

**Similarities Between Traditional Indigenous  
Healing Methods and Western Healing Methods**

by

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### **Abstract**

Western counselling methods derive from the European medical model which was constructed to serve Western individuals. People from non-Western cultures may require culturally-adapted counselling/psychotherapy for effective treatment. This paper suggests that other methods such as Traditional Indigenous Healing (TIH) have allowed for culturally sensitive ways of healing that have been passed down for thousands of years. Healing from a Western perspective focuses on the problem at hand (diagnostic-disease model of mental health), whereas TIH considers multimodal aspects during treatment. Western methods have funded empirical evidence supporting that cognitive behavioural therapy (CBT) and dialectic behaviour therapy (DBT) are effective for the treatment of various types of mental illness and states of mental duress.

Alternatively, TIH is knowledge that is passed down orally through generations by knowledge keepers. The learning is done in the wilderness where the healer in training can align their spirit with the Creator and Mother Nature, while they have the privilege of earning the powers of healing. Due to the lack of written documentation and lack of research within academia, TIH is not viewed as a credible treatment for mental illness or mental duress in Western society. This paper will explore TIH, CBT and DBT while analysing similarities between TIH and Western methods. The goal of this paper is to highlight overlaps between Western and TIH methods and allow for more informed cultural awareness for Indigenous cultures, making counsellors more prepared to support Indigenous clients without the client having to obtain mental health treatment through culturally incongruent interventions.

*Keywords:* Western, Indigenous, healing, methodology, common factors

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## Chapter 1

### Overview of the Topic

Western counselling methods drive current counselling practices in British Columbia. Many such methods, including cognitive behavioural therapy (CBT), have been empirically studied and have shown positive results in academic journals across the helping profession fields). Social systems that provide counselling through means of federal, provincial or municipal financial support are more likely to get funding when they utilize treatment methods that have empirical support. Traditional Indigenous Healing (TIH) methods used in counselling are as a result scarce.

There is an enormous underrepresentation of the Indigenous community in the counselling field. The need for counselling among Indigenous people is great. This underrepresentation of Indigenous counsellors and high need for counselling among Indigenous people creates a break in the cultural sensitivity of the methods used within counselling. Notably, of those counsellors who identify as indigenous or First Nations in BC, the adoption of the TIH method is lower. TIH is not taught in typical Master-level programs, as programs follow Western methods as this aligns with their ability to demonstrate “empirical healing methods” (or, methods that are quantifiable and measurable through systematic research inquiry). There is a gap between Indigenous people who seek counselling and counsellors who are knowledgeable in Indigenous healing, specifically TIH.

Presently, there are 2760 Registered Clinical Counsellors (RCCs) with the British Columbia Association for Clinical Counsellors (BCACC). Of those counsellors, only 57 identify as Indigenous (BCACC, 2021). This means that only 2% of RCCs are Indigenous, when the Indigenous population represents 5% of BC’s population. British Columbia is home to 17% of

Canada's Indigenous people (Statistics Canada, 2016). Of the 57 Indigenous RCCs, 17 of them or 30% provide clinical supervision (BCACC, 2021). These are some of the highest rates of clinical supervision provided across the BCACC. This group of people show determination and community through helping fellow counsellors' approach cultural competency as well-rounded, knowledgeable counsellors. The rates of exposure to TIH are low as many Indigenous people have not had the opportunity or ability to train in the TIH approach. As noted, TIH is not available in master's level courses, but can only be learned through mentorship with a healing Elder. These Elders are highly respected through the Indigenous community as they have skills that are not found in a textbook but are passed down through oral history and are held sacred by knowledge keepers.

### **Purpose Statement**

Most Western counselling methods do not align with Indigenous culture, as the delivery of the methods within counselling are based on the Western health framework. TIH uses an integrative approach. The integrative approach is the blending of each aspect of the individual's life into the healing process. This approach works with the client through each part of their life because everything is viewed as interconnected. Using Western methods can create a disconnect within the Indigenous client from their culture. The disconnect can also be seen between the counsellor and the client, as the counsellor may not understand the viewpoints and the importance of relations between the individual, their family, and their community, and interconnectedness or relatability between the individual, their family, and the community. The emphasis is not put on the client, but rather disregards the client's cultural beliefs. For these Western models to be effective, the client would have to abandon their belief system.

Abandonment of one's belief system can create issues of self-identity, self-worth and belonging (Barron-Gilbert, 1999).

This paper aims to acknowledge the similarities between TIH and two common Western methods, CBT and DBT. After reading this paper, mental health professionals may be more able to identify similarities between TIH and Western methods and be more mentally and spiritually prepared to counsel Indigenous people. The aim is for mental health professionals to relate to the holistic treatment that TIH roots from, and possibly integrate some TIH viewpoints, and or methods into their personal work. Through this paper, mental health professionals can learn different methods of TIH, and how TIH has similarities with CBT and DBT. Bringing deeper understanding to similarities between TIH and Western methods can benefit each clinician's quality of care, increase cultural sensitivity, and build a foundation for further research in amalgamating TIH with Western healing methods, bringing two worlds together.

### **Theoretical/Conceptual Framework**

This paper was written through a trauma informed lens that acknowledges the effects of colonialism through the generational trauma that still affects Indigenous people today. The trauma informed lens leaves room for understanding and misunderstanding between TIH and Western methods and acknowledges the distrust between Indigenous people and their colonial counterparts. Language in this paper has been worded to reduce trauma responses in those who have been and continue to be affected by colonialism. This paper does not engage in ethnocentrism, as TIH and Western methods are not measured against each other, but rather have an aim to co-exist, creating a bridge of powerful healing.

There are differences in the feministic approach that TIH holds sacred as the female is viewed as the giver of life and close to the Creator. Traditional Indigenous healers are not

decided by gender but rather by knowledge and practical experience with healing. Western healing is created to address problems affecting Western people, within Western cultural contexts (Bedi & Bassi, 2020). I understand my feministic framework as a Métis woman who is engaged in an academic journey will bias my writing and analysis between TIH and CBT, DBT. My bias leans to the importance of blending Indigenous healing with Western methods to create options for Indigenous people who are seeking mental health treatment. Currently, Indigenous people lack options leaving many to experience separation from their culture while healing. Integrating all parts of the client's life, including culture, into the healing can lead to longer results from therapy (Plante, 1998). Bridging the gaps in mental health between TIH and Western methods is significant to me as I spent a significant portion of my childhood and adolescence on reserve land witnessing the mental health struggles of people who did not fit into the Western medical model. My belief is that combining Western-Indigenous methods can help fulfill cultural needs while utilising empirically based methods. For this purpose, this paper has been reviewed by two other academics.

Attachment theory is a major part of TIH, and the perspectives used in Indigenous culture. Though it is not named attachment theory in TIH, there are plenty of similarities within TIH in the sense of belonging and community and attachment theory. When the community or relational bonds are ruptured or severed, Abandonment theory aligns closely with methods of TIH for trauma. Western healing is more individualistic. The emphasis is put on the individual's journey of healing. The de-emphasis on community and relations can lead the way for issues of abandonment from self, abandonment from community and abandonment from culture. Relational TIH has been an effective way to treat abandonment over millennia.

### **Contribution to the Field**

The research in this paper is relevant to the field of counselling in general, psychotherapy, and community work. Understanding and being able to identify similarities between TIH and CBT and DBT could effectively add to reducing the gap between Indigenous people and counselling services in British Columbia, in Canada, and across America where Indigenous people are unable to locate traditional Indigenous healers. The goal of this paper is to bridge the knowledge gaps between Indigenous and Western methods, as per above statement. Bringing the similarities of TIH and Western methods to light may make more counsellors comfortable supporting Indigenous clients and increase the clinician's ability to view situations through the same lens as the client, resulting in stronger therapeutic bonds. In psychotherapy, a greater understanding of community and belonging may be learned and enlighten psychotherapist's perspectives and modalities when working with Indigenous clients. The long-term treatment regime required for psychotherapy can be challenging with Indigenous clients if the client does not feel understood. Increasing knowledge surrounding TIH and Indigenous traditions and culture can increase the effectiveness and quality of the therapeutic bond and results of therapy (Asnaani & Hofmann, 2012).

The knowledge surrounding TIH, Indigenous culture and similarities between TIH and CBT, DBT can have a great impact on the effectiveness of community counseling. Indigenous people are more likely to experience poverty and trauma related to their ethnicity which makes Indigenous people more susceptible to addictions and mental illness (Comack, 2018). Community based counselling that is government funded or funded by not-for-profit agencies, support a higher number of Indigenous clients who are experiencing mental, emotional, spiritual, or physical hardship. If these agencies or workers within the agencies were to utilise a TIH lens

when working with Indigenous clients, the clinician may be more likely to form a therapeutic bond which could assist the client in reducing high risk or self-destructive behaviours.

A prevalent limitation of this paper is the gap in TIH research. There is much research regarding Western methods, which is quantitative by nature. There is an ability to score emotions and tally results to project effectiveness and utilisation of the methods. In TIH research and research within Indigenous culture, the research is qualitative by nature. To quantify one's connectedness with their culture, their experiences, the worth of each tradition does not accurately capture the meaning and impact of the devices at the core of the culture. Western methods of research dominate academia being that the most funding commonly goes to the research that appears the most promising and can show positive, predictive results. Due to the qualitative nature of TIH research and that TIH does not align with the Western medical model, which supports psychopharmacology, TIH and Indigenous research is gravely underfunded. This leads to ignorance in the field when working with Indigenous clients. This paper aims to bridge the gap holding high the values of knowledge and of understanding, thus creating a more just, more accepting therapeutic experience for clinicians and Indigenous clients.

### **Positionality Statement**

I am a middle-aged Indigenous woman who is Métis from the Red River settlement dating back to 1776, and Cree from the Cree Woodland Territory in Alberta. My Great Grandmother was a dancer for ceremonies, and my grandmother fled Flatbush Alberta hiding from residential schools. My Grandmother fled to Fort St. James where she had 5 children who lived, 4 who died during pregnancy, birth, or in the early years. She hid other Indigenous children in her home giving refuge from the residential schools. My family has a long lineage of

distrust from the government through means of denying health care, proper education, safety, and fair and just treatment.

I am the first in my family to graduate high school and to attend post-secondary schooling. My goal is to change the cycle of poverty for my daughter. As a single parent of a child who has struggled with mental illness due to generational trauma, I have witnessed and experienced the hardships of finding counselling support for low-income families, furthermore, affordable options for long term counselling. Being a single mother attending university with a low income made attaining counselling challenging. I was never able to find my daughter a counsellor who was Indigenous or who was not Indigenous but understood our way of life, culture, and struggles. I realised from the search for Indigenous informed counselling, that there was a need in the counselling field, and a gap that limited the ability to fill the need. I had a desire for Indigenous informed counselling to be more readily available for those in need.

Due to the longstanding distrust between the government and Indigenous people across Canada, and the evolving world of ethnic inclusion, some may fear using a cultural perspective which is not their own. I am here to say that it is beneficial for everyone if mental health professionals learn more about cultures outside of their own. This can reduce racism or ethnocentrism and increase common unity for the goal of healthy mind, body and spirit. Practicing Indigenous ceremony is meant for Indigenous people as it is a sacred practice, and others can be invited to join, but being knowledgeable about practices, traditions and having a common understanding is for everyone.

I believe that TIH has great similarities with many parts of Western healing and that with slight modifications, the healing can be ethnic inclusive. If more research on TIH is documented through academia, the field of counselling could learn new perspectives and deeper

understandings of balance in life that has been shared over thousands of years through Indigenous oral history. My hope is that this research can be used as a catapult for clinicians to be curious about TIH and Indigenous culture, and the importance it has inside and outside counselling. I hope that this research can be shared among clinicians and become a topic of conversation making more room for curiosity and openness to adapt and change counselling practices.

### **Reflectivity Statement**

I am aware that I bring a unique perspective to this research through lived experiences as an Indigenous person and lived experience navigating the Western based counselling systems that are available through government services and not for profit agencies. I have previously researched Indigenous healing and was met with obstacles of finding research that meets the criteria for academic credibility. Much of the rich research was found through Indigenous band and nation websites, or Indigenous history websites, and Indigenous newspapers. These locations were hubs for overall voices of Indigenous people, and minorly voices of Indigenous individuals.

My family history has highlighted my preconceived notions that Indigenous people's voices are not acknowledged when they speak about a need that is not met. I have witnessed the needs of Indigenous people be overlooked by claims of ignorance by those who had the ability to make positive change. When I look through the literature to find academic writing on Indigenous culture and TIH, it is a reminder to me that there has not been much interest or room in academia for Indigenous culture and TIH. I hope that this paper will bring this lack of presence in academia to light and be a foundation for change in academia and the counselling field.

Through writing this paper I have experienced powerful emotional struggles. I have been reminded of the unjust treatment of my family, my ancestors, my band and my nations. This has

made me analyse what kind of clinician I want to be. The introspection process has been challenging when generational trauma is met by current issues that perpetuate the trauma into the present. I have leaned in to determine what I want to stand for as a human being, as an Indigenous woman, and as a counsellor. I have found refuge in the bridge that could link TIH and Western healing. I hope to share this bridge with others who may struggle with their cultural needs when seeking mental health support.

### **Definition of Terms**

Band- “A “Band”, or “Indian Band,” is a governing unit of Indians in Canada instituted by the *Indian Act*, 1876. The Indian Act defines a “band” as a “body of Indians.”” The band is made of many tribes (Crey, 2009).

CBT- “Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness” (APA, 2021).

DBT- “DBT is an evidence-based approach to help people regulate emotions. It started as a treatment for borderline personality disorder, and current research shows it may help with many different mental illnesses or concerns, particularly self-harm” Canadian Mental Health Association, BC Division, 2021).

First Nations- “First Nation is a term used to identify Indigenous peoples of Canada who are neither Métis nor Inuit. This term came into common usage in the 1970s to replace the term “Indian” and “Indian band” which many find offensive. First Nations people includes both status and non-status Indians so there’s a need to careful with its usage,

especially if in reference to programs that are specifically for status-Indians” (Indigenous Corporate Training Inc, 2016).

Indian- ““Indian” is the legal identity of an Indigenous person who is registered under the Indian Act” (Indigenous Corporate Training Inc, 2016).

Indigenous peoples- “A collective noun for First Nations, Inuit Métis and growing in popularity in Canada. In “Indigenous or Aboriginal - Which is correct” we explore the difference” (Indigenous Corporate Training Inc, 2016).

Inuit- “Indigenous people in northern Canada, living mainly in Nunavut, Northwest Territories, northern Quebec and Labrador. Ontario has a very small Inuit population. Inuit are not covered by the Indian Act” (Indigenous Corporate Training Inc, 2016).

Métis People- “Métis Peoples are people of mixed Indigenous and European ancestry. The Métis National Council adopted the following definition of “Métis” in 2002: “Métis” means a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation.” \*Métis are now covered by the Indian Act” (Indigenous Corporate Training Inc, 2016).

Native- “An outdated collective term referring to Indians (Status, Non-status, Treaty), Métis, and Inuit but has largely been replaced by Indigenous. While some First Nations individuals refer to themselves as “Native” that doesn’t give non-Indigenous people license to do so” (Indigenous Corporate Training Inc, 2016).

Nation- A large scale group of bands who have the same lineage. A nation is made up of many bands (Crey, 2009).

TIH- “Traditional healing refers to health practices, approaches, knowledge and beliefs incorporating First Nations healing and wellness while using ceremonies; plant, animal or

mineral-based medicines; energetic therapies; or physical/hands on techniques” (FNHA, 2021).

Tribe- An Indigenous family including immediate and extended family (Crey, 2009).

Western healing methods- Methods that were brought to Canada and America from Europe and continue to be influenced by the European medical field (Marsh et al., 2015).

## **Outline of Chapter 2**

### ***The Medicine Wheel***

The first section of Chapter 2 reviews Traditional Indigenous Healing Methods (TIH) through several forms of traditional practices that are common in Western Canada. The Medicine Wheel is examined in depth including the meaning of each direction, North, South, East, and West, then relates Indigenous healing practices to each direction. The sweat lodge is explained with ceremonial set up, practices, meaning and effects of participation. The use, importance and history of storytelling is reviewed and explained. The purpose of healing circles is explained along with the impacts on the bonds between tribal members, bands, and nations. What makes a community is reviewed including tribes, bands, and nations. The interconnectedness between such and acceptance within the community is explained. The history of land division and community resources is explored. Ceremonies are explored and defined. The impacts of ceremony on individuals and communities are reviewed. Common ceremonies in Canada are reviewed including the blanket ceremony which is common in British Columbia. Types of traditional artwork are explained along with the meaning and use of each. The social rules with artwork are explored along with how and when each is used.

### ***Similarities Between TIH and CBT***

The second section of chapter two begins with an overview of CBT and DBT methods within Western counselling. The goals of CBT are reviewed followed by a brief history. The quality of CBT treatment is considered including what impacts it has on clients. Similarities between TIH and CBT are noted including the focus on logical thinking and reasoning through decision making, problem solving, connection with emotions and having a healthy outlook, identifying emotions and emotional reactions including physical sensations, and change in behaviour.

### ***Group CBT and Sacred Circles***

The third section of Chapter 2 reviews the interconnectedness of group work and reinforcing positive relationships inside and outside of the group. Social rules on acceptance and forgiveness are reviewed.

### ***Similarities Between TIH and DBT***

The fourth section of Chapter 2 is an overview of DBT, where DBT services are located, and clientele it is helpful for, are examined. Mindfulness techniques in DBT are reviewed along with mindfulness techniques in TIH including Eagle Feather Meditation- how it is performed, who it is for, and the purpose. The Releasing Addictions Meditation is explained including how it is performed, who it is for, and the purpose and judgement release that accompanies the meditation. Distress tolerance techniques in DBT are reviewed along with TIH methods for distraction and emotional expression. The TIH methods explored are beading, prayers, painting, preparing hides and, carving. TIH living in the moment and learning to improve the moment goals are reviewed.

Emotional regulation techniques used within Western treatment are reviewed including the use of pharmaceuticals. The use of the Medicine Wheel and finding balance throughout the

four quadrants is evaluated. Interpersonal effectiveness techniques through Western healing including acronyms typically taught and the goals in DBT are considered. In TIH, the importance of the feeling of safety with self, and others is explored, including the interconnectedness with ancestors and the importance of Elders in radical acceptance.

## Chapter 2

### Traditional Indigenous Healing Methods

#### *Overview*

Traditional Indigenous healing methods are methods that have been passed down from ancestors through generations. They are centered within the culture as to where the band is located. Healing methods are an intersection of spirituality, mental state, emotional well-being and physical state. Healing methods that incorporate land-based medicines or elements will be unique to the landscape and change with the season depending on what nature has to provide. These methods are used to connect individual to self, community, ancestors, the Creator and the land. The lens of TIH is holistic aiming to heal the individual as a whole, creating a balance within the whole. When the individual has mental health challenges they are viewed as lacking balance.

#### *The Medicine Wheel*

Traditional Indigenous healing is delivered through many models which are meant to assist the person seeking assistance to find balance between four quadrants of the Medicine Wheel (Fiske, 1999; George et al., 2018). Together, these quadrants are a visual representation of balance and harmony that is used across North American Indigenous groups. There are numerous Indigenous nations and bands, each practice slightly different variations of the Medicine Wheel, and have different histories of their individualistic culture (Fiske, 1999). The Medicine Wheel in North America is divided into four quadrants being North, South, East and West.

The North is white and symbolizes winter with the cold and the traditional way of life. During this time, Indigenous people wore furs to stay warm as below zero temperatures were normal for more than half the year depending on the latitude from the equator (Wilson et al.,

1992). Preparation was deliberate for the winter to ensure the tribes would not only survive but thrive with an ability to stay warm, dry, and hunt and give quality medical care in extreme conditions (Wilson et al., 1992). Elders are also signified in the Northern quadrant. Elders are the knowledge keepers of each tribe, band, and nation. Members of the tribe seek Elders for guidance in life, lessons, and advice (Wilson et al., 1992). Elders have a sacred position as knowledge keepers, so they head ceremonies and major decisions within the societies. White is the symbol for the mental part of balance and harmony, with the goal of health and balance to make decisions that lead to healthy behaviours and make positive impacts of the individual and the community (Gobert et al., 2000). Work is done in this area to relieve distress and increase self-esteem, self-confidence, and one's ability to navigate challenging situations. Sweet grass is further symbolized in the North, white quadrant of the Medicine Wheel (Fiske, 1999). Sweet grass is sacred to Indigenous people as it is used in ceremony as an incense and to purify each person there (Fiske, 1999). The colour white in the Medicine Wheel is used to represent the white people that came to North America.

The South is represented with the colour red. The colour red symbolizes summer with the heat in the lower portion of North America (Fiske, 1999). Opposite from the North representing Elders, the South represents youth. Youth are cared for as they are viewed as the generation that is to be curious and will learn the knowledge life offers through experience and listening to stories from the Elders (Wesley-Esquimaux & Smolewski, 2004). Youth have a respect for Elders and keep Elders in the highest regard (Wesley-Esquimaux & Smolewski, 2004). The colour red symbolizes the skin of Indigenous peoples as they lived and hunted in the hot southern regions of North America, which changed the colour of their skin to be a shade of red.

Emotions are signified in the red quadrant (Fiske, 1999). Traditional healers work with individuals to achieve emotional stability and decrease reactive states. Healers believe that when individuals are in a calm state, they are more able to connect with the Northern quadrant or their mental state as there is a link or a bond between the emotional and mental state of people. Finally, cedar is entrusted in the red quadrant as it is used to purify people specifically when it is paired with prayer, healing, and dreams (Fiske, 1999). Cedar is a gateway that opens a connection to the emotions within self. The bark and leaves of the tree may be used to fan, wrap, or burn in ceremony (Fiske, 1999).

The East is represented by the colour yellow which symbolizes spring, new beginnings, and the child (Fiske, 1999). Children are viewed as innocent spirits that encapsulate the spirits of the earth. Children engage with stories from elders and are encouraged to play and learn thinking, and coordination skills to assist them in the future. The colour yellow symbolizes Asian people. Yellow is the quadrant for spirituality which is often practiced through the use of tobacco (Fiske, 1999). Spirituality is the spirits of all living beings on earth including the mountains, trees, rocks, animals, and the oceans. All elements found on earth are viewed to be part of the harmony in spirituality. The spirituality within the individual is connected to the spirits of all living things. Nurturing this connection brings the individual closer to mother nature and brings the individual closer to harmony and balance as the spirit in the person relates with their mental and emotional portions of self (Fiske, 1999).

The final quadrant is West which is represented by the colour black. Black symbolizes autumn in the changing seasons. Adults are symbolized by black as they absorb what life gives just as black absorbs the sun (Fiske, 1999). Black also represents black peoples. All colours of people have representation in the Medicine Wheel because all people are living beings meant to

live in harmony together. The physical self is represented with the colour black. This includes health, sickness, mobility, and any other aspect of self that involves the physical body (Fiske, 1999). Sage is the medicine of the Western quadrant which is used to prepare people for ceremonies and teaching by means of smudging. Sage may also be given to community members to braid, wear, or burn to release negative energy from the self. Families may use sage to cleanse their home after major changes, sickness or to pray on sacred items (Fiske, 1999).

### *The Sweat Lodge*

Sweat lodges are used by many but not all nations across North America. Sweat lodges are used to evoke strong emotional and spiritual expression (Government of Alberta, 2004). The use of colour and ritual movement to and from the lodge, and vocal expression of song, and storytelling creates an opportunity for each member to bond with one another and the spirits (Stó:lō Service Agency, 2018). Dances and other ritual movements may be done before, during, or after in celebration of the sweating itself (Aboriginal Multi-Media Society, 2002). The Sweat Lodge ceremony may happen as a passage in life, being a youth into adult hood, or grieving of a lost loved one as a way of reconciling the spirits of the past and present (Government of Alberta, 2004). The Sweat Lodge and its immediate surroundings are highly respected at all times (Stó:lō Service Agency, 2018). The structure of the lodge is a physical representation of the feminine, being dark and closed like a woman's womb. Outside of the womb is a cord which is representative of the umbilical cord. Within Indigenous cultures, women are viewed in a high regard as they are the givers of life and nurturers of children and spirits (Aboriginal Multi-Media Society, 2002). The four elements are represented being the air, the fire in the lodge, water, and the earth, which symbolise the four directions during the ceremony (Aboriginal Multi-Media Society, 2002).

The trees that border the Sweat Lodge are marked with tobacco. Depending on the nation's cultural practices they may place tobacco at the bottom of the trees and pray with the tobacco, blessing the area (Aboriginal Multi-Media Society, 2002). Other nations may hang the tobacco in the trees from woven scarves that members of the tribe have made (Fiske, 1999). Each type of Sweat Lodge ceremony will be symbolized by the colour of the scarves, black for grief. Stones within the lodge that sit on the fire are a representation of the ancestors, when the stones are heated by fire the ancestors are awakened, and the water that is poured on the stones create steam, which is when people breath in and sit surrounded by their ancestors' being and knowledge (Aboriginal Multi-Media Society, 2002). The members sit in a circle which signifies the sacred circle through North America (Stó:lō Service Agency, 2018).

On the day of a Sweat Lodge ceremony, it is a day of meditation for all (Aboriginal Multi-Media Society, 2002). There is a calmness among the people. Women who are menstruating or on their moon time, are not to practice ceremony as they are already in a sacred state. They are welcome to gather outside of the lodge clearing holding the space in support of their brothers and sisters. The time of meditation is used to concentrate to look inward and focus on disruptions in personal life, disruptions within intimate relations, grief, and pain from the death of a loved one, and ruptured relationships (Ashawasegai et al, 2012).

The day before the Sweat Lodge, the men gather to erect the Sweat Lodge structure made of logs, and hides (Government of Alberta, 2004). A man will be the fire keeper and will work with the ancestors in the form of gathering wood and rocks which will allow him to place negative energy into the physical world, all while he finds positive energy coming to him from the ancestors (Government of Alberta, 2004). The ground is cleaned and smoothed in preparation of the structure. Each person is presented with a gift of tobacco and are smudged prior to

entering the lodge. Once a person has been cleansed, they enter the lodge and move clockwise to their seat. The fire is in the middle of the lodge and the stones are covered in water steaming thick in the air. A healer leads the ceremony and calls upon the spirits as the steam rises. As the spirits respond the healer interprets the messages (Government of Alberta, 2004). The ceremony can last hours as the healer may lead the sacred circle through each person several rounds until each participant's needs are met (Aboriginal Multi-Media Society, 2002). The healer leads the rounds with prayers for the ancestors being the grandmothers and grandfathers, for the women who are the life givers, and for the men. The sweat lodge is a safe place where each person will share their views on the spirit world. Healers may hold sweats for individuals upon request. The individual sweats are often to assist the person through trauma and loss that the individual would like to keep private. The learnings of a Sweat Lodge offer physical, social, mental, and spiritual healing through a holistic lens that combines both mental and physical health benefits (Stó:lō Service Agency, 2018). The teachings of the Sweat Lodge are integrative metaphors of the Medicine Wheel.

### ***Storytelling***

Oral narratives are at the heart of Indigenous culture. Historic events, mythologies and culture has been passes down through generations for over 10,000 years. After colonialism, storytelling began to be documented in English as oral history was discredited by colonial folk. Today, written stories are shared widely to Indigenous and non-Indigenous populations in English; some are still written in each nation's traditional language, and or dialect. Currently, when stories are shared in ceremony, it is new tradition to get a member of the tribe to speak in their native dialect, then translate each statement into English for all to understand. This is done as a way to respect the ancestors and preserve the culture with current generations. Storytelling is

a form of narrative speaking by which it offers structure for naming experiences and feelings. Naming or identifying experiences and feelings gives a voice to trauma and what causes it (Castellano & Archibald, 2007). The listeners of the storytelling then learn to identify the nature of their trauma, and journey through self-discovery in their personal experiences and feelings within social and historical contexts. Each participant in the storytelling session will name their suffering and pain to make room in their spirit for the healing process as a lifelong journey which will bring them into a new identity (Castellano & Archibald, 2007).

### *Healing Circles*

In healing circles, participants witness the pain and healing of others which builds bonds and relationships inside the sacred circle, that extend out into the community (Waldram, 2008). The healing begins when the trauma is witnessed by others, sharing personal vulnerability, and increasing trust among the people through a high regard of bravery and intimacy for sharing (Castellano & Archibald, 2007). People in the circle will affirm other's efforts to heal and help one another to envision a new future. The metaphor of the warrior takes shape in the circles, signifying the bravery and resilience of enduring their past, accepting their wrongs, and shaping into the warrior of healing along their journey (Castellano & Archibald, 2007). No person is excluded from storytelling healing circles, no matter what they have done in their past. Stories of victimizing others, being victimized, anger, pain, and abuse, come to light in the safe place because everyone is there to carve their new path of healing, as a warrior. The healing process requires each person to engage in self-reflection, to make way for self-forgiveness within an acknowledgement of their role, and responsibility in their life, which is driven by a commitment to change (Castellano & Archibald, 2007).

### *Community*

Indigenous healing centers around community as it is believed that healing one person is part of healing the community. Community in healing is a place of welcoming, belonging, and trust. The community is the members who are directly engaged in the healing circles and includes the community of their people outside of their group (Government of Alberta, 2004). The members of the healing circle are the primary community members and may include those who have abused, been abused, and those who have experienced secondary traumas, but the inclusiveness is that no person is refused entry to the community of healing (George et al., 2018). There is no judgement or criteria for entry besides wanting to heal. Members may attend for many different reasons of healing including daily challenges to severely impacting events.

There is a common understanding that violence is a consequence of trauma, and that the trauma is generational and not one person's fault. This does not discount the responsibility each person has for their actions, but rather an understanding of the root of their actions. Understanding the history behind the actions leads way for compassion for others, which is extremely important in cases where individuals are unable to find compassion for their self. Community is found when individuals come together, share their experiences, work to support one another, and find acceptance within the group. This recipe for Indigenous healing has been effective for thousands of years. The community is bonded through culture and traditions over generations, which sew the borders of resilience creating strength in the population of tribes, bands, and nation members (Musqueam Indian Band, 2021; Gobert et al., 2000).

On the macro level, communities are separated by region. Boundaries for each region have been mapped out by the Canadian government which then stated what was Indigenous land and what was crown land. Across North America there are many nations by which Indigenous

people identify. In Canada there are 50 nations, 50 Indigenous languages of which each has varying dialects, and there are 630 Indigenous communities. In America there are 574 federally recognised Indigenous nations., approximately 229 of these are located in Alaska, where Indigenous people are able to live off the land and flourish in their culture. The other nations are located in just 35 states. Indigenous peoples do not divide their land the same way as their colonial counterparts who use the 49<sup>th</sup> parallel. Indigenous land was divided by region and the resources that were in each region to assure that every nation would have what it needed to survive. They divided the lands without concrete borders and use care and attention for their brothers and sisters. The view is that Indigenous people do not own the land as no one could own land because it is Mother Nature's land, and it is not for humans to own, but rather to borrow from to survive. Every person gives back to mother nature along their journey, assuring not to leave footprints from their path.

When there are large gatherings, such as a passing of life ceremony to honour an important figure, nations from far and wide join as everyone is welcome to mourn the loss and celebrate the journey of the deceased's life. Ceremonies can last weeks and are arranged, funded, and organised by all surrounding communities (Ashawasegai et al., 2012). Each community brings resources to assist in the feeding and housing of hundreds of people for sometimes extended periods. Indigenous people do not restrict community to nearby relations, but the broad connection that bonds Indigenous people together, no matter their distance apart (Ashawasegai et al., 2012).

### ***Ceremony***

Ceremonies and rituals are used to transform identities in healing by utilising sacred and spiritual spaces (Government of Alberta, 2004; Gobert et al., 2000). Ceremonies and rituals have

profound meaning and resonate in introspection and personal transformation. Some common ceremonies include welcoming, completion being graduation, passage in life, taking leave from the community, or an awakening or a rejuvenated renewal of their Indigenous identity (Government of Alberta, 2004; Ashawasegai et al., 2012). Indigenous healing centers around faith of a higher power- the Creator, the Great Spirit (Gobert et al., 2000). Ceremonies work from a place of understanding that community members have lost their culture and spiritual foundations through residential schools, foster care, and transgenerational transmission of trauma (Musqueam Indian Band, 2021; Wilson et al., 1992). A welcoming ceremony gives back the culture that has been stripped from them. and validates the need for children, friends, family, community, and home. It validates that the individual matters, is important. and is part of something bigger; a strong community of united people who are there to love and support each other gaining strength from one another and the Creator (Government of Alberta, 2004). Through the ceremony, the restoration of their stolen identity is restored, and the individual can return to their true self. Community members will reassure those who are returning to their culture to decrease fears and nervousness and increase feelings of belonging and unity to assist the person in the successful integration back into the culture (Musqueam Indian Band, 2021). The person returning to the culture can have intense feelings of loneliness, abandonment, shame, and disgust (Skye, 2002). Negative self-talk and thoughts are fought off with conversations and connections within community (Skye, 2002).

In Metro Vancouver and the Fraser Valley, blanket ceremonies are done for individuals who have completed one stage of life and are moving to another (Stó:lō Service Agency, 2018; Faithful Action for Justice, 2021). This may include graduating from elementary school, graduating high school or university, the return of children to parents from the foster care

system, leaving prison, or graduating from any other major stage of life (Hyatt, 2019). The individual is greeted by Elders who smudge them with sweet grass, sage, or buffalo grass in this district, which may be burnt in a shell, or in an object made of natural materials (Stó:lō Service Agency, 2018). The Elder may fan the smoke on to the person with their hands or may use a cedar branch. Alternatively, the person may choose to scoop the smoke with their hands and wash with it, cleansing their spirit of negative energies (Faithful Action for Justice, 2021). The smudging is followed by prayers to the Creator that give strength to every Indigenous person from our ancestors into current generations. The ancestor's knowledge and wisdom are called on to guide the person through their journey. The calling is done through prayer then is followed by traditional song in native language which would be the dialect of the community they are in (Faithful Action for Justice, 2021).

Each blanket used in ceremony is made of natural materials when possible and decorated with the band's logo or some of the band's traditional art (Faithful Action for Justice, 2021). The person is wrapped in that blanket by a family member or an Elder in a slow manner welcoming the warmth and the security of the blanket. The blanket signifies the womb of a woman which will give protection along their change in life (Faithful Action for Justice, 2021). Community members are called on to speak if they had words, they would like to share with the person being blanketed. Each family member will be called on to speak about what they are grateful for in life and the Creator is thanked again. The blanketed person listens and absorbs the support of their community, and the community can bond through this process as there is a shared goal of giving thanks to the ancestors and offering prayer of safe passage for the blanketed individual (Faithful Action for Justice, 2021).

The eagle feather is viewed as a messenger to the Creator. It flies the highest in the sky, so it is the closest to the Creator. When the eagle feather is used in prayer it gains the attention of the Creator while showing great trust and respect for the Creator. When an eagle feather is given as a gift, the individual would have done something brave or respectful. The respect is then passed through the eagle feather from the Creator and the ancestors to the individual. The eagle feather is used in ceremony for healing and purification purposes. The feather is used to move smoke over each person during smudging or waved over the person to achieve a certain mindset through understanding one's own visions allowing for the strongest communication with the Creator. Eagle feathers are also used in many traditional regalia such as men's and women's traditional and the jingle dress. Dancers must earn each feather used on their regalia by showing pride and honour to the Creator. Dancers show that they are thankful to the Creator by putting their earned eagle feathers in their hair or holding the feather up to the sky while they are dancing. Due to the high regard for eagles and eagle feathers, much artwork highlights the feathers such as dream catchers that have eagle feathers hanging from the web. This piece of traditional artwork uses the eagle feathers to purify the mind preventing nightmares or uncomfortable dreams. Houses may also be blessed with a prayer using an eagle feather, after which the feather is hung above the front door protecting the sacred space.

### ***Traditional Artwork***

Traditional artwork may be worn at certain occasions to show an individual's identity. One's identity is introduced by stating where their ancestors are from to respect the wisdom and knowledge of the ancestors and to respect the ways of their brothers and sisters in promoting unity across North America. Artwork may be worn to signify where the individual or band is from. Alternatively, artwork may be worn for certain events that symbolise how the tribe, band,

or nation feels. An example of this is that different regalia may be worn for a Sundance for a death in comparison to a potlatch for a graduation. The dances done at each event show how the community is feeling. They express anger through warrior dances and sharp drumming. The dancer will leap about in the center of the sacred circle expressing emotion with each intricate movement. The dressing for a graduation will symbolise strength and new beginnings with regalia that reflects strong animals calling on the strength of those animal spirits to guide the graduates in their new journey. Song and dance may be even paced, loud and unified among many with a sound that vibrates the soul of every person attending. The ancestors bring strength and resilience, and the community is called upon to give strength and guidance to the graduates.

### **Similarities Between Traditional Indigenous Healing and Western Counselling Methods**

#### ***Overview***

In Metro Vancouver, British Columbia, Canada, there are two primary methods of counselling, methods being CBT and DBT, that are widely used in hospitals due to their empirical support (Fraser Health Authority, 2021; Vancouver Coastal Health, 2021). These methods are found within government and non-profit sectors as it is much easier to get accepted for systemic funding when the care methods have shown high efficacy over decades. Common places individuals may encounter evidence-based treatments include hospital inpatient and outpatient programs, provincial social services such as schools and Ministry of Children and Families, and federal, provincial, and municipal non-profit social services such as shelters and community mental health centers (Kolko et al., 2018). Common modalities include cognitive behavioural therapy (CBT) and dialectic behavioural therapy (DBT). Each of these modalities has great similarities to traditional Indigenous healing.

## **Similarities Between TIH and CBT**

### ***Cognitive Behavioural Therapy Overview***

The goal of CBT is to decrease distress by assisting the client in adopting and refining the practice of changing their thinking patterns and behaviours (Muir et al., 2021). This has a positive effect on the individual, improving their quality of life by assisting them in locus of control of perceptions in all circumstances when the skills are utilised (Wood et al., 2009). The promotion of self-awareness and emotional intelligence can be life changing as the individual learns new life skills or may engage on lifelong practice of previously learned skills (Muir et al., 2021). The self-awareness promotes the individual through stages of introspection, allowing them to learn more about how they think and how they react to situations. This process also leads them to consider how they feel about certain situations in their life and how they express emotions. The individual will learn how thoughts, emotions, body sensations and behaviours are all interconnected, and what their personal patterns look like (Muir et al., 2021).

CBT has a long history in the psychology and counselling field, making it one of the longest used modalities (Walsh & Best, 2019). The foundation of CBT is solid with decades of peer reviewed empirical research that has supported the effectiveness of CBT in general (O'Brien & Boland, 2020; Tolin et al., 2015). This high efficacy led researchers to explore other ways in which CBT could be used by modifying the target client population, the place it is used, the length of the treatment, and what the practitioners are treating (O'Brien & Boland, 2020).

### ***Trauma and Gender***

CBT therapy has many uses, including the treatment of trauma, and trauma related symptoms (Peters et al., 2021). The term sex will be representative of the biological characteristics of the individual and the term gender will be representative of the social and

psychological constructs in which one identifies their social role, behaviours, and identity which is independent from the sex of the person. An example of when differences between genders may be noticed in the flight, fight, freeze response, with males often more prone to fight and females more prone to flight or freeze (Ascienzo et al., 2021).

### ***Focus on Thought and Logical State***

CBT treatment and TIH have many similarities and the importance of underlining those similarities is to create greater understanding between Western Counselling and TIH. This is important to note due to the intergenerational trauma that continues to impact Indigenous people today across North America (Gallagher et al., 2020; Wesley-Esquimaux & Smolewski, 2004). Intergenerational trauma continues from colonization impairing Indigenous development including social relationships, economic abilities, health, culture, and spirituality. Counsellors who provide services to Indigenous people can increase the quality of their services by being informed on TIH. Cognitive behavioural therapy focuses on thinking and TIH focuses on the mind, which could be categorized similarly as the goal of both is to have a high level of reasoning and logical thought (Gallagher et al., 2020). Logical thought is viewed as important for wellness as it is directly related to emotions and behaviour which directly impacts mental health. Research supports that the adult brain is the logical brain, and the Medicine Wheel acknowledges the adult mind as logical in the North with the Elders and wisdom (Fiske, 1999; Ziaei, 2021). Both CBT and TIH centers mental healing around having logical thought process to problem solve and make decisions that will lead to healthy outcomes (Boness et al., 2020; Wesley-Esquimaux & Smolewski, 2004).

CBT assists individuals in adopting new perspectives of situations releasing them of negative frames that classify negative thoughts as thought distortions (Wood et al., 2009). This

occurs when the individual engages in higher level thinking, identifies the thought distortion, and makes a cognisant choice to discard the negative thought and adopt a perspective of the situation that supports their identity and being in a positive and healthy manner (Boness et al., 2020). TIH embraces logical thought through burning sweet grass cleansing the soul of negatives, leaving room for positives. This may be done by burning the sweet grass on its own or by smudging and bathing in the smoke (Fiske, 1999; George et al., 2018).

### ***Uncomfortable Emotions***

For decades, CBT has connected emotions with thought by which thoughts create emotions, therefore changing one's thoughts to frame a positive healthy outlook will increase the frequency and duration of pleasant feelings (Cordier, 2016). CBT works to maintain emotional balance through cognizant choices (Wood et al., 2009). This does not mean that a person will always be happy, but rather, is more able to work through uncomfortable emotions (Cordier, 2016). Traditional Indigenous Healing acknowledges emotions in southern quadrant of the Medicine Wheel (Fiske, 1999). The interconnectedness of the wheel supports that all living beings on earth are connected spiritually, who have emotional impacts on one another (Fiske, 1999). The balance and unity of the Medicine Wheel brings strength and resilience to the individual. This makes them more able to work through uncomfortable emotions by practicing ceremony utilising cedar, as it is sacred through the smoke, and may also be boiled making tea which provides emotional comfort to those who are having impactful emotions (Fiske, 1999).

### ***Physical Sensations***

Sensations are important in teaching and learning CBT because physical sensations assist the learner in being able to identify emotions and emotional reactions in the body (Cordier, 2016; Gallagher et al., 2020). An emotional wheel may be used to assist clients in identifying their

emotions. Using an emotional wheel to assist a client in identifying their emotions could be extremely helpful for those who have experienced much trauma and are not in tune with their emotions or the sensations that accompany each emotion (Peters et al., 2021). A decreased ability to identify emotions is extremely prevalent in Indigenous communities due to the oppression Indigenous peoples have faced and continue to face. Natural reactions to stress, or natural coping mechanisms including dissociation are a biological self-preservation response that allows individuals to disconnect from uncomfortable emotions that they are unsure how to process to reduce psychological damage.

Physical sensations are acknowledged in the western quadrant of the Medicine Wheel. Being able to locate and identify physical sensations and responses requires a high level of self-awareness (TIH) or introspection (CBT) (Gallagher et al., 2020). No matter which method or lens one is looking through, identifying, and labelling physical sensations is not a light task and it is not expected for children, youth, or young adults to be proficient in, as this knowledge and ability comes with experience and wisdom (Kolko et al., 2018). The experience and wisdom are what connects the western quadrant to the rest of the Medicine Wheel, creating a harmonious balance in the individual (George et al., 2018). Sage may be burnt or hung in the home to maintain personal balance in their physical body and between the individual and the physical world (George et al., 2018).

### ***Behavioural Changes***

The CBT model promotes behavioural changes by alleviating the self from negative impacts on self and others, towards acting in ways that leave lasting positive effects and effects on self and the world around them. When an individual changes their behaviour, thus how they interact with the world, the world will in turn interact with them differently creating a different

outcome. To impact behaviour, TIH can call on the spirits of the ancestors through ceremony or prayer to ask for guidance and wisdom. This is done with an Elder who is considered wise and is looked up to by the individual (George et al., 2018). Much like counselling, the ancestor will hear the struggles and pain of the individual, then engage in ritual or ceremony with them, the result is a conversation with the Elder or with the ancestors who are interpreted through the Elder. A strength-based approach is used to underline helpful traits, characteristics, and behaviour patterns the individual already has to promote growth and development that will lead to long lasting and healthy outcomes. The individual is meant to reflect on the intersection between their self and their ancestors, and that introspection is guided by the Elder to promote behavioural change (George et al., 2018).

### **Group CBT and Sacred Circles**

#### ***Overview of Group CBT***

Group CBT may be found in systems that treat many clients at once including psychiatric wards in hospitals, outpatient programs with the local health authority, federal and provincial correctional institutions, provincial cancer and hospice services, addiction treatment facilities, and local shelters that offer group to women in the community and women who are seeking safety living in shelter (Boness et al., 2020; Hyatt, 2019). Individuals may seek CBT from any of these avenues but are often met with long waitlists that lead to not receiving the help they need when they are in distress. This results in decompensation of mental health accompanied by an increase of positive and negative symptoms that can impair daily living and quality of life. In group CBT, the individuals will learn all the same skills they would in individual sessions of CBT (Cordier, 2016). Group CBT from publicly funded providers are often a certain number of weeks with a learning curriculum that cannot be veered from due to each group moving through

the program as a cohort and the next group is waiting to start the program (Southam-Gerow et al., 2021). The positive of group CBT is that there is opportunity for group members to bond through brief sharing of their experiences. Due to the limited time, participants are not often able to share emotionally deep reflections with other participants, but there is still opportunity for participants to identify with others and realise that they are not the only ones who are suffering (Southam-Gerow et al., 2021). This may bring a sense of community and healing to everyone, as the individual and their stories are accepted into the group (Cordier, 2016).

### ***Healing Bonds***

Similar to group CBT, group reflection in TIH is done in sacred circles where members of the community are accepted wholly with their physical, spiritual, emotional, and mental realities. The acceptance is not contingent on their past behaviour but is reliant on their desire to change (George et al., 2018). Traumas have plagued Indigenous communities which has resulted in many communities' social relations breaking down. The breakdowns occur within their tribe, between tribes in the band, between bands in nations, and between nations across North America (George et al., 2018). Trauma has begun to be the bond that is shared between Indigenous people, now bringing them closer together creating unity against what has caused their trauma, and most importantly, unity for the purpose of healing. Ceremonies such as *Sundances* to honour the deceased brings nations together for days (Ashawasegai et al., 2012). These individuals will gather in small and large groups up to thousands of people. The healing begins for the individual when their story is heard by their brothers and sisters and the ancestors (George et al., 2018). Compassion and acceptance are plentiful which makes way for self-compassion and self-forgiveness. At large ceremonies with hundreds or thousands of members, microphones may be used so that their story can be heard far and wide, and their brothers and sisters may take the

story back to their communities. Experiences can be shared through storytelling to help educate Indigenous peoples, creating a higher level of emotional, physical, mental, and spiritual wisdom among their people. The oral sharing of history is a respected responsibility among Indigenous people to preserve their culture while caring for their tribe, their community, and their nation (George et al., 2018).

Group CBT may be facilitated in the context of assisting the family in finding their identity (Millington & Marini, 2015). This model is person centered to promote full community inclusion. Each participant must enter the counselling relationship voluntarily and at the request of the client. Each participant is viewed as the expert in their own life through lived experience. A working alliance between the counsellor and the family is built on trust and transparency with the purpose of working on the joint common cause (Millington & Marini, 2015). The core beliefs and values are identified and agreed upon between family members creating a sense of unity and reinforcing the interpersonal bonds. Personal beliefs regarding locus of control, self-worth, and optimism are identified to create an action plan that is sustainable for all members and is feasible to achieve (Millington & Marini, 2015; Peters et al., 2021). Family CBT works to assist members in identifying themselves as part of the family unit. The hierarchical complex within the family unit is essential for the therapist to identify so that they may support lines and channels of communication in ways that are familiar to the family (Millington & Marini, 2015). The therapist will know the roles of each family member and understand what each family member contributes and the social rules the family follows. This will increase the effectiveness of the therapy as it is a strength-based approach.

### ***United Healing***

Group TIH begins with the individual healing journey and their dedication to the process of healing. For the individual to be ready to heal, they must be open to change, and open to accept the responsibility for their wrongs. Moments of large-scale impact are often the moments in life that motivate change. These may be returning from residential school, returning back to their community after taking leave, wanting to become sober, births and deaths in a family, separation of family by child services, protesting for their land, finding the bodies of the residential school children, or any other event that impacts the individual's spirit so greatly that they bond with others over the event. When there is large scale trauma bonding TIH calls for large-scale healing. Most recently large-scale TIH was witnessed by the world beginning in June of 2021, when the bodies of residential school children were found. The Indigenous community grieved loudly letting their brothers and sisters feel their pain and agony. The lost souls of the children were acknowledged and prayed for through major social media influencers in Indigenous communities, protests and marches that filled the streets. Orange shirts were worn by people of every nationality supporting Indigenous people and showing that they are listening to their pain.

Song and dance were seen on street corners and in parks over a period of weeks and continue as to present to be seen in major parks, in front of municipal, provincial, and federal service centers. The songs are either in a traditional dialect or are throat singing. Throat singing is shared among all Indigenous peoples, and it provides a common platform that is understood by all, vocalising through pitch, tone, volume, and pace. Throat singing is vocal dances that give auditory representation of the spirit of the singer and their relation to the Medicine Wheel and the world at that time. Pain and suffering can be vocalised through loud pitchy tones that are sharp

and sound angry, while calmness and harmony can be vocalised through soft evenly paced tones that sew together seamlessly.

## **Similarities Between TIH and DBT**

### ***Overview of DBT***

Dialectic behavioural therapy is an empirically based effective method used to teach skills that can assist clients in regaining stability and predictability in life (Lozier, 2018). Mood disorders such as borderline personality disorder, bipolar disorder, and other mental illnesses such as depression and PTSD can affect the way individuals interact with the world around them, and how the individual interacts with their self (Lozier, 2018). Dialectic behavioural therapy has four main areas of focus being mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness (Hunnicuttt Hollenbaugh & Lenz, 2018). This therapy has been used to decrease rates of suicide and self-harm (Banks & Gibbons, 2016; Mirsaleh et al., 2018), which are a rampant problem in Indigenous communities, especially in rural settings. Feelings of isolation, and hopelessness plague communities and mass suicides became more frequent over the last two decades. Special consideration was paid to the Indigenous suicide epidemic resulting in the Canadian government sending more mental health clinicians into rural setting and increasing accessibility to services via tele mental health lines. Dialectic behavioural therapy has been taught to Indigenous people through Western medicine and could be much more effective with integrating Indigenous culture (Woodruff, 2019). Pairing DBT with TIH could significantly increase connectedness and belonging between community members and reduce rates of self-harm and suicide. As balance and harmony in life is found through either DBT and/or TIH the quality-of-life increases creating a healthier individual and a healthier community.

Dialectic behavioural therapy may be offered individually or in group through the public sector being regional health funded programs, in correction facilities, Mental Health and Substance Use Services BC, and with the Ministry of Child and Family Services (Lenz & Del Conte, 2018). Waitlists for these programs can be over a yearlong which can result in poorer mental health outcomes, and the decomposition of the individual's social relationships, shelter situation, employment and other areas of life that require an individual to be stable and predictable when engaging in social relationships. The goal is that the client will learn the skills and adopt them into their personal life utilising the tools as needed (Hunnicuttt Hollenbaugh & Lenz, 2018). Dialectic behavioural therapy is behavioural focused, working with the individual to understand positive and negative consequences of their behaviour, including how their behaviour affects others (Lenz & Del Conte, 2018). The similarities between TIH and DBT are plentiful as there is a harmonious balance that is sought between an individual's behaviour, and the world around them.

### ***Mindfulness Techniques***

Mindfulness is a broad category that fits skills of sitting meditations, body scans, and being mindful of what a person is thinking and feeling in the moment (Lothes et al., 2021). Sitting meditations may be done anywhere but are often sought after in quiet places that are close to nature including being near a body of water such as a lake, pond, river, or ocean. The state of meditation is meant to return the body back to a state of homogeneity (Lothes et al., 2021). A homogeneous state reduces the reactivity of the individual and increases their self-awareness, giving them time to have logical thought before reacting (Lenz & Del Conte, 2018). Meditation is often used in the beginning, or end of typical counselling sessions, as clients who arrive in a reactive state are less capable of processing emotion and working through logical thought and

reason (Smith et al., 2019). Meditation may be used at the end of session if the client is activated and is not in the homogenous state. Utilising meditation at the end of the session increases the positive regard the client has toward the counselling process as they are leaving the session physically and biologically well and increases the trust the client has for the therapist being that the therapist can help them (Horvath & Luborsky, 1993). Learning and utilising the mindfulness meditation skill in session gives the client the tool they need to de-escalate themselves, outside of session, regardless of where and when their triggers may lead to fight, flight, or freeze responses (Lothes et al., 2021).

### ***Meditation in TIH***

Meditation in TIH is similar to that used in DBT. Common meditations used are the *Eagle Feather Meditation* and the *Releasing Addiction Meditation*. Western healing methods are a written guide of how things are done, whereas TIH methods vary depending on the healer. Each healer will bring their own experiences and being into their work, sharing what they have to offer in a unique way. The common TIH meditations are very similar between healers, but there is no set expectation in how the practices are to be done.

### ***Eagle Feather Meditation***

The *Eagle Feather Meditation* uses an eagle feather due to its symbolic nature for Indigenous people across North America (Boyce, 2015). The eagle feather is waved over and around the individual accepting the message of pain or discomfort the individual feels and sends it to the Creator. The meditation begins by the individual being seated or laying down in a comfortable position. The eagle feather is then waved around the head of the individual as the healer speaks in a soft tone leading the client into a state of relaxation with warm and welcoming words. The healer thanks the creator and all ancestors, sending light to the body of the

individual, while moving the feather beginning from the feet up (Boyce, 2015). Words of a white beam of healing light are spoken in a spiritual and healing concept that attunes the individual to their body. Slowly, the healer will move up from the feet to the ankles, knees, thighs and so on until the whole body has been penetrated by the healing beam of light. When the light beam reaches the head, the light beam will cleanse negative thoughts, worries, or anything that may prevent the individual from attaining a state of emotional, mental, and spiritual relaxation. This practice is based on the four quadrants of the Medicine Wheel and gives attention to the harmony and balance that the wheel represents and that the body requires to be in a healthy state (Boyce, 2015).

### ***Releasing Addiction Meditation***

The *Releasing Addiction Meditation* is meant to release behaviour that no longer serve the individual (Boyce, 2016). This behaviour is viewed as no longer healthy or useful to the individual. Coping mechanisms that may be deemed unhealthy in some perspectives are still viewed as healthy, as long as they serve the purpose for the individual. Those behaviours assisted the individual through their challenging time, and they are now ready to be released from those behaviours. The meditation space is sacred and has no judgement as all people are viewed as beautiful love children of the Creator (Boyce, 2016). The individual is viewed as having the power and intention of living a healthy lifestyle and is a warrior on a journey of healing.

The *Releasing Addiction Meditation* that is practiced by Lorelei Boyce, Indigenous Healer, begins as the healer invites the individual to say positive affirmations that they are a healthy and a balanced human being, repeating the statement several times (Boyce, 2016). The healer will invite the individual to share any thoughts or images that arise as this is part of their vision and journey. Long slow deep breaths are led by the healer. The deep breaths differ as they

are not prescribed in through the nose and out through the mouth, but rather long slow deep breaths that feel comfortable and organic to the individual (Boyce, 2016). The healer speaks in a soft voice that there are moments when the urge to relapse can be strong, and that the meditation is there to offer a hand up when the individual is in their darkest hours. The meditation is to be used any time they feel alone or lonely so that they know they are loved and are a beautiful and loved creation by the creator, that generations ago the ancestors were praying for someone just like the individual and that the individual has the strength and courage to help all Indigenous people (Boyce, 2016).

The healer promotes a sense of belonging, mentioning that their spirit guide is there to counsel them with wise words, their ancestors are their sharing their wisdom and that mother nature is there to supply health for them. Traditional Indigenous healing separates the behaviour from the human being as behaviours do not make who the person is, but how the person responds to and grows from their challenges. This is quite similar to the Western view that rehabilitation is possible, and that addiction is the opposite of connection (Maffei et al., 2018). TIH strengthens connections to fill the need of the individual.

The four quadrants of the Medicine Wheel, physical, emotional, spiritual, and mental, are the four main parts of the *Releasing Addictions Meditation* so that the individual can notice if these areas are balanced, or if there is a message for them (Boyce, 2016). When there is an imbalance between the quadrants, uncomfortable emotions such as anger, or behaviours such as isolation or addiction may be present. The physical quadrant portion is practiced by a self-body scan, that involve self-reflections on sleep hygiene and hydration. The mental quadrant is the part of the mediation that focuses on the logical self. The healer invites the individual to reflect on their thoughts and where they are. The emotional self asks the individual to reflect on how they

are feeling without the need to judge the emotions, just to notice the feelings, or thoughts and images that may come to mind. The spiritual quadrant has the individual repeat the word spiritual out loud (Boyce, 2016). They are to notice any images, thoughts, or sensations, that come to mind as they repeat the word. The meditation ends with the healer inviting the individual to reflect on any visions that the meditation led them to, including actions they may need to take. The healer gets the individual to repeat a positive affirmation stating they release their self from any behaviour or thoughts that no longer serve them, and that they are a healthy, balanced, human being (Boyce, 2016).

### ***Distress Tolerance Techniques***

Western medicine views distress tolerance as an individual's ability to manage actual or perceived emotional distress (Wright et al., 2020). Western medicine uses empirically based techniques such as self-soothing techniques, radical acceptance, distraction, and improving the moment (Lenz & Del Conte, 2018). These skills may be learned or reviewed with a mental health professional that is trained in DBT. The exercises that patients complete within the mental health system are often manualized and supply worksheets so that patients have visible skills to reflect on and a written plan for when they experience emotionally distressing situations (Wright et al., 2020). There are some similarities between TIH and Western healing with self-soothing techniques, distraction, and improving the moment.

### ***Self-Soothing Techniques***

Self-soothing techniques used in Western healing are based on the five senses. This is very similar to TIH as much of the focus is on the senses, and how the senses relate to the spirits of the living beings and world around the individual (Weiser & Kaiser, 2021). Traditional Indigenous healing may use the spirit of the wind to calm a person by inviting the person to close

their eyes and hear the details of the wind, hear how it touches and moves other things in the environment, or how it whispers low sounds in their ear. They will see how the wind gently caresses nature around them and smell the scents that the wind carries. The spirit of the wind is a symbol of natural being and Mother Nature (Della, 2011). The wind carries tales from the ancestors if an individual listens carefully enough (Della, 2011). This method can be practiced anywhere and is an effective skill or tool for individuals who have challenges with distress tolerance.

### ***Distraction***

Other methods of distress tolerance can be used such as distraction. Traditional Indigenous healing has used artwork as a form of emotional healing through distraction and emotional expression (Muirhead & de Leeuw, 2012). Artwork such as beading requires concentration and a steady hand. To bead the individual must find a calmness in their spirit, as frustration and other uncomfortable feelings can be transferred into the artwork. Prayers are done over the artwork so that the art will bring peace to whoever wears it, the place it is kept, and those who honour it (Muirhead & de Leeuw, 2012). Painting is another form of artwork that is often done on hides of elk, moose, deer, or buffalo. After the hides are stretched, dried, pounded, and shaved before they are ready for painting. Some uses for hides are to make drums, jewellery, or art on a wall (Muirhead & de Leeuw, 2012). Cedar is used by west coast Indigenous people in artwork as cedar can be carved, shredded and burned in ceremony, shaved thinly and braided or folded into hats, instruments or artwork such as roses that may be worn in with formal ceremonial attire (Muirhead & de Leeuw, 2012).

### ***Living in the Moment***

Living in the moment is a sacred practice in TIH as it promotes individuals to acknowledge their surrounding world, and be an active part of helping community, giving opportunity to improve the moment (George et al., 2018). Improving the moment is done by connecting with their tribe, their band, their nation, or connecting with the Creator or Great Spirit. In TIH, improving the moment comes with a change in perception. There is an understanding that the moment is missing something, and an action is needed to fill that void. Having a sense of belonging and connectedness is a major part of TIH and Indigenous way of life. Being connected to the self, the spirits, Mother Nature, their tribe, and community is essential. Improving the moment is often done by the individual connecting on a deeper level to their self or the world around them (Fiske, 1999).

### ***Emotional Regulation Techniques***

Emotional regulation in Western medicine is measured on a spectrum with severe dysregulation treated with pharmaceuticals as a one of the first lines of treatment by medical physicians, and mild dysregulation is often treated by a review of sleep habits and hydration. Emotional regulation that is in the middle of the spectrum, may be treated by a mental health professional by encapsulating the previously mentioned Western methods of treating DBT (Lozier, 2018). There has been much empirical support that when general aspects of DBT skills are used concurrently, the patient often experiences a reduction in emotional dysregulation, and an increase of emotional stability (Lozier, 2018).

### ***Balance***

Traditional Indigenous healing views of treating emotional regulation are similar to that of Western medicine where balance that is found across all four quadrants of the Medicine Wheel or all four types of DBT treatment categories. TIH promotes individuals to be honest with

their self about their thoughts, and emotions which promotes emotional intelligence. Individuals are more in tune with their emotions resulting in an increased ability to accept their emotions and work through them as they arise, instead of suppressing their emotions resulting in dysregulation. TIH promotes the radical acceptance of intrusive thoughts, getting the individual to notice the thought, but not act on it. This underlines the mutual agreement between Western medicine and TIH that thoughts and emotions are connected. Thus, accepting the thought and reducing the conflict with the thought leads to improved emotional regulation.

### ***Emotional Expression***

Indigenous people find balance through activities that involve all four quadrants of the Medicine Wheel which makes room for emotional expression (Fiske, 1999; George et al., 2018). This includes different types of art including pieces of carved artwork such as totem poles, smaller carved animals that signify and align with their emotion. Different animals may be used to express different emotions such as a wolf which symbolizes loyalty and strong family ties, or a deer which is a messenger and an animal of power, intuition, and gentleness (Weiser & Kaiser, 2021). The bear signifies strength, health and courage, the whale signifies family, romance, love, and harmony (Weiser & Kaiser, 2021). Traditional Indigenous healing promotes individuals to align their spirit with that of the animal that represents the emotion they are experiencing, as a way to process their emotion through a connectedness (Weiser & Kaiser, 2021). This may be done by song, prayer, dance, physical artwork, or storytelling. In DBT, art can be incorporated into the program, and can be especially helpful for certain ages or cultural backgrounds of the populations participating in the program (Clark, 2017).

### ***Interpersonal Effectiveness Techniques***

The fourth category of treatment in DBT is interpersonal effectiveness. Patients in Western medicine learn skills to increase communication with a goal of achieving stability in social relationships (Lozier, 2018). Skills learned in interpersonal effectiveness training are taught using acronyms such as DEARMAN, which is short for describe, express, assert, reinforce, stay mindful, appear confident and negotiate. For relationship effectiveness, the acronym GIVE is used in short for gentle, interested, validate, and easy manner (Zeifman et al., 2020). For self-respect effectiveness the acronym FAST is short for fair, apologies, stick to values, and truthful. These three acronyms are widely used and have been successful in assisting patients in increasing interpersonal effectiveness (Zeifman et al., 2020).

### ***Connection***

Traditional Indigenous healing is based on the connectedness and belonging individuals feel with their self, the earth, and other people. Interpersonal effectiveness is based on the individual's ability to communicate with the world around them. Considering the generational trauma North American Indigenous people have faced, the learned communication skills through generations have become depleted (Banks & Gibbons, 2016). There has been a maintained ability of communication through traditional expression of dance, song, and prayer. The interconnectedness of Indigenous people has united as a gentle force that validates each other in the need to preserve their way of life and the land. Connection can be developed and healed through TIH with Elders and through radical acceptance and a willingness to change for the greater good (Fiske, 1999; George et al., 2018).

### ***Summary***

Much research highlighted the struggle Indigenous people face through generational trauma and the persistent effects of colonialism. Some of the common struggles Indigenous

people face are poverty, cyclic trauma, abandonment issues, and self-identity crisis. Based on the research, it is clear that TIH methods have been effective in assisting individuals in their journey of healing and has the ability to heal communities by bringing people together by relating through culture. Western counselling methods being DBT and CBT have been long effective for treating mental illness and are predominantly taught in academia and used through public medical systems to treat individuals on a larger scale. There is a gap between counselling and TIH, making those who would like to heal through their Indigenous culture struggle to find services. Clinicians can have an immensely positive impact on Indigenous community healing by bridging TIH methods and Western counselling methods. Every individual who is on a journey of healing helps the community heal. Indigenous communities can heal one person at a time by reducing the rate of generational trauma through shifts in mental, spiritual, physical and emotional health.

### Chapter 3: Discussion

Traditional Indigenous healing is a preserved way of bringing individuals back to the land. Through the utilization of the *Medicine Wheel*, individuals find balance in their life and their being as a whole. This leads to connection with the Creator, ancestral spirits, and the land. The land holds time of all creations through the cycle of life and death. Assisting an individual to find connection with the land gives the individual the ability to communicate with the Creator and the ancestral spirits through use of natural resources, giving and taking. The sharing of resources with Mother Nature is part of the growth that helps an Individual feel not alone, but as one of many.

Ceremonies are healing through connection with self, the community, the land, the Creator and ancestors. The journey of healing is a personal choice that can empower individuals as it is not an easy journey. Individuals who are on a journey of healing are seen as warriors be the community. They work through pain and struggles in their self which affects the community through a decrease in self destructive and socially destructive behaviours. Connecting with self, community and culture through *Sweat Lodges, Story Telling, Healing Circles, and Traditional Artwork* can greatly influence an individual's ability to be emotionally, spiritually, mentally and physically available for healing.

Western methods of CBT and DBT have been effective tools through public systems providing healing on a larger scale. If TIH methods were integrated into Western methods for Indigenous people, Indigenous people may have an increased chance of healing with longer lasting results due to engaging in behaviours that promote positive lifestyle changes. The actions that are learned when in counselling such as cultural practices, may be paired with healing for the individual. When the cultural practices are continued after counselling ceases, the individual

may still experience the healing benefits as the actions have been related with healing, creating long lasting benefits. This could be interpreted as foundational behaviours that could maintain mental health. Mental health professionals can foster the connection between the individual and cultural practices, creating a long lasting, healing bond between the individual and the practices.

### **Limitations**

Limitations of this research include my own bias as an Indigenous woman analysing colonial healing practices. This is also a strength that I bring to this research as Indigenous perspectives are rarely found in academia. Indigenous journeys, perspectives, teachings and history are shared orally and are held by knowledge keepers. Through this research it became more evident that Indigenous perspectives are not sought out by academia, as there is an obvious gap in academic knowledge surrounding Indigenous traditions, ways of life, values, customs, social constructs, and healing methods.

Information regarding Indigenous healing, culture, and social constructs was mainly sourced from Indigenous websites. Websites specifically for Western Indigenous populations were reviewed to maintain research borders of Western Canada TIH practices. Local bands to Metro Vancouver were the main point of interest to examine cultural practices within the specific geographical area of City University Vancouver Campus. Information was gathered from City University library and University of the Fraser Valley library as the City University library contained minimal information about TIH and more specifically, TIH within Western Canada. This leaves questions as to why the scarcity exists in research on Indigenous cultural practices and healing. This leaves questions as to why academia has chosen to not engage with or bring understanding between academia and Indigenous culture. Not pursuing this important research is perceived as a message of its own regarding importance, validity and of trust. From the

Indigenous perspective, one may question the motive on why academia has not pursued enlightenment of TIH methods and practices. This willful ignorance is part of a greater message that Indigenous people receive from Canada and academia regarding how their people and culture are viewed.

The gap between Indigenous counsellors and Indigenous clients restricts Indigenous client's ability to heal within their culture. This regulatory body in British Columbia for counsellors is the BCACC, which recently created a search option to locate Indigenous counsellors. The limitation with this is that many Indigenous people do not have access to the internet, may not be knowledgeable or resourceful in a way to navigate the BCACC website to locate an Indigenous counsellor. The government systematically created a counselling hierarchy that is not accessible to everyone and creates extreme barriers to attaining culturally sensitive TIH counselling. Barriers that affect attaining TIH in the current system include poverty, lack of internet or technological devices, and lack of knowledge of the structure of power being the BCACC. The BCACC can be viewed as a structure of power because registers clinician and is a hub for individuals seeking counsellors. The registration process for clinicians is based off academics completed without placing weight on traditional methods of Indigenous healing. This means that a traditional Indigenous healer may not apply for RCC status due to their education not taking place in a "academic" environment. Many of their learnings take place in the wilderness learning to use mother nature's materials and channel the Creator's spirit through the knowledge of their ancestors. For clients who seek healing from traditional Indigenous healers there is a gap. There is a separation between needs and sources for Indigenous healing. There is currently no hub for individuals who are seeking Indigenous healers.

### **Structural Powers**

Being that 2% of BCACC counsellors identify as Indigenous this number is gravely under representative of the Indigenous population of BC. This has multi-factorial causes, including the limitation of accessibility and acceptance into graduate school. Socioeconomic barriers that have perpetuated the cycle of poverty over generations of Indigenous people continue into the present with no solution in sight. More programs to increase accessibility and acceptance for Indigenous people into graduate school could make an immense impact on the amount of Indigenous content found in academia. With more Indigenous perspectives accepted and appreciated within academia, this may lead way for the reduction of racism and systemic bias within counselling, academia, and broader health services. This could lead way for clients to have TIH-informed counsellors. The acceptance of Indigenous student in graduate programs needs to be accompanied by more TIH internships or counselling practices that will accept Indigenous interns and their alternative ways of healing. For this to work the field of psychology, counselling and psychotherapy need to make space for other methods to be used and accepted within the field. Acceptance historically has been highly reliant on empirical evidence. For TIH to become an acceptable method, studies will likely need to be conducted, and replicated to create a high level of rigor and efficacy. Traditionally, empirical evidence has dominated academia. If TIH will become an acceptable form of treatment, qualitative analysis needs to be given the same regard as empirical support for Western methods. One is not better than the other when comparing qualitative and quantitative, but each have different uses and different methodologies are more culturally consistent with different populations. Traditional and Western healing methods have great similarities in which counsellors and healers alike can utilise both methods to achieve a higher quality of care.

### **Recommendations**

### ***Inclusive Spaces***

Mental health professional can maintain a space that is inclusive of Indigenous culture by offering sessions outside of the counselling room. This may include offering services in the field at cultural events to assist individuals in aligning their four directions so they may participate in the event with their being as a whole. Services could be offered before, during and after the events. They may offer services on the reserve or in community where Indigenous people feel the most comfortable as attending session in spaces that align with colonialism could inhibit their ability to share and their growth in counselling. Services could be offered outside of traditional shelters, or inside the shelter if the mental health professional is invited. Meeting with bands and nations to discuss what would be the most comfortable for their people could lay the groundwork for a trusting relationship as the power of the mental health counsellor is more even through giving the people choices in how they receive services.

### ***Cultural Practices***

Educate counsellors through courses offered by the BCACC or partnering Universities. If counsellors who are approved by the BCACC were to educate in Indigenous cultural practices, counsellors would be more prepared to support Indigenous clients through their journey of healing because the counsellor could come from an informed place of understanding. If courses were offered by the BCACC and partnering universities making the coursework more available, counsellors may be more inclined to participate in Indigenous cultural education. Presently the University of Alberta offers an online course through Coursera which is informative of Indigenous history over centuries before colonialism, through colonialism, and into present. Learning topics of land claims, environmental preservation and traditional ways of living off the

land would be beneficial so that counsellors could fully understand why Indigenous people have had a long-standing conflict with the Canadian government.

### *Acceptance in Academia*

Research TIH by means of qualitative or quantitative analysis in ways that preserve the culture. This can include qualitative analysis including impact statements from Indigenous people who have completed a pre-determined minimum amount of Western style counselling. This could bring light to impacts Western counselling had on the individual in relation to each of the four quadrants of the Medicine Wheel, emotional, physical, spiritual and mental. Within the interview with each participant, an open-ended question could be asked if they utilize TIH methods, and further inquiring as to what TIH methods supported their journey of healing. When conducted over a large population The samples could be categorized geographically to capture cultural norms that are helpful by region in relation to different bands, social structures and natural resources. Quantifying Indigenous cultural practices could be viewed as a form of colonialism and should be done with conscious, respectful transparent actions with Indigenous people to ensure full understanding and prevent minimization or the dulling of Indigenous experiences. Having Indigenous academic people involved in whole project including the designing, maintaining contact with Indigenous Nations, gathering research and interpreting the data is vital to increase trust between academia and Indigenous populations.

### **Conclusion**

There are benefits of both traditional Indigenous healing and Western counselling methods. There is a gap that is structurally created which is a barrier for Indigenous people who seek the journey of healing. Indigenous cultural perspectives and methods of healing could be more widely understood in the field of counselling, specifically within the group of counsellors

who choose to provide services to First Nations Health Authority and Métis Nations BC. This could decrease the barriers Indigenous people face when searching for culturally sensitive mental health services. There is importance to TIH methods and ways of life for counsellors and clients. The benefits of Indigenous cultural enlightenment can bridge the gap exists within the medical model that is widely used today. Mental health providers are ethically and morally responsible for providing inclusive care to the best of their ability. For some this may include self-education, or education through academia regarding Indigenous culture and issues, so that they can be fully prepared on how to support an Indigenous clients resulting in long lasting healing.

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