

6	Counselling Indigenous Peoples in Canada	73
	SUZANNE L. STEWART AND ANNE MARSHALL	
7	Lessons From Clinical Practice: Some of the Ways in Which Canadian Mental Health Professionals Practice Integration	90
	OLGA OULANOVA AND ROY MOODLEY	
PART 3		
	West: Trauma and Contemporary Indigenous Healing	105
8	Injury Where Blood Does Not Flow	107
	EDUARDO DURAN AND JUDITH FIREHAMMER	
9	Historical Perspectives on Indigenous Healing	125
	ALLISON REEVES AND SUZANNE L. STEWART	
10	Colonial Trauma and Political Pathways to Healing	141
	TERRY MITCHELL	
PART 4		
	North: Healing Through Western and Indigenous Knowledges	155
11	Cultures in Collision: “Higher” Education and the Clash Between Indigenous and Non-Indigenous “Ways of Knowing”	157
	MICHAEL CHANDLER	
12	An Ally in Northern Community Health: Respectful Engagement in Healing Relationships	171
	LINDA O’NEILL	
13	A’tola’nuw: Indigenous-Centred Learning in a Counselling Graduate Program	182
	ANNE MARSHALL, LARRY EMERSON, LORNA WILLIAMS, ASMA ANTOINE, COLLEEN MACDOUGALL, AND RUBY PETERSON	
14	A Partnership With the People: Skilful Navigation of Culture and Ethics	199
	MELINDA A. GARCÍA, GAYLE S. MORSE, JOSEPH E. TRIMBLE, DENISE M. CASILLAS, BETH BOYD, AND JEFF KING	
	<i>Biographies</i>	219
	<i>Index</i>	231

Foreword

Indigenous Healing Past and Present: Exploding Persistent Binaries

As a clinically trained, community engaged, and culturally attuned research psychologist, I explore the significance of “mental health” policies, practices, and institutions for community life in Native North America. On one hand, in the long wake of European settler colonization, Indigenous communities still reel from state-sponsored programs of subjugation that have fostered epidemic levels of debilitating distress. In the current historical moment, such distress is officially managed—when it is officially managed at all—through the technologies of the psy-disciplines as deployed in clinical settings under the rubric of “health care.” In consequence, psychology and psychotherapy have achieved substantial inroads within Native community life, almost always as a result of external government support and sponsorship. On the other hand, in response to these palpable legacies of colonial subjugation, Native peoples have embarked on agentic projects of community renewal and self-determination. These efforts typically involve contemporary commitments to Indigenous cultural reclamation and revitalization, including the rediscovery and deployment of ancestral therapeutic traditions in service to individual and collective healing. As a result, Native spirituality and ritual practice have emerged as powerful and compelling alternatives for redressing community dysfunction, reconstituting collective identity, and resisting the hegemonic ideologies of surrounding settler societies.

Thus, *both* professional clinical and “traditional” spiritual approaches to therapeutic intervention for “mental health” problems are available in most Native communities and to most Native-identified individuals today. Some Indigenous persons in distress avail themselves of both kinds of therapies (as well as additional complementary and alternative health practices), while others avail themselves of neither kind, preferring instead to rely on personal fortitude and hardiness to guard their minds from intrusion by untrusted professionals and to protect their personal autonomy from external constraint. Perhaps more than ever before—owing to long histories of encounter, exchange, subjugation, and assimilation—we are witnessing the collapse

of familiar and influential oppositions long used to characterize Native and Euro-North Americans: civilized versus savage, modern versus traditional, Western versus Indigenous, and so forth. For, as cultural psychologist Richard Shweder (1994) has observed, “In a postmodern world, your ancestry is less important than your travel plans” (p. 15). In short, cultural essentialism is out and cultural “hybridism” is in. Such is the broad global context for efforts dedicated to “Indigenizing mental health.” As one fascinating and important expression of this commitment, this significant and substantial book undertakes a process of illuminating the indigenous paradigm in the theory and practice of counselling and psychotherapy.

Toward similar ends, one alternative I pursue with my Indigenous community partners is the appraisal of certain “traditional” healing practices with regard to their suitability for inclusion within established health clinics that serve American Indians. It seems impossible to undertake such work, however, without abutting questions such as the following: *What is American Indian traditional healing? Who is an authentic Native traditional healer?* These potentially contentious queries betray an even more fundamental set of concerns in Native North America surrounding privileged access to Indigenous tradition per se. In this regard, as a provocation to intellectual engagement, I sometimes ask American Indian audiences in the United States to nominate the individuals they consider to be the most renowned Native American healers of, not the 19th century, but rather the 20th century. I myself propose two names: the Lakota holy man Black Elk (*Hehaka Sapa*, 1863–1950), who famously “spoke” through the American poet John Neihardt in 1932 (DeMallie, 1984), and the Cherokee/Choctaw televangelist Granville Oral Roberts (1918–2009), who rose from obscurity in rural Oklahoma to preside over a multimillion-dollar healing ministry (Herrell, 1985). The fun in pairing these two individuals is the surprise inclusion of Oral Roberts, who most do not think of as Native American,¹ and Christian faith healing, which most do not think of as a spiritual tradition worthy of therapeutic credence.

One irony, of course, is that even Black Elk was an extremely devout Christian for the majority of his adult life—he converted to Roman Catholicism around age forty, repenting from his Indigenous ceremonial practices and bringing hundreds of other Indians into the church during his subsequent life as a catechist and missionary. A second irony is that a small but visible minority of Indigenous people in tribal communities throughout North America today continue to actively practice Oral Roberts-style (i.e., “charismatic,” “seed faith,” or “word of faith”) Christian healing. We might wonder, then, at what point does Indigenous participation in such practices render them Indigenous healing traditions. Again, in response to such thorny questions, we are invited to consider issues of cultural authenticity and historical continuity with the ancestral past. Importantly, such considerations are not limited to cross-sectional religious comparisons within any given Indigenous community but also pertain to intergenerational dynamics

within particular Native families. I offer as illustration an example from my own extended family that has lived as part of the Gros Ventre tribal community for generations on the Fort Belknap Reservation in North Central Montana. In the summer of 1994, as part of a project associated with my studies at school, I interviewed my own grandmother, Mrs. Bertha (Gone) Snow (1918–2016), in an effort to understand Gros Ventre cultural identity in Gros Ventre terms.

Among the many things I learned from this conversation was her own (ambivalent) convictions about Gros Ventre healing tradition. For most of my lifetime, my late grandmother was the matriarch of the Gone family, the firstborn of Frederick P. and Mary (John) Gone. During her long life, she spanned a remarkably shifting reservation social world, including interactions with monolingual Gros Ventre-speaking grandparents who lived the celebrated life of the equestrian buffalo hunt, bilingual parents who were converts to Roman Catholicism and who believed that the future prospects of the Gros Ventre people depended on forsaking Gros Ventre traditions to better compete in a White-dominated world, and children and grandchildren who sought to return to the Gros Ventre tradition in the wake of the Red Power movement of the 1970s. With specific reference to Gros Ventre traditions, then, Grandma Bertha was exposed to these interactions to the degree that they featured in early 20th-century reservation life. She herself witnessed an old-time Gros Ventre “sucking” doctor, Spotted Bird, treat her ailing infant sister when Grandma was a small girl (as recounted in Gone, 2010). But most of her views on traditional matters resulted from the authoritative descriptions and interpretations offered to her by her father, Fred Gone (1886–1967). Interestingly, as a consequence of these experiences, Grandma expressed considerable respect for the power of early reservation-era Gros Ventre medicine men.

For example, Grandma told me the following story about one of our famed medicine men named Stiffarm during our conversation in 1994. Note that her father, who later recounted the story to his eldest daughter, directly witnessed the event, which she then told to me, partly in her father’s voice, using quoted speech in keeping with Gros Ventre narrative tradition:

They called [Old Man] Stiffarm to come and doctor [this woman]. And there’s certain songs they sing. Four times they sing . . . to call this medicine, to get it to going. And my grandma and grandpa was there. And my dad was there, and he was singing. And, here, he said, “Stiffarm had a ferret pelt, about that big, about that long. Round one. Then he went and put it over there by the door, and this woman was laying over there.” And [Stiffarm would] back away from [that ferret pelt while blowing a bone whistle], just like he was coaxing it with that whistle . . . He was blowing it, and he’d back up towards that woman. Pretty soon this [ferret pelt] moved, come this way. And [Stiffarm would] come after it again, and he’d blow his whistle. And [that ferret] would go [that way].

Clearly, in order for the lifeless pelt of this ferret to move in this way, sacred power was involved. Such animating power was a core feature of Northern Plains Indian religious understanding and was arguably the central attribute of historical Indigenous healing practices.

As if the ritual animation of the ferret pelt was not amazing enough, what happened next, according to Grandma, was truly astonishing:

About the fourth time [Stiffarm] did that, [this ferret] just . . . lit right in there, just buried his head in this woman's stomach. And he pulled something out. "It looked like a tumor," [my dad] said, "about that big around. He showed it to us. He put it in our hands." In the meantime, he had them make a fire outside. And dad said, "There was veins. It looked like a tumor with veins all over it," he said. "You could see the veins. It felt like a piece of liver, but it had a membrane over it, like a gland. It looked like a big gland," he said. "He showed it to us. He put it in my hand . . . It was bloody," he said. Then, here, this ferret was laying alongside of her. It was a hide again. Just a dried hide. But they'd seen it attack her and go in. And so they took [that tumor] out, and they put it in that fire, and it burnt up. Now that's what you call a medicine man!

Thus not only did Grandma credit old man Stiffarm with remarkable doctoring power, but she also passed along her regard by narrating this account in the context of kinship relations spanning four generations (see also, Gone, 1999; Gone, Miller, & Rappaport, 1999). Most importantly, she told this story to underscore a specific, important point for younger generations of Gros Ventres.

That point, in sum, was that bona fide Gros Ventre "ways" are gone. In other words, for Grandma, there was no historical continuity of authentic Gros Ventre sacred tradition, including Gros Ventre healing tradition. Instead, she asserted, "that power is gone":

My kids, you know, they depend on what I tell them. I just tell them what I think I know, what I got from my grandfolks, and my dad. They told me that there was no such thing [as exercising power] anymore. It's gone. All those that had that power is gone. And I don't think there's a living soul today that can go up there on [that mountaintop to fast and pray for a vision] and get power.

In fact, a major function of the Stiffarm narrative for Grandma was that modern claims to authentic healing power require strong supporting evidence: "You got to prove that power. You got to prove it beyond a doubt. My dad had proof of power of a medicine man right in his hand." And so, her clear message for younger generations of her family (and perhaps for younger tribal members more generally) underscored the end of authenticity

and the discontinuity of sacred (healing) tradition on the Fort Belknap Reservation sometime during the early part of the 20th century, when all the "old-timers" (of her grandparents generation) had passed on. And yet today, even at Fort Belknap and against all odds, sacred tradition has once more been renewed.

More specifically, as the contributors to this book make so plainly evident, an important component of such cultural and spiritual renewal is the reclamation or revitalization of Indigenous healing traditions. These contemporary healing traditions find clear lines of continuity with the past even as they have been reconfigured for modern modes of living in Indigenous communities. They are less likely today to entail dramatically visible workings of power; indeed, even the language of sacred "power" has been displaced by its New Age counterpart: "energy." They are less likely today to be deployed for restorative healing (i.e., curing discrete sicknesses) and more likely to be adopted for transformative healing (i.e., reorienting vulnerable selves) in Indigenous lives (Waldram, 2013). They are more likely today to presume or instill a robust psychological-mindedness in keeping with globalized "therapy culture" (Furedi, 2004). Finally, they are not uncommonly used in integration with or as adjunctive to biomedicine, as well as in concert with a wide range of other designated "complementary and alternative" health discourses and practices (Gone, 2011). And why not, given that Indigenous people today exist in so many respects as both modern and "Western"? In sum, many contemporary Indigenous healing traditions throughout North America are now ideally suited for integration with counselling and psychotherapy in the mental health domain.

As a consequence, this volume is a wonderful introduction and thorough orientation to the role that traditional healing might play in addressing the "mental health" concerns of Indigenous communities at the outset of a new millennium. We are fortunate to benefit from its many insights.

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Note

1. The case of Oral Roberts is actually controversial and illustrates the sensitive ethnoracial politics of American Indian identity in the USA. Roberts routinely claimed Cherokee ancestry through his mother, Claudius Priscilla (Irwin) Roberts. This acknowledgement provides one criterion by which American Indian ethnoracial identity might be attributed: self-identification. Interestingly, census entries for Roberts's family recorded during his Oklahoma youth show that all members of his immediate circle—including his mother—were listed as "White" for U.S. census purposes. This designation provides another criterion by which American Indian ethnoracial identity might be attributed: government ascription. In 1963, Roberts was selected as "American Indian of the Year" by the organizers of the Oklahoma American Indian Exposition, an annual Native-run powwow and fair. He is still listed on their roster of honorees as "Choctaw." This appreciation provides a third criterion by which American Indian ethnoracial identity might

be attributed: recognition within the Native community. Finally, Wikipedia—apparently on the basis of other unsubstantiated Internet sources—asserts that Roberts was a “card-carrying member” of the Choctaw Nation of Oklahoma. Intrigued by the possibility that Roberts or his mother may have been enrolled tribal members, I contacted a colleague at the Cherokee Nation of Oklahoma in 2011 to see whether they maintain any record of Roberts or his ancestors on their tribal rolls—they reportedly do not. I also contacted the enrollment office of the Choctaw Nation of Oklahoma, but they invoked privacy rules prohibiting the release of any information about Roberts’s status with the tribe. Irrespective of the outcome, this possibility provides a fourth criterion by which American Indian ethn racial identity might be attributed: tribal enrollment (or citizenship).

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Preface

Although the growth of multicultural counselling and psychotherapy has been increasing since the 1960s, there has been very little research and publication on Indigenous healing practices (see Duran, 2006; Gone, 2010; McCormick, 2005; Poonwassie & Charter, 2005; Stewart, 2008). As Gone (2010) states, “Despite routine celebrations of indigenous healing practices within the multicultural counseling literature, almost no substantive description and explication of specific forms of traditional healing and associated therapeutic paradigms have been published” (p. 226). The traditional knowledge that gave rise to these practices and the ways in which psychology theory building can be advanced through the inclusion of Indigenous healing methods is still to be explored in a systematic and creative way. Indeed, there are several courageous attempts to infuse culture into counselling psychology (see Arthur & Collins, 2005; Pedersen & Lonner, 2015; Vontress, 2010), but with a breadth of areas and issues to be focused on, there was very little room left for Indigenous healing practices to get the quality of discussion it deserves.

However, there is wide spread acknowledgement and acceptance within the multicultural counselling and psychotherapy movement that there is tremendous potential for clinical practice if Indigenous healing methods are explored and systemically discussed in the mainstream mental health disciplines (McCormick, 2005; Stewart, 2008). The need to engage with First Nations and other Indigenous healers and healing is paramount since mainstream counselling psychology is in a crisis, having exhausted its repetitive therapeutic approaches, and is now in need of newer models and methods to add to its repertoire of healing. While Indigenous healing traditions date back to thousands of years, they could also be seen as therapeutic ways for the future, where the rich knowledges of the distant past are frameworks within which future discomforts and psychological distress could be addressed, such as stress and environment changes, innovations in human relational practices, and the use of sacred ceremonies in the search for truth and reconciliation. Moreover, the imperative for the use of Indigenous healing traditions is political, particularly for North American Indigenous communities. Through the ruthlessness of colonialism, Indigenous healing was

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