they can look at a tree, or watch the ducks, or if something was too heavy they could distract themselves with the birds that are flying by. **And** at the same time, it usually means sitting side-by-side with someone instead of sitting across them, which for some people is much more manageable, less anxiety provoking. Many of us will do walking conversations too. For some people the idea of sitting and being present to these feelings is too much. So, being able to walk around is helpful. Sometimes I'm asking narrative questions when I run into someone... in the waiting room! I feel like the context that I work in also doesn't allow the capacity for hour-long conversations or getting folk's undivided attention. Often all I can do is drop something and hope it lands.

In the past, I did do a bit of practicing "in the room" as they call it. At one space in particular, one of the walls is entirely a chalkboard. I found it was probably the most helpful way for me to slow things down, but also as someone who's incredibly visual it allowed me to not lose my train of thought and get overwhelmed, as I do sometimes when I'm just conversing because I'm not the most oral human. I'd be able to write down some key words and we would be able to refer back to it together. Taking notes is one thing, but I found this way, it also showed that I do not own notes to their story. I've also written a number of letters. I still feel like the more letters I write, the easier it is for me to

grasp some narrative stuff. Again, just due to the way I learn and that I need to see things. It slows things down, so it allows me to do externalizing, ask about preferred identities, and reflect back on some of the things they've shared in really beautiful and narrative ways, and leave them with like a question for homework or what have you. I have sat down and written quite a number of letters to the women that I work with. I've had women tell me that they wanted to write me back- I don't actually expect them to write me back- but some of them have felt compelled to do that.

My practice unfolds this way for a whole list of reasons. One, people don't want to come into the context and practicing in clinic is just hard in general. It can get very loud at times, the temperature is always off... I'm often using spaces that aren't mine, so I would not set them up in the way that they are. If you were stepping into other counselling spaces that I know of, you might walk in and there would be snacks, beautiful local art, people in casual clothing, chairs, and it would be pretty comfy. Whereas coming into the clinic to see someone, you're in this waiting room with a bunch of, usually kind of aggressive dudes, doctors with collared shirts and someone who might be getting wound care and it smells really bad, hearing the toilet flushing in the room beside you. So, it's not the most enticing place to come and receive counselling and to feel calm, cool, collected. I don't think I would want to go in that context for counselling. I guess another part to consider is that we have an electronic medical charting system, which means that I am putting notes into a system that other professionals will be able to read. When that's the context, it makes people wary to have an emotional conversation. So, I will say: *I appreciate that I'm part of a giant bureaucratic system, that healthcare is super oppressive good parts of the time, that you've likely had terrible encounters with practitioners, that I'm a **white** person, that I don't have the same experience as you, that I've had access to all these things that you may not have.* I can't fix those things, but I can at the very least acknowledge them and the fact that they impact my capacity or my practice. Often, I'm met with a lot of agreement and sometimes they highlight I might not be able to get something. In those cases, I just validate and say that I appreciate that. *You're right. What can we do at this point? What do you need? Do you need to be referred to another human?* I acknowledge that I can't do everything, so I just try to bring other people in the team based on what they need.

We fought pretty hard to be able to have elders at our primary care sites. In particular, I fought for them to be at our women's nights. It has been a huge draw for women. It has meant a lot and they're so sad when an elder is sick and can't come by! I think just being able to say that the options are there and what we will be doing has also opened the capacity for some conversations that wouldn't happen otherwise. To be able to say: *This is what's happening. The elder might come by, and actually, they're from your community.* They do super cool stuff and make people way happier than I can. So, we have some supports available - limited but some. And, you know, part of my role is also just connecting people to community resources like supports related to the Missing and Murdered Indigenous Women and Girls Inquiry. *Hey, we're going to be making stuff to go to the march on February 14th, do you want to come? Is that something you want to do? There's going to be a bunch of us there.* I'd like to be able to remind people that there are options like drumming that happens close by. Part of that is my job as a social worker, but another part is wanting to connect with the communities I work with. When I was working with Indigenous communities in Ontario, for example, I participated in sweats and took classes to learn the language. Ultimately, it's about engaging and participating in community.

There are also other people that I work with (i.e. clients) that don't want to identify as being Indigenous, that want nothing to do with their culture or other Indigenous people because of all the experiences which involve violence and assaults. They associate the community that they come from with **that** or the culture that they come from with **that**. I will validate their experience, but I don't necessarily agree that it's their culture that's inherently violent. I will try to contextualize that. With some people, there's been a huge shift over time to the point where they actually identify with their community and are willing to consider seeing an elder and smudging. I'm not necessarily going to take credit for that, but I feel like I do bring up experiences and capacities, and just continue to invite people: *There's an elder coming by. We're making medicine pouches tonight.* Just in case they eventually change their mind and that is something that might be a source of pride, healing, or wellness.

Narrative therapy and decolonization

I'd say my work in Edmonton was a pretty important starting point of how I came to understand the idea of decolonization. It was my first time working with elders,

working in Indigenous schools, going to sweats, being exposed to teachings. The only other thing I could think of that comes before that, is that I also consider myself a visual artist. I changed high schools to go to a visual arts program and at the time I was a huge environmentalist. I was looking for different takes on art with an environmental justice spin, and that's when I was falling on lots of art from the West coast, especially Lawrence Paul Yuxweluptun. He had an exhibit at the Museum of Anthropology recently and all of it is around corporate greed, resource extraction, and the impact on the environment and the peoples. That art just blew my mind and was pretty formative for me. It made me much more interested in trying to make sense of those topics: *Oh okay, it's not just an environmental justice issue. There's all this Indigenous human rights and justice stuff that overlap.* And so that was the beginnings of thinking about those things.

If decolonization can even be defined per se: I think for me ultimately, part of it is **knowing** all the ins and outs of what colonialism is and what the impacts have been. Knowing that it falls into a much larger story and history of imperialism all across the world. Knowing that it's also that we've **all** been colonized and that it's in large part an unlearning process. That there is revitalization of cultural understandings, beliefs, epistemologies, and spiritualities which are part of that decolonizing process and also is part of an Indigenous process. Ideally, there is also ultimately this dismantling of colonial structures, policies, and ways of understanding. For me, part of what decolonizing counselling or social work is about, at the very least, is stepping back from the idea of blaming the individual or that all the problem is stuck in their mind. It's about placing the responsibility back on a sociocultural context that has been exploitive and awful and harmful.

I think a big part of decolonizing practice is a lot of what's already been said in terms of contextualizing, bringing in the social, de-pathologizing, anti-individualism, anti-psychiatry, when possible bringing in the collective- if only even just the narrative idea of witnessing. Whether it came from narrative therapy, social justice work or social work, I also firmly believe that it supports self-determination in terms of people setting their own goals and making their own decisions. I don't feel like I have the right to tell someone how they should deal with the deep pain they're feeling. I think the emphasis on reflection and practitioner reflexivity is important to decolonizing too. There's a lot of paternalism in the medical professions and just anyone in positions of authority. So, it helps to highlight those power differentials, trying to address them as best as possible.

Narrative just really encourages appreciating the expertise and knowledge of the person you are working with. Even using different language: *insider knowledge, participant, co-researcher*. I think those are really beautiful terms.

Closing

In some ways, I hope approaches like narrative therapy also contribute to addressing our terrible history within social work and the reputation that we generally come with if we introduce ourselves as social workers: having stolen so many children and that we're continuing to do so. I feel like these types of approaches support just putting more power and control in the hands of the people we work with. Recognizing the amount of influence and power we bring into the space and into the room, which is why I feel it's important that we emphasize **questions**, instead of giving people advice, or trying to use clichés that might show up in other modalities. Asking questions based on what they're saying and their own language use.

It's interesting to reflect on those things. Right now, I'm attempting to make changes from within the system which may never happen. It feels naïve to say and rarely works anyway. But, I'm giving it the good college try and will do what I can for now.

Reader/Listener Interpretations

karina and I met in a study room on campus when she first shared her story with me. She referred to the printed discussion questions I brought in and told her story in a way that addressed each question, one by one. For the most part, her storying process followed the sequence of the discussion questions. This is why I chose to include parts of the discussion questions as subheadings to her story. She would read them out loud, which indicated to me that her story would shift. She used humour and sarcasm in telling parts of her story. Other times, she slowed down and showed vulnerability. She spoke candidly and in a way that I felt highlighted her professional and educational background. By that, I mean she seemed to tell her story through a sociocultural lens, even in how she introduced herself. I shared my interpretation that her interest in sociocultural aspects came across throughout her story, which she seemed pleased to hear.

The context of her practice is an important part of karina's story for me as a listener and reader. I included the name of the neighborhood she works in because I think it reveals a unique context that requires special considerations for practice. I appreciated how karina adapts her practice in ways that are safer for her clients, like by doing outreach and meeting people outside in nature. I see this as being particularly important because of the oppressive encounters with the healthcare and mental health systems she discusses. I think she tries her best to deliver equitable services within a system that makes it difficult to do. To me, her story speaks to a whole array of challenges in working within a health authority. For instance, needing to abide by policies that do not align with the values of her practice, which she spoke about further in our conversations.

I found the way she listened for traditional identities as preferred identities and how she explored those with narrative techniques particularly beautiful. I wish I had experienced more of that in my narrative sessions as a client. For instance, exploring my identity as a hunter. I think that would have been a way to feel more connected to my community at times.

For our interpretive readings meeting, I was invited to one of karina's workspaces. During that second meeting, karina noted that she did not use metaphorical language and did not really discuss meanings in her transcribed story. For instance, she pointed out that she never defined decolonization explicitly – I had noticed this too. We had both highlighted many sections of her transcribed story in pink (i.e. readings for power/decolonization), so we spoke about how talking about decolonization showed up differently in her story: it was more implicit. Then, she shared her definition of decolonization, which I included in her written narrative.

When she was sharing her story, I was moved by her relationship with grief. The way she described her views on grief psychology and feelings about severing relationships with loved ones who passed on really resonated with my personal experiences. I conveyed some of that to her. The discussion around group work was also helpful for me because it was not an aspect I had given much consideration throughout my learning of narrative therapy. It was not something discussed in my training, which supports what karina talks about in her experience. I had only read one article about narrative community work in Ontario.

karina read her story on her own and we had our closing meeting over the telephone afterwards. She suggested some minor edits that clarified her story and expanded on certain meanings. I incorporated all the edits she requested. She also pointed out that she does not capitalize her name, which is how I write it in this manuscript. karina shared that she felt like she was inarticulate in her storying, which she had mentioned after reading her transcribed story too. This surprised me because that was not my experience of her as a listener/reader. Again, I tried not to refute her experience but did share that my perception was different. I asked if there were further edits she wished to have included in that respect, but she said that there were not. karina said she appreciated the process of being able to edit a story. She also conveyed that she appreciated reflecting on the content discussed in her story. I had hoped storytellers would feel like they were able to gain something from our meetings and her feedback indicated to me that she had in some ways.

KATRINA

Experiences leading up to current program

My experiences with psychology and mental health services didn't always sit well with me, to say the least. I've worked in a few Indigenous communities, including for psychological services in an urban reserve. My work and training experiences are really what got me thinking about the nature of mental health services when working with Indigenous people. I heard community members' concerns firsthand about how services were structured, observed the system myself and advocated for policy changes within the organization with the guidance of a great mentor and friend. I also attended trainings on decolonizing trauma work and had conversations with family members about the meaning of my professional role entering the mental health field. These were a few of the key experiences that led up to my interest in decolonizing mental health practices.

Before this program, I had started a Master's in counselling at another institution. I knew counselling was the field I wanted to pursue, but that particular program didn't work out for several reasons. The delivery was challenging for me to engage with, but mostly I encountered some upsetting dynamics. During one course, I was trying to bring in conversation intended to challenge negative stereotypes about Indigenous people and to help contextualize colonial impacts on families and communities. We were

encouraged to draw on our work experiences so that's what I did. I was really excited because I thought I could offer a different perspective, one that people were unfamiliar with, which became pretty clear to me throughout this course. That didn't go over well- I was just shut down and felt completely silenced. I was essentially told by the professor that we simply didn't have time to bring in those types of conversations to the class. It was so mind-boggling to me because as counsellors-in-training, we were going to come across these issues in our practice, yet they weren't being discussed. That moment was especially disheartening because the person in question was Indigenous and had the power to foster awareness, sensitize students and encourage such dialogue in our program. That was just one concerning experience, but there were more. Shortly after that semester, I decided to withdraw and applied to other schools that offered similar counselling programs.

Counselling theories course

My interest in narrative therapy started during my current program nearly four years ago. One of the first classes I took was a counselling theories class. Amongst the first readings was Kathy Absolon's (2010) article on Indigenous wholistic theory. I remember feeling pleasantly surprised that an approach based in Indigenous understandings of wellness was included in our course. I started writing about this approach as part of a class assignment because it was based in the practice I envisioned for myself as a counsellor. It reflected the context I knew I would end up practicing in when I returned to my community to work. We were given the option to integrate a second approach into our assignment, which I wasn't sure I would end up doing or not. Then, we started the last module of the class which focused on postmodern and social justice approaches to therapy. This is where I first learned about narrative therapy. I remember feeling like this approach seemed to allow space to support Indigenous understandings of wellness and I loved the idea of working with stories. Narrative also paid attention to issues of marginalization and racism, which I felt wasn't the focus with many types of therapy. So, for the final assignment, I wrote about those two approaches. At the time, this was a piece I was writing for myself, to help feel more connected to home. I got encouraging feedback from my professor about my paper who suggested I consider publishing it. This is where the idea of my thesis research showed up. That, and my introduction to social justice perspectives. I was really drawn to the

idea of doing research and publication as a means for advocating for policy changes and influencing systems. This reframed what the purpose of academic research could be for me and sparked an interest in doing research in a university setting. Actually, when I applied to the program, I had no intention of doing academic research at all.

Experiencing narrative as a client

Once I switched over to the MA stream to officially write my thesis, I sought personal counselling from two narrative therapists to help inform my research process. I worked with one therapist for a handful of sessions but didn't feel like we were a good fit. I guess it was more than that- I had some experiences that felt unsupportive and made me question the safety of their approach. I didn't like when they made generalized assumptions that stereotyped my culture because I felt misunderstood and invisible in a way. I also didn't feel like there was enough focus on a narrative approach, which is really what I was looking for. So, I ended up working with second narrative therapist, where most of my observations as a client come from. Unfortunately, I did not have the opportunity to work with an Indigenous narrative practitioner, which I did search for but did not come across in nearby areas.

The attention to sociopolitical themes in my story was one of the main things that stood out to me as a client. Many times, the therapist inquired about possible ways of resisting mainstream worldviews and cultural insensitivity. Other times, they brought larger discourses to my attention: they highlighted difficulties in navigating universities that operate from different values than mine. They stressed the difficulty in doing so while being disconnected from my family and community supports, which I think I was really downplaying and forgetting at the time. We even explored my personal values: how I define them and the meanings they hold for me. That was neat because it's not like I'd ever really defined what those meant to me before. Something else I noticed was when the therapist reflected back my use of pronouns *they/them* to continue conversations about colonial systems. We spoke a lot about colonization- much of what I was dealing with in my personal life at the time was rooted in colonial violence. My research topic often touched too close to home and stirred that up. So, I liked that the therapist continued with those understandings and asked about ways of resisting that. Conversations about power and its influence on others' behaviour showed up in our sessions too. Also, the therapist asked about how specific incidents in my story might

link to previous experiences of racism. When I accessed services that were grounded in mindfulness-based CBT or trauma-informed therapy, these types of conversation never came up before. I think it's a shame they never did before because those discussions often felt validating to me. They helped me feel like I wasn't the problem- they helped me realize that there were outside influences at play. This is where I noticed techniques like externalizing the problem.

Also, I observed techniques such as mapping voices and their influence on my life story. When this was done, the therapist explained that these could be voices of people who were physically here or of those who passed on, such as ancestors. This to me, stood out from my previous experiences of counselling. It felt way more considerate of how I viewed relationships, and I think how many Indigenous people see the world. The therapist used remembering strategies too. For example, the therapist asked about ways I could carry community members with me, even if only spiritually, while I was studying out West. I found these aspects supportive in my healing process, especially when I was dealing with several losses and grief. We were able to talk about ways my family members and I could carry those relationships with us in the future, ways we could keep their memory alive.

I noticed the therapist showed genuine curiosity about my community specifically. If I remember correctly, I think they even mentioned having looked up my community in between sessions and asked a follow-up question. To me, this showed thoughtfulness and willingness to learn, not only about my story, but about the context which it is tied to. It felt like they took initiative to inform themselves. In all my experiences accessing mental health services, they were the only therapist who approached sessions this way. It was memorable because before that, either my community was never discussed or previous therapists made overgeneralized statements that didn't apply to my culture and that upset me.

One drawback that I noticed is that even though narrative therapy talks a lot about relational aspects, it doesn't seem particularly concerned with process questions. I mean to address dynamics between the client and therapist as they come up in session. I learned some interpersonal process interventions during my graduate training, so this was something I noticed was missing for me as a client: I knew there were unspoken interpersonal aspects, but they were never brought up as therapeutic material in

session. Some of them felt really obvious to me, but I guess that's not the focus of narrative therapy. Or maybe it wasn't important for that particular therapist, I don't know. I do believe it could have brought up rich content at times. I also think they can be easily integrated into session and framed as narrative questions, like asking someone: *what's it like to share this kind story with me a [insert identity potentially at odds with the story shared]?*

In terms of the actual questions, I felt like they interrupted my storytelling at times. Sure, they would get me to think of things in new ways, but then sometimes they would draw me away from my story or the meaning I was eventually going to reveal. It was almost like taking a shortcut which sometimes felt frustrating: I felt like I was getting there in telling my story, like the meaning was going to be in there somewhere in how I spoke about it, maybe not explicitly, but it would be there. Still, some narrative questions were pretty interesting. Some asked about physical expressions in my story. *What are the tears connected to?* I liked that one and even started to use it with my own clients. Also, I **love** talking in metaphors, so I really enjoyed when we would use narrative questions to explore those in session. The therapist would pick up on them and we would expand on my use of metaphors, like running on empty and needing to refuel to talk about experiences of burnout. That made me feel like my story was coming to life in a way and helped me express some feelings that I didn't know how else to communicate. It was pretty interesting to get acquainted with narrative therapy as a client, especially when I started to learn more about the strategies themselves.

Narrative training

Eventually, I attended a narrative training. This was partly to inform my research, but also out of professional interest. I had an idea of the general theoretical assumptions and what it felt like as a client, but I wanted to learn how to practice it and see how those skills felt. Throughout the training, I listened for ways to resist, reclaim, construct and act (Anderson, 2016). Even though I anticipated using these four aspects as a guide for my reflexive writing, I somehow doubted that narrative theory would provide enough content to shape responses to each one of Kim Anderson's (2016) questions. To my surprise, as early as the first day of the training, I heard the themes come up several times. Going in, I felt excited about narrative work and energized to write my thesis. I also felt intrigued by how this could be applied to an Indigenous context and hopeful that narrative therapy

could provide a safe space for Indigenous clients seeking counselling. I can share some of that reflexive writing to speak to that experience:

Resist: Who I am not

I have heard ways this approach supports resistance- they even use this term in narrative therapy. For example, narrative therapists reaffirm that the person is not their problem. When the problem is externalized this way, it could be an opportunity to encourage Indigenous clients to reflect on who they are not. Unlike when diagnostic labels are imposed on them, a narrative framework encourages clients to think of the problem as residing outside of themselves. Therefore, people come to realize that they are not the problem and that their struggle is not due to some internal flaw. Framing problems this way might give Indigenous people an understanding of their struggles that is more consistent with their views of wellness and imbalance.

Reclaim: Where have I come from?

I also heard the idea of reclaiming come up several times. For instance, they mentioned the therapist's role is to help the client "reclaim" counter-stories by loosening the restricting problem story (Vancouver School of Narrative Therapy, field notes, March 1, 2017). In this sense, narrative therapists are expected to explore where the problem came from. I believe that in exploring where the problem came from, there is also space for the client to reflect on where they came from too. With an Indigenous client, I imagine this could look like uncovering stories about their community of origin, stories about their ancestors or stories about their family. Moreover, the training discussed the idea of "revisiting history as a means of reclaiming" when someone has experienced violence or trauma (Vancouver School of Narrative Therapy, field notes, March 1, 2017). They were referring to listening for and identifying client stories that speak to their strengths and their survival techniques. I see this as being particularly useful when working with colonial trauma: exploring ways an Indigenous person, community or culture survived despite colonial efforts to destroy it.

Construct: Where am I going?

Though I didn't hear the verb *construct* used, there were ideas that related to it. Narrative therapy emphasizes curiosity about who the client wants to become and who the client is becoming- it uses this as therapeutic content. In a video we watched,

Michael White said that identifying skills and knowledge within a person's story allows the client to "know how to go forward". This concept could be helpful for Indigenous clients to construct a positive identity and to answer: Where am I going? Narrative therapy asserts a deep respect for insider knowledge, which I could see as being useful in decolonizing counselling practice. It could be especially empowering for Indigenous people who have constantly been told and shown that their knowledge is somehow inadequate, invalid, or inferior. The presenters framed narrative therapy as being a political act in that it helps take the strength out of individualism within Euro-colonial thinking. They also discussed the idea that deconstruction is fairly simple, but that within narrative practice, it's also about reconstruction.

Act: What are my responsibilities?

The training offered space to reflect on how I must act. For instance, it got me to reflect on my responsibilities as an Indigenous researcher and counsellor. From a narrative perspective, therapists are encouraged to voice to their clients that the client has "full editorial rights" to their story. The awareness of story rights often left me feeling stuck before I even started writing my research. It is an ethic I hold close to heart because I have seen story rights being stripped from my community in the name of research. I have seen traditional knowledge appropriated. Through my research, I am sharing personal and collective knowledge, not for the purpose of claiming rights to it but in the hopes to contribute to healthier communities. It is therefore my responsibility to share that knowledge in a respectful way and in a way that makes my intention clear.

The training also discussed ways narrative therapists are expected to act and outlined some responsibilities that come with our role. For instance, I appreciated the recognition that meanings get lost in translation and that much of the language employed by the mental health system uses colonial language. Along those lines, there was refreshing conversation about the power of language. It is essential and ethically responsible for therapists working with Indigenous clients to acknowledge and carry, not only an awareness, but a sensitivity of these dynamics into their practice because of the violence many Indigenous people face at various levels within and beyond the mental health system. It is our responsibility as professionals to act by speaking in a way that considers those painful experiences and that does not feed into colonial violence with our words.

Relational aspects

Early in the training, someone suggested that we go around the room and introduce ourselves. Then, another person requested that we also mention our areas of interest within our practice. I think this was important to do because it held us accountable to the relational aspect of narrative therapy we were discussing. I noticed the presence of six other Indigenous people at this training. *Am I on the right track then?* To me, that meant I'm not the only Indigenous practitioner that sees value in this approach.

The idea of the "relational self" discussed in narrative is fitting with Indigenous worldviews and more helpful to community wellness than individualistic approaches. Furthermore, narrative therapy's interest in cultural influences could really support validating Indigenous experiences of historical trauma. In session, I could see opportunities for exploring topics such as colonization and genocide, as well as marginalization, systemic violence and racism. Narrative therapy seems grounded in the invitation to explore such cultural influences on the person's problem story.

The "experience of the experience" aspect of narrative therapy seems like it could fit nicely with relational Indigenous worldviews too: Indigenous clients could be invited to see themselves through the eyes of their family or community members. I think the strategy could be applied to seeing oneself through ancestors' eyes as well. This has been powerful in exploring my personal experiences in session. I don't know whether other therapeutic approaches use anything that quite resembles this strategy. Along those lines, they spoke about the "consulting your consultants" approach, where clients are asked about their knowledge and experience in ways that invite community involvement. It was presented as a collective experience that involves trusting others to witness the client's experience. I can imagine this could be very healing when done safely and when individuals and families are in a good space to participate. I think this strategy could facilitate wider community healing as well.

I heard a lot of overlap between relational interviewing and restorative justice ideas, which made me think that this strategy could be useful with Indigenous families. Underlying narrative therapy, there is a strong theme of challenging individualism. So, narrative could be an approach that supports Indigenous worldviews, encourages Indigenous communities to resist the worldviews imposed on them and reclaim their own

ways of being. There was even the idea of being in relationship with relationships and that we need to give back to relationships. When I hear this, I can't help but picture couples making offerings: a couple's relationship, much like our relationship with those in the spirit world, needs to be honoured and could be given offerings to carry on in a good way. Relationships, in this way, are treated like living entities.

Cultural clashes?

Although I appreciated many discussions and ideas presented in the training, not everything seemed to fit. I wonder what it would be like for Indigenous storytellers like elders to have their exact words read back to them. *How would it feel? Would it feel powerful, odd? Would this even be appropriate in a context where oral stories are cultural practice?* If I think on my experience as a client, I couldn't always reconnect with the words I was being read back- they felt removed from the story I was living that day. *Perhaps this could be more helpful as a closing activity then?* I also began to wonder whether the act of questioning a storyteller might be at odds with certain Indigenous cultural norms. I have been taught not to interrupt people in their storying. As a client, I found the questions disruptive at times myself. I would be curious to hear Indigenous storytellers' perspectives on this.

I also have mixed feelings about a comment made by a facilitator that trauma-informed practice can be limiting because the trauma needs to be healed in order for the person to be healed. Perhaps narrative therapy could become part of the liberating discourse Duran talks about in that respect: can historical trauma linked to colonization ever truly be healed if colonial systems are continuously present? This is actually something I've heard Linda T. Smith ask in a recorded talk. *If it can't, what does that mean for Indigenous people? Does that mean we can never completely heal?* I see how that could be limiting in that sense, but I am cautious about the statement at the same time. *Could it then become invalidating of First Nations' experiences of historical impact and the deep suffering it is still causing? What if this is important to acknowledge and argue for Indigenous self-determination?* If I'm thinking of Indigenous wellness in the wholistic sense, trauma would affect living a balanced life.

Working with violence

I also struggled with some discussions around domestic violence, because I felt the conversation was only showing one side of the story. It largely discussed gendered-violence, whereby men were perpetrators, so that's why I mention men and women the way I do here. I don't think that's the whole picture by any means. With narrative practice, I agree that externalizing language can help those who have suffered violence. I too think it can support people understand why they live good moments with their partners despite the violence that shows up in their relationship. I also feel that this would allow for challenging internalized blame or shame for being in relationship with their partners and that it could potentially alleviate some of that shame and/or guilt. *What qualities first drew you to your partner? When violence isn't in the picture, what does your relationship bring you?*

I couldn't help but wonder how violence might be visiting male partners and what other problems might be fueling violence. So, I felt relief once the conversation shifted to considering the perspective of male partners. I believe that viewing people as multistoried, rather than villainizing perpetrators of violence, is healing on a larger scale and can better address violence within communities. The immediate assumption that women should leave their partners and practitioners' inclination toward encouraging them to do so, reminded me of a professional discussion I was part of before the training. It was a conversation that highlighted that approaching violence in that way creates problematic discourse within Indigenous communities, especially when violence is pervasive. That perspective stuck with me and helped me be critical of some points brought up during the training presentation. I definitely see value in unearthing resistance in survivors. However, I also feel that in order for communities to heal, men cannot be alienated or forgotten. I believe my responsibility is to all community members and that men who are visited by violence are worthy of healing too.

Letter Writing

I quite enjoyed the experience of learning about narrative letter writing overall. For instance, I really appreciated the collaborative nature of it. Also, it challenges the notion that therapists should not engage in self-disclosure: Therapists are actually encouraged to include how the session impacted them in their narrative letters. It has been my professional experience that therapeutically appropriate self-disclosure is

appreciated, shows reciprocity and builds trust when working with Indigenous people. As a client, I find it helpful in those ways too. Additionally, I found the idea of letter writing as a means of helping therapists maintain hope and prevent burnout useful. I know self-care is important in maintaining balance, but I am also aware that it is my ethical responsibility towards my clients as a counsellor. As an Indigenous counsellor, I know I am accountable for my actions towards individual clients and families, but also towards Indigenous communities as a whole. Therefore, my work needs to be sustainable.

Initially, I didn't question a statement about profound words hitting home and fading, which isn't the case for a letter according to the training. I take this as meaning that words become immortalized in a sense through letter-writing. Then, I began to wonder how letter writing might be received in cultures that historically relied on oral traditions. *Would clients be more accustomed to paying attention to spoken word? Would a letter not have as much value or impact in those cases?* I couldn't help but feel like the statement was very much rooted in a Euro-American experience and at odds with decolonial efforts. From a decolonial perspective, has the use of oral transmission of Indigenous history and culture not been used to invalidate our knowledge time and time again?

Still, perhaps the types of narrative letters that seem most promising to me in working with Indigenous communities are the counter-referral letters and letter writing campaigns. The counter-referral letters offer referring third parties a different perspective on the client's struggles. Therefore, they could be a small gesture to challenging oppressive systemic structures and patronizing professionals. They could be a way for Indigenous people to resist those colonial spaces by offering different perspectives on their story. *Would they actually make a difference though?* Letter writing campaigns, on the other hand, invite key family and community members to share their memories and hopes for the client, as well as how they anticipate their relationship with the client growing in the future. They are said to be helpful for people who are struggling with isolation, despair, suicidal ideation or who feel like they have made no impact. I saw potential for a way to resist and act on the high rates of suicide in Indigenous communities. Perhaps more important than writing those letters, would be a performance of them.

Queer informed narrative therapy

Queer Informed Narrative Therapy's aim is to decolonize mental health (Vancouver School of Narrative Therapy, field notes, March 5, 2017). Again, it uses those terms. It speaks about having conversations in order to make the effects of normalizing discourse public. I think this is relevant for Indigenous communities to construct their place in the world. Since Indigenous people are frequently marginalized from mainstream Canada, I think it is important to expose those experiences of "feeling outside of the norm". I can think of many instances of Indigenous people internalizing Euro-colonial discourses of illness despite holding traditional worldviews that are more supportive. It's disheartening to think that those previous connections get drowned out and replaced by pathologizing ones. I'm thinking of Two-Spirit persons as one example. I know that as an Indigenous practitioner, I do not want to perpetuate that kind of violence. Instead, I want to resist the tendency to pathologize people, particularly Indigenous people, and I want to expose the problematic nature in pathologizing them or anyone.

Experiential knowledge

The idea of experiential knowledge came up and it resonated with my teachings. Back home, I have been taught that traditional knowledge, knowledge of the land, needs to be experienced in order to gain the skills required to enact that knowledge. During the training, we were taught that you have to experience narrative therapy in order to understand it. Many of the techniques presented reminded me of my own sessions- I was able to identify them in my therapist's practice as I learned about them. In this sense, my lived experience of narrative therapy allowed me to better grasp the concepts and gave me a frame of reference. This also felt like a validation that attending the training and undergoing narrative therapy as a client were key to informing my research.

Putting narrative therapy into practice

During my clinical training, I was largely practicing from a narrative approach. I was enthusiastic about implementing what I had learned from the narrative training and curious to see how that would feel as a counsellor. During this time, I didn't work with many Indigenous clients, but there were a few. Of course, I was learning about other modalities too and trying to make sense of what felt best for my practice. So, I would also draw on other techniques, like paying attention to interpersonal process and

listening for embodied experiences. I would also explore dreams with clients by asking narrative questions about the client's interpretation of events, what meanings those events held for the client and how those related to the story they had been sharing in session. I think that was really powerful therapeutically. Some of the work that clients seemed to appreciate most was having voices and skills documented in a collaborative way for us to refer back to. I found this especially helpful in closing sessions. I also wrote some narrative letters and even got one from a client! I wasn't expecting that. We ended up exchanging letters and reading them in session. It was so memorable and amazing to see how the content of the letters mirrored one another.

Closing: Fidelity to narrative therapy

I would say I started out this research process feeling pretty committed to narrative therapy. I was really excited about the possibilities of working from this approach, especially in working in Indigenous contexts. In some ways, I still am hopeful about what it has to offer. I have definitely noticed a shift in that commitment though. It is not as strong as it once was because I think that ultimately, it is not an approach rooted in Indigenous worldviews and maybe that's what we as Indigenous people really need for healing. I'm aware of the reality of service availability though: there are very few of us who are Indigenous mental health professionals, and less who are centring decolonial practice. So, until there are more culturally grounded services and trainings, I definitely think there is promise with narrative practice. It offers some spaces that are safer for Indigenous people, like myself, accessing counselling services.

Chapter 5. Discussion

In this final chapter, I will discuss aspects of the written stories that stood out to me as a listener and as a reader. I will also speak to the strengths and limitations of the research process using Indigenous research methods and CNI. Further reader/listener interpretations, as well as recommendations for future research and implications for practice, training and mental health systems will be interwoven through each of the following subsections, including the closing paragraphs.

Further reflections on written stories

When I discuss my experience undergoing narrative therapy as a client in my written narrative, I acknowledge that the content and themes of my sessions could have reflected the type of stories I was bringing forward. For instance, those stories are tied to a stage where I was researching decolonizing literature and becoming more attuned to colonial dynamics, so perhaps noticing their impact more. As Katya described though, sometimes she works with clients who are aware of those dynamics and who speak to colonial violence explicitly, other times she does not. Regardless, both co-investigators discussed listening for and inviting those types of discussions into session as part of their practice. Narrative therapists are encouraged to welcome conversations about (de)colonization within their training. As shown in the three written narratives, whether it is unique to narrative therapy or not, the approach helps foster an awareness for those topics and to be mindful of influences of power. In this way, I think it does help support Indigenous wholistic theory's decolonial efforts.

In addition, narrative therapy allows for more fluid and personal expressions of grief. Rather than following prescribed steps that pathologize ongoing relationships with loved ones after death, as Karina described being the case within most grief psychology, narrative remembering strategies explore how people can maintain those relationships. Remembering strategies seem to respect individual expressions and meanings of grief too, as well as encourage rituals to honour the departed. Every written narrative included in this research spoke to the healing benefits of narrative grief work in the storytellers' lives and how their experiences were transformative. In these ways, remembering

strategies feel more respectful of and aligned with Indigenous wholistic understandings of relationships after death.

Because I encountered a narrative therapist that made stereotyped assumptions about my culture in session, I began to think that narrative techniques might not be sufficient to ensure a safe and respectful healing space for Indigenous clients. In that moment, I began to question narrative therapy's dependability for the first time. *Perhaps the therapist's core characteristics, attention to the therapeutic alliance, quality of narrative training and cultural sensitivity are more important aspects to the healing process.* Then, I attended a narrative training and listened to the co-investigator's stories. Though they saw benefits with narrative therapy themselves, storytellers also discussed limits in solely practicing from a narrative approach when working with Indigenous people. They mentioned that narrative can become quite theoretical and cognitive, for instance. They also mentioned that the spiritual component, though important to their work with Indigenous people, was missing within a narrative approach. There is also not enough focus on embodied or collective experiences. From an Indigenous wholistic perspective, these are significant aspects to ignore within Indigenous healing, which makes me question how fitting it really is. Ultimately, I think narrative therapy is a fair starting point to get mental health service providers thinking about their practice in meaningful ways. I think it could be a foundation for practice within Indigenous contexts, as long as the areas identified as missing above are addressed.

Strengths of research

This research used CNI as a bridging method, but the aim was always to centre an Indigenous paradigm. I adapted the CNI process to include Indigenous research principles not outlined in Arvay's (2003) method. For instance, the principles of reciprocity, relationality and honouring what was shared were upheld in the closing piece I added to the process (Wilson, 2008; Hart, 2010; Galla & Goodwill, 2017). Although CNI emphasizes a collaborative approach, I think relationality goes one step further in that I was/am in relation with more than just the storytellers involved in this process. I was aware that the stories shared with me also encompassed those of Indigenous people and communities, and that they deserved respect. I also kept in mind that knowledge sharing would need to take Indigenous communities into account- simply sharing this

research with the academic community would not uphold the principle of reciprocity, for example.

CNI does not capture the spirit of the stories shared in the same way as when stories are transmitted orally- again, this was a concession made in my research design (Kovach, 2009). Perhaps one way of getting around this is to include digitized storytelling methods like Radu (2015) approached her research in Chisasibi. Furthermore, CNI requires a time commitment not always possible with tight research deadlines. Following this experience, I do not think there is a way of getting around that time investment without compromising the richness of the stories. The lessons underlying each story contribute to the decolonization of counselling psychology in that they provide implicit recommendations for mental health fields in Canada. Overall, the stories shared speak to counselling practices that enhance decolonial practice when working with Indigenous people in Canada.

Both of the storytellers I met with shared that the research process offered them a space to reflect on their practice, which they valued. This was meaningful feedback for me to hear, because I hoped that those invited to share their stories would benefit from the research in this way. One storyteller shared that she appreciated having the opportunity to meet again and to clarify aspects of her story. I felt relieved to hear this because I often worried that having to meet several times would be too demanding of co-investigators or be viewed as a burden. Rich content emerged from our conversations during the interpretive readings meeting, which would have been missed had we not met again. I am grateful the co-investigators chose to participate in the meaning making process with me. Some of my interpretations did not align with those of the co-investigators, therefore I had the chance to check-in and better convey what they had meant. Centering storytellers' interpretations was important for me from an Indigenous research methods stance. It allowed me uphold principles of respect of individuals and honouring what was shared.

One of the strengths of this study was that all the storytellers could speak to multiple ways they came to experience narrative therapy: as trainees, as practitioners who implemented narrative strategies into their practice and as clients who had experienced narrative therapy to some degree. Therefore, they could offer various perspectives about narrative therapy within each of their stories. Each of these

experiences contributed to their views on the strengths and limits to practicing narrative therapy with Indigenous clients. Their stories of implementing a narrative approach to support decolonizing practice offers a unique contribution to literature on narrative therapy in Canada.

I'm very grateful for this learning. To merely call it a research process at this point in time, feels like I am not honouring how profound of an experience it has been. Storytellers dedicated hours to this process and shared their stories with such honesty and vulnerability. I keep coming back to the way they shared their stories because when I designed the research, I could not have fathomed it could unfold this way- at least not in a university setting. I believe that approaching research the way I did, using Indigenous research methods and CNI, allowed for that in part. It gave us time to develop a relationship that centered respect, built trust and clarified/uncovered meanings. I also wonder if the depth of conversation has something to do with the type of practitioners that responded to the recruitment material: *are they interested in these topics because have already given them a lot of thought and therefore are drawn to participate in such projects? Does it speak to their values and desire to contribute as allies?* One storyteller pointed out that she thought it had to do with how I personally approached conversation and who I am as a researcher. Perhaps that speaks to the Indigenous principles that were guiding me and how impactful they can be. Maybe it's a combination of all these things.

Basing my research in an Indigenous paradigm made me feel better about the work I was doing because it allowed me to incorporate spiritual aspects into my process. As an Indigenous researcher, spirit was not an aspect of myself or my work that I could ignore. I would not feel like I was upholding the principle of holism if I excluded that. Paying attention to spirit allowed me to be aware of the many synchronicities that occurred during my research, for instance. There were too many to brush off to coincidence. These, for me, were signs that I was doing meaningful work in a good way.

Limitations and future research

Recruitment was one of the most challenging aspects of the research process. It took just over four months for the minimum number of storytellers (i.e. two) to agree to share their stories. I think the time it took is in part due to unfavourable timing: initial

recruitment material was shared mid-end November, which was close to end of terms and winter break/holidays. I also think recruitment was slower and did not elicit many responses because I was not well connected to professional communities here on unceded Coast Salish territory. I did not have the same network or professional relationships built as I do back home. In Quebec, I am affiliated with Indigenous communities either by membership or having worked in and attended events in communities for several years. I suspect people, especially Indigenous practitioners and agencies, would have been more inclined to work with me if we had a pre-established relationship of some kind. In fact, the most successful aspects of recruitment were suggested and circulated by colleagues who I knew personally. Another barrier to recruitment was likely the time commitment involved in the CNI process. As mentioned, although a third practitioner showed interest in the research and met for the pre-interview conversation, they stated that they did not have the time to commit to further steps within the time window I had to finish the project. Lastly, the criteria for professionals to meet in order to participate in the research represented a very specific group of practitioners. This means that there is likely a very small pool of professionals who do this type of work with Indigenous clients in the area.

Only three written narratives were included in this research, including my own. My written narrative was the only one that was told from the perspective of a practitioner-in-training Indigenous to Canada. Therefore, it would be helpful to discover more experiences from narrative practitioners, particularly those who identify as Indigenous. It would also be valuable to hear about Indigenous client or community views on this approach, along the lines of Martin's dissertation (2012). There also needs to be more research that employs Indigenous research methods and that centers the needs of the community as identified by that community. My research was very general in the sense that it was not nation or community-specific. In future research projects, I would like to address this limitation within my study.

Closing

"A colonial psychology cannot address the legacies of colonialism" (S. Reicher, personal communication, October 27, 2016).

Relationships represent the spirit of this work. They are what an Indigenous paradigm is about after all (Wilson, 2008). Part of building those relationships involved

sharing who I am, not only as a researcher, but an *Eeyou* as well. During our meetings, storytellers and I would share tea and snacks, laughs, and stories beyond the research question. By the end of our work, we also shared hugs. To me, the relationships we built reflect the quality of this project. The feedback I got from storytellers about the process was a personal guide for evaluating my work, in addition to conversations with my research supervisors.

Before returning the written stories to the co-investigators, I would read them out loud to myself. I would perform their story privately to make sure it honoured the conversations we had. I wanted them to read nicely, but I also wanted them to be **heard**. I found that when I spoke their stories, I would tear up where they had and that my voice would break. It was an emotional experience because I connected with their stories with my heart, mind, and spirit. I connected with their stories as a practitioner who appreciated the demanding work they do as therapists. I connected as a trainee who had shared similar optimism and reservations within my own narrative training. I connected as an Indigenous client who could picture what it would be like to have a therapist like them and receive services that I felt were respectful. I also connected with the people who we brought in the room with us in spirit: Indigenous people we worked with and continue to work with; the missing and murdered Indigenous women and girls and their families; teachers, healers and elders; as well as our own families and ancestors.

I was deeply moved by the stories shared. The storytellers showed heartfelt empathy, a high level of reflexivity and flexibility in their practice. They also showed cultural humility, an understanding of trauma within the context of colonization, a keen awareness of the impacts of colonial systems and of the ongoing injustice their clients deal with. They were willing to acknowledge limits in their practice and refrain from offering services that would not be culturally appropriate, even if they had some personal tools at their disposal. Furthermore, I kept hearing themes of advocacy within their stories of practice. Sadly, these qualities are not always embodied by mental health service providers who work with Indigenous people, families and communities. Therefore, I feel great appreciation for the quality of care the storytellers bring into their work.

Entering this process, I did not know what to expect from the stories I would hear. In the past, I have heard disheartening and concerning stories from practitioners who work with Indigenous communities. I did not sense any of that from either of the storytellers I met with for the purpose of this research. In fact, their views felt encouraging. They both discussed how some of the most powerful healing comes from within Indigenous communities. To me, this highlights the need to fund more community-led programs and initiatives, including traditional healing and land-based programs. This should take precedence over any Euro-based approaches to therapy. Finally, it highlights the need to support more Indigenous practitioners to be trained in professional programs, such as mental health fields. In order to encourage Indigenous people to consider entering such programs, educational settings need to become safer and inclusive of Indigenous perspectives. My graduate experience would have unfolded very differently had I not met such encouraging mentors within and outside of my program. In fact, this work likely would not have taken place without their support. Therefore, programs such as counselling psychology urgently need Indigenous representation amongst faculty and support from non-Indigenous allies within educational systems.

Writing this thesis has been a way for me to engage with my *Eeyou* identity within a colonial space. I will forever be grateful for the process and wish for other Indigenous students to have the guidance and care I have been shown. It has truly been transformative.

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Appendix A.

Questions to Guide Reflexive Writing

Kim Anderson (2016)

- Who am I? (Resist who I am not)
- Where have I come from? (Reclaim)
- Where am I going? (Construct)
- What are my responsibilities? (Act)
- What is it that you have to do?
- What is it that you are capable of doing?
- What is the source of my motivation?
- How do I define my day to day relationships?
- What am I creating and how does it affect the seventh generation?

Margaret Kovach (2009)

- What is your purpose for this research?
- How is your motivation found in your story?
- Why and how does this research give back to community?
- Did the research assist the community, and could the community make sense of the research?
- Am I up for the journey?
- How are we customizing our Indigenous frameworks to fit within our tribal paradigms while communicating our process to Western academia? And how is the language of frameworks itself ultimately chipping away at our philosophies? Can we carry out tribal-centred research within the academy without this framework language?

Linda T. Smith (Simon Fraser University, 2015, March 25)

- Am I good enough as a researcher to be doing this work?
- How do you demonstrate respect?
- Is colonization our burden to carry forever? Will we always be engaged in a project of decolonization?
- What's the legacy we leave for the next generation? Will it make a difference for the next person coming through the door?

Shawn Wilson (2001)

- How am I fulfilling my role in this relationship?
- What are my obligations in this relationship?
- What is my role as a researcher, and what are my obligations?
- Does this method allow me to fulfill my obligations in my role?
- Does this method help build a relationship between myself as a researcher and my research topic?
- Does it build respectful relationships with the other participants in the research?

Appendix B.

Collaborative Narrative Process

		Role of researcher	Role of co-investigator
E-mail contact and telephone screening Goal: Introduce research question and collaborative research process	20 min	Ensure prospective co-researcher meets criteria Invite prospective co-researcher to participate in research project Briefly describe research question and collaborative nature of process	Evaluate ability to meet time commitment Consider interest in project Think about research question prior to first meeting
Pre-interview conversation Goals: Establish rapport for interview and collaboration Establish trustworthiness of researcher	20 min	Describe research question and collaborative nature of process in more detail Discuss own experience relevant to research question	Share reaction Discuss any concerns, questions about collaborative process
Interview Goal: Co-construct and video/audio-record narratives of co-investigator	1-2 hours	Discuss beliefs and values about collaboration; invite reactions, concerns, questions; invite story Listen and respond to story Record story and take notes	Share story Share reactions to telling story
Transcription and preparation for readings Goal: Format transcription for reading process	Researcher only	Transcribe interview using stanza's (Gee, 1986) Provide participant with prepared transcripts and descriptions of readings Drop off or mail to co-investigator	
Readings: 1) Reading for content Goal: Check content of transcription	Co-investigator only		Read transcript for content Note any clarifications or changes in column 1

		Role of researcher	Role of co-investigator
2) Reading for self 3) Reading for research question 4) Critical Reading	Both read separately	Read transcript for self of co-investigator; make notes in column 2 Read transcript for responses to research question; make notes in column 3 Read transcript for cultural discourses; make notes in column 4	Read transcript for self of co-investigator; make notes in column 2 Read transcript for responses to research question; make notes in column 3 Read transcript for cultural discourses; make notes in column 4
5) Reading for researcher interactions	Researcher only	Read transcript for self of researcher in researcher interactions Make notes in column 5	
Collaborative Interpretation	1-2 hours	Listen and respond to content changes Invite co-investigator to share reactions from readings Share own interpretive readings Discuss interpretations	Discuss content changes Share own interpretive readings Listen and respond to researcher's interpretations Discuss interpretations
Producing the Narrative	Researcher alone	Write narrative that incorporates interpretations	
Responding to Narrative	30 min-1 hour	Provide narrative to co-investigator Invite feedback to be incorporated in discussion	Read and respond to narrative
Closing	10 min	Offer co-researcher token gift and thank them for sharing their story	Offer feedback about process/ ask questions

Table adapted from Jordan (2004)

Appendix C.

Training Centre Verbal Consent Script

Hello, may I speak with_____?

My name is Katrina Smeja and I am a graduate student in the Counselling Psychology program at Simon Fraser University. I am pursuing my Master's research, which is what I'm contacting you about today. The study has to do with exploring how narrative therapy can fit with a decolonizing approach to counselling Indigenous clients in Canada.

I'm looking to talk to therapists who have been trained in narrative therapy and who practice with Indigenous clients so I can hear about professionals' experiences using this approach.

I was wondering if I could send you an e-mail with the recruitment poster and study information for you to pass along to some of your colleagues/trainees? Would that be alright with you?

[wait for response]

If contact agrees:

Great. Which e-mail should I send that to? [contact gives e-mail]

Got it. Do you have any questions for me before I send that over? [pause for reply; answer any questions contact might have]

Anyone interested in participating can contact me directly by e-mail if they'd like more details about the research project.

Thank you again and have a great day.

If contact declines:

Not a problem. Thank you for your time and have a great day.

Appendix D.

Recruitment Email

Dear _____,

My name is Katrina Smeja and I am a graduate student in the Counselling Psychology program at Simon Fraser University. I am pursuing my Master's research, which is what I'm contacting you about today. The study has to do with exploring how narrative therapy can fit with a decolonizing approach to counselling Indigenous clients in Canada.

I'm looking to talk to therapists who have been trained in narrative therapy and who practice with Indigenous clients so I can hear about professionals' experiences using this approach. I'm interested in exploring the meanings in their story with them by using a collaborative narrative process, while also using some Indigenous research methods. I've included the study's flyer for reference (please see attachment).

Would you mind passing this along to some of your colleagues/trainees? Anyone interested can contact me directly by e-mail if they'd like more details about the research project.

Thank you for taking the time to read this e-mail.

Sincerely,

Katrina Smeja

M.A. Counselling Psychology Student, Faculty of Education

Simon Fraser University

Appendix E.

Recruitment Poster



Simon Fraser University
Central City Galleria-5
250-13450 102 Avenue
Surrey BC
Canada V3T 0A3

TEL +1 778 782 7604
FAX +1 778 782 8119
sfu.ca/education

RESEARCH PARTICIPATION OPPORTUNITY

Study Title: Weaving Narrative Therapy into a Decolonizing Approach to Counselling: A Collaborative Narrative Exploration of Indigenous Healing in Canada

The research project is seeking therapists who have been trained in narrative therapy to share their stories of practicing with Indigenous clients in Canada.

If you qualify for this study, you are invited to participate in a collaborative research process informed by Indigenous research methods that will involve sharing your experience and exploring meanings of your story with the Principal Investigator. Interviews will be either video or audio recorded and can be conducted at any SFU campus (i.e. Vancouver, Burnaby or Surrey), negotiated alternative location or via telephone. You will be providing valuable information about a critical and under-published topic in mental health. In gratitude, participants in the project will be offered a token gift at the end of their involvement and reimbursed travel costs associated with their participation (i.e. transit passes or cash for parking/gas gift cards reflecting distance travelled).

Please contact the project's Principle Investigator at [...] if you:

- a) are a mental health service provider who is currently registered with a professional body (i.e. B.C.A.C.C., B.C. College of Social Workers, C.C.P.A., College of Psychologists of B.C.)
- b) have an active counselling practice in Canada (i.e. urban, rural or remote settings) where Indigenous clients regularly make up at least a portion of your caseload
- c) have received formal training in narrative therapy (e.g. foundations level – advanced certificate)
- d) integrated some narrative approaches into your practice at some point in your career, if not currently.

Appendix F.

Email Reply- First Contact

Dear _____,

Thank you for your interest in the study. My name is Katrina Smeja and I am a graduate student in the Counselling Psychology program at Simon Fraser University. I am currently doing my Master's research, which is what I'm contacting you about today. The research project has to do with exploring how narrative therapy can fit with a decolonizing approach to counselling Indigenous clients in Canada.

I'm looking to talk to therapists like yourself who have been trained in narrative therapy and who practice with Indigenous clients so I can hear about professionals' experiences using this approach. I'm interested in exploring your story together by using a collaborative narrative process, while also using some Indigenous research methods.

Would you be available for a brief telephone call to see if this project is a right fit for you? We could talk about what your potential involvement in the project might look like and the time you'd be willing and able to dedicate to the process. This could also be a time for you to ask any initial questions you might have about the research. If you'd still like to hear more about the project, please reply to this e-mail with some dates and times that would be convenient, as well as a contact number for me to reach you at.

Sincerely,

Katrina Smeja

M.A. Counselling Psychology Student, Faculty of Education

Simon Fraser University

Appendix G.

Telephone Screening/Scheduling Protocol

Hello, may I speak with (name)? *[If the potential participant isn't available, ask when you may be able to reach them. If asked for the reason you are calling, indicate that (name) contacted you.]*

My name is Katrina Smeja and I am calling from the narrative therapy study at SFU. First, I want to thank you for getting in touch with us. We are currently screening participants for our research project. If you have a moment, I'd like to tell you a bit more about the study. Do you have some time right now? *(The screening should take about 10 minutes, if they don't have time arrange a call-back time).*

The study is conducted by myself, Katrina Smeja, under the supervision of Dr. Alanaise Goodwill and Dr. Sharalyn Jordan who are assistant professors at Simon Fraser University.

We are exploring how narrative therapy might fit with a decolonizing approach to counselling Indigenous clients in Canada. We estimate that participation in this study could be anywhere between 1-8 hours, depending on how many aspects of the study you choose to be involved in. The first meeting will include visiting one of three SFU campuses for 1 to 2 hours. You may choose to have your meeting at the SFU Surrey campus, the SFU Burnaby campus, or the SFU Vancouver campus. If you are unable to travel to one of the campuses or prefer to have your meeting elsewhere, we can also arrange meeting at an alternative location that is more convenient for you. During this first meeting, you will be asked to share your story which will be video or audio-recorded. The topics of discussion will relate to your professional experiences and impressions on practicing narrative therapy with Indigenous clients.

We are also inviting you to participate in exploring the meanings in your story. This would involve meeting again for another hour or two to discuss the meanings in your story, once it has been transcribed and you've had the chance to review it. This second meeting will also be video or audio-recorded. Then, you will have the opportunity to read the written narrative that will incorporate our/your interpretations during a final meeting, which will last up to an hour. These follow up meetings can be done either in person or via telephone. We are hoping to make this research process as collaborative and accessible as possible. We're also planning to approach the project using some Indigenous research methods too, which might be as subtle as conversation style or ways of listening to your story. We are hoping that your involvement will go beyond sharing your story and that you will collaborate with us on exploring the meanings in your story. We understand that participating in all these steps is a lengthy time commitment, so it's important for you to know that how much time you decide to devote to this study is entirely up to you.

For participating in this study, you will be offered a token gift at the end of your involvement. We will also reimburse travel costs associated with attending these meetings. Such costs would be limited to transit passes, or gas/parking and would reflect the distance travelled. Depending on your method of transport, we would offer roundtrip transit passes, or cash/Interac e-transfer for parking receipts and gas gift cards.

Do you have any questions so far or concerns about the process? Feel free to ask if anything is unclear.

Does this sound like something you would be willing to do? [*address any concerns about topics and confidentiality, assuring participant that they can discontinue at any time, and they can choose not to do parts of the study if they do not want to. Also, they can choose to have their videos destroyed at the end of the meeting if they so choose.*]

If no, ask about concerns and address them. If they need time to think about it, arrange a call back time.

If no, after answering questions: I'm sorry that you won't be able to participate. I understand that the project involves quite a time commitment. Thank you for your interest and have a great day.

If yes: Great! In that case, I'd like to ask you some background questions to help determine if this project is a right fit for you.

This will take about 10 minutes, your responses are confidential, and you don't have to answer any questions if you choose not to. Would it be alright with you if we move on to the questions? (*Pause to check. Answer any questions.*)

If yes:

First, how did you hear about our study?

Where do you practice?

Are you currently registered with a regulatory body? Which one?

Were you trained in narrative therapy?

What training did you complete?

Do you regularly practice with Indigenous clients?

Have you incorporated aspects of the narrative training into your practice with Indigenous clients?

Do you self-identify as Indigenous?

Would you be willing to make a visit to one of the three SFU locations to share your story?

At which location would you like to have your meeting?

Is participant eligible? (yes/no) Must:

be a mental health service provider who is currently registered with a professional body (i.e. B.C.A.C.C., B.C. College of Social Workers, C.C.P.A., College of Psychologists of B.C.)

have an active counselling practice in Canada (i.e. urban, rural or remote settings) where Indigenous clients regularly make up at least a portion of their caseload

have received formal training in narrative therapy (e.g. foundations level – advanced certificate)

integrated some narrative concepts/techniques into their practice at some point in their career, if not currently.

If therapist is eligible:

Thanks for answering my questions, you are eligible to participate in the study. Would you like to schedule a time now to meet in person?

If yes: Great! In that case, we can go ahead and schedule our first meeting. You can let us know then if you'd like to be involved in the other aspects of the project.

(Move on to scheduling).

Scheduling:

Which location would be best for you to meet at? [*participant gives preference*] What are some dates and times that might work for you? [*participant gives some options*]

If at SFU campus: Great, let me just make sure that a meeting room is available at that time [*check online – and book SFU study room through library website*]

If scheduled at SFU campus: We're all set!

Once we finish this call, I'll send you an email that includes directions to your chosen SFU location, where to park, and the date and time of our meeting. I'll also attach a copy of the discussion questions and a copy of the consent form for you to go over before we meet. We will still go over that form in person and have you sign a copy when you arrive. If you have any questions about any of the information, please let me know.

I will send you a reminder e-mail a few days before your visit to SFU to confirm your appointment and to answer any questions you may have.

If you are unable to attend your scheduled visit or if any problems come up, please send us an email. We will be happy to re-schedule your visit for a more convenient time. If you decide that you are no longer interested in participating you can also let us know by email.

Thanks again and I look forward to meeting you!

If scheduled at alternative location: We're all set!

Once we finish this call, I'll send you an email that includes the date, time and location of our meeting. I'll also attach a copy of the discussion questions and a copy of the consent form for you to go over before we meet. We will still go over that form in person and have you sign a copy when you arrive. If you have any questions about any of the information, please let me know.

I will send you a reminder e-mail a few days before our meeting to confirm our appointment and to answer any questions you may have.

If you are unable to attend our scheduled meeting or if any problems come up, please send us an email. We will be happy to re-schedule the meeting for a more convenient time. If you decide that you are no longer interested in participating you can also let us know by email.

Thanks again and I look forward to meeting you!

If they need time to go over their schedule to determine availability: Not a problem! How about I e-mail you in a couple of days? Once you have had the chance to go over you schedule, please respond to the email to let me know some of your availabilities. If I don't hear from you in the next couple days, I will check back. [*Answer any questions and end call*].

If they would like to give more thought about their decision to participate: Absolutely! We want to make sure that you are comfortable with participating. Would you like me to give you a call back at a later time or would you prefer to e-mail us? (*if yes, arrange a time to contact, or have therapist contact us*)

(Answer any final questions, thank participant for their interest and end call)

If therapist is eligible but does not want to participate: I'm sorry that you won't be able to participate. I understand that the study involves quite a time commitment. Thank you for your interest and for answering my questions. Have a great day.

(Answer any final questions, thank participant for their interest and end call)

If therapist is ineligible:

I want to thank you very much for your interest in the narrative therapy study and for taking the time to answer my questions. Unfortunately, we cannot invite you to participate in the study because *(insert reason from below)*. Thank you again *(respond to any question, and end call)*.

IS NOT CURRENTLY REGISTERED WITH A PROFESSIONAL BODY

The current study focuses specifically on therapists who currently registered with a professional body, such as the B.C.A.C.C., B.C. College of Social Workers, C.C.P.A., College of Psychologists of B.C. As you do not meet this criterion, we are unfortunately unable to invite you to participate at this time. Once again, thank you for your time.

DOES NOT HAVE AN ACTIVE COUNSELLING PRACTICE IN CANADA

The current study focuses specifically on therapists who have an active counselling practice in Canada. As you do not meet this criterion, we are unfortunately unable to invite you to participate at this time. Once again, thank you for your time.

HAS NOT BEEN FORMALLY TRAINED IN NARRATIVE THERAPY

The current study focuses specifically on therapists who have been formally trained in narrative therapy. As you do not meet this criterion, we are unfortunately unable to invite you to participate at this time. Once again, thank you for your time.

HAS NOT PRACTICED NARRATIVE THERAPY

The current study focuses specifically on therapists who have used narrative therapy in their practice. As you do not meet this criterion, we are unfortunately unable to invite you to participate at this time. Once again, thank you for your time.

DOES NOT REGULARLY PRACTICE WITH INDIGENOUS CLIENTS

The current study focuses specifically on therapists who regularly practice with Indigenous clients. As you do not meet this criterion, we are unfortunately unable to invite you to participate at this time. Once again, thank you for your time.

Appendix H.

Consent Form



Simon Fraser University
Central City Galleria-5
250-13450 102 Avenue
Surrey BC
Canada V3T 0A3

TEL +1 778 782 7604
FAX +1 778 782 8119
sfu.ca/education

PARTICIPANT CONSENT FORM

**Study Title: “Weaving Narrative Therapy into a Decolonizing Approach to Counselling:
A Collaborative Narrative Exploration of Indigenous Healing in Canada”**

1. Who is conducting this study?

Principal Investigator (PI): Katrina Smeja, Faculty of Education [...]

The study is being carried out in fulfillment of the PI's Master's thesis project and the findings will be reported in a manuscript that will be publicly available. The PI may present findings at academic conferences (e.g. Canadian Counselling Psychology Conference) and submit the manuscript to counselling journals, Indigenous health/studies journals, and/or qualitative research journals for publication. Efforts will be made to disseminate practical counselling implications derived from the study's results to organizations such as the BC Association of Clinical Counsellors. The results will also be shared with the Indigenous community, in lay language, possibly through publications like The Nation magazine. No video/audio-recordings will be published.

Faculty Supervisors: Dr. Alanaise Goodwill, Ph.D. contact at [...]
and Dr. Sharalyn Jordan, Ph.D. contact at [...]

Co-investigators: Those who consent to participate in this study will be also known as the co-investigators. Co-investigators will be involved in reviewing their own data (i.e. transcribed stories) only and will not have access to other co-investigators' stories.

2. Why should you participate in this study?

You are being invited to take part in this research study because you are a practitioner trained in narrative therapy who works with Indigenous clients in Canada. The study's focus is to better understand how narrative therapy can lend itself to a decolonizing approach to counselling Indigenous clients in Canada. Your knowledge of your field and clientele will help the study convey the worldviews, life meanings and understandings of healing when working with Indigenous clients. Through a combination of a collaborative narrative process and an Indigenous research process, we hope to hear how narrative therapy has/has not supported your practice with Indigenous clients. We also hope to hear about how you might see your narrative practice fitting within the context of decolonization (i.e. decolonizing counselling).

3. Your participation is voluntary

Taking part in this study is entirely up to you. You have the right to refuse to participate in this project. If you decide to take part, you may still choose to withdraw from the study at any time without giving a reason and without any negative impact on your education, employment or participation in current/future projects or services sponsored by Simon Fraser University. If you choose to enter the study and then decide to withdraw at a later time, all data collected about you during your enrolment in the project will be destroyed.

4. How is the study done?

If you agree to participate, here is how we will do the study: In order to better understand how narrative therapy might fit with a decolonizing approach to counselling, we would like to ask you some questions about your experience integrating narrative therapy into your practice with Indigenous clients. Our conversation(s) will also provide opportunities to discuss your initial interest in narrative therapy, as well as your impressions on what narrative therapy might/might not offer Indigenous clients. This meeting would take place on one of the three SFU campuses (i.e. Vancouver, Burnaby or Surrey campus) or at a negotiated alternative location. You may also choose to do the interview via telephone. If you wish, we will review the transcript of our conversation from this first meeting on our own and discuss our interpretations of your story in a second meeting. You also have the option to meet a third time to read and respond to the written narrative, which will include our/your interpretations of your story. These follow-up meetings could be done on one of the SFU campuses, at a negotiated alternative location or via telephone. Our hope is to make this as collaborative of a process as possible. We estimate that we will require anywhere between 1-8 hours of your time, depending on how many aspects of the study you choose to be involved in. Each meeting could take approximately 1-2 hours (e.g. 30 mins – 2 hours), but how much time you decide to devote to this study is up to you.

If you decide to participate in the project, our conversation(s) will be video/audio recorded during the first meeting then transcribed. Specific questions may be asked in order to clarify any uncertainties, but our hope is for you to share your story with least interruption. You may ask questions at any point during the process. If at any time you feel uncomfortable answering a question please let us know, you do not need to answer it. Or, if you want to share part of your story but do not want it recorded, please let the principal investigator know and we will turn off the recording device. If you decide to participate in the meaning making steps of this study, the second meeting will also be video/audio recorded. If you decide not to participate in the study, you will not be recorded at any point in time.

Once the study is complete, the data (i.e. transcribed stories) will be stored on a password-protected USB for seven years to allow for future analyses, in accordance with Canadian Psychological Association (CPA) guidelines. The PI's research supervisor, Dr. Sharalyn Jordan, will be entrusted with storing the data in her office upon the PI's graduation from SFU.

5. Potential risks of the study

There are no foreseeable risks to you in participating in this study.

6. Potential benefits of the study

Though you will not experience direct benefits from participating in this study, your involvement will contribute to a largely under-published area in academia and will hopefully enrich fellow therapists' practice.

7. Will you be paid for your time/taking part in this research study?

You will not be paid for your time when participating in this study, but in gratitude, you will be offered a token gift at the end of your involvement, however long that might be. You will also be reimbursed costs for travel associated with your participation, limited to transit passes or cash for parking and gas gift cards reflecting the cost of distance travelled.

8. Measures to maintain confidentiality

Whether you want to be identified by name in this project is up to you. If you do not want to be named, your decision will be respected and all information that is collected will remain confidential with regard to your identity. In that case, you will be identified by a pseudonym of your choice and identifying information on transcripts will be replaced with the chosen pseudonym. In any case, all original data (i.e. video/audio recordings) will be stored on a password-protected device (i.e. USB) and kept in a locked filing cabinet. All transcripts will be stored on a different password-protected device (i.e. USB) and identifying information (e.g. consent forms) will be filed separately. All recordings will be deleted immediately after transcription is completed. Only the principal investigator and supervisors will have access to the files.

It is important for you to know, that although we are taking measures to ensure the privacy of those who wish to be identified by a pseudonym, you represent a small and specific group of practitioners. This means that it might be possible for other professionals/clients/community members to speculate your/other co-researchers' involvement in the project. Throughout the study, we will check-in with you to make sure you are/are not identified to the extent you want. Please know that you have the right to change your decision throughout the research process.

You will receive a copy of this form for your own personal records.

9. Who can you contact if you have questions about the study?

If you have any questions about the study, feel free to contact the PI, Katrina Smeja, at [...]

You may also contact Dr. Alanaise Goodwill at [...]
or Dr. Sharalyn Jordan at [...]

10. Who can you contact if you have complaints or concerns about the study?

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact Dr. Jeffery Toward, Director, Office of Research Ethics at [...]

PARTICIPANT CONSENT AND SIGNATURE

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative impact on your employment or participation in current/future projects or services sponsored by Simon Fraser University.

- Your signature below indicates that you have received a copy of this consent form for your own records.
- Your signature indicates that you consent to participate in this study.
- You do not waive any of your legal rights by participating in this study.

In addition, please specify if you consent to the following (add your initials in the corresponding box):

	YES - AGREE	NO – DO NOT AGREE
Do you want to be contacted in the future to be part of the meaning making (i.e. data analysis) of your story?		
Do you want to be contacted in the future to receive a copy of the final manuscript?		
Do you want your name acknowledged in the research?		
Do you agree to be audio recorded for this research?		
Do you agree to be video recorded for this research?		

Participant Signature

Date (yyyy/mm/dd)

Printed Name of the Participant signing above

Study # 2018-0583

Appendix I.

Discussion Questions

1. How did you come to practice narrative therapy?
2. How has narrative therapy supported your practice with Indigenous clients?
3. In your experience, what areas of Indigenous healing are not well supported by narrative therapy?
4. What contextual elements are present when you practice? (e.g. Who is there? Where are you practicing?)
5. How do you see a narrative therapy fitting within a decolonizing approach to counselling?

Appendix J.

Pre-Interview Conversation Guide

Before I get into the details about the research study, would you be interested in hearing where I'm from and how I got involved in this research?

I was born in Chisasibi, a Cree community on the Eastern coast of James Bay. I mostly grew up and attended school in Montreal, where my mother is from. My mother is of Eastern European heritage and my father is Cree. As a teenager, I started spending more and more time in my community with my paternal family, getting to know my Cree roots. That's how I came to call both these places home.

Before I started my graduate studies here in BC, I was working in a few First Nations communities back East. I worked with a psychological services team for a community organization and also worked as a research assistant for some community-based projects. Through my personal and work experiences, I came to notice certain systemic flaws in mental health service delivery for Indigenous people. I knew this was something I wanted to help improve, particularly by offering counselling services in my community.

Although I initially applied to the non-thesis stream of my current program, I became interested in the concept of engaging in research as a way to advocate for social justice and influence policies. At the same point in my graduate training, I was introduced to a different approach to counselling: narrative therapy. These experiences, along with having supportive mentors, inspired my decision to pursue academic research. Engaging in research also helped create a space to focus on learning more about something deeply personal and meaningful to me: Indigenous healing and wellbeing, as well as ways of doing research that honour Teachings from my birthplace. My hope is that this new research path will help enrich my practice, inform that of other therapists and contribute to the larger Indigenous community.

Hopefully, that gives you a little sense of where I'm from and what got me here. Do you have any questions for me so far? I also wanted to talk about the process of this research project and your role in it. Is it alright with you if we switch gears a bit?

You are being invited to take part in this research study because you are a practitioner trained in narrative therapy who works with Indigenous clients in Canada. I would like to better understand how narrative therapy can lend itself to a decolonizing approach to counselling Indigenous clients. Through a combination of a collaborative narrative process and an Indigenous research process, I hope to hear how narrative therapy has/has not supported your practice with Indigenous clients. I also hope to hear about how you might see decolonization fitting into your practice and understandings of healing and wellbeing. Knowing the history of extractive research within Indigenous contexts, I

am hoping to make this research process as collaborative and accessible as possible. I'm also planning to approach the project using some Indigenous research methods too, which might be as subtle as my conversation style or ways that I listen to your story. I am hoping that your participation in this process will go beyond sharing your story and that we can work together on exploring the meanings in your story. You might be wondering what this would look like. Well, after you have shared your story with me, I would transcribe it using the audio or video recording then give you a written copy. I would also give you a set of questions to serve as a guide while you read the transcript at home. You'll have a chance to highlight important things and write down comments about them. I'll do the same. Then we will meet and have a discussion about what we took note of. This second meeting will also be recorded. Once we've finished discussing the meanings in your story, I will write up your narrative, which you'll have the chance to read and respond to in a last meeting. I am inviting you to look into your story along with me, but how much time you want to dedicate to this project is entirely up to you. I'm estimating it could take anywhere from 1 to 8 hours, depending on how involved you choose to be. How does that sound to you so far?

There are a few reasons why I chose to do the research this way. Through conversation, I hope that I will have a deeper understanding of the meanings in your story. I also I want to be involved in respectful ways of doing research, especially in an Indigenous context, and feel that this approach reflects a thoughtful way of working together. I think it highlights the insider knowledge you have about your practice. It also gives me the opportunity to include and honour your perspective as much as possible in the final product. How do you feel about being involved as a co-investigator in your own story? What questions do you have?

Appendix K.

Conversation Guide

Pre-Interview

First, I'd like to thank you for meeting with me today here on the unceded traditional territory of the ____ people. I will do my best to wrap things up by ____ and please let me know if you need to take a break or stop before then.

The interview is very open-ended. I will invite you to tell your story and listen, perhaps ask some follow-up questions, and share some of my reactions to your story. For the most part though, I will respect the flow of your narrative and try not to interrupt while you are sharing it.

There are three parts of your life story I would like to hear from you. First, I'm interested in knowing how you came to practice narrative therapy. I'd also like to hear about ways narrative therapy has and hasn't worked for your practice with Indigenous clients. Finally, I wonder how you might see narrative therapy fitting in a decolonizing approach to counselling.

I realize that your narrative might unfold somewhat differently from this order and that's quite alright. These parts might even connect to other stories. You will decide how your story unfolds here.

Before we continue though, we need to talk about your rights as a co-investigator in this project. This consent form explains that your participation is voluntary and also talks about how your privacy will be protected. It explores options for different types of recording and ways of acknowledging your involvement in the project, if you choose. I'll read it over with you. Feel free to ask any questions along the way. [*Read informed consent*] What questions do you have?

Interview

Before we get into your story I wanted to check if there are any protocols around your story telling that you'd like for us to follow? [*co-investigator responds – if yes, follow said protocol*]

Now we're ready for your story. I'll put the recorder here. Feel free to hit pause if/when you need to take a break or if you want to stop taping for any reason.

Closing interview

[*Respond to story and share reactions*] Thank you for meeting with me today and contributing your story to this project. [*If co-investigator is participating in readings/collaborative interpretation*] I'll be in touch as soon as I have the transcribed version of your story complete for you to look at. Can we set a date to meet again about three weeks from now?

Appendix L.

Interpretive Readings Guide

The next step of the research process involves each of us reading our conversation transcript with different "lenses". In other words, you are being invited to be the interpreter of your transcript. You may choose to do however many readings you want/have time for. If you decide to do more than one, I suggest you do each reading separately rather than trying to pay attention to all of them at once. Then, we will get together and discuss our readings.

1) *Reading for content.* Please edit and clarify any parts of the transcript that are inaccurate or unclear to you. Note any clarifications or changes in column 1.

2) *Reading for the self of the narrator.* Please read for the narrator's various "I" positions. Please highlight (in green) and make notes in column 2:

Who is telling this story? How are they situated in this story? What are they feeling? What are their struggles? How do they present themselves? What parts of themselves are they possibly keeping hidden? What meaning are they trying to convey? What do they want to convey to the reader?

3) *Reading for the research question.* For this reading, please highlight (in yellow) and make notes in column 3. Please find places in the story where the narrator talks about:

I. Coming to practice narrative therapy:

How do they come to practice narrative therapy in the first place? What appealed to them about working this way?

II. Practicing narrative therapy with Indigenous clients in Canada:

How do they come to practice narrative therapy with Indigenous clients? How do they experience the process of practicing narrative therapy with Indigenous clients? What feelings do they have about the process? What is not said or implied about the process? In what ways does narrative therapy support their practice with Indigenous clients? In what ways does narrative therapy not support their practice with Indigenous clients? What meaning do they make of the process of practicing narrative therapy with Indigenous clients? How do they understand their Indigenous clients' healing process? What cultural resources or discourses do they draw on?

III. Considering narrative therapy in the context of decolonization:

How do they interpret and construct decolonization here? What are their feelings about decolonization? How do they make sense of a decolonizing approach to counselling? How do they see narrative therapy fitting with decolonization? What metaphors do they use and how do they help in making meaning?

Perhaps there will be places in the text that resonate with you but you may not be able to express what it is exactly- you can make note of these places for our discussion later.

- 4) *Reading for relations of power and culture.* Please highlight (in pink) and make notes in column 4. As you read the text, please look for suggestions of power imbalances:

How does the narrator speak of power, authority or oppression (e.g. racism, colonization, discrimination)? What meanings do they give to power and oppression in their life/their Indigenous clients' lives? How do they speak of social institutions (e.g. mental health services)? How do they understand the impact of these institutions on their life/their Indigenous clients' lives? How do they understand their/their Indigenous clients' interactions with these institutions? How do you understand the narrator's history/context/social world? In what ways are the narrator's "personal realities" challenged?'

Any questions? Please contact me at [...]. Thank you for your valuable participation in this research.

Appendix M.

Collaborative Interpretation Guide

Thank you for taking the time to read and interpret your story. How was it for you to read your narrative this way?

What I would like to do now is for each of us to discuss what we found in your story. Feel free to raise any questions you have about my interpretations and I will do the same for you. As you're probably aware, it is quite possible that we will have some different interpretations given our different perspectives and experiences. Still, I hope you will feel comfortable enough to talk about differences you hear in our interpretations. Questioning each other is one way we can explore these differences. Knowing that there is room in this interpretation process for more than one meaning to come out of the same event, I won't be trying to convince you of my interpretations, instead, I'm inviting your reactions to them.

[Allow time for questions co-investigator might have]

Would you like to start or would you like me to?

[Collaborative Interpretation]

Examples of Principal Investigator sharing interpretations:

Here I read your comment... as meaning.... What do you think?

When you ... I wonder if you were referring to ...?

I saw this comment here as an example of you struggling with...

In this part of your story you seem to be..., whereas in this part I see you as more...

How does my interpretation fit with yours?

[Wrap up Collaborative Interpretation meeting]

Thank you for sharing your interpretations with me. Is there anything more you would like to add to this interpretation?

I appreciated hearing the meanings behind your story that I otherwise would have missed or might have misunderstood. Next, I'll be writing up your narrative in a way that integrates our discussion here today. Would you be willing to meet one last time to go over the narrative together? You'll have the chance to read it and give your feedback then.

[Schedule Responding to Narrative meeting if co-investigator agrees]

[If co-investigator does not agree, move on to closing]

Appendix N.

Closing Guide

I really want to take the time to thank you for sharing your story with me. [*If co-investigator participated in collaborative interpretation: I'd also like to thank you for spending time exploring the meanings in your narrative and giving me a better understanding of your story of practicing narrative therapy with Indigenous clients.*] Your involvement has been invaluable to the process.

As a symbol of my appreciation for the knowledge you have shared and as a way to mark our work together coming to a close, please accept this gift [*hand co-investigator token gift*]. It's been an honour working with you.

Now that our work together on this project has come to a close, I'd also like to take a moment to touch base on the sharing of this project. The final manuscript will be publicly available, but if you'd like me to send you a copy by e-mail I'd be more than happy to do so. I expect it will be available after _____. Would you like me to send you a copy of the manuscript once it is done?

[*co-researcher states preference*]

I've noted your preference. Once again, thank you for your contribution to this project and take care.