

Decolonization as Methodological Innovation in Counseling Psychology: Method, Power, and Process in Reclaiming American Indian Therapeutic Traditions

Joseph P. Gone
Harvard University

Decolonization harbors great potential as a transformative methodological innovation for advancing social justice in counseling psychology. One domain of colonized knowledge with relevance for the field is therapeutic expertise in American Indian communities. In this article, I draw extensively on vignettes from the life narrative of a historical *Aaniiih*-Gros Ventre medicine man to reveal various facets of his healing practices. I do so as an illustrative case example of a decolonial reclamation of Indigenous therapeutic traditions for the discipline. In discussing method, power, and process in association with decolonization, I first summarize emergent divergences between Indigenous traditional healing and modern counseling based on excerpted vignettes. Then, I observe that *method* in pursuing decolonization through Indigenous therapeutic reclamation is currently open to various forms of qualitative inquiry, that *power* in pursuit of Indigenous therapeutic reclamation must appraise the role of therapeutic regimes in the creation of modern subjects, and that *process* in pursuit of Indigenous therapeutic reclamation must allow for decolonization to extend to the repatriation of Indigenous relationships to land. Finally, I gesture beyond the consideration of Indigenous therapeutic traditions to trace the profound implications of a decolonization agenda for knowledge, practice, and training in counseling psychology.

Public Significance Statement

Decolonization refers to undoing the impacts of historical domination on subordinated populations by powerful outsiders. Adoption of a decolonization agenda in counseling psychology will transform knowledge, practice, and training toward greater benefit for formerly colonized communities, including reclamation of American Indian healing traditions.

Keywords: American Indians, decolonization, traditional healing, qualitative inquiry, counseling psychology

“The first seven [patients] I doctored signified the seven buttes that I fasted on. . . . And the next twelve [patients] I doctored signifies my age when I was first contacted by the supernatural. The seven men and the six women [who sing during these ceremonies] also are significant, their number signifies the days in the duration of my fasting experience. I stayed on the first butte seven days and nights, the second butte . . . for six days and nights, and . . . so on until the


seventh and last butte. . . . And in all those nineteen [doctoring] cases I never lost one. They were all successfully performed.”

—Bull Lodge, *Aaniiih*-Gros Ventre Medicine Man (F. P. Gone, 1942)

Psychology as a discipline has long been shaped by positivist commitments and its desire for recognition as a bona fide science (Ponterotto, 2005; Tolman, 1992). One result has been a narrow methodological parochialism that privileges the production of “objective,” decontextualized, nomothetic knowledge about humankind (Guba & Lincoln, 1994). The *application* of psychological science complicates this endeavor, however, as professionals must translate nomothetic (i.e., general and probabilistic) knowledge for use in idiographic (i.e., specific and distinctive) instances (Allport, 1937). Counseling and psychotherapy are marked by this ambiguity (e.g., Stricker & Trierweiler, 1995), leading to intellectual rifts concerning evidence and practice (McFall, 1991; Peterson, 1996). Some professional psychologists have critiqued the hegemony of the nomothetic in psychology, attending instead to subjectivity, standpoint, and politics in disciplinary research (Howard, 1984; Kirschner & Martin, 2010). Counseling psychology has led the discipline by pursuing matters of diversity, equity, and inclusion (Betz & Fitzgerald, 1993; Sue, Bingham, Porché-Burke, &

Joseph P. Gone, Department of Global Health and Social Medicine, Harvard Medical School, and Department of Anthropology, Harvard University.

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Correspondence concerning this article should be addressed to  Joseph P. Gone, Department of Anthropology, Harvard University, Tozzer Anthropology Building, 21 Divinity Avenue, Cambridge, MA 02138. E-mail: jgone@g.harvard.edu

Vasquez, 1999). It has sought to legitimate a broader repertoire of methodologies in promotion of these goals (e.g., Polkinghorne, 1984). Building on the transformative contributions of Haverkamp, Morrow, and Ponterotto (2005), the present collection of articles updates this literature by charting novel advances in method, reflecting on current inquiry, and gesturing toward new methodological frontiers in counseling psychology.

One methodological frontier concerns *decolonization* in psychology (Bhatia, 2017; Goodman & Gorski, 2014). Decolonization entails the “undoing” of colonization. Colonialism refers to territorial expansions by powerful societies that then dominate other groups of people. It is exogenous domination (Veracini, 2011). Colonialism has shaped the fates of billions of people, especially with respect to Indigenous peoples and those residing in the Global South (e.g., Africa, Latin America). Colonization takes many forms (Shoemaker, 2015) but typically centers on the exploitation of labor and dispossession of resources that enriches those in the metropole. In other instances, however, colonists settle permanently in the colony and exert dominance over Indigenous populations through dispossession, subjugation, and “erasure” from national life (Wolfe, 2006). Importantly, colonial subjugation requires dehumanization of the colonized through narratives and discourses of racial inferiority, primitive savagery, and exotic “othering” (Said, 1978). These become institutionalized as social formations through colonial administration, although “coloniality” frequently persists beyond the dismantling of these administrative apparatuses (Quijano, 2000). Finally, colonization leads to the internalization of pernicious representations of inferiority by the colonized themselves (Fanon, 2004). Psychology has only recently explored coloniality and de/anti/postcolonialism (Bhatia, 2017).

Noteworthy instances of disciplinary engagement with colonialism include special sections of psychology journals on: “Decolonizing Psychological Science” (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015); “Teaching Toward Decoloniality in Community Psychology and Allied Disciplines” (Carolissen & Duckett, 2018); and two special issues in the *South African Journal of Psychology* (Barnes & Siswana, 2018; Seedat & Suffla, 2017). A PsycINFO search revealed that perhaps 10 articles concerning colonialism have appeared in journals dedicated to counseling and psychotherapy. Most significantly, only two such articles have been published in the *Journal of Counseling Psychology*: David and Okazaki (2006) developed the Colonial Mentality Scale for Filipino Americans, and Capielo Rosario, Schaefer, Ballestreros, Rentería, and David (2019) adapted this scale for assessment of colonial mentality and depressive symptoms for a mainland Puerto Rican sample. Beyond these, decolonization in psychology is undoubtedly masked by its close association with other related approaches in the discipline. Indeed, Bhatia (2017) acknowledged that “the field of postcolonial or decolonial psychology is rather new” (p. 3) and classified “the move to decolonize psychology as part of a larger project of critical psychology” (p. 2). Critical psychology is both expansive and eclectic, encompassing a wide variety of theoretical traditions such as psychoanalysis, hermeneutics, and feminism (Teo, 2015). Liberation psychology also shares many of the aims and commitments of decolonial psychology (Montero & Sonn, 2009; Watkins & Shulman, 2008). Nevertheless, all told, decolonization has yet to garner an appreciable presence in counseling psychology.

What then might the field look like in response to an ardent commitment to decolonization? In this article, I advocate decolonization as a methodological innovation for advancing social justice in counseling psychology. I conceive of decolonization as an innovative approach for conducting research rather than as a methodology per se (analogous, for example, to Community-Based Participatory Research [CBPR], which “is *not* a particular research design or method [but instead] a collaborative *approach* to research”; Israel, Eng, Schulz, & Parker, 2013, p. 16). Similar to CBPR, *decolonization is methodological without being a methodology*. Thus, decolonization is an innovative and generative framework for conducting research that encompasses diverse qualitative methodologies and methods. I consider decolonization here with reference to a long-subjugated therapeutic tradition that is apparent in the life narrative of an American Indian medicine man. In my effort to recover this domain of colonized knowledge (i.e., American Indian therapeutic expertise), I first provide a brief overview of Indigenous therapeutic traditions and introduce this life narrative. Next, I illustrate this therapeutic tradition using select vignettes from the healing career of the *Aaniiih*-Gros Ventre medicine man, Bull Lodge. Then, I explicate key facets of *Aaniiih* therapeutic tradition, and consider method, power, and process as these pertain to reclamation of Indigenous therapeutic traditions. Finally, I venture beyond the project of Indigenous therapeutic reclamation to gesture more generally toward the implications of a decolonization agenda for knowledge, practice, and training in counseling psychology.

Indigenous Therapeutic Traditions

American Indians (AIs) are the Indigenous peoples of the U.S. who have survived centuries of European and Euro-American colonization. Throughout this history, colonial subjugation has dispossessed AI peoples of our land and other resources and denigrated our traditional ways of life. AIs today refer to the effects of this legacy—including disproportionately high rates of addiction, trauma, and suicide in our communities that have resulted from colonialism—as historical trauma (Hartmann, Wendt, Burrage, Pomerville, & Gone, 2019). Crucially, the remedies for historical trauma are typically presumed to be the domain of health and health care, especially mental health services (Gone & Trimble, 2012). Prior to colonial subjugation of AI cultural and spiritual activities, AI communities maintained therapeutic knowledges for “doctoring” (or healing) a wide variety of maladies. For most AI communities today, however, these knowledges have been widely disrupted (and sometimes completely eradicated) even as AI peoples express fervent commitments to reclaiming and revitalizing these therapeutic traditions. Such reclamation and revitalization are especially promising for counseling and psychological services insofar as the health inequities that afflict “Indian Country” are perhaps best conceived as postcolonial pathologies that entail rampant psychological demoralization and anomie (Gone, 2013).

One complex set of problems associated with counseling encounters in AI communities emerges from clear cultural divergences in therapeutic approaches (Gone, 2010). Such striking divergences render attention to the health of Indigenous peoples a fraught endeavor. On one hand, AI communities consistently seek access to health care resources and services in pursuit of a vibrant

postcolonial wellness for future generations. On the other hand, biomedicine is structured through knowledges and discourses that exert hegemonic supremacy vis-à-vis local Indigenous ontologies and epistemologies regarding well-being and the therapeutic. The resultant incongruence in health knowledge and practice requires a complex calibration of concepts, methods, approaches, and understandings—both Indigenous and professional—if a sustainable modern synthesis is to be achieved on Indigenous terms and in decolonized fashion (Gone, 2009). Some of the most innovative thinking in counseling psychology has overtly adopted a decolonizing framework for psychotherapy with AIs and other Indigenous peoples.

Duran, Firehammer, and Gonzalez (2008) identified Euro-American colonization as the source of an AI “soul wound.” In his *Healing the Soul Wound*, Duran (2019) described this injury as the intergenerationally transmitted psycho-spiritual cause of AI inequities in mental health status (e.g., addiction, suicide). Originating from his commitment to postcolonial hybridity, Duran (2019) drew on copious case material from AI clients to illustrate his distinctive approach to “soul healing” (i.e., psycho-therapy). In pursuit of “a process of liberation [in which] we are going beyond colonizing” (p. 15), Duran (2019) developed an “alchemical amalgamation” of Indigenous worldviews, New Age spirituality, psychological theory, and professional practice. His signature innovation was to creatively recast counseling as ceremony in which AI emotional problems are reframed as living spiritual entities (e.g., the “spirit of alcohol”). Healing entails a shift in client relationships to their problems through new ritual relationships with these entities. Elsewhere, I have reviewed Duran’s soul wound psychotherapy (Gone, 2010), appreciating its compelling creativity (e.g., as an ingenious synthesis of Indigenous healing traditions and modern psychotherapy), even while recognizing its limitations (e.g., its dependence on rampant ethnoracial essentialism and invention of Indigenous “tradition”).

I turn now to the specific healing traditions of the *Aaniiih-Gros Ventre* Indians of Montana, an Indigenous people of the northern Great Plains who once hunted buffalo prior to reservation confinement in the late 19th century. Consideration of historical *Aaniiih* healing tradition will illuminate a subjugated realm of health experience in which people’s well-being depends on persistent relationships to particular landscapes over time. Of special relevance to decolonization, such traditions frequently assume that much of the “natural” world is animate and sentient, and that much of the power for maintaining human well-being depends on relationships with beings that inhabit specific places in the world (Gone, 2008b). The window into these alternative therapeutic sensibilities is a documented tribal account of the life of Bull Lodge (ca. 1802–1886), a renowned healer among the preservations Gros Ventres. In producing *Bull Lodge’s Life*, Gros Ventre tribal member (and my great-grandfather) Fred P. Gone (1942) crafted the life narrative of this influential medicine man. In so doing, he preserved the distinctive course of a distinguished *Aaniiih* life, including meticulous attention to his “supernatural” encounters and ritual affairs. More detailed consideration of the genealogy of this text has appeared elsewhere (Gone, 2006). In the next section, I excerpt select vignettes from the healing career of Bull

Lodge to illuminate important features of *Aaniiih* therapeutic tradition.

The Healing Career of Bull Lodge

On the second day of the inauguration of Bull Lodge’s healing career, he completed his ritual ministrations with the patient—his uncle Yellow Man—and addressed the family members and ritual singers gathered within the tepee.

“My relatives . . . what you [have] witnessed just now . . . are the results of my fasting, hardships, and sacrifices in the past. There are three places where I have fasted in particular, where I was given the power to heal and cure, namely the Black Butte . . . and on Grows Tallest Butte . . . and the middle butte of the Three Buttes. . . . Whenever I’ll have pity on anyone whom I doctor, this . . . is how I’ll bring him back to health. . . . You are all to be my children, and your bodies and health are to be under my care.”

During this stage of his life, Bull Lodge had attained the age of 40 years and was so moved by compassion for his uncle that he “couldn’t hold himself any longer, so he declared himself” a doctor. The narrative does not recount precisely what afflicted Yellow Man, only that “every day his condition became more serious as he was falling away fast.” So, Bull Lodge gathered his medicines and signature ritual implements—a bowl, cloth, drum, and whistle—and commenced 3 days of ritual prayers for his uncle’s health. During these ritual exercises, he prayed to “Father Above Man” to “look down” on him during his therapeutic activities; sang ritual songs with his drum before passing these on to the assembled singers; sucked a malignant substance from various parts of his uncle’s body; lit his pipe and blew tobacco smoke across the black cloth covering his uncle; and fed him meat and broth that had been specially prayed over.

On the third day, he spat the substance drawn from his uncle’s body into the bowl, covered the bowl with the cloth, raised the covered bowl, prayed to a specific Butte Being (or “Mountain Man”) to come and assist in the ceremony, and then “felt as if a slight breath of breeze struck [the] wooden bowl.” Upon lowering the bowl and removing the cloth, those in attendance saw that the substance had been transformed into three colored marble-like objects that Bull Lodge subsequently used to finish curing his uncle. According to the narrative, “Bull Lodge had doctored six others in the manner above stated, and his Uncle Yellow Man being the first made the number seven in all. Then he doctored twelve more people after the first seven.” These initial 19 cases were important because they firmly established Bull Lodge’s reputation as a potent healer even as they commemorated the prior experiences that had prepared him to undertake such a career. His first seven successful cases symbolized the seven buttes where he received doctoring power, while the remaining 12 cases symbolized the age when he first encountered his spiritual Patrons. Beyond these significant inaugural instances of therapeutic success, Bull Lodge continued to doctor patients as requested throughout his lifetime. For example, *Bull Lodge’s Life* (F. P. Gone, 1942) recounted his healing of a Crow warrior from a potentially fatal gunshot wound as well as his curing of a Crow girl who was hemorrhaging from her mouth. Nevertheless, it was the first 19 healing efforts that specifically gestured back to the formative

years of Bull Lodge's life, including the specific *places* where he had obtained ritual knowledge and power for healing.

The Context for Healing

Historically the Gros Ventres retained responsibility for two sacred Pipes (Cooper, 1957; Fowler, 1987). Following uncommon devotion to the Feathered Pipe during his impoverished childhood, Bull Lodge was approached by this Pipe Person in a vision at the age of 12. The Pipe Person was aware of Bull Lodge's routine practice of beseeching the Pipe for help from above so that he might "become a great man among his people." The Pipe Person reassured young Bull Lodge that "this custom that you have adopted for yourself . . . has moved me with compassion. I pity you my child, you will be powerful on this earth, and all you have asked for is granted you." This encounter inaugurated a lifelong exchange with Those Above, in which Bull Lodge repeatedly demonstrated his sincerity, respect, and willingness to sacrifice to his Patrons even as they reciprocated with gifts of suprahuman power. The principal test of Bull Lodge's commitment and determination was the directive that he fast and pray on seven sequential occasions atop seven different buttes demarcating nineteenth-century *Aaniiih* territory. These seven buttes are part of three separate mountain ranges in present-day north-central Montana. Bull Lodge successfully completed these fasts during his early adulthood, setting the stage for a series of distinctive achievements—including his success in healing—throughout his life.

This pursuit of suprahuman power through fasting and prayer involved a concerted effort to attract compassionate notice from Those Above who might then gift their most sincere human interlocutors with power to realize their desires (Cooper, 1957). But attracting the attention and compassion of these distant Beings was no easy feat, requiring concentration (acute mental focus on desired outcomes), sacrifice (offerings of pain or flesh), deprivation (forsaking food, water, clothing, and companionship), and "crying" (tearful sobbing and pleading; for further explication, see Gone, 2008b, 2010, 2019). Bull Lodge attracted such notice on all seven buttes. For example, on the first butte, described as the "place of the gift," he fasted for 7 days, severing the distal joint of his finger, and offering it as a sacrificial gift. On the seventh day, an Old Man appeared to him and instructed him to undertake six subsequent fasts (each to require 1 day less than the previous one), explaining that "from time to time, these things [you desire] shall be revealed at the designated place of fasting, a little each time." In addition, the Old Man acknowledged Bull Lodge's sincerity, promised that he would "do great things in healing and curing," and gifted him with horses and a tepee (i.e., wealth). On the next five fasts (but not the final one), Bull Lodge was summoned from his fasting spots to hike down the buttes a short distance before entering their interiors and interacting with the Butte Beings in their respective "tepees."

The Sixth Fast and Vision

Bull Lodge's sixth fast on the Middle Butte of the Sweetgrass Hills lasted two nights. As usual, he was notified in a dream that it was time again to fast. He summoned his friend, Sits-Like-A-Woman, to accompany him to the butte. There he requested that his friend cut four strips of flesh from his arms. Once his friend

departed, Bull Lodge ascended the butte. During both days atop the butte, Bull Lodge offered this flesh in sacrifice. On the second morning, he "held [the flesh] up to the rising sun and prayed for a long, good, and prosperous life. After [this] he . . . resumed his crying . . . throughout the day." That night, he slept briefly and began to dream.

A small boy appeared to him and said "My Father wants you . . . , so follow me and I'll lead you to his tepee." They had not gone very far down the eastern slope of the butte when the little boy stopped and said to Bull Lodge, "When you enter my Father's tepee you will see all kinds of animals and birds tied to each one of the tepee poles, and my Father is going to ask you to . . . [select] any one you desire to have as a gift. Now my advice is that you pick the bird that's tied to the center tepee pole. . . . And there [by] the foot of his bed . . . is tied a ferret to a tepee pole. You must choose it too."

Bull Lodge then entered the interior of the butte (the "tepee") of the Butte Beings.

Inside the lodge he met the small boy's parents, described as "an Old Man sitting in the back end of [the] tepee, and an Old Woman who was this Old Man's Wife." The Old Man greeted Bull Lodge, assured him that he was well on his way to obtaining great powers, and ritually "smudged" Bull Lodge with burning incense. Then, the Old Man spoke.

"Now, my son, look around in my tepee and see all these things tied to the tepee poles, and choose any one you desire, and I'll give it to you." And upon looking them over, Bull Lodge saw every description of birds and small animals. Now that Bull Lodge had already been informed by the boy before entering what he must choose, he pretended to look them over. And when he thought he had taken the time necessary to make it look like he was uncertain, he . . . pointed at [the bird], and said "My Father, I'll take that bird tied to the center tepee pole [on the] back side of [the] tepee."

Presumably, Bull Lodge also requested the ferret as a gift from the Old Man in accordance with the small boy's advice. But the Old Man's gifts were not the only presents made to Bull Lodge in this vision.

Soon, the Old Man told his Wife that she should offer Bull Lodge "what you are to give him." She retrieved a wolverine skin bag to ritually circle and stroke him with the bag.

Then she . . . said "My son, I have pity on you. I am a woman, and usually it's hard for anyone to arouse me to pity. There has been many men who slept on my tepee (meaning the butte), but [I] have never been moved to pity by them. This is one time that I am moved. . . . Now, my son, when I circled you, [it] signifies that people all around you will be your children" (meaning that, through his doctoring people, [this] would put him in [a] position of taking care of them in their health, as a Father to his children).

She next retrieved a small hand drum from another tepee pole.

She laid this drum down so that the surface of [the] drum was up. Then [she] unlaced the wolverine skin bag, and it was bulging full [with pouches containing herbal medicines]. She began taking out of it small bags, and laying them in a row across the surface of the drum until she had laid seven small bags . . . in [a] line running north and south.

Notably, the seven buttes associated with Bull Lodge's fasts also form a rough line running from south to north, which may be the straightest south-to-north line possible across these actual sites.

After laying out the seven medicine pouches across the face of the drum, the Old Woman explained where Bull Lodge was to harvest these herbal medicines in the future.

“Now, my son, look out there”—she pointed in a southerly direction—“see those plants out there? Take a good look at them so that you’ll be able to recognize them when you see them again, the roots of which you are to use for medicines to cure the sick with. I have already told you what each medicine is for, and these particular plants of the roots you are to use, grow between these Three Buttes and the Bear Paw Butte to the south. These plants are strung along and grow between here and the Bear Paw Butte only.”

Finally, she explained why she had gifted Bull Lodge with these medicines.

“I have given you additional power to cure and heal . . . in return for what you gave my little son . . . outside of my tepee. It’s the first time that my little boy was given a present, and it’s through that act of yours that my pity for you was brought to the top.”

This present to the little boy was the flesh sacrificed by Bull Lodge earlier during this fast.

Finally, the Old Man invited Bull Lodge to step outside the lodge to observe a distant battle between opposing war parties. One man rode into the lead of his war party and displayed a buffalo hide shield that he waved in front of the enemy. This man was also cloaked in a white buffalo robe. He positioned himself between the opposing parties. A few advances later, the enemy was routed. The man removed his robe and bullets fell like pebbles from the garment.

Then the Old Man . . . said to Bull Lodge . . . , “My son, that man you see out there with the shield is yourself. . . . What you have just witnessed out there . . . indicates that when you are engaged in a battle with your enemy, you will never be wounded. The shield and robe will protect you from bullets, and furthermore your horse will never be wounded.”

The Old Man offered final reassurance that Bull Lodge had passed the test set for him by Those Above to gauge his sincerity: “It was decided that it would take a long time to give you all that you wished and asked for, so it . . . had to be done according to our rule of seven times.” He reminded Bull Lodge that a single day’s fast on a final butte was all that remained before “this part of your life will be accomplished.” Bull Lodge then awoke and returned to his camp.

A Lifetime of Enduring Relationships

On the seventh butte, Bull Lodge obtained the gift of a whistle (“No matter how near death a person may be, you will be able to restore life and cure him; any time you [blow] this whistle, you shall not fail because . . . I’ll hear it”). This Butte Being offered final instructions.

“Now, my son you have . . . made yourself clear to us that you are sincere in your ambition to become a great man. And all the most important things which goes to help one become famous has been given to you. Now that your wish has been granted, and your work is done, . . . go and prepare yourself . . . for the life you are to live.”

Thus, even though Bull Lodge’s most important work was done, preparation for and realization of his ambitions were distinct

phases. It was not until he was 30 years old that Bull Lodge received direction from Those Above to lead three successive war parties that established his reputation as a great warrior. It was not until he was 40 years old that, in the face of his uncle’s suffering, he “declared himself” a doctor. Throughout these endeavors, Bull Lodge maintained relationships with the specific Beings who had gifted him with power. For example, in his doctoring of Yellow Man, it was the “Mountain Man” from Black Butte whom he summoned to transform the malignant substance from his uncle’s body into the three colored objects.

Although he participated in numerous war parties during his life, Bull Lodge actively led only three of these when directed to do so by his Patrons in a dream. Each occasion resulted in success for the Gros Ventre party, in which Crow scalps and horses were taken. Also, on each occasion, Bull Lodge returned to the principal butte of each of the three mountain ranges on which he had fasted. There he strung the enemy scalp around the neck of a captured horse and proceeded alone to the top of the mountain where he shot the horse and left both horse and scalp as sacrifices to the Butte Beings. Following this sacrifice on the Middle Butte, a Person came to Bull Lodge in his dreams “holding two objects in his hands.”

And he spoke to Bull Lodge, saying “My son I have come to you with these things to give to you, in return for the horse and scalp that you gave to my little boy on the center butte of Three Buttes. He was well-pleased. I give you these things to keep for your children . . . ” Then the man, after saying this to Bull Lodge . . . laid the objects reverently in Bull Lodge’s arms. . . . He then saw that these things were a bird and a ferret.

Over a decade had passed since Bull Lodge had sacrificed flesh on this Butte and been advised by the small boy to choose these two animals as gifts.

The next morning, Bull Lodge’s wife observed him “rummaging around in the bedding.”

She had unfastened the [tepee liner and] let out a cry of alarm. And she said to Bull Lodge, “Come and see what these things are!” . . . Then he expressed his gratitude by saying, “Aho . . . to you, my Father, I’m glad you give me a living.” Then Bull Lodge picked up the bird and ferret.

These animal pelts, gifted to Bull Lodge for his “living,” had materially appeared in the lodge during the night of his dream. Closer inspection revealed a mystery of sorts: “The ferret he [recognized] right away, but the bird he didn’t know. . . . It was like the curlew [with] a bill like the common prairie chicken. And its feathers were dotted thick and closely with every color known to Bull Lodge, making it impossible for him to name the bird.” The identity of this bird remained a mystery for the rest of Bull Lodge’s life. Many years after his death in 1886, a collector of Indian “artifacts” presented the bird to scholars at the University of Michigan for identification: “It was an *Ara macao*, a species of parrot that ranged from Bolivia to central Mexico. I have no idea how Bull Lodge obtained it” (Pohrt, 1992, p. 314).

Reclamation of Indigenous Therapeutic Traditions

These select vignettes from the life and career of our most famous Gros Ventre medicine man illustrate important aspects of *Aaniiih* therapeutic tradition with respect to decolonizing counsel-

ing psychology. In taking a generic sequence of dyadic counseling sessions as an implicit conceptual point of departure, and also accepting that Bull Lodge's therapeutic practices exemplify Gros Ventre healing approaches more generally (per Cooper, 1957), then an explication of key facets of this tradition reveals several divergences and contrasts between professional counseling and *Aaniiih* healing (see also Gone, 2010, 2016).

In doctoring his uncle, Bull Lodge intervened in an illness that was so disabling that Yellow Man could barely turn himself over during the ritual. In this respect, traditional *Aaniiih* healing practices were deployed for a variety of sicknesses without distinguishing between their physical, psychological, spiritual, or social aspects. Crucially, Bull Lodge engaged in precise ritual activity during his doctoring, calling on his other-than-human Patrons to enter the healing encounter with restorative power for his patients. The role of the *Aaniiih* healer, then, was one of mediation between lowly humans and Those Above who might exercise suprahuman power.

Moreover, competent ritual access to such powerful Others utterly depended on human demonstrations of sincere commitment over time that could result in lifelong patronage by Those Above. These relationships were defined by key principles of interpersonal interaction: *respect* and *pity*. Humans convey respect to more powerful Others through prayer and sacrifice, while Those Above are moved to respond through attention and compassion. These relational dynamics reveal a hierarchy of persons who are ranked by facility with and access to power for bringing the world into alignment with one's desires or wishes, including healing (Gone, 2019).

Relatedly, Gros Ventre society was historically structured by age grades. This social organization reflected and reinforced the hierarchy of persons with respect to power, but further recognized that humans were also ranked in this fashion according to age, gender, ability, and knowledge of the workings of power. For other-than-humans, the hierarchy of Beings was explicitly noted in the prayer that initiated every major tribal ceremony, in which each Person (e.g., the One Above, the Sun, the Four Holy Old Men, the Last Child) was recognized by rank in terms of their potency (Cooper, 1957).

Additionally, the hierarchy of other-than-humans included many Persons of intermediate rank in this gradation. It was these Beings who were most likely to be enlisted to assist humans. Importantly, these Persons resided not in the distant Above but rather in local places within *Aaniiih* territory, such as the various buttes where Bull Lodge fasted and received in return gifts of power. Such gifts enabled him to draw on these relationships for achieving protection, prosperity, longevity, and health. These traditions are still practiced today, as many Gros Ventres ascend high into the ("sacred") mountains to fast, sacrifice, and pray for health, help, and long life.

The significance of these facts for decolonizing counseling psychology is the recognition that psychotherapy expresses orientations and assumptions that diverge substantially from *Aaniiih* doctoring tradition. Elsewhere, I have observed three major distinctions between modern psychotherapy and Indigenous healing (Gone, 2010). Counseling is (usually) a secular endeavor, while healing is a sacred affair. Counseling originates from human rationality and ingenuity, while healing originates from mystical knowledge and facility with the numinous. Counseling relies on

technical training, while healing depends on proper relationships with Those Above. There are clear limits to reconciling these approaches.

Contemporary Gros Ventres, however, draw on diverse cultural frames and historical practices in pursuing well-being. The doctoring rituals practiced by Bull Lodge came to an end on our reservation within a decade or two of his passing. Formal counseling services have been available on the reservation for many decades. Some Gros Ventres pursue and benefit from counseling and psychotherapy; others consider intimate talk with non-AI strangers about distressing problems to be inconceivable. Most tribal members still consider human health to be a religious matter that can benefit from prayer and sacrifice. Some believe that sacred ceremony is the preferred approach for managing "mental health" concerns (Gone, 2007, 2008b).

As a methodology article, this is not the appropriate venue to unpack the many implications of these therapeutic contrasts. Indeed, I have dedicated my entire career to explicating these implications for the profession in multiple domains (Gone, 2008a, 2008b, 2009, 2013, 2016; Gone & Calf Looking, 2015), sometimes with explicit reference to *Bull Lodge's Life* (Gone, 2004, 2006, 2010, 2019). Instead, in response to the themes of this special issue, I now turn to exploring method, power, and process in the decolonial reclamation of Indigenous therapeutic traditions for counseling psychology.

Method

Guba and Lincoln (1994) distinguished between methodology and method, with research methodologies arising from paradigmatic commitments to specific ontologies and epistemologies, and research methods entailing analytical procedures that may be useful across distinctive methodologies. In counseling psychology, *method* is apparent in therapeutic activity as well as in research activity with respect to counseling processes and practices. In *Bull Lodge's Life* (F. P. Gone, 1942), the therapeutic activity of this historical Gros Ventre medicine man affords insight into *Aaniiih* healing traditions. For example, Bull Lodge's method of doctoring entailed a systematic approach or procedure for conducting healing rituals. These rituals would effectively call on his other-than-human Patrons to enter the healing encounter with suprahuman power that might restore patients to health. Importantly, though, Bull Lodge's ritual method was only necessary for summoning his Patrons; once engaged, these powerful Others were responsible for exercising their power toward therapeutic efficacy. In this sense, the mechanistic (i.e., methodical) aspects of Bull Lodge's therapeutic practice were necessary but insufficient for effecting healing. Rather, it was his relationships with these Beings that resulted in their taking notice of a patient's suffering and exercising power for therapeutic benefit. In sum, *Aaniiih* traditional healing was fundamentally an *interpersonal* (as opposed to a mechanistic) endeavor that engaged feeble humans with potent other-than-humans for blessings.

But what of method in the sense of research activity with respect to counseling processes and practices? In considering *Bull Lodge's Life*, I demonstrate that opportunities for decolonial reclamation of Indigenous therapeutic traditions can arise from extended, in-depth analysis of AI life narratives. Scholarship concerning life stories is vast, multifaceted, and interdisciplinary, including long-running

interest by researchers in the discipline (e.g., Bruner, 1990; Sarbin, 1986). Scholarly interest in AI life narratives is also well-established, albeit primarily outside of psychology (e.g., anthropology, history) and therefore with limited connection to counseling. Nevertheless, some scholars have obtained AI life narratives with special relevance for professional psychology: Mohatt and Eagle Elk (2002), Robbins, Hong, and Jennings (2012), and Hightower and Berry (2018) all exemplify collaboratively authored publications that draw on the life and times of AI healers for considering Indigenous therapeutic traditions as these intersect with counseling and psychotherapy. Each entailed the forming of enduring relationships between psychologists and healers that facilitated the sharing of significant life stories for publication in the discipline. Insofar as these works remedy exploitation and marginality, they remain exemplars for decolonizing knowledge (and its production) in counseling psychology.

What, then, is the systematic approach or procedure for obtaining and analyzing such life narratives for research purposes? Clearly, the fledgling opportunities for cultivating new knowledge in this understudied arena is wide open at present, ranging from less formalized (but illuminating) case study analysis to more formalized (and increasingly rigorous) thematic content analysis, narrative analysis, and innumerable other established methods for conducting qualitative inquiry (cf. Willig & Rogers, 2017). Again, decolonization is a research approach rather than a specific methodology, and so the primary challenge for consideration of these endangered therapeutic traditions is the restricted opportunity to obtain detailed accounts of traditional healing activities. Due to past colonial subjugation, cogent contemporary descriptions of these remnant AI healing practices are difficult to come by, with many AI healers choosing to remain reticent about their practices outside of trusting relationships. Thus, identification and solicitation of therapeutically rich accounts is crucial, with additional benefit accruing from examples (such as those already cited) that afford comparison both across AI communities and over time. These circumstances recommend the strategy adopted here of harnessing archival accounts of AI therapeutic activities.

Power

Foucault (1979) conceived of power as inextricably tied to knowledge and ubiquitously expressed through modern institutions that discipline (i.e., control) human “subjectivity” through obligatory regimes of self-surveillance and self-management. In counseling psychology, *power* has been primarily of interest with respect to its inequitable and unjust distribution across diverse populations in societal contexts of oppression, exclusion, and marginality (Suzuki, O’Shaughnessy, Roysircar, Ponterotto, & Carter, 2019). Limited access to power has systematically disadvantaged or deprived these groups with respect to self-regard, opportunity, prosperity, and well-being, and counseling psychologists have pursued social justice by attending to and remedying these power inequities when possible. In *Bull Lodge’s Life* (F. P. Gone, 1942), power has a much different referent because the emphasis is on a distinctive Indigenous concept of sacred or holy power that is understood as an attribute of personhood. Specifically, Gros Ventres appear to have historically recognized that all persons—whether human or other-than-human—might exercise power through concentration of thought toward the creation of an

unfolding reality in accordance with one’s wishes (Cooper, 1957; Gone, 2008b, 2019). As I have noted, though, persons vary in the potency of their thinking, with older humans often possessing greater capacity than younger humans, and other-than-humans possessing greater capacity than humans. Moreover, collective thought is more powerful than individual thought, and human thought can be combined with other-than-human thought for greater potency in ceremonies. Thus, for traditional *Aaniiih* therapeutic activities, collective thought is crucial for exercising power toward healing. As a result, many Gros Ventres today continue to understand thought—and verbal expressions of thought—as a moral domain in which some kinds of hostile thinking are considered evil (with underexplored implications for expressive counseling; Gone, 2019).

But what of power in the sense of remedying histories of oppression, marginality, and exclusion in counseling psychology? In considering *Bull Lodge’s Life*, I aimed to demonstrate that decolonial reclamation of Indigenous therapeutic traditions is itself an emancipatory endeavor by affording reflexive disciplinary recognition of divergent therapeutic logics that may impact psychological services in AI communities. Such awareness is usually framed as cultural competence (Sue, 2001). Professional promotion of cultural competence has transformed not only counseling psychology, but additional domains of health care more broadly. As with most forward-thinking concepts in any scholarly field, however, cultural competence has come under critical scrutiny (Kleinman & Benson, 2006; Wendt & Gone, 2012). Interestingly, anthropologists have expressed anxiety about the concept of culture precisely because it often occludes adequate attention to issues of power (Abu-Lughod, 1991). A focus on cultural difference can overlook instances of cultural dominance, especially with respect to the subtle operations of power in everyday life. Thus, a culturally competent counseling psychologist might recognize a need for didactic socialization into the counseling endeavor for some AI clients without fully appreciating the potential ideological consequences (Gone, 2007, 2008b) of subtle assimilation to psychocentric modes of self and life experience (Rimke & Brock, 2012). And yet, many forms of counseling require an ability or willingness to engage in reflective introspection, self-management, and expressive talk (Kirmayer, 2007). These mandates entail cultural prescriptions. In sum, more complete attention to the subtle workings of power in the provision of psychotherapy is one promise of a decolonization agenda for counseling psychology.

In the U.S., health care services for AI communities are funded by the federal government due to historical treaty relationships with tribal nations. These services are strikingly underfunded, even as most AI communities maintain access to mental health care through Indian Health Service funding. The court systems and human services agencies in these settings play important roles in referring AI clients for psychotherapy. Some clients are referred as an alternative to incarceration or as a condition for reclaiming custody of their children. That is, there is a nontrivial subset of counseling clients in Indian Country who are not engaging in such services in an entirely voluntary capacity. And yet, participation in counseling and psychological services—especially when coercive—consolidates and promotes the everyday operation of power that Foucault (1979) theorized as entailing a shift from discipline of the body to discipline of the soul. The organization of modern societies promoted new possibilities—and eventually, obliga-

tions—for self-management and self-surveillance rather than formal control by the state. The rise of the psy-disciplines (e.g., psychoanalysis, psychology, psychiatry) was a primary avenue through which this historical shift occurred. These professions theorize, organize, and enact therapeutic regimes—ultimately with and through entanglements with governmentality—that create docile and compliant “subjects” suited for modern modes of life (but not always in safeguarding their own interests). Recognition of these dynamics affords an alternative perspective on AI social problems: Consider Lurie’s (1971) provocative claim that AI drinking is “the world’s oldest on-going protest demonstration” (p. 311). Ultimately, adoption of a decolonization agenda in counseling psychology would promote reflexive analysis of power that recognizes subjugation in the guise of therapy.

Process

Psychologists regularly attend to process in terms of basic cognitive functions (e.g., information processing), the progression of interactions in psychotherapy (e.g., therapeutic process), or even in reflexive critiques of knowledge production in the discipline (Grzanka, 2018). In counseling psychology, *process* is apparent in many domains, including method (as described earlier) but also in therapeutic practice and training for therapeutic practice. In *Bull Lodge’s Life* (F. P. Gone, 1942), process is perhaps most apparent in the painstaking ritual details that are captured in the descriptive accounts of Bull Lodge’s doctoring. It is also evident in his arduous preparation for a healing career that led him to ascend to high places in historical *Aaniiih* territory to fast, sacrifice, and pray for patronage by various Butte Beings. An additional process with respect to this life narrative can be found “behind the scenes” in the very production of this account. My great-grandfather was hired by the Montana Writer’s Project to produce written records of Gros Ventre “folklore” for an intended future publication. In pursuit of this endeavor (while living on an impoverished AI reservation), he was paid by the number of words he submitted to the local field office. More importantly, he was instrumental in re/fashioning an account that would necessarily translate *Bull Lodge’s Life* from traditional practices of orality into modern practices of literacy. I have reflected on such translational practices elsewhere (Gone, 2006), but it is important to note that almost all AI life narratives prior to the Red Power movement—even for AI autobiographies—were of the “as told to” variety (Valandra, 2005), in which White authors preserved oral AI life stories in written accounts. In this respect, *Bull Lodge’s Life* stands out as perhaps the only instance in which such translation was undertaken about an AI tribal member by other tribal members. Such preservation of voice and curation of tradition resonates profoundly with a decolonization agenda.

Decolonization is obviously a process as well. I have already suggested ways that counseling psychology might engage in decolonization, including reclamation of Indigenous therapeutic traditions. But, of course, decolonization will not be this easy, especially in the settler-colonial nation-state that is the U.S. Settler colonialism is a distinctive structure (or social formation) that differs from classic colonialism in that there is no expectation that settlers will return to their place of origin. This reality raises the stakes for Indigenous polities within a settler colonial structure because the primary goal becomes resistance to practices of era-

sure by settlers (Veracini, 2011). Tuck and Yang (2012) observed that such erasure facilitates “moves to settler innocence.” They decried use of the term decolonization in metaphorical terms (as in “decolonizing methodologies,” “decolonizing the curriculum,” or “decolonizing health care”) beyond actual repatriation of “Indigenous land and life” (Tuck & Yang, 2012, p. 1). More specifically, these scholars asserted that “decolonization in the settler colonial context must involve the repatriation of land simultaneous to the recognition of how land and relations to land have always already been differently understood and enacted” by Indigenous peoples (Tuck & Yang, 2012, p. 7). For this reason, in the vignettes I excerpted from *Bull Lodge’s Life* (F. P. Gone, 1942), I deliberately focused on the convergences between place, land, and well-being toward recognition of an underappreciated aspect of dispossession: Historical confinement of AI peoples to reservations often entailed a restriction of access to Persons and powers required for maintaining Indigenous health. This contrasts markedly with the ready interchangeability of therapists in counseling psychology.

That is, historical Gros Ventre healing traditions were literally grounded in the landscape and territory that otherwise sustained the life of our people. From the protective influences of “social distancing” into small hunting bands during times of epidemic disease to the pursuit of power for doctoring from the high-status Beings who animated local landforms, *Aaniiih* “health” depended on its particular site-ing. The medicines available for ritual administration were harvested in specific places (e.g., “these plants are strung along and grow between here and the Bear Paw Butte only”). The gifts of power offered to Bull Lodge from each of the Butte Beings were *specific* to each butte (e.g., “these things [you desire] shall be revealed at the designated place of fasting”). The exercise of power by Bull Lodge for suprahuman feats in doctoring was achieved through the ritual summoning of these Beings in times of need (e.g., “any time you [blow] this whistle, you shall not fail because . . . I’ll hear it”). Most importantly, Bull Lodge’s various successes and achievements in life depended on enduring relationships with these places that were inhabited by powerful other-than-human Persons (Gone, 2008b). Thus, a primary insight from this consideration of Gros Ventre healing tradition is the simple recognition that Indigenous experiences of land and place can be fundamentally *interpersonal* in character. Not only are some lands and landscapes alive within our cosmologies, but these living entities remain sentient and possess other qualities of personhood (e.g., agency, empathy) and (above all) power for human well-being, including therapeutic benefit. In sum, repatriation of Indigenous lands through decolonization is required for the restoration of right relationships in the cosmos that are the well-springs of Indigenous health and life.

Toward Decolonization in Counseling Psychology

In this brief account of Gros Ventre healing tradition, I hasten to acknowledge the sweeping cultural, social, and economic transformations brought on by Euro-American colonization, for it was long the intent of the nation to dispossess Gros Ventre people of our lands. The seven buttes “in a row across the surface of the drum” remained part of *Aaniiih* territory according to the U.S. treaty with the Blackfeet and Gros Ventres in 1855. But in subsequent executive orders and “agreements” throughout the late 19th century, much of this territory was coercively ceded to the U.S.

(Fowler, 1987). Even the single range of “sacred” mountains currently bounding the southern end of the reservation was mined by non-AIs for over a century for its wealth in gold; only recently has grass-roots activism ended the literal razing of these mountains through large-scale cyanide leaching technology by a “foreign” mining corporation (Gone, 2007). In the context of Indigenous cosmology, the theft of these places is much more than a deprivation of material resources. Instead, it represents a foreclosed opportunity to remain in proper relationship with Persons who offer power for “a living.” And yet, despite the demise of the buffalo and the passing of *Aaniiih* doctoring tradition, more Gros Ventres today venture up into the mountains of north-central Montana to pray and sacrifice in a single season than did so during the entire era between Bull Lodge’s death and the Red Power movement of the 1970s, when AI cultural reclamation became the order of the day. Any serious consideration of decolonization must resist erasure of these facts to grapple with this legacy.

Beyond the specific project of Indigenous therapeutic reclamation, I now consider more general implications of decolonization as a methodological innovation for knowledge, practice, and training in counseling psychology. I structure this final section with reference to a typology of decolonization projects reported by Adams, Gómez Ordóñez, Kurtiş, Molina, and Dobles (2017). In their publication of one issue of a journal dedicated to “Decolonizing Psychological Science,” these authors observed that articles submitted for their thematic issue comprised three approaches to decolonization. *Indigenous resistance* entailed research in which “locally grounded researchers and practitioners re-claim place-based wisdom to produce forms of knowledge that resonate with local realities and better serve local communities” (Adams, Gómez Ordóñez, Kurtiş, Molina, & Dobles, 2017, p. 534). *Accompaniment* entailed research in which “researchers and practitioners from mainstream academic settings leave the gated-community enclaves of Eurocentric global modernity and travel to colonized or racially subordinated settings to work among marginalized communities in struggles for social justice” (Adams et al., 2017, p. 536). *Denaturalization* entailed research that “interrogate[s] and disrupt[s] elements of coloniality in both the standard regimes of hegemonic science (i.e., the coloniality of knowledge) and the psychological habits of the people in the typically WEIRD settings that inform scientific imagination (i.e., the coloniality of being)” (Adams et al., 2017, p. 537). Each of these approaches fruitfully contributes to methodological innovations in counseling psychology.

Knowledge is the focus of academic inquiry and the source of professional expertise. Thus, adoption of a decolonization agenda in counseling psychology would dramatically transform the foundational insights and understandings that authorize and govern the field. A decolonization approach to knowledge that emphasizes Indigenous resistance will legitimate local knowledge, recover communal meaning systems, and motivate collective action in communities that continue to grapple with coloniality. I have offered an example of this approach with respect to reclaiming Indigenous *Aaniiih* therapeutic traditions, but counseling psychology could easily expand to reflexive investigations of counseling-like processes across a much wider range of therapeutic traditions (e.g., charismatic Christian faith healing traditions in Latin America). A decolonization approach to knowledge that emphasizes accompaniment will partner with colonized communities toward

undoing coloniality and advancing social justice. It will exchange the familiar expert–client relationship for participatory action in which trusted researchers are invited by these communities to provide facilitation, support, and resources for efforts whereby formerly colonized people solve their own problems on their own terms. One example of this approach is the collaborative development of a traditional spirituality curriculum for an urban AI clinic (Gone, Tuomi, & Fox, in press). Finally, a decolonization approach to knowledge that emphasizes denaturalization will rethink the received view of scientific knowledge. This is evident already in counseling psychology (as this issue of *JCP* attests), but additional efforts to counter epistemic violence (Held, 2019) are warranted. The emergence of Indigenous Research Methodologies (Drawson, Toombs, & Mushquash, 2017) may be one source for undertaking such efforts.

Professional psychology depends on application or translation of its knowledge base for contributing to society through credentialed practice. Thus, adoption of a decolonization agenda in counseling psychology would revolutionize the workaday activities and applications that characterize the field. A decolonization approach to practice that emphasizes Indigenous resistance will identify local counselors, healers, and natural helpers; legitimate nonprofessional therapeutic practices that operate in these settings; and make space for these practitioners and practices in community-based service delivery systems. A decolonization approach to practice that emphasizes accompaniment will collaborate with community experts and leaders toward local innovations in counseling and therapeutic services based on tailored responses to community needs. One example of this approach is the collaborative development of the Blackfeet Indian culture camp, which harnessed existing Indigenous therapeutic traditions for addiction treatment for the Blackfeet Nation (Gone & Calf Looking, 2015). Finally, a decolonization approach to practice that emphasizes denaturalization will rethink reigning sensibilities with respect to professional activities and roles. What might it mean for counseling psychologists to engage the spiritual practices of their clients by coordinating care with religious leaders, or adopting prayer in the counseling setting (per Duran, 2019)? What might it mean for counseling psychologists to reject psychotherapy altogether in such communities due to its potential for neoliberal and neocolonial cultural proselytization (Gone, 2008a; Rimke & Brock, 2012)? Such a movement might parallel the historical dynamics that led community psychologists to abandon clinical psychology in the 1960s (Rappaport & Seidman, 1983).

Credentialed practice depends on socialization into the profession through student training. Thus, adoption of a decolonization agenda in counseling psychology would radically expand the kinds of activities and roles in which trainees must demonstrate proficiency. A decolonization approach to training that emphasizes Indigenous resistance will expand the doctoral education pipeline for admitting, supporting, and graduating more students from colonized communities. A decolonization approach to training that emphasizes accompaniment will build partnerships with helpers and healers in formerly colonized communities so that these experts are hosted in classes and on campus to advance their approaches, even as trainees are sponsored and supported for practicums in community-based settings that are accountable to such experts. During my own doctoral training, my program faculty approved community-based work on my home reservation for

practicum credit, which resulted in my unexpected political appointment as the Chief Administrative Officer in charge of tribal programs for our reservation throughout the duration. Finally, a decolonization approach to training that emphasizes denaturalization will reform doctoral training curricula to ensure that students are exposed to unfamiliar therapeutic traditions (such as the *Aaniiih* doctoring traditions described here), instructed in sophisticated cultural analysis (such as the ability to explicate diverse therapeutic logics and rationales), mentored in skillful community collaboration (such as the capacity for partnering with community leaders and local experts), and equipped with critical theories (such as Foucauldian-style perspectives on the exercise of discourse and power) for advancing decolonization in counseling psychology.

In conclusion, decolonization harbors great potential as a profound methodological innovation for advancing social justice in counseling psychology. In this article, I have conceived of decolonization as a generative framework for conducting research rather than as a methodology per se. One domain of colonized knowledge with relevance for counseling psychology is therapeutic expertise in AI communities. I have drawn extensively on vignettes from the life narrative of Bull Lodge, a historical *Aaniiih*-Gros Ventre medicine man, to illustrate decolonial reclamation of Indigenous therapeutic traditions. I first summarized emergent divergences between Indigenous traditional healing and modern counseling based on the excerpted vignettes describing Bull Lodge's therapeutic practice. Then, I observed that *method* in pursuing decolonization through Indigenous therapeutic reclamation is currently open to various forms of qualitative inquiry, that *power* in pursuit of Indigenous therapeutic reclamation must extend beyond recognition of cultural difference to the role of therapeutic regimes in the creation of modern subjects, and that *process* in pursuit of Indigenous therapeutic reclamation must allow for decolonization to extend beyond metaphorical usages to the repatriation of Indigenous land and relationships to land. Finally, I considered the transformative implications of a decolonization agenda for knowledge, practice, and training in counseling psychology.

References

- Abu-Lughod, L. (1991). Writing against culture. In R. G. Fox (Ed.), *Recapturing anthropology: Working in the present* (pp. 137–162). Santa Fe, NM: School of American Research Press.
- Adams, G., Dobles, I., Gómez, L. H., Kurtiş, T., & Molina, L. E. (2015). Decolonizing psychological science: Introduction to the special thematic section. *Journal of Social and Political Psychology*, 3, 1–7. <http://dx.doi.org/10.5964/jpspp.v3i1.564>
- Adams, G., Gómez Ordóñez, L., Kurtiş, T., Molina, L. E., & Dobles, I. (2017). Notes on decolonizing psychology: From one special issue to another. *South African Journal of Psychology/Suid-Afrikaanse Tydskrif vir Sielkunde*, 47, 531–541. <http://dx.doi.org/10.1177/0081246317738173>
- Allport, G. W. (1937). *Personality: A psychological interpretation*. New York, NY: Henry Holt.
- Barnes, B., & Siswana, A. (2018). Psychology and decolonisation: Introduction to the special issue. *South African Journal of Psychology/Suid-Afrikaanse Tydskrif vir Sielkunde*, 48, 297–298. <http://dx.doi.org/10.1177/0081246318798735>
- Betz, N. E., & Fitzgerald, L. F. (1993). Individuality and diversity: Theory and research in counseling psychology. *Annual Review of Psychology*, 44, 343–381. <http://dx.doi.org/10.1146/annurev.ps.44.020193.002015>
- Bhatia, S. (2017). *Decolonizing psychology: Globalization, social justice, and Indian youth identities*. New York, NY: Oxford University Press. <http://dx.doi.org/10.1093/oso/9780199964727.001.0001>
- Bruner, J. S. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Capielo Rosario, C., Schaefer, A., Ballesteros, J., Rentería, R., & David, E. J. R. (2019). A caballo regalao no se le mira el colmillo: Colonial mentality and Puerto Rican depression. *Journal of Counseling Psychology*, 66, 396–408. <http://dx.doi.org/10.1037/cou0000347>
- Carolissen, R. L., & Duckett, P. S. (2018). Teaching toward decoloniality in community psychology and allied disciplines: Editorial introduction. *American Journal of Community Psychology*, 62, 241–249. <http://dx.doi.org/10.1002/ajcp.12297>
- Cooper, J. M. (1957). *The Gros Ventres of Montana: Part II—Religion and ritual* (R. Flannery, Ed.). Washington, DC: Catholic University of America.
- David, E. J. R., & Okazaki, S. (2006). The Colonial Mentality Scale (CMS) for Filipino Americans: Scale construction and psychological implications. *Journal of Counseling Psychology*, 53, 241–252. <http://dx.doi.org/10.1037/0022-0167.53.2.241>
- Drawson, A. S., Toombs, E., & Mushquash, C. J. (2017). Indigenous research methods: A systematic review. *International Indigenous Policy Journal*. Advance online publication. <http://dx.doi.org/10.18584/iipj.2017.8.2.5>
- Duran, E. (2019). *Healing the soul wound: Trauma-informed counseling for Indigenous communities* (2nd ed.). New York, NY: Teachers College Press.
- Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counseling and Development*, 86, 288–295. <http://dx.doi.org/10.1002/j.1556-6678.2008.tb00511.x>
- Fanon, F. (2004). *The wretched of the earth*. New York, NY: Grove Press.
- Foucault, M. (1979). *Discipline and punish: The birth of the prison*. New York, NY: Vintage Books.
- Fowler, L. (1987). *Shared symbols, contested meanings: Gros Ventre culture and history, 1778–1984*. Ithaca, NY: Cornell University.
- Gone, F. P. (1942). *Bull Lodge's life*. Unpublished manuscript.
- Gone, J. P. (2004). Mental health services for Native Americans in the 21st century United States. *Professional Psychology, Research and Practice*, 35, 10–18. <http://dx.doi.org/10.1037/0735-7028.35.1.10>
- Gone, J. P. (2006). “As if reviewing his life”: Bull Lodge's narrative and the mediation of self-representation. *American Indian Culture and Research Journal*, 30, 67–86. <http://dx.doi.org/10.17953/aicr.30.1.m53n5t773126g05k>
- Gone, J. P. (2007). “We never was happy living like a Whiteman”: Mental health disparities and the postcolonial predicament in American Indian communities. *American Journal of Community Psychology*, 40, 290–300. <http://dx.doi.org/10.1007/s10464-007-9136-x>
- Gone, J. P. (2008a). Introduction: Mental health discourse as Western cultural proselytization. *Ethos*, 36, 310–315. <http://dx.doi.org/10.1111/j.1548-1352.2008.00016.x>
- Gone, J. P. (2008b). “So I can be like a Whiteman”: The cultural psychology of space and place in American Indian mental health. *Culture and Psychology*, 14, 369–399. <http://dx.doi.org/10.1177/1354067X08092639>
- Gone, J. P. (2009). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Journal of Consulting and Clinical Psychology*, 77, 751–762. <http://dx.doi.org/10.1037/a0015390>
- Gone, J. P. (2010). Psychotherapy and traditional healing for American Indians: Exploring the prospects for therapeutic integration. *The Counseling Psychologist*, 38, 166–235. <http://dx.doi.org/10.1177/0011000008330831>

- Gone, J. P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for indigenous culture as mental health treatment. *Transcultural Psychiatry*, 50, 683–706. <http://dx.doi.org/10.1177/1363461513487669>
- Gone, J. P. (2016). Alternative knowledges and the future of community psychology: Provocations from an American Indian healing tradition. *American Journal of Community Psychology*, 58, 314–321. <http://dx.doi.org/10.1002/ajcp.12046>
- Gone, J. P. (2019). “The thing happened as he wished”: Recovering an American Indian cultural psychology. *American Journal of Community Psychology*, 64, 172–184. <http://dx.doi.org/10.1002/ajcp.12353>
- Gone, J. P., & Calf Looking, P. E. (2015). The Blackfeet Indian culture camp: Auditioning an alternative indigenous treatment for substance use disorders. *Psychological Services*, 12, 83–91. <http://dx.doi.org/10.1037/ser0000013>
- Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities. *Annual Review of Clinical Psychology*, 8, 131–160. <http://dx.doi.org/10.1146/annurev-clinpsy-032511-143127>
- Gone, J. P., Tuomi, A., & Fox, N. (in press). The Urban American Indian Traditional Spirituality Program: Promoting Indigenous spiritual practices for health equity. *American Journal of Community Psychology*.
- Goodman, R. D., & Gorski, P. C. (Eds.). (2014). *Decolonizing “multicultural” counseling through social justice*. New York, NY: Springer.
- Grzanka, P. R. (2018). Intersectionality and feminist psychology: Power, knowledge, and process. In C. B. Travis, J. W. White, A. Rutherford, W. S. Williams, S. L. Cook, & K. F. Wyche (Eds.), *APA handbook of the psychology of women: History, theory, and battlegrounds* (pp. 585–602). Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/0000059-030>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Thousand Oaks, CA: Sage.
- Hartmann, W. E., Wendt, D. C., Burrage, R. L., Pomerville, A., & Gone, J. P. (2019). American Indian historical trauma: Anticolonial prescriptions for healing, resilience, and survivance. *American Psychologist*, 74, 6–19. <http://dx.doi.org/10.1037/amp0000326>
- Haverkamp, B. E., Morrow, S. L., & Ponterotto, J. G. (2005). A time and place for qualitative and mixed methods in counseling psychology research. *Journal of Counseling Psychology*, 52, 123–125. <http://dx.doi.org/10.1037/0022-0167.52.2.123>
- Held, B. S. (2019). Epistemic violence in psychological science: Can knowledge of, from, and for the (othered) people solve the problem? *Theory & Psychology*. Advance online publication. <http://dx.doi.org/10.1177/0959354319883943>
- Hightower, G., & Berry, B. (2018). *Counseling Native American Indians: Insights from conversations with Beaver*. San Diego, CA: Cognella Academic Publishing.
- Howard, G. S. (1984). A modest proposal for a revision of strategies for counseling research. *Journal of Counseling Psychology*, 31, 430–441. <http://dx.doi.org/10.1037/0022-0167.31.4.430>
- Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (2013). Introduction to methods for CBPR for health. In B. A. Israel, E. Eng, A. J. Schulz, & E. A. Parker (Eds.), *Methods for community-based participatory research for health* (2nd ed., pp. 3–37). San Francisco, CA: Jossey-Bass.
- Kirmayer, L. J. (2007). Psychotherapy and the cultural concept of the person. *Transcultural Psychiatry*, 44, 232–257. <http://dx.doi.org/10.1177/1363461506070794>
- Kirschner, S. R., & Martin, J. (Eds.). (2010). *The sociocultural turn in psychology: The contextual emergence of mind and self*. New York, NY: Columbia University Press.
- Kleinman, A., & Benson, P. (2006). Anthropology in the clinic: The problem of cultural competency and how to fix it. *PLoS Medicine*, 3, e294. <http://dx.doi.org/10.1371/journal.pmed.0030294>
- Lurie, N. O. (1971). The world’s oldest on-going protest demonstration: North American Indian drinking patterns. *Pacific Historical Review*, 40, 311–332. <http://dx.doi.org/10.2307/3638360>
- McFall, R. M. (1991). Manifesto for a science of clinical psychology. *Clinical Psychologist*, 44, 75–88.
- Mohatt, G., & Eagle Elk, J. (2002). *The price of a gift: A Lakota healer’s story*. Lincoln, NE: University of Nebraska Press.
- Montero, M., & Sonn, C. C. (Eds.). (2009). *Psychology of liberation*. New York, NY: Springer.
- Peterson, D. R. (1996). Making psychology indispensable. *Applied & Preventive Psychology*, 5, 1–8. [http://dx.doi.org/10.1016/S0962-1849\(96\)80020-5](http://dx.doi.org/10.1016/S0962-1849(96)80020-5)
- Pohrt, R. A. (1992). A collector’s life: A memoir of the Chandler-Pohrt collection. In D. W. Penney (Ed.), *Art of the American Indian frontier: The Chandler-Pohrt collection* (pp. 299–322). Seattle, WA: University of Washington Press.
- Polkinghorne, D. E. (1984). Further extensions of methodological diversity for counseling psychology. *Journal of Counseling Psychology*, 31, 416–429. <http://dx.doi.org/10.1037/0022-0167.31.4.416>
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52, 126–136. <http://dx.doi.org/10.1037/0022-0167.52.2.126>
- Quijano, A. (2000). Coloniality of power, Eurocentrism, and Latin America. *Napanla: Views from the South*, 1, 533–580. <http://dx.doi.org/10.1177/0268580900015002005>
- Rappaport, J., & Seidman, E. (1983). Social and community interventions. In C. E. Walker (Ed.), *The Handbook of clinical psychology: Theory, research, and practice* (Vol. II, pp. 1089–1122). Homewood, IL: Dow Jones-Irwin.
- Rimke, H., & Brock, D. (2012). The culture of therapy: Psychocentrism in everyday life. In D. Brock, R. Raby, & M. P. Thomas (Eds.), *Power and everyday practices* (pp. 182–202). Toronto, Canada: Nelson Education.
- Robbins, R., Hong, J., & Jennings, A. M. (2012). In the pause and listening to the little people: A folk healer’s journey. *The Counseling Psychologist*, 40, 93–132. <http://dx.doi.org/10.1177/0011000011410892>
- Said, E. (1978). *Orientalism*. London, UK: Routledge and Kegan Paul.
- Sarbin, T. R. (Ed.). (1986). *Narrative psychology: The storied nature of human conduct*. New York, NY: Praeger.
- Seedat, M., & Suffla, S. (2017). Community psychology and its (dis)contents, archival legacies and decolonisation. *South African Journal of Psychology/Suid-Afrikaanse Tydskrif vir Sielkunde*, 47, 421–431. <http://dx.doi.org/10.1177/0081246317741423>
- Shoemaker, N. (2015). A typology of colonialism. *Perspectives on History*, 53, 29–30. Retrieved from <https://www.historians.org/publications-and-directories/perspectives-on-history/october-2015/a-typology-of-colonialism>
- Stricker, G., & Trierweiler, S. J. (1995). The local clinical scientist: A bridge between science and practice. *American Psychologist*, 50, 995–1002. <http://dx.doi.org/10.1037/0003-066X.50.12.995>
- Sue, D. W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist*, 29, 790–821. <http://dx.doi.org/10.1177/001100001296002>
- Sue, D. W., Bingham, R. P., Porché-Burke, L., & Vasquez, M. (1999). The diversification of psychology: A multicultural revolution. *American Psychologist*, 54, 1061–1069. <http://dx.doi.org/10.1037/0003-066X.54.12.1061>
- Suzuki, L. A., O’Shaughnessy, T. A., Roysircar, G., Ponterotto, J. G., & Carter, R. T. (2019). Counseling psychology and the amelioration of oppression: Translating our knowledge into action. *The Counseling Psychologist*, 47, 826–872. <http://dx.doi.org/10.1177/0011000019888763>

- Teo, T. (2015). Critical psychology: A geography of intellectual engagement and resistance. *American Psychologist*, 70, 243–254. <http://dx.doi.org/10.1037/a0038727>
- Tolman, C. W. (Ed.). (1992). *Positivism in psychology: Historical and contemporary problems*. New York, NY: Springer-Verlag. <http://dx.doi.org/10.1007/978-1-4612-4402-8>
- Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization*, 1, 1–40.
- Valandra, E. (2005). The as-told-to Native [auto]biography: Whose voice is speaking? *Wicazo Sa Review*, 20, 103–119. <http://dx.doi.org/10.1353/wic.2005.0027>
- Veracini, L. (2011). Introducing: Settler colonial studies. *Settler Colonial Studies*, 1, 1–12. <http://dx.doi.org/10.1080/2201473X.2011.10648799>
- Watkins, M., & Shulman, H. (2008). *Toward psychologies of liberation*. New York, NY: Palgrave Macmillan. <http://dx.doi.org/10.1057/9780230227736>
- Wendt, D. C., & Gone, J. P. (2012). Rethinking cultural competence: Insights from indigenous community treatment settings. *Transcultural Psychiatry*, 49, 206–222. <http://dx.doi.org/10.1177/1363461511425622>
- Willig, C., & Rogers, W. S. (Eds.). (2017). *The SAGE handbook of qualitative research in psychology*. London, UK: Sage. <http://dx.doi.org/10.4135/9781526405555>
- Wolfe, P. (2006). Settler colonialism and the elimination of the Native. *Journal of Genocide Research*, 8, 387–409. <http://dx.doi.org/10.1080/14623520601056240>

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