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What Is Healing and From What Are We  
Needing to Heal

The term 'healing' is vague and may connote different meanings for different people. I believe this term can transcend medical and psychiatric model discourses in order to evoke and embrace a holistic and Indigenous sense of what it means to become restored after living challenging and often negative situations that have been wounding. On a spiritual level, I see healing as alchemical in that it transforms the person who once was into a stronger and deeper version of themselves, after having processed and integrated difficult life experiences. For most people, life is not easy, so we are all, in one sense or another, called upon to face the possibilities of healing past wounds and becoming more substantial in ourselves. And, like so many other processes, it is most often not done alone but in interaction with others within the social and the natural world. What follows is a description of my perspective on healing, healing processes and the ongoing colonial violence that creates obstacles to well-being.

There is no one precise or all-inclusive definition, or description, of healing. I attempt here to describe the ways and means of recovering one's self after a series of physical, psychological and spiritual indignities typically experienced by the Indigenous people of Turtle Island. It is not precise, and deliberately non-medical in its discourse, but attempts to explore what it means to feel acted upon, (Wade, 1997) by circumstances often beyond one's control, particularly by those who are meant to be trustworthy, such as those authorities who should be taking care of us. Whether at the hands of our own family members, romantic partners, in (residential) schools, in child welfare systems, or by our elected governments, we experience a sense of outrage, betrayal and a loss of innocence when harmed. Our belief that the world is good can be challenged and we may withdraw our trust from others. James C. Scott (1990), in *Domination and the Arts of Resistance* states that people who have been harmed by violence, or are currently being harmed, may don a mask so that others cannot know what they are really thinking, feeling or experiencing. The person withdraws from the social work and enters more deeply inside themselves because it is not safe to reveal this violence publicly. For example, when I first started working as a counsellor in the Yukon in the early 1990s, it was not safe for Indigenous people (whether professionals or service users) to bring up the topic of residential school. Once, at an interagency meeting, a Kaska woman drew connections to residential school to explain the suffering of a community member. A number of white professionals rolled their eyes and one agent of the state said 'Oh you're not going to bring that up again are you'? Under those conditions, it would be difficult, if not impossible, for that woman to feel proud of who she is, her culture, how she responded to her life circumstances. At that moment I realized that suffering is prolonged and intensified when others don't believe you or they minimize the harm that was done to you. Coates and Wade (2004, 2007) describe how obscuring/minimizing violence and hiding perpetrators leads to blaming the victims for their own situation.

So much of the harm and (what gets called) mental illness is related to things done to us, things that were not our fault.

Yet, victims of violence feel the shame, blame and humiliation linked to the idea that they themselves have done something wrong or are unworthy of good treatment. Many of the statistics related to Indigenous people are embedded in a discourse that says that vulnerability is linked to being Indigenous. This victim-blaming language (Coates & Wade, 2004, 2007) conceals the fact that the problem is the perpetration of violence due to the abundance of people willing to harm Indigenous people with racism and colonial violence. The shift of focus from perpetrator to victim, as the focal point of the problem, is one reason that we have not been able to help people recover more quickly.

Let me explain the notion of Indigenous vulnerability. If my body decides to grow a tumour, it could be related to a history of toxification, of violence, or to living on a limited income where I cannot buy unirradiated food or pure drinking water. In some communities, it is cheaper to buy processed junk food than organic meat or vegetables. Compounded with the stressors related to capitalism and issues of poverty, I am more likely to become ill than some others who live gentle and nutrient-rich lifestyles. Yet, many of these issues are related to social inequality and the deliberate economic mechanisms that make some people wealthier while others drop in income status. Researchers describe me as 'vulnerable', not 'vulnerabilized' or made vulnerable by political and social forces.

Attacks on unions and eroding of minimum wage legislation make it more likely that more people will suffer economic stress. Colonial industries, such as uranium mining and gas/oil development rely on government practices to continually infiltrate Indigenous communities and violate land and human rights. What is seen as personal is definitely political and the suffering (physical and psychological illness) of Indigenous people is related directly to these cultural and land-based attacks. One such attack is that experienced by the Mohawk communities of Kahnésétake and Kahnéwake in the summer of 1990... at the hands of the Sûreté du Québec, the Canadian government, the Canadian Army, the RCMP, the City Council of Oka and local Quebec villagers. Since the beginning of the settlement period, the Canadian government has been supporting the erosion of Indigenous land rights and increasing the stress and suffering of Indigenous communities.

My mother is on a limited income. She has a degree in pharmacy from the University of British Columbia. She is undoubtedly one of the first Indigenous women in Canada to attend university in Canada and to receive an undergraduate degree in pharmaceutical sciences. Due to the lack of cultural safety in the university system, she did not self-identify as an Indigenous student. Since then she has made a commitment to avoid pharmaceutical industry-driven medications and chemical-laden foods. She lives on a diet of vitamins, supplements, salmon, oatmeal, non-nightshade vegetables and chocolate. Her

choices are a response to the many food allergies and health challenges she experiences after being exposed to environmental toxicity and radioactive substances in her 1950s home of Uranium City.

In order to maintain this simple regimen, she does not travel abroad, maintain a car, belong to an expensive gym or buy new clothes. She believes she has everything she needs and takes pleasure in her new great-grandchildren, as they continue to arrive and bring joy to our family. She is still angry about land-theft, but for her, dropping her righteous indignation about colonialism would be akin to ceasing to care. As Winona LaDuke says, “white people want to leave their children money, Indigenous people want to leave their children forests” (LaDuke, 2002, 1999). Together, my mom and I document and celebrate the cases of land repatriation, often by social justice-oriented farmers or ranchers in Canada, the U.S., and Australia. Her way of fighting nuclear colonialism has been to care for two daughters born with disabilities, with little support, resources or accurate information.



**Picture 1.** Cathy and Judy Richardson

Author, Cathy Richardson  
And sister Judy Richardson,  
Nanaimo, 1969

Judy was suffering from Legg  
Perthes disease. Greta used to  
pull Judy around Parksville in  
wagon.

Cathy has twice had cancer;  
four hip surgeries, three C-  
sections and two surgeries to  
remove tumors

When, in the 1950's, my maternal grandfather, Alvar, moved his family to Uranium City, he worked as a prospector, as well as a trapper. He struck a claim and kept ore (uranium oxide) in his basement. My grandmother, Evelyn, lined her flowerbeds with radioactive pitchblende. My mother, Greta, worked in a uranium laboratory (as well as in the local movie theatre where her boss played craps with the employees to win back their wages). Uranium City was referred to a boomtown, and the need for income and the lack of health in-

formation provided by companies and government made it more bearable for families to live and work there. Once when I was teaching a counselling course in Langford, B.C., a woman walked into the class on crutches. She said she had just had a hip replacement. I joked with her asking if she had got it done in India, because I had just read about this new industry. She said that in fact she had. And, she told me that her mother had lived in Uranium City. This young woman said she had lived her life with hip problems. Her mother probably knew my grandparents since it was such a small place. It touched me to know that I was not the only one suffering in this way. However, throughout my life it has been very difficult for me to find accurate information about the suffering caused by Canada's involvement in the uranium industry. I was later saddened to learn that the much-admired Tommy Douglas played a role in uranium harvesting for the US army, for the cold war, with no regard for Indigenous and environmental health (Harding, 2007).

American Indigenous environmentalist Winona LaDuke states that:

Uranium mining in northern Canada has left over 120 million tons of radioactive waste. This amount represents enough material to cover the Trans-Canada Highway two meters deep across the country. Present production of uranium waste from Saskatchewan alone occurs at the rate of over 1 million tons annually. Since 1975, hospitalization for cancer, birth defects and circulatory illnesses in that area have increased dramatically – between 123 and 600 percent in that region. (LaDuke, nd.)<sup>3</sup>

Thirty years ago, Ward Churchill and Winona LaDuke referred to this type of deliberate, government contamination as radioactive colonialism (Anishnabek News, 2017). Author Jim Harding also documented the destructive nuclear industry in northern Saskatchewan, the creation of atomic bombs from Canadian earth, and the ruthless contamination of the Indigenous population in this area (2007). This is the history that has harmed the health of many northern Indigenous people in Canada, the dangers of which were deliberately withheld from the people, including my own family.

In 1998, *The Calgary Herald* published a front-page article by Andrew Nikiforuk, stating:

At the dawn of the nuclear age, Paul Baton and more than 30 Dene hunters and trappers innocently called uranium 'the money rock.' Paid \$3 a

3. To read more of Winona Laduke's work on uranium mining and Indigenous people see Uranium Mining, Native Resistance, and the Greener Path in *Orion Magazine*. <https://orionmagazine.org/article/uranium-mining-native-resistance-and-the-greener-path/>

day by their white employers, the Dene hauled and ferried burlap sacks of the grimy ore from the world's first uranium mine at Port Radium, across the Northwest Territories to Fort McMurray. Since then, at least 14 Dene who worked at the mine between 1942 and 1960 have died of lung, colon and kidney cancers, according to documents obtained through the N.W.T. Cancer Registry. The Port Radium mine supplied the uranium to fuel the \$2 billion effort to make the first atomic bombs. 'Before the mine, you never heard of cancer,' said Baton, 83. 'Now, lots of people have died of cancer. (p. 1)

Cindy Gilday, chair of Deline's Uranium Committee called this deliberate withholding of health information a war crime. She believes that the Dene were the first civilian victims of the war and are the last to be addressed (Nikiforuk, 1998, p. 1).

Declassified U.S. documents show that the U.S. government, which was the buyer, and Ottawa, then the world's largest supplier, withheld health and safety information from miners, as well as "Natives". The federal government owned Eldorado Mining and Refining in Uranium City, Saskatchewan and regulated the uranium industry. It privatized Eldorado in 1988.

During the mine's heyday in the 1950s, many Dene slept on the ore, ate fish from water contaminated by radioactive tailings and breathed radioactive dust while on the barges, docks and portages. (Nikiforuk, 1998, p. 1)

Authors and filmmakers Peter Blow and Gil Gauvreau (1999) also documented this history in their film *Village of Widows: The Story of the Sahtu Dene and the Atomic Bomb*, available through Lindum Films. Today, this type of environmental, and thus human, devastation is being perpetuated in the tar sands in Fort McMurray, Alberta. My mother is from Fort Chipewyan, and our family still hunt, fish and rely on the earth, waters and animals for their sustenance. For years, there have been ongoing debates, and attempts to conceal, the environmental destruction. The controversial firing of Dr. John O'Connor drew attention to the issue of environmental pollution, even though attacks on his character were used to invalidate the environmental concerns which are well-documented (Berger, 2015; Bocking, 2012; Nikiforuk, 2010, Suzuki & Moola, 2008).

Healing is not merely an individual project. It must be seen as interpersonal, relational, as part of interaction within and with the social and natural world. From an Indigenous perspective this includes the restorative power or "medicine" offered by the two-legged, the four-legged, the winged ones, the elements, the trees and waters, by the many aspects of mother earth. There are many ways to make offerings, such as tobacco, to request spiritual assistance

with prayers and with visioning. It is a rich and complex process, not appropriate to delve into here. Each person may seek a relationship with an Indigenous elder or healer, follow protocols and receive the teachings that are appropriate for them in their unique circumstances. However, much of Indigenous medicine and ritual is sacred and cannot be discussed in a generalized way, particularly on the internet. So, I rely on descriptions and experiences of healing that I have learned about myself and that I have the right to share.

Healing can be described as a process of restoring balance and, in order to begin a holistic reconsolidation. It is important to use verbs which talking about this process, because it is always moving, flowing and in motion. Nothing is fixed and permanent. We continually have new life experience, pains, sorrows, and wounds that need our attention. Part of the process is *making meaning* of these experiences and then letting them become a part of us, in the light so they do not ever remain a part of our shadow and unseen sorrow. Our being leans towards wholeness.

Many tribes have their own models, metaphors, symbols and processes for healing and strengthening. One I relate to, as a person with prairie ties, is the Medicine Wheel. This structure embodies four main aspects of the self, of course within the contextual and ecological realm of the community, on Mother Earth. The Physical, Emotion, Spiritual and Mental/Intellectual aspects of the self-co-exist, intertwined, inseparable but also discreet in terms of how we can work with them. For example, focusing on improving our physical health can have emotional and mental benefits. Each quadrant, also representing a direction, holds a door of entry to the whole being. When life tends to become unbalanced, either due to a lack of what we need or to an excess of something harmful (i.e., an external toxin), our restorative process relates to restoring the balance. This is a lifelong journey. The Thunderbird Partnership Foundation in British Columbia have created a First Nations wellness continuum model, which they use to describe mental wellness. They view it as:

... a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: purpose in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing; hope for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their families, to community, and to culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history. (Health Canada, 2015, p. 3)

The Medicine Wheel of Responses model is one holistic model among others. Another aspect of healing is to increase one's chi, or life force energy. Cree

writer Willie Ermine talks about *mamatowisowin*, the life force that is infused in all things (Barman & Battiste, 1995, p. 104). Understanding that we are the microcosms of creator and creation, the life force fuels our movement and creative energy. In times of depression, individuals may feel a lack of energy. As a remedy, many elders recommend spending time in nature to rejuvenate and feel the power available to us there, through trees, birds, flowers, waters, and all living things. Many healing programs, such as those developed by Elder and former Liard Chief Ann Maje-Raider, involve land-based activities (Personal communication, 2006). There is a recognition and foresight in such planning. Engagement in cultural activities outside, or 'being on the land', can restore much of what has been depleted. Also, the sense of physical well-being may be enhanced by aspects of the spiritual, such as feeling a belonging and connection to others, to culture and to the land. Loneliness and isolation were perpetuated by colonial violence and remain some of the most difficult forms of suffering today.

Suffice it to say that so much about well-being lies in our relationality and our connections to others. This means not only other people, but all that is and in the sustenance that can be found in the natural and the social world. Winoona LaDuke shares a Haudenosaunee teaching that goes like this:

we are a part of everything that is beneath us, above us, and around us. Our past is our present, our present is our future and our future is seven generations past and present. (2011, p. 2)

However, like many spiritual faiths, holding an abstract intellectual concept about something and actually *feeling* it are two different things. This is related to having a felt sense of belonging and a sense of one's worthiness. Here, I am not referring to mainstream psychological concepts such as self-esteem, self-love, self-care or self-worth, but rather the relational awareness that others value me... that I have social-esteem, social-worth and that we engage in collective care, together. While we may experience these emotions on an individual level, it does not mean that this is an individual project. The well-being of individuals is a group project, a community project. Belonging is multi-directional.<sup>4</sup> In this way, it is important to avoid reducing to a singular unit, such

4. I recommend the articles Carrière, J., & Richardson, C. (2009). From longing to belonging: An Indigenous critique of applying attachment theory to work with Indigenous families, pp. 49-67. In S. McKay, D. Fuchs, & I. Brown (Eds.), *Passion for action in child and family services*. Regina, SK: Canadian Plains Press and... Carrière, J. & Richardson, C. (2013). Relationship is everything: Holistic approaches to Aboriginal child and youth mental health. *First Peoples Child and Family Review*, 7(2), 8-26. <http://journals.sfu.ca/fpcf/index.php/FPCFR/article/view/214>



as one part of the body. There is a story out there that goes like this...

An elderly woman is in the hospital with a number of ailments. One of the things she has endured is a broken arm. Eventually, when she succumbs to her illness and passes on, a doctor comes into the room to examine the arm. He doesn't notice the whole situation and tells the family the arm is recovering nicely.

This is what I mean by seeing ailments as separate and discreet. It doesn't make sense.

Indigenous well-being as seen in the worldview of the plains Cree, has long considered four aspects of self (mind, body, emotions and spirit) embedded in community and living as part of Earth and environment. This can be seen when one visits Wanuskewin just outside of Saskatoon (<https://wanuskewin.com/>). This is an Indigenous visitor centre where one may walk in a Medicine Wheel that is as old as the pyramids of Egypt. The Medicine Wheel is a contemplative process wherein the individual is invited to contemplate how they are doing in each aspect of themselves and the degree to which the self is in balance.

If one aspect is feeling heavy, negative or painful, relieving these experiences may help bring more calm and relaxation into other areas. The Buddhists talk a lot about the mind and the importance of alleviating worry and negative thought. I was taught in earlier meditation classes that thoughts are like subway cars. You don't have to jump onto every thought because there will be another one along in a few minutes. Focusing on the knowledge of the body, and of the feelings/emotions can help each person feel better. In some way, the body and feelings send messages with guidance related to action and preference.

There is a danger today, in the brain-focused trauma talk, of negating more holistic, cultural, poetic and non-medical ways of talking about human well-being and interdependence. In therapeutic circles, there used to be much more talk about the heart, about having a broken heart, associated with grief and loss... being heart-broken. Native American psychologists Eduard and Bonnie Duran talked about 'the soul wound' (1995). In his article, *Meeting Trickster at the Crossroads: Oral Cultures and the Use of Metaphor in Therapeutic Conversations*, Makungu Akinyela (2004) writes about the importance of using metaphor in therapy with tribal peoples. Descriptions can and should resonate with cultural ways of being, poetic frames of reference and common language. We miss the mark when we reduce therapeutic talk to labels of 'trauma' and as mere issues of neuro-psychology. I believe the following story illustrates this point nicely:

The Rwandan prescription for depression: sun, drum, dance, commu-

nity! ‘We had a lot of trouble with Western mental health workers who came here immediately after the genocide and we had to ask some of them to leave. They came and their practice did not involve being outside in the sun where you begin to feel better, there was no music or drumming to get your blood flowing again, there was no sense that everyone had taken the day off so that the entire community could come together to try to lift you up and bring you back to joy, there was no acknowledgement of the depression as something invasive and external that could actually be cast out again. Instead they would take people one at a time into these dingy little rooms and have them sit around for an hour or so and talk about bad things that had happened to them. We had to ask them to leave. (Solomon, 2014, p.1)

In a talk at Mind the Gap 2015 on Vancouver Island, psychiatrist Robin Routledge presented a talk entitled *Response-Based Psychiatry*. He shared his thoughts on holism in relation to today’s heavy psychological focus on trauma and neuro-psychology saying: “the amygdala does not have the last word.” This relates to the idea that so much of ourselves, body, mind, spirit and emotions contribute to our well-being and sense of disrupted or restored balance after challenging or violent events!” (Mind the Gap, 2015). Indigenous worldview and beliefs about well-being and wellness have always been social, multi-locational and multi-dimensional. English philosopher and physician Raymond Tallis offers an interesting, holistic and humane position on this topic, one which resonates with Indigenous philosophy and worldview:

We are not stand-alone brains. We are part of community of minds, a human world, that is remote in many respects from what can be observed in brains. Even if that community ultimately originated from brains, this was the work of trillions of brains over hundreds of thousands of years: individual, present-day brains are merely the entrance ticket to the drama of social life, not the drama itself. Trying to understand the community of minds in which we participate by imaging neural tissue is like trying to hear the whispering of woods by applying a stethoscope to an acorn. (Eagleman & Tallis, 2012)

Eagleman and Tallis’ perspectives on “extended mind” resonate with Ermine’s epistemology (Barman & Battiste, 1995), offering an understanding of “inner space” and “outer space” as locations of mind, thought and consciousness. Similarly, counsellor and activist Vikki Reynolds, identifies the community-focused engagement as the ethical site and stance for healing work. She has been an ally to me in my work and is currently supervising community and health workers in the downtown Eastside of Vancouver helping to mitigate the horror of the opioid crisis and to change government policy to save lives.

This crisis could be averted and, in the midst of the COVID-19 pandemic, this second epidemic is overlooked because non-prescription drug use is stigmatized (Belzak & Halverson, 2018). *CTV News* reported, on Nov 25, 2020, that 5 people per day are dying from fentanyl-laced street drugs (Mangione, 2020). While individual healing may help to address the individualized harm related to this epidemic, one aspect of the issue lies with the dangerous and tainted drug supply, which is a national, a social and a community-based issue, not a neuro-psychological one. A second aspect relates to untreated violence directed at young people who are vulnerable. Much of this violence, whether physical, sexualized or emotional, goes unidentified and untreated (Berman et al, 2020). A recent publication by Berman, Richardson, Elliot and de Canas *Structural Violence Against Youth in Canada* documents the mistreatment of youth in Canadian systems. The young ones in state care are made vulnerable, neglected and targeted for violence by caregivers and peers. Many of the young Canadians who exit the child welfare system end up unhoused and vulnerable to tainted drugs and human trafficking. Clearly issues of physical and psychological safety are pertinent to well-being and counselling treatment. For Indigenous people, cultural safety is also a concept that can promote well-being and the likelihood that people will engage with the services provided.

### **Why Structure Cultural Safety into Communities and Services?**

The notion of cultural safety has been a starting point for making Indigenous people feel more comfortable in white-European mainstream social service settings. Colleagues Allan Wade, Linda Coates and Shelly Dean (Bonnah) believe that successful social service delivery is related to the person being received and treated with dignity. The mere existence of a service is not enough. Instead of doing community “network mapping”, we could be doing community “dignity-mapping”. While a structural analysis is helpful, the individuals who are sitting at the reception desk often have more influence over whether or not the public will be able to access services effectively. After experiencing so many indignities and humiliations, often through interaction with professionals and Canadian mainstream society, Indigenous clients would often rather forego the service than be treated like as if they are inept (Dupuis-Rossi & Reynolds, 2019). As it is, Indigenous people must contort themselves a great deal to be able to do things ‘the Canadian way’ and then translate it back to what it means for them culturally and in the context of their own community. Of course, it is not like this for everyone.

Many Indigenous people are already bi-cultural but have to stretch themselves to engage in the dominant worldview, which tends to be individualistic, de-spiritualized, acontextual and victim-blaming. For example, doctors may tell Indigenous women with cervical cancer that this disease comes from having too many different sexual partners. They don’t however, discuss the dynamics that place young women at risk for sexualized assault and the need to

have a boyfriend (or a body guard) to protect them from the advances of other men in the community. They don't discuss issues such as gang rape and the lack of safety for young people in some communities. There is a victim-blaming stance, implying that the individual made poor decisions, rather than an analysis of safety within the social context. This type of victim-blaming is seen in how the media cast Missing and Murdered Indigenous Women and Girls as prostitutes and opioid drug-users as trying to kill themselves, without an analysis of the larger social context (Jiwani, 2017). There is not an outpouring of national rage when police in Val D'Or Quebec allege that over thirty Indigenous women are lying about sexualized assaults by police (Page, 2018). Blaming the individual deflects responsibility from the state for making social life safer.

In terms of culturally safety, two nurses in Aotearoa/New Zealand, Papps and Ramsden (1996) articulated this term in Aotearoa to promote Māori engagement in settings that could be described as racist and uninviting to Māori service users.<sup>5</sup> Māori psychotherapist Donny Riki teaches about a Tūhonotanga, a Māori perspective on attachment which offers an extended, rich, spiritual and multi-dimensional approach to understanding existence (2012). This approach offers a refreshing relief from the mother-blaming theories typically found in Western attachment theory and offers multiple possibilities for child-care and well-being. If Māori perspectives informed New Zealand child protection work, Aotearoan families would experience much more "mana" (dignity) and cultural safety.

More can be read about cultural safety in a recent special edition by Blanchet-Cohen and Richardson (2017). However, cultural safety is not something that Indigenous people necessarily need to orchestrate. What is our responsibility is dealing ethically and kindly with inter-tribal issues, creating inclusion for those not in the majority tribe. We must also ask, for example, if Métis, Inuit and non-Status people are welcomed within predominately First Nations status community organizations.

There are issues of cultural safety at play within the various Indigenous communities as well. Right now, Métis people living in Quebec are challenged because both the national Métis organizations and the Quebec government (and their social services, such as youth protection) support the claim that there are no Métis people from Quebec, even though they/we are there.<sup>6</sup> This

5. For more information on cultural safety, see the article by Blanchet-Cohen and Richardson (2017). As well as a special edition journal of *AlterNatives* by the same authors on this topic.

6. This is a controversial issue in the context of the recent appearance of Quebecois claiming Indigenous rights. However, this issue is not the same as legitimate Métis people either from Quebec or those who have moved to Quebec from other areas in Canada.

means that Métis children and families will not receive culturally safe or appropriate services and any efforts to do cultural planning, if any, will fall short of what is needed. Within an Indigenous context, is it ethical to create conditions of inclusion and safety that pre-empt what is typically referred to as 'lateral violence'.<sup>7</sup> However, within the current power imbalances in society, cultural safety is not something that racism's victims are responsible for implementing. From an Indigenous-centric perspective, programs that are borne out of local culture involve respected elders and community-based cultural teachers known as "knowledge keepers". Today, some progressive educational institutions are finding ways to engage knowledge keepers, even if they do not possess mainstream university degrees.

Therapists who are not Indigenous must understand the history and impact of colonization and genocide, as their responsibility, in order to be qualified to work alongside Indigenous clients (Dupuis-Rossi & Reynolds, 2019; Richardson & Reynolds, 2012, p. 152). It is not the job of the client to spend their time in session educating the counsellor (therapist or social worker) about what Canada did to Indigenous peoples.

### **Structuring Safety**

In 2014, Vikki Reynolds and I wrote an article entitled *Structuring Safety for Survivors of Torture and Residential School*. In this article, we laid out the ways that counsellors and helping professionals can speak with survivors without retraumatizing them or giving too much authority to the voice or perspective of the perpetrators of the violence. One of the ways we did this is to focus on the stories of resistance and the responses to the violence, the logic and creativity behind these stories, the delicate balance between preserving dignity and staying alive. One process elaborated by Reynolds (2011) is called people-ing-the-room. This is a therapeutic process, developed to build in layers of support and to contest the feeling that one is alone with no control over the circumstances. This approach evokes a spiritual and psychological sense of creating a new world, even if it is invisible to others. I will provide two examples of how I have used this process.

### **People-ing-the-Room**

In 2000, before having a surgery to remove the cancer in my body, I worked with a therapist named Heather Ferriss. Heather helped prepare me for envisioning the operating room, a place which is typically sterile with little room for embellishments and decoration. Together, we imagined me smudging the

7. Although 'lateral' violence is typically horizontal, involving local power hierarchies, such as who is related to the elected officials, gender, heterosexism, cys-gendered privilege, able-bodiedism, and so forth.

room, the doctors, the nurses and the equipment. Then, we imagined me filling the room with my loved ones, with flowers, with scents and with my ancestors and spiritual protectors. When I finally went in for the surgery, I felt assured that most of the work had already been done... that I was entering a safe space where I had lots of love and support. Years later, I worked with someone from the Yukon who was preparing to provide testimony at a Residential School tribunal. We followed a similar process. When she was going in to give testimony, we had already 'layered in' many people, animals, colours, sounds, scents as well as having smudged the room. This does not mean it became an easy process, but it made it easier to work with indignities and power imbalance where the state needed to hear particular words so that a particular cash payment would be offered. Vikki Reynolds (2010) writes: "Solidarity structures safety by contesting individualism, isolation and fear" (p. 153).

Structuring safety is not something therapists do to get ready for the real work, it is the real work (Reynolds, 2012, p. 151). Here are some helpful questions to explore the presence of safety in the therapeutic setting:

- How does this space (office, counselling room, organization) foster safety?
- How does my performance of myself (my clothing, my posture, tone of voice, attitude) foster safety?
- How do I locate my privilege and acknowledge my cultural location in an attempt to foster safety? (p. 152).

In relation to negotiating the safety of information-sharing, or "telling" in advance, a counsellor might want to explore these questions with a client:

- What are the possible risks of speaking out? (Reynolds, 2012, p. 153)
- Given all of these risks, why might you still be willing to do this?

Negotiating "telling" and "not-telling" is an important part of collaborative practice. There is often a cost, or some form of backlash, attached to speaking out. For example, during one of the Truth and Reconciliation tribunals in Canada's north, a woman spoke publicly and for the first time about a man at the school who had assaulted her. Her husband was in the room. He was also unaware of this assault. Since Canada required Indigenous survivors to give up their right to legal recourse (if they participated in the tribunal), this husband headed to the perpetrator's house to do him harm. He was still alive and residing in the community. Some types of backlash can be unforeseen, so it is important to explore the possible outcomes in advance. Research shows that most men and women who report various forms of harassment in universities end up being "pushed out" of the academic setting, after being alienated by peers, emotional blacklisting and reprisals by teachers and peers (Croxford,

2019, 2020; Hogue, 2018). Many people who talk about violence openly risk losing their community as support and friendship is often divided up between the victim and the perpetrator (Bureau de Coopération Interuniversitaire, 2016). Croxford (2019) exposed that most whistleblowers in England experience either “inaction or retaliation” with more than three-quarters of people who gave evidence saying they had faced bullying, demotions, pay reductions, suspensions or forced dismissals for speaking out. There can be seriously personal safety and financial costs associated with telling the truth about perpetrators.

### **Rights and Social Justice**

The Euro-Western field of counselling psychology and psychotherapy was developing in the 1800s alongside the development, and resistance to, European empire. While Britain had stuck its flag in over 50% of the global territory, resistance movements to colonialism showed us that “Whenever people are mistreated, they resist in some way” (Wade, 1997). Yet, most of the counselling textbooks ever printed ignored this resistance and continued to write about how people were affected by events, as if they were passive. The interesting relationship between resistance and social justice and healing/feeling better in life have been largely overlooked until more recent collaborative counselling and anti-oppressive social work movements.

### **But What is Resistance?**

When we hear this word we often think of ‘the resistant child’ the unhappy customer, or even Sigmund Freud’s idea that people who refuse to do what their therapist tells them are self-sabotaging, resistant clients. This is a client-blaming approach that is not aligned with collaborative practice or social justice counselling. Acts of resistance too unjust social and political forces, ranging from a child who is left out to apartheid are important acts of dignity-preservation. They have been identified as important and poignant “small acts of living” (Goffman, 1963; Wade, 1997). Resistance is not about slashing tires or painting graffiti to expose injustice; although it can be. My colleague Allan Wade wrote a descriptive, “non-definition” of resistance:

Any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible, may be understood as a form of resistance. (Wade, 1997, p 25)

What is typically referred to as anxiety and depression may be a refusal to be calm or contented in the face of violence and injustice. Sishidharan (1994) makes links between acts of small P political resistance and well-being in say-

ing: “any activity which involves challenging and/or resisting oppressive social and political forces is inherently therapeutic. It is important to acknowledge here, that whether in the counselling setting or in daily life, resistance cannot and typically does not stop violence. It does not equalize power inequalities nor stop racism. What resistance does is help to preserve the dignity of the victim. While affirming the dignity of each and every person is important, society tends to attend to the dignity of perpetrators much more than it does for victims. However, helping to restore the affronted dignity of those who have been harmed is the best way to help them recover quickly, with their sense of worth intact. One of the most important things a counsellor, teacher, social worker or friend can do is to believe it when someone says they are being hurt. Terms such as ‘alleged’ are for court settings. Most Indigenous people who are experiencing violence, bullying, harassment and mistreatment won’t bother to bring it up. In a context of racism, they know that they will not be believed, so they won’t bother. This relates to having received a lifetime of negative social responses.

### **Processing Painful and Stressful Experiences**

Many of the negative experiences Indigenous people face could be qualified as ‘hard to process’, particularly for children. Much of mainstream Canada would not even believe some of the conditions some Indigenous families and communities endure, such as lack of clean water in taps, rats in school classrooms, and the various forms of systemic racism. For example, many Canadian professionals make their living off ‘Indigenous suffering’ and many of the teachers, health professionals and service providers of Indigenous people are White or non-Indigenous. This exists in a context where Indigenous Canadians are struggling to retain and regain land rights, Indigenous culture and languages and the meagre rights negotiated in treaties. The rights of Indigenous people are outlined by law, both in Canada and Internationally.<sup>8</sup> These conditions create stresses and obstacles that many non-Indigenous Canadians could not even imagine. Whenever we are mistreated, or experience the injustice, harshness or corruption in society, we need a way to process this experience, receive support and stay strong. In this chapter, I have described various healing approaches and practices and will discuss the importance of dealing with the stress, as counsellors/helpers and as human beings, of racism and social injustice.

Aletha Solter (1998), founder of the Aware Parenting Institute describes stress as an *accumulation of unprocessed physical and emotional pain*. I believe

8. In 1970 the United Nations Rights on Indigenous Peoples was enacted, although Canada was one of the last signatories, along with the United States of America and other former British colony countries such as Australia.



this definition, or description, is helpful for the purposes of this work. Basically, response-based practice, Indigenous-focused therapeutic work is about listening to people as they tell of their life, about violent and adverse situations. We debrief events, gaining perspective and insight about the person's responses, including their actions, their thoughts, feelings and values. We find out how the person used their 'inner radar' to assess danger and to choose a particular course of action. We are interested in the origins of their resistance, their ideas, creativity and ways of promoting safety and dignity. Through this dialogical process, the person's responses, and acts of resistance, are reflected back to them which then challenges the idea that, as victims of violence, they did not do enough. Their focus then changes to what they actually did in the situation, challenging the false notion that they were passive.

Parent educator Aletha Solter (nd) talks about the release of children's stress through their 'inborn repair kit'. She believes that humans arrive in the world knowing how to manage stress, through laughing and crying, as well as through other activities such as sweating, shaking and yawning. I believe these healing processes also fit within an Indigenous worldview. Indigenous people have long held ceremonies which involve ritualistic uses of crying, movement, dancing and breathwork. Many turn to sweatlodges in order to benefit from heat, fire, smoke, medicines and the sweating out of many forms of pain. Plains people, including many Métis, participate in the Sun Dance, which also includes these healing aspects for the benefit and strengthening of the people. Some healing practices work with breath, air and rhythm (such as drumming) to help move energy through the person's being. Certainly singing, including chanting, incorporate aspects of breath and rhythm and is a part of many Indigenous healing traditions. Shamanistic methods also work with drumming, rhythm and spiritual practice to help return a state of wholeness to the person.

Indigenous healing also involves working Mother Earth and the various elements for eliminating pain, stress and restoring balance. The Cowichan people of Vancouver Island sometimes do ritual bathing in cold mountain streams; many other nations participate in cold-water lake bathing ceremonies, in all seasons. I was taught by Elder Skip Dick that after talking circles, it is important to have a large bowl of water on hand so that participants can splash water down their face, the water cleansing away sorrow and negativity. He also demonstrated the importance of acknowledging each person, particularly those who shared a particularly difficult story of abuse or mistreatment. That person is acknowledged, by the group, with a handshake or a hug after the circle. Additionally, I was taught to bring a blanket or a gift to give people who have shared stories of abuse. Part of the healing is the 'wrap around' process which acknowledges the suffering of the person and demonstrates the care and concern felt by the group. Here is another example of collective care that I remember well. I attended a conference of the First Nations Education Division in Victoria, B.C. A young woman, living with certain disabilities, was climb-

ing the stairs to the stage to give a talk. On the way up, she tripped and fell, with everyone looking at her. She was clearly feeling mortified. After her talk, Skip the Elder went up on the stage and thanked her for her talk. He offered some reflections and then shared about how we all witnessed the suffering of a young sister who was feeling humiliated. He wrapped a blanket around her, got us all to stand and then sang a song for her. This is how you can repair humiliation and rebuild esteem. I remember one of the teachings I learned at this time, a motto I sometimes saw in the First Nations Education Division, led by an amazing leader Nella Nelson. It went... ‘The suffering of one is the suffering of all; the honour of one is the honour of all.’

### **The Wrap-Around and Group Honouring Practices**

In 2007, I attended a narrative therapy conference in Oaxaca, Mexico. When I was there, I received news that my grandma had passed away, back in Canada. I was completely taken aback with shock and grief and decided to arrange my passage back home to be with my family. When the conference organizers Cheryl White and David Denborough learned about what happened, they arranged a ‘wrap around’ ceremony to help bolster me spiritually. To begin, that morning Cheryl had arranged for me to have breakfast at Michael’s table. He showed me great kindness and asked me some of the questions that I recognized from a powerful article called “Saying Hullo Again”. He asked me to tell him about my grandma, what kinds of things we did together, where I feel most connected to her. This gave me a chance to think about her out loud with someone who showed interest and care, and someone who was not afraid of human emotion. Then, later that day, they had arranged a circle in which a group of people sat with me and shared kind reflections about their appreciation for me and my contribution. This group included Cheryl White, David Denborough, Michael White, Charles Waldegrave, and Kiwi Tamasese from the Just Therapy team in Aotearoa/New Zealand. They had taken a collection to help me get back home unexpectedly (which is a typical Indigenous gesture for families who have lost someone). This gesture overrode, in my memory, the sorrow of the moment, replacing it with a feeling of being seen and cared for.

I later experienced a similar sense of care and love in a Witnessing ceremony in 2012 to acknowledge the end of my marriage, which I describe in Chapter 7. So much of our healing, and the restoration of our faith in goodness, comes from these collective processes that demonstrate care and belonging. This has long been part of the circle pedagogy that is so prevalent in Indigenous communities worldwide (Graveline, 1998; Reynolds, 2010; Richardson, Carrière, & Boldo, 2017).